NOTICE

GuideStar has been informed by the IRS of processing errors on IRS Forms 990 filed electronically between January 1, 2009, and December 3, 2010, for form year 2008. These processing errors resulted in inaccurate data appearing on the scanned images of the affected returns that are posted on GuideStar and do not reflect the information filed with the IRS.

These errors include:

- Part III, line 1, organization's mission description—may not reflect what was originally submitted by the nonprofit organization.
- Part VIII, line 8a, gross income for special events—values may have been transposed.
- Part IX, line 7c, other salaries and wages, management and general expenses—may show a blank where a value was originally reported.
- Schedule D, Part V, line 3a(ii), endowment funds and possession by related organizations—checkbox values may have been transposed.

GuideStar is working with the IRS to obtain a corrected copy of its form year 2008 Form 990. GuideStar will replace this Form 990 if, and when, the accurate return is made available from the IRS.

For more information, please visit http://www2.guidestar.org/rxg/help/form-year-2008-returns.aspx



Form **990**

Department of the Treasury Internal Revenue

Return of Organization Exempt From Income Tax

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

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

2008
Open to Public Inspection

| Servi | ce | | | | | | | | |
|--------------------------------|-----------|---------------|-------------------------------|--|--------------------|-------------------------------|---------------------|-------------------------|---|
| A Fo | rthe 2 | 2008 c | alendar yea | ar, or tax year beginning (| 1-01-2008 | and ending 12-31-2008 | 3 | D Empleyer | doutification number |
| _ | | plicable | Please | C Name of organization NEW HORIZONS RESOURCI | S INC | | | | dentification number |
| | tress ch | _ | use IRS label or | Doing Business As | | | | 52-4862: E Telephone | |
| ☐ Nai | me char | nge | print or type. See | boing business As | | | | • | |
| Init | al retur | 'n | Specific Instruc- | | box if mail is n | ot delivered to street addres | ss) Room/suite | (845) 473 | 3-3000 ipts \$ 21,886,496 |
| ┌ Ter | minatio | n | tions. | 123 WEST ROAD | | | | G Gross rece | ipts \$ 21,000,490 |
| ┌ Am | ended r | eturn | | City or town, state or coun | | | | | |
| ☐ Apr | olication | pending | | PLEASANT VALLEY, NY 125 | 69 | | | | |
| | | | E Nar | L me and address of Princip | al Officer | | 11/-> | | |
| | | | | O bijiski | ai Oilicei | | H(a) Is this | a group retu :es? | rn for |
| | | | | est Road | | | | | |
| | v-evem | nt status | | ant Valley,NY 12569 c)(3) ◀(insert no) | 7(2)/1) or | F37 | | affiliates inclu | • |
| | | | | | 7(a)(1) 01 | 327 | | | st See instructions) |
|) W | eb site | e: 🕨 ww | w nhrny org | g | | | H(c) Group | Exemption N | Number F |
| V Tun | o of ora | anization | ✓ Corporat | tion trust association | othor 🌬 | | I Voor of For | mation 1074 | M State of legal domicile NY |
| Кіур | e or org | anization | 1º Corporat | tion fitually association f | other F | | L rear or ror | mation 1974 | M State of legal doffficile. Wi |
| | | <u></u> | ma = | | | | | | |
| Pa | rt I | | mary | h | | .6 | | | |
| <u>3</u> | 1 | | al Data Tab | he organization's mission | or most sign | incant activities | | | |
| Governance | 2 | | | oie - if the organization disco | ntinued its or | perations or disposed o | f more than ? | 5% of its ass | ets |
| E . | 3 | | , | members of the governin | | | | | 3 15 |
| ŝ | 4 | | | endent voting members of | | | | | 13 |
| | 5 | | | employees (Part V, line 2a | _ | | , | | 414 |
| <u>≅</u> | 6 | | | olunteers (estimate if ne | | | | | 0 |
| Activities & | 7a | | | ated business revenue fro | | | | 7 | 'a 0 |
| PG F | b | | | siness taxable income fro | | | • | | ' b 0 |
| | | | | | | .,, | Prio | r Year | Current Year |
| | 8 | Contr | ibutions an | d grants (Part VIII, line 1 | h) | | 1.110 | 922,145 | |
| enue | 9 | | | revenue (Part VIII, line : | | | | 16,422,381 | |
| | 10 | | | me (Part VIII, column (A | | | | 129,859 | |
| Нэу | 11 | | | Part VIII, column (A), line | | | | 37,689 | 36,582 |
| | 12 | | - | add lines 8 through 11 (m | | | , | | 33,332 |
| | | 12) | | | | | | 17,512,074 | 21,331,057 |
| | 13 | | | ar amounts paid (Part IX, | | • | | 0 | 0 |
| | 14 | | | or for members (Part IX, o | | | | 0 | 0 |
| 92 | 15 | Saları 10) | es, other co | ompensation, employee b | enefits (Part | IX, column (A), lines 5 | - | 13,450,068 | 14,396,231 |
| Ехрепзев | 16a | • | ssional fund | draising fees (Part IX, col | umn (A.) line | 11e) | | 0 | 0 |
| ⊕ | ь | | | | | | | | |
| Ð | 17 | | _ | openses, Part IX, column (D), lı (Part IX, column (A), lıne | | | | 3,421,858 | 4,215,383 |
| | 18 | | | -add lines 13-17 (must e | | | | 16,871,926 | |
| | 19 | | • | penses Subtract line 18 | | ime 23, column (A)) | | 640,148 | |
| > 00 > 00 | + | | .ac 1633 EX | Politica Dublidet lille 10 | | | Reginni | ng of Year | End of Year |
| Net Assets or Fund Balances | 20 | Total | acceta /De | rt V line 16\ | | | Degiiiili | | |
| 35. B. | | | | rt X, line 16) | | | | 16,470,614 | 22,547,523 |
| \$ E | 21 | | , | Part X, line 26) | | | | 9,515,382 | |
| | 22 | | | nd balances Subtract line | 21 from line | 20 | | 6,955,232 | 9,715,645 |
| Pai | rt II | | nature Bl | | | | | | - No. 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 |
| | | | | erjury, I declare that I have ex correct, and complete Declara | | | | | |
| Plea | | l k | | | | | 2009- | 11-13 | |
| Sign | | Sign | nature of office | er | | | Date | | |
| Here | e | | | ctor of Finance | | | | | |
| | | Тур | e or print nam | ne and title | | | | | |
| | | Pre | parer's 🛦 | | | Date | Check If | Preparer's P | ΓΙΝ (See Gen Inst) |
| Paid | d | | nature | | | | self- empolyed • | - | |
| | pare | | | | | | , 55, 7 | | |
| Use | | ıf s | m's name (or elf-employed) |), | | | | EIN Þ | |
| Onl | y | ado | ress, and ZIP | P + 4 F | | | | | |
| | | | | | | | | DI- | |
| | | | | | | | | Phone no 🕨 | |

May the IRS discuss this return with the preparer shown above? (See instructions)

|] | Briefly describe the organizati Individual Residential Alternat Setting (1,754 months of serv | tives - provide residential | care and supervision to | 147 moderately mentally | retarded/ developmentally | disabled adults in a com | nmunity |
|----------|---|--|--|--|--|--|------------|
| , | Did the organization un the prior Form 990 or 9 If "Yes," describe these | 990-EZ? | | s during the year whi | ch were not listed on | ┌ Yes ┌ No | |
| | Did the organization ce services? If "Yes," describe these | ase conducting or m | ake significant chai | nges in how it conduc | ts any program | ┌ Yes ┌ No | |
| | Describe the exempt p Section 501(c)(3) and others, the total expen | (4) organizations an | d 4947(a)(1) trusts | are required to repoi | | | |
| 1 | (Code Individual Residential Alter setting (1,754 months of s | | | ding grants of \$ to 147 moderately menta | 0) (Revenue \$ ally retarded/ developmenta | | |
| b | (Code |) (Expenses \$ | 1,558,899 ınclu | ding grants of \$ | 0) (Revenue \$ | 2,066,766 | |
| | | | | | | | |
| | | | | | | | |
| : | (Code At-Home Services - provid at home (22,551 hours of | | | ding grants of \$ assist 124 mentally retarde | 0) (Revenue \$ ed/ developmentally disable | | |
| | At-Home Services - provid | e residential habilitation a | | | , , | | |
| | At-Home Services - provid at home (22,551 hours of | e residential habilitation a service)) (Expenses \$ vides services to assist 19 | 538,583 inclu | ding grants of \$ | , , | ed children and adults wh | no are liv |
| | (Code Service Coordination - provare necessary for their well (Code |) (Expenses \$ vides services to assist 19 libeing (2,307 months of) (Expenses \$ | 538,583 inclu 479,990 inclu | ding grants of \$ evelopmentally disabled ch | ed/ developmentally disable | 555,585 j ng services in the comm | no are liv |
| | (Code Service Coordination - provare necessary for their well (Code |) (Expenses \$ vides service)) (Expenses \$ vides services to assist 19 libering (2,307 months of) (Expenses \$ ay habilitation opportunition) | 538,583 inclu 14 mentally retarded/ deservice) 479,990 inclu es for 34 mentally retard | ding grants of \$ evelopmentally disabled ch | 0) (Revenue \$ hildren and adults in accessing 0) (Revenue \$ | 555,585 j ng services in the comm 570,442 j ty (3,994 days of service | unity tha |
| | (Code Service Coordination - provides de Code Day Program - provides de Code (Code |) (Expenses \$ vides service)) (Expenses \$ vides services to assist 19 libering (2,307 months of a vides)) (Expenses \$ ay habilitation opportunition) (Expenses \$ 5 operation) (Expenses \$ | 538,583 inclu 94 mentally retarded/ deservice) 479,990 inclu es for 34 mentally retard | ding grants of \$ evelopmentally disabled checking grants of \$ ding grants of \$ ded/ developmentally disabled/ | 0) (Revenue \$ hildren and adults in accessing 0) (Revenue \$ abled adults in the communit | 555,585 mg services in the comm 570,442 ty (3,994 days of service) | unity that |

| art IV | Checklist of | Required | Schedules |
|--------|--------------|----------|-----------|
|--------|--------------|----------|-----------|

| | | | Yes | No |
|-----|---|-----|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? 🤨 | 2 | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | Νο |
| 4 | Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 4 | | Νo |
| 5 | Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II | 7 | | Νο |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | Νο |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | Yes | |
| 10 | Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | Νο |
| 11 | Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | 11 | Yes | |
| 12 | Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII . | 12 | Yes | |
| 13 | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Νο |
| 14a | Did the organization maintain an office, employees, or agents outside of the U S ? | 14a | | Νο |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I | 14b | | Νο |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i> | 15 | | Νο |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Part III | 16 | | No |
| 17 | Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I | 17 | | No |
| 18 | Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | Νο |
| 19 | Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | Νο |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20 | | Νο |
| 21 | Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | No |
| 22 | Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | Νο |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J | 23 | | Νο |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25 | 24a | | Νο |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | No |
| b | Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I | 25b | | Νο |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | Yes | |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | 27 | | No |

Part IV Checklist of Required Schedules (Continued)

| | | | Yes | No |
|----|---|-----|-----|----|
| 28 | During the tax year, did any person who is a current or former officer, director, trustee, or key employee | | | |
| а | Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV | 28a | Yes | |
| | | 200 | res | |
| Ь | Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV | 28b | Yes | |
| c | Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV | 28c | | Νο |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> " <i>Yes,"</i> complete Schedule M | 30 | | Νο |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Νο |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II | 32 | | Νο |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I | 33 | | Νo |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | Yes | |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35 | | No |
| 36 | 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | Νo |
| 37 | Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | Νο |

| Pa | rt V Statements Regarding Other IRS Filings and Tax Complian | ce | | | | |
|-----|---|------------|---------------------------|------|-----|------|
| | | | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal | | | | | |
| | of U.S. Information Returns. Enter -0- if not applicable | | | | | |
| | | 1a | 28 | | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | 1b | 0 | | | |
| _ | Did the organization comply with backup withholding rules for reportable payments | to ven | dors and reportable | | | |
| · | gaming (gambling) winnings to prize winners? | | | 1c | Yes | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | | | |
| | Statements filed for the calendar year ending with or within the year covered by this return | 2a | 414 | | | |
| h | If at least one is reported in 2a, did the organization file all required federal employi | | | | | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file th | | | 2b | Yes | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during | ng the | year covered by this | 3a | | Νο |
| h | return? | hedule | | 3b | | 140 |
| 4a | At any time during the calendar year, did the organization have an interest in, or a s | | | - 55 | | |
| | over, a financial account in a foreign country (such as a bank account, securities account)? | | | 4a | | Νο |
| ь | If "Yes," enter the name of the foreign country | | | | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , <i>R Financial Accounts</i> . | eport o | f Foreign Bank and | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time duri | ıng the | tax year? | 5a | | Νο |
| Ь | Did any taxable party notify the organization that it was or is a party to a prohibited | tax sl | nelter transaction? | 5b | | Νο |
| c | If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exemp</i> | ot Enti | ty Regarding Prohibited | | | |
| | Tax Shelter Transaction? | | | 5c | | |
| 6a | Did the organization solicit any contributions that were not tax deductible? | | | 6a | | Νο |
| b | If "Yes," did the organization include with every solicitation an express statement t were not tax deductible? | hat su | ch contributions or gifts | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | |
| а | Did the organization provide goods or services in exchange for any quid pro quo comore? | ntrıbut | ion of \$75 or | 7a | | No |
| b | If "Yes," did the organization notify the donor of the value of the goods or services p | provide | ed? | 7b | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property | | • | 7- | | NI - |
| 4 | file Form 8282? | 7d | | 7c | | No |
| u | in res, indicate the number of rorms 0202 med during the year. | | | | | |
| e | Did the organization, during the year, receive any funds, directly or indirectly, to pa benefit contract? | y prem | niums on a personal | 7e | | Νο |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a pers | onal b | enefit contract? | 7f | | Νο |
| g | For all contributions of qualified intellectual property, did the organization file Form | 8899 | as required? | 7g | | |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization | file a F | orm 1098-C as | | | |
| | required? | | | 7h | | |
| 8 | Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds supporting organizations. Did the supporting organization, or a fund maintained by a excess business holdings at any time during the | | | 8 | | |
| | year? | | | | | |
| 9 | Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds. | | | | | |
| а | Did the organization make any taxable distributions under section 4966? | | | 9a | | |
| Ь | Did the organization make a distribution to a donor, donor advisor, or related person | n? . | | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter | 1 | I | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | |
| 11 | Section 501(c)(12) organizations Enter | | | | | |
| а | Gross income from members or shareholders | 11a | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | 11b | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 i | n lieu (| of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | | |

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

| Section A | . Governing | Body and Management | |
|-----------|-------------|---------------------|--|
| | | | |

| | | | res | NO |
|----|---|----|-----|----|
| | For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions. | | | |
| 1a | Enter the number of voting members of the governing body 1a 15 | | | |
| Ь | Enter the number of voting members that are independent 13 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | Νο |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | No |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | | No |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | | Νo |
| 6 | Does the organization have members or stockholders? | 6 | | No |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | 7a | | No |
| Ь | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | | Νo |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| а | the governing body? | 8a | Yes | |
| Ь | each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9a | Does the organization have local chapters, branches, or affiliates? | 9a | | Νo |
| b | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? | 9b | | |
| 10 | Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 | 10 | Yes | |
| 11 | Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 11 | | No |
| | | | | |

Section B. Policies

| | | | Yes | No |
|-----|--|-----|-----|----|
| 12a | Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot . | 12a | Yes | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| c | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | 12c | Yes | |
| 13 | Does the organization have a written whistleblower policy? | 13 | Yes | |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | Yes | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision | | | |
| а | The organization's CEO, Executive Director, or top management official? | 15a | Yes | |
| b | Other officers or key employees of the organization? | 15b | Yes | |
| | Describe the process in Schedule O | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | No |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | |

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed NY
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. value values values values values.
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Carol Engler - Director of Finance 123 West Road Pleasant Valley, NY 12569

Pleasant Valley, NY 12569 (845) 473-3000

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- * List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

| Check this box if the organization did i | or compens | Posit | (C |) chec | :k al | | 25 CC | of key employee | (E) | (F) |
|--|--|-----------------------------------|-----------------------|--|--------------|------------------------------|--------|---|---|--|
| (A) Name and Title | (B) Average hours per week | Individual Trustee or Director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W- 2/1099MISC) | Reportable compensation from related organizations (W- 2/1099- MISC) | Estimated amount of other compensation from the organization and related organizations |
| Kımberly Bottını , Board Member | 6 | X | | | | | | 0 | 0 | 0 |
| Theresa Burdick , Board Member | 25 | X | | | | | | 0 | 0 | 0 |
| George Decker , Board Member | 60 | Х | | | | | | 0 | 0 | 0 |
| Val Fındanque , Board Member | 3 | Х | | | | | | 0 | 0 | 0 |
| Susan P Hochhauser , Board Member | 5 | Х | | | | | | 0 | 0 | 0 |
| Joseph Kırchhoff , Board Member | 3 | Х | | | | | | 0 | 0 | 0 |
| John Lee , Board Member | 1 9 | Х | | | | | | 0 | 0 | 0 |
| Peter Leonard , Board Member | 8 | Х | | | | | | 0 | 0 | 0 |
| Bruce Marley , Board Member | 5 | Х | | | | | | 0 | 0 | 0 |
| Manlyn McGaulley , Board Member | 5 | Х | | | | | | 0 | 0 | 0 |
| Edward L McCormick , Board Member | 2 | X | | | | | | 0 | 0 | 0 |
| Emmanuel F Sarıs , Board President | 8 | | | Х | | | | 0 | 0 | 0 |
| Stacy M Langenthal , Board Treasurer | 1 1 | | | Х | | | | 0 | 0 | 0 |
| William J Lavery , Board Vice-President | 6 | | | Х | | | | 0 | 0 | 0 |
| Daniel G Hickey , Board Secretary | 1 9 | | | Х | | | | 0 | 0 | |
| Regis Obijiski , Executive Director | 40 | | | Х | | | | 128,015 | | -, |
| Diane Atwood , Director of Finance | 40 | | | Х | | | | 92,300 | 0 | 6,220 |
| William Beattie , Associate Executive Director | 40 | | | | | Х | | 109,928 | 0 | 3,281 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | _ | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | _ |
| | | | | _ | | | | | | |
| | | | | \vdash | | | | | | |
| | - | | | | | | | | | |
| | | | | _ | | - | | | | |
| | | | | - | | - | | | | |
| | | | - | | | - | _ | | | |
| | | | | | | | | | | |

Part VII Continued

| | | (C) Position (check all that apply) | | | | | | | (E) | (F) |
|--|--|-------------------------------------|-----------------------|---------|--------------|------------------------------|----------------|---|--|--|
| (A) Name and Title | (B) Average hours per week | Individual Trustee or Director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W- 2/1099MISC) | Reportable compensation from related organizations (W- 2/1099- MISC) | Estimated amount of other compensation from the organization and related organizations |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | 1 | | | | \vdash | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | - | | - | | $\vdash\vdash$ | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | _ | | $\vdash\vdash$ | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | Ļ | | 1 | |
| 1b Total | | | | | | | <u> </u> | 330,243 | 0 | 16,480 |
| 2 Total number of individuals (including | those in 1 | a) who i | -0-01 | V a d | mai | ra thar | n ¢ 1 | 00 000 in reportabl | | |

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►2

| on list any former officer, director or trustee, key employee, or highest compensated employee s," complete Schedule J for such individual | 3 | | No |
|---|--|--|--|
| <i>,</i> | 3 | | NO |
| listed online 1a, is the sum of reportable compensation and other compensation from the | | | |
| related organizations greater than \$150,000? If "Yes," complete Schedule J for such | 4 | | No |
| · · · · · · · · · · · · · · · · · · · | 5 | | N o |
| ıs | I related organizations greater than \$150,000? If "Yes," complete Schedule J for such | isted on line 1a receive or accrue compensation from any unrelated organization for services | isted on line 1a receive or accrue compensation from any unrelated organization for services |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|-----------------------------|---------------------|
| Ulster Construction Company 28 Linden Lane Kingston, NY 12401 | Renovations | 375,765 |
| RJ Bryce Construction 555 Browning Road PO Box 351 Salt Point, NY 12578 | Renovations | 267,590 |
| Pace Builders of Dutchess Inc 1327 Noxon Road LaGrangeville, NY 12540 | Renovations | 176,039 |
| | | |
| 2 Total number of independent contractors (including those in 1) who received more than \$ | 100,000 in compensation | 2 |

Part VIII

Statement of Revenue

| | | | | (A) Total Revenue | (B) Related or Exempt | (C) Unrelated Business | (D) Revenue Excluded from |
|---|----------|--|---------------------------------------|----------------------|-----------------------------|------------------------------|-----------------------------------|
| | _ | | | | Function Revenue | Revenue | Tax under IRC 512, 513, or 514 |
| JA .s. | 1a | Federated campaigns 1 | La 3,507 | | | | |
| 뺥 | b | Membership dues | | | | | |
| 36 20 20 | c | Fundraising events | ь | | | | |
| ુંફ્ | | _ | .c | | | | |
| ਭੂਰਾ | d | Related organizations1 | | | | | |
| å,ÿ Si∰ | е | Government grants (contributions) 1 | e 904,886 | | | | |
| e E | f | All other contributions, gifts, grants, and similar amounts not included above | 83,370 | | | | |
| Contributions, gifts, grants and other similar amounts | | | f | | | | |
| 돌 | g | Noncash contributions included in lines 1a-1f \$ | | | | | |
| O a | h | Total (Add lines 1a-1f) | - | 1,093,833 | | | |
| | | | Business Code | | | | |
| an | 2a | Medicaid | 624,100 | 9,894,331 | 9,894,331 | 0 | 0 |
| ven | ь | Fees from government agencies | 624,100 | 8,189,938 | | _ | |
| æ | c | Room and board | 624,100 | 1,694,548 | 1,694,548 | | |
| MSe | d | Needlin didd Dedid | - 024,100 | 1,054,540 | 1,054,540 | 0 | |
| 38 | e | | _ | | | | |
| Ē | f | A II | _ | 0 | 0 | 0 | |
| Program Serwce Revenue | ' | All other program service revenu | le l | o o | 0 | 0 | ĺ |
| <u>č</u> | g | Total. Add lines 2a-2f | | | | | |
| | 3 | Investment income (including div | · · · · · · · · · · · · · · · · · · · | CD 404 | 0 | 0 | 62.424 |
| | | other similar amounts) | ▶ | 63,131 | 0 | 0 | 63,131 |
| | 4 | Income from investment of tax-exempt | bond proceeds | 0 | 0 | 0 | 0 |
| | 5 | Royalties | [.] | 0 | 0 | 0 | 0 |
| | | (ı) Real | (II) Personal | | | | |
| | 6a | Gross Rents | | | | | |
| | ь | Less rental expenses | | | | | |
| | С | Rental income | 0 | | | | |
| | d | or (loss) Net rental income or (loss) | | | | | |
| | | | <u> </u> | | | | |
| | 7a | (i) Securities Gross amount | (II) O ther 914,133 | | | | |
| | / 4 | from sales of assets other | | | | | |
| | | than inventory | 555 400 | | | | |
| | ь | other basis and | 555,439 | | | | |
| | c | Sales expenses Gain or (loss) | 358,694 | | | | |
| | d | Net gain or (loss) | | 358,694 | 0 | 0 | 358,694 |
| | | <u> </u> | · • | | | | |
| | 8a | Gross income from fundraising events (not including | | | | | |
| ۸. | | \$ | | | | | |
| Other Revenue | | of contributions reported on line 1c) See Part IV, line 18 | | | | | |
| ≳ | | Attach Schedule G if total exceeds | | | | | |
| ď | | \$15,000 | a 0 | | | | |
| her | ь | Less direct expenses | | | | | |
| ᅙ | С | Net income or (loss) from fundrai | sing events | | | | |
| | 9a | Gross income from gaming | | | | | |
| | | activities See part IV, line 19 Complete Schedule G if total | | | | | |
| | | exceeds \$15,000 | | | | | |
| | | | a | | | | |
| | Ь | · | b | | | | |
| | С | Net income or (loss) from gaming | activities - | | | | |
| | 10a | Gross sales of inventory, less returns and allowances . | | | | | |
| | h | | a | | | | |
| | b c | Less cost of goods sold Net income or (loss) from sales of | | | | | |
| | <u> </u> | Miscellaneous Revenue | Business Code | | | | |
| | 11a | Participant clothing | 624,100 | 36,375 | 36,375 | 0 | 0 |
| | ь | Miscellaneous sales | 624,100 | 207 | 0 | 0 | 207 |
| | c | ssaaneods suies | - | | | | |
| | | A II akka mana | + | 0 | 0 | 0 | 0 |
| | d | All other revenue | - 📖 | | | | |
| | е | Total. Add lines 11a-11d | \$ 36,582 | | | | |
| | 12 | Total Revenue. Add lines 1h, 2g, | 3, 4, 5, 6d, 7d, | 21,331,057 | 19,815,192 | 0 | 422,032 |
| | | 8c, 9c, 10c, and 11e | ▶ | | | | |

Part IX Statement of Functional Expenses

| A | Section 501(c)(3) and 501(c)(4) organizations must complete column (A) but are not re | | | |), |
|------|--|-----------------------|------------------------------|-------------------------------------|-----------------------------------|
| Do r | not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to governments and organizations in the U S See Part IV, line 21 | 0 | 0 | | <u> </u> |
| 2 | Grants and other assistance to individuals in the U.S. See Part IV, line 22 | 0 | 0 | | |
| 3 | Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16 | 0 | 0 | | |
| 4 | Benefits paid to or for members | 0 | 0 | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 279,663 | 0 | 279,663 | 0 |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0 | 0 | 0 | 0 |
| 7 | Other salaries and wages | 10,382,561 | 9,531,145 | 0 | 62,566 |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 0 | 0 | 0 | 0 |
| 9 | Other employee benefits | 2,912,766 | 2,589,551 | 306,122 | 17,093 |
| 10 | Payroll taxes | 821,241 | 730,112 | 86,311 | 4,818 |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | 21,732 | 0 | 21,732 | 0 |
| b | Legal | 13,459 | 0 | 13,459 | 0 |
| С | Accounting | 15,820 | 0 | 15,820 | 0 |
| d | Lobbying | 0 | 0 | 0 | 0 |
| e | Professional fundraising See Part IV, line 17 | 0 | | | 0 |
| f | Investment management fees | 0 | 0 | 0 | 0 |
| g | Other | 121,051 | 120,581 | 470 | 0 |
| 12 | Advertising and promotion | 0 | 0 | 0 | 0 |
| 13 | Office expenses | 196,842 | 123,683 | 73,159 | 0 |
| 14 | Information technology | 73,554 | 21,119 | 52,435 | 0 |
| 15 | Royalties | 0 | 0 | 0 | 0 |
| 16 | Occupancy | 1,071,704 | 961,802 | 109,902 | 0 |
| 17 | Travel | 460,958 | 432,078 | 28,880 | 0 |
| 18 | Payments of travel or entertainment expenses for any Federal, state or local public officials | 0 | 0 | 0 | 0 |
| 19 | Conferences, conventions and meetings | 66,600 | 15,778 | 50,822 | 0 |
| 20 | Interest | 41,481 | 34,452 | 7,029 | 0 |
| 21 | Payments to affiliates | 0 | 0 | 0 | 0 |
| 22 | Depreciation, depletion, and amortization | 978,147 | 790,877 | 187,270 | 0 |
| 23 | Insurance | 111,919 | 38,038 | 73,881 | 0 |
| 24 | Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) | | | | |
| а | Food | 372,303 | 372,303 | 0 | 0 |
| ь | Residents' expenses | 175,778 | 175,778 | 0 | 0 |
| c | Household and program supplies | 170,104 | 170,104 | 0 | 0 |
| d | Equipment and furniture | 137,677 | 105,373 | 32,304 | 0 |
| e | Health care assessment | 98,729 | 98,729 | 0 | 0 |
| f | All other expenses | 87,525 | 31,315 | 56,210 | 0 |
| 25 | Total functional expenses. Add lines 1 through 24f | 18,611,614 | 16,342,818 | 2,184,319 | 84,477 |
| 26 | Joint Costs. Check if if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | 000 (2009) |

| Part X | Balance | Sheet |
|--------|---------|-------|
| | Balance | SHEET |

| | | | | | (A) Beginning of year | | (B) End of year |
|-------------|-------|--|-----------|------------|--------------------------|--------|---------------------------|
| | 1 | Cash—non-interest-bearing | | | 24,491 | | 113,386 |
| | 2 | Savings and temporary cash investments | | | 3,543,892 | 2 | 3,067,304 |
| | 3 | Pledges and grants receivable, net | | 0 | 3 | 0 | |
| | 4 | Accounts receivable, net | | | 1,956,955 | 4 | 3,564,183 |
| | 5 | Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L | | 0 | 5 | 0 | |
| | 6 | Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II of | | | 0 | 6 | 0 |
| | 7 | Notes and loans receivable, net | | | 0 | 7 | 0 |
| | 8 | Inventories for sale or use | | | 0 | 8 | 0 |
| 20 | 9 | Prepaid expenses and deferred charges | | | 86,719 | 9 | 97,150 |
| ssets | 10a | | | | | | |
| AS | | Land, buildings, and equipment cost basis | 10a | 20,327,706 | | | |
| _ | b | Less accumulated depreciation <i>Complete Part VI of</i> Schedule D | 10b | 5,939,949 | 9,754,767 | 10c | 14,387,757 |
| | 11 | Investments—publicly traded securities | 0 | 11 | 0 | | |
| | 12 | Investments—other securities See Part IV, line 11 Complete Pa Schedule D | of | 0 | 12 | | |
| | 13 | Investments—program-related See Part IV, line 11 $\it Complete Part Second Part$ | | 13 | | | |
| | 14 | Intangible assets | | 14 | | | |
| | 15 | Other assets See Part IV, line 11 Complete Part IX of Schedule D | 1,103,790 | 15 | 1,317,743 | | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | | 16,470,614 | 16 | 22,547,523 |
| | 17 | Accounts payable and accrued expenses . | | | 2,126,568 | 17 | 1,977,262 |
| | 18 | Grants payable | 0 | 18 | 0 | | |
| | 19 | Deferred revenue | | 56,822 | 19 | 97,883 | |
| | 20 | Tax-exempt bond liabilities | | | 0 | 20 | 0 |
| <u>ē</u> , | 21 | Escrow account liability Complete Part IV of Schedule D | | | 236,475 | 21 | 253,525 |
| Liabilities | 22 | Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified | | | | | |
| ä | | persons Complete Part II of Schedule L | | | 0 | 22 | 42,592 |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | 6,869,251 | 23 | 10,276,228 |
| | 24 | Unsecured notes and loans payable | | | | 24 | |
| | 25 | Other liabilities Complete Part X of Schedule D | | | 226,266 | 25 | 184,388 |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 9,515,382 | 26 | 12,831,878 |
| У | | Organizations that follow SFAS 117, check here ► $\sqrt{}$ and comp through 29, and lines 33 and 34. | lete li | nes 27 | | | |
| Balance | 27 | Unrestricted net assets | | | 5,631,667 | 27 | 8,773,688 |
| 8 | 28 | Temporarily restricted net assets | | | 1,273,565 | 28 | 891,957 |
| Ξ | 29 | Permanently restricted net assets | | | 50,000 | 29 | 50,000 |
| r Fund | | Organizations that do not follow SFAS 117, check here ► □ an lines 30 through 34. | d com | plete | | | |
| S OF | 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| Assets | 31 | Paid-in or capital surplus, or land, building or equipment fund . | | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other fu | nds | | | 32 | |
| Net | 33 | Total net assets or fund balances | | | 6,955,232 | 33 | 9,715,645 |
| _ | 34 | Total liabilities and net assets/fund balances | | | 16,470,614 | 34 | 22,547,523 |
| Pa | rt XI | Financial Statements and Reporting | | | | | |
| | - TAT | andiar otatomento ana keporting | | | | | |

| Dowl VI | Financial | Ctatamanta | and Reporting |
|---------|-------------|------------|---------------|
| 7.11.5 | l Financiai | Statements | and Reporting |

| | | | Yes | No |
|----|---|----|-----|----|
| 1 | Accounting method used to prepare the Form 990 | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | Νo |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | Yes | |
| c | If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | Yes | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | | Νo |
| b | If "Yes," did the organization undergo the required audit or audits? | 3b | | |

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts.

Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

Open to Public Inspection

| | e of the organization HORIZONS RESOURCES INC | | | | | | | Em | Employer identification number | | | | |
|-----|---|---|--|--------------------------------------|---------------|-------------------|------------------|---|--------------------------------|-------------|-------|--------|---------|
| | HORIZO | NS RESOURCE | 3 INC | | | | | 52 | -4862107 | 7 | | | |
| Pa | rt I | Reason | for Public C | harity Status (to be co | mpleted | by all or | ganızatıo | | | | | | |
| The | organı | | | ation because it is (Please | | | | | | • | | | |
| 1 | Γ | A church, o | convention of ch | nurches, or association of ch | nurches de | scribed ii | Section 1 | L70(b)(1) | (A)(i). | | | | |
| 2 | Г | A school d | escribed in Sec t | ti on 170(b)(1)(A)(ii). (Atta | ch Schedu | ıle E) | | | | | | | |
| 3 | Г | A hospital | or a cooperativ | e hospital service organizati | on descri | bed in Sec | tion 170(l | o)(1)(A)(| i ii). (Attac | h Schedu | le H |) | |
| 4 | Γ | A medical | research organi | zatıon operated ın conjunctı | on with a | hospital d | escribed i | n Section | 170(b)(1) | (A)(iii). E | nter | the | |
| | | hospital's i | name, city, and | state | | | | | | | | | |
| 5 | Γ | Anorganiz | atıon operated 1 | or the benefit of a college or | universit | y owned o | roperated | by a gov | ernmental | unıt desc | rıbe | d ın | |
| | | Section 170(b)(1)(A)(iv). (Complete Part II) | | | | | | | | | | | |
| 6 | Γ | A federal, s | state, or local g | overnment or governmental | unıt desci | ıbed ın Se | ection 170 | (b)(1)(A) | (v). | | | | |
| 7 | <u>~</u> | An organiz | ation that norm | ally receives a substantial p | art of its | support fro | om a gove | rnmental (| unit or fron | n the gen | eralı | public | |
| | | describedi | n Section 170(I | o)(1)(A)(vi) (Complete Par | tII) | | | | | | | | |
| 8 | Г | A commun | ıty trust descrit | oed in Section 170(b)(1)(A) | (vi) (Com | plete Par | tII) | | | | | | |
| 9 | Γ | An organiz | ation that norm | ally receives (1) more than | 331/3% 0 | fits supp | ort from c | ontributioi | ns, membe | rship fees | s, an | d gro | ss |
| | | receipts fro | receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of | | | | | | | | | | |
| | | ıts support | from gross inve | estment income and unrelate | ed busines | s taxable | ıncome (l | ess secti | on 511 tax | k) from bu | ısıne | sses | |
| | | acquired by | y the organizati | on after June 30, 1975 See | Section 5 | 09(a)(2). | (Complet | e Part III |) | | | | |
| 10 | Γ | Anorganiz | atıon organızed | and operated exclusively to | test for p | ublic safe | ty See Se | ction 509 | (a)(4). (Se | ee instruc | tions | s) | |
| 11 | Γ | | | and operated exclusively fo | | | | | | | | | |
| | | one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See Section 509(a)(3). Check | | | | | | | | | | | |
| | | the box that describes the type of supporting organization and complete lines 11e through 11h a | | | | | | | | | | | |
| e | Г | • | • • | rtify that the organization is | | | | | | | | | |
| _ | ' | • | - | agers and other than one or | | | • | | | • | | • | |
| | | section 50 | | - | • | | - | | | | | | , |
| f | | _ | | d a written determination fro | m the IRS | that it is | a Type I, | Type II o | r Type III | supporti | ng or | ganız | ation, |
| g | | check this | | as the organization accepte | d any dift | or contrib | ution from | any of the | , | | | | ı |
| 9 | | following pe | | as the organization accepte | a any gne | or continb | ation nom | uny or the | • | | | | |
| | | (i) a perso | n who directly o | r indirectly controls, either | alone or to | gether wi | th persons | describe | d ın (ıı) | | | Yes | No |
| | | and (III) be | low, the govern | ng body of the the supported | d organiza | tion? | | | | 11g | (i) | | |
| | | (ii) a famıly | y member of a p | erson described in (i) above | ? | | | | | 11g | (ii) | | |
| | | (iii) a 35% | controlled enti | ty of a person described in (| (ı) or (ıı) a | bove? | | | | 11g(| (iii) | | |
| h | | Provide the | following infor | mation about the organizatio | ns the org | janızatıon | supports | | | | | | |
| | | | | | | | | | | | | | |
| | | ame of | (ii) EIN | (iii) Type of organization | | s the | | ou notify | | s the | (vi | - | ount of |
| | | oported (described on lines 1 - 9 organization in the organization above or IRC section col (i) listed in lin col (i) of y | | | | | | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | | ort? | | | |
| | Jiyai | 112911011 | | | | the US? | | | | | | | |
| | | | | | | ment? | | | | | | | |
| | | | | | Yes | No | Yes | No | Yes | No | | | |
| | | | | | | | | | | | | | |
| | | | l | | I | I | | I | | | | | |

Total

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

| | (Complete only if you chec | ked the box or | n line 5, 7, or | 8 of Part I.) | | | | |
|----------|--|--|--|---|---|---|---|-----------------------------|
| P | ıblic Support | | | | | | | |
| Cale | endar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2 | 800 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | 191,323 | 208,272 | 174,311 | 173,519 | | 235,794 | 983,219 |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | 0 | 0 | 0 | 0 | | 0 | 0 |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | 85,320 | 85,320 | 85,320 | 85,320 | | 54,846 | 396,126 |
| 4 | Total. Add line 1-3 | 276,643 | 293,592 | 259,631 | 258,839 | | 290,640 | 1,379,345 |
| 5 | The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column | | | | | | | 41,026 |
| 6 | (f) Public Support subtract line 5 from line 4 | | | | | | | 1,338,319 |
| T | otal Support | | | | | | | |
| Cale | endar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2 | | (f) Total |
| 7 | A mounts from line 4 | 276,643 | 27,673 | 259,631 | 258,839 | | 290,640 | 1,379,345 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 11,669 | 27,673 | 74,763 | 129,859 | | 63,131 | 307,095 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | 0 | 0 | 0 | 0 | | 0 | 0 |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | 2,854 | 4,466 | 1,998 | 2,754 | | 207 | 12,279 |
| 11 | Total Support (Add lines 7 through 10) | | | | | | | 1,698,719 |
| 12 | Gross receipts from related activities, etc | (See instruction | s) | | | 12 | | 78,680,025 |
| 13 | First Five Years. If the Form 990 is for the corganization, check this box and stop here omputation of Public Support Percent | | st, second, thire | d, fourth, or fifth | tax year as a 5 | 01(c)(3 |) I | ▶ ┌ |
| 14 | Public Support Percentage for 2008 (line 6 | | ed by line 11 co | olumn (f)) | | 14 | | 78 784 % |
| 15 | Public Support Percentage for 2007 Sched | | - | (1,7) | | _ | | |
| | 33 1/3% Test - 2008. If the organization did | | | | 4/20/ | 15 | | 87 02 % |
| b 17a | and stop here. The organization qualifies as 33 1/3% Test - 2007. If the organization did box and stop here. The organization qualifies 10% Facts and Circumstances Test - 2008. I more, and if the organization meets the "fact organization meets the "facts and circumst 10% Facts and Circumstances Test - 2007. I | a publicly supp d not check the less as a publicly softhe organization ts and circumstances" test The fifthe organization | orted organizati box on line 13 o supported organ on did not check ances" test, che organization qu on did not check | on r 16a, and line 1 ization a box on line 13 eck this box and ualifies as a pub a box on line 13 | 5 is 33 1/3% o 3, 16a, or 16b a stop here. Exp licly supported 3, 16a, 16b, or | r more, o and line : lain in P organiza 17a and | check thi 14 is 10° art IV ho ation line 15 i | ≫ or ow the Is 10% or |
| 18 | more, and if the organization meets the "fac the organization meets the "facts and circu Private Foundation. If the organization did instructions | mstances" test | The organization | n qualifies as a | publicly suppor | ted orga | ınızatıon | ▶ ┌ |

| Pa | Support Schedule for On (Complete only if you ched | | | | (2) | | |
|------|--|--------------------|-------------------|---------------------|------------------|-----------------|------------|
| | ction A. Public Support | | _ | , | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received (Do not | | | | | | |
| 2 | include any "unusual grants ") Gross receipts from admissions, | | | | | | |
| 2 | merchandise sold or services performed, | | | | | | |
| | or facilities furnished in any activity that | | | | | | |
| | is related to the organization's tax- | | | | | | |
| | exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are | | | | | | |
| | not an unrelated trade or business under | | | | | | |
| | section 513 | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| _ | organization without charge | | | | | | |
| 6 | Total Add lines 1-5 | | | | | | |
| 7a | A mounts included on lines 1, 2, and 3 | | | | | | |
| | received from disqualified persons Amounts included on lines 2 and 3 | | | | | | |
| D | received from other than disqualified | | | | | | |
| | persons that exceed the greater of 1% of | | | | | | |
| | the total of lines 9, 10c, 11, and 12 for | | | | | | |
| | the year or \$5,000 | | | | | | |
| c | Total of lines 7a and 7b | | | | | | |
| 8 | Public Support (Substract line 7c from | | | | | | |
| _ | line 6) | | | | | | |
| То | tal Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 9 | A mounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, | | | | | | |
| | rents, royalties and income from similar | | | | | | |
| | sources | | | | | | |
| b | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | | | | | | |
| | acquired after 30 June, 1975 | | + | | | | |
| С | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, whether or not the business is regularly | | | | | | |
| | carried on | | | | | | |
| 12 | Other income Do not include gain or loss | | | | | | |
| | from the sale of capital assets | | | | | | |
| | (Explain in Part IV) | | | | | | |
| 13 | Total Support (Add lines 9, 10c, 11 and | | | | | | |
| | 12) | | | | | | |
| 14 | First Five Years If the Form 990 is for the | organızatıon's fı | rst, second, thir | d, fourth, or fifth | ntax year as a 5 | 01(c)(3) organı | zation, |
| | check this box and stop here | | | | | | ▶ □ |
| | manufaction of Dublic Compact Days | | | | | | |
| 15 | mputation of Public Support Perc Public Support Percentage for 2008 (line | | dod by line 12 o | olumn (fl) | | T 4= T | |
| | | | • | .orumin (1)) | | 15 | |
| 16 | Public Support Percentage for 2007 Sche | dule A , Part IV - | A, line 27g | | | 16 | |
| | | D | | | | | |
| Co | mputation of Investment Income Investment Income Percentage for 2008 (| | | ne 13 column /f | <u> </u> | 17 | |
| | - | | | - | " | 17 | |
| ΤQ | Investment Income Percentage from 2007 | ocnequie A , Pa | TLIV-A, IINE 2/ | H | | 18 | |

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

DLN: 93493317029139

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasurv Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization **Employer identification number** NEW HORIZONS RESOURCES INC 52-4862107 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ┌ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements 2b Total acreage restricted by conservation easements 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06 2d

- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨
- Number of states where property subject to conservation easement is located
- Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?
- Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year
- 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶\$
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?
- In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

-\$

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Intructions for Form 990

| Part | Organizations Maintaining Colle | ctions of Art, His | <u>tori</u> | <u>cal Treası</u> | ires, or Othe | <u>r Similar As</u> | ssets (| continued) |
|---------|--|-------------------------|-----------------|------------------------------|---|------------------------------------|---------|-------------|
| 3 | Using the organization's accession and other reitems (check all that apply) | cords, check any of th | e foll | owing that ar | e a significant u | se of its collec | tıon | |
| а | Public exhibition | d | Γ | Loan or exc | hange programs | | | |
| ь | Scholarly research | e | Γ | Other | | | | |
| c | Preservation for future generations | | | | | | | |
| 4 | Provide a description of the organization's colle Part XIV | ctions and explain hov | v the | y further the o | organization's ex | empt purpose | ın | |
| 5 | During the year, did the organization solicit or reassets to be sold to raise funds rather than to b | | | | | ular | ┌ Yes | ┌ No |
| Par | Trust, Escrow and Custodial Arr Part IV, line 9, or reported an amou | | | | nızatıon answ | ered "Yes" to | Form | 990, |
| 1a | Is the organization an agent, trustee, custodian included on Form 990, Part X? | or other intermediary | for c | ontributions | or other assets 1 | not | ┌ Yes | √ No |
| b | If "Yes," explain why in Part XIV and complete | the following table | | | | | | |
| | | | | | | Aı | mount | |
| C _ı | Beginning balance | | | | 1c | | | |
| d | Additions during the year | | | | 1d | | | |
| e | Distributions during the year | | | | 1e | | | |
| f | Ending balance | | | | 1f | | _ | |
| 2a | Did the organization include an amount on Form | 990, Part X, line 21? | | | | | ✓ Yes | No |
| | If "Yes," explain the arrangement in Part XIV | | | | | | | |
| Pa | rt V Endowment Funds. Complete if the | | were Prior ' | | | t IV, line 10. Three Years Back | (a)Eour | Voore Book |
| 4_ | | (a)Current rear (b) | PHOI | real (C)IW | to fears back (u) | Tillee Teals back | (e)roui | Teals back |
| 1a L | Beginning of year balance | | | | | | | |
| b | Contributions | | | | | | | |
| C C | Investment earnings or losses Grants or scholarships | | | | | | | |
| d | Other expenditures for facilities | | | | | | | |
| е | and programs | | | | | | | |
| f | Administrative expenses | | | | | | | |
| g | End of year balance | | | | | | | |
| 2 | Provide the estimated percentage of the year er | nd balance held as | | | | | | |
| а | Board designated or quasi-endowment | | | | | | | |
| ь | Permanent endowment | | | | | | | |
| с | Term endowment ▶ | | | | | | | |
| 3a | Are there endowment funds not in the possession | on of the organization | thata | are held and a | administered for | the | | |
| | organization by | | | | | | Yes | No |
| | (i) unrelated organizations | | • | | | 3a | • • | |
| _ | (ii) related organizations | | | | | 3a | | |
| | If "Yes" to 3a(II), are the related organizations | • | | | | 3 | ь | |
| 4 | Describe in Part XIV the intended uses of the o | | | | t V los - 40 | | | |
| Par | t VI Investments—Land, Buildings, a | ina Equipment. S | | • | • | Γ | 1 | |
| | Description of investment | | | Cost or other s (investment) | (b)Cost or other basis (other) | (c) Depreciatioi |) (d) [| Book value |
| 1a | Land | | | 0 | 2,132,647 | | | 2,132,647 |
| b | Buildings | | | 0 | 15,344,719 | 4,414,08 | 34 | 10,930,635 |
| c | Leasehold improvements | | | 0 | 17,149 | 12,93 | 30 | 4,219 |
| d | Equipment | | | 0 | 1,358,620 | 810,02 | 22 | 548,598 |
| | Other | | | 0 | 1,474,571 | 702,9: | 13 | 771,658 |
| Tota | I. Add lines 1a-1e (Column (d) should equal Form | 990, Part X, column (B) | , line | 10(c).) | | | | 14,387,757 |
| | | <u> </u> | | | · | Schedule | D (Form | 990) 2008 |

| Part VIII Investments—Other Securities. S | <u>ee Form 990, Part X, line 1</u> | 2. | |
|---|------------------------------------|-----------------|---------------------------------------|
| (a) Description of security or cateory (including name of security) | (b) Book value | | d of valuation - year market value |
| Financial derivatives and other financial products | | Cost of ella-of | - year market value |
| Closely-held equity interests | | | |
| Other | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 12) | F | | |
| Part VIII Investments—Program Related. | See Form 990, Part X, line | 13. | |
| (a) Description of investment type | (b) Book value | (c) Metho | d of valuation |
| (a) Besemption of investment type | (b) Book value | Cost or end-of | -year market value |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 13) | | | |
| Part IX Other Assets. See Form 990, Part X | , illie 15. cription | | (b) Book value |
| Interest in net assets of New Horizons Foundation | - CTIPETON | | 626,145 |
| Unamortized mortgage costs, net | | | 433,551 |
| Residents' funds | | | 253,525 |
| Security deposits | | | 4,522 |
| | | | , |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) III | ne 15.) | | 1,317,743 |
| Part X Other Liabilities. See Form 990, Pa | T i | | |
| (a) Description of Liability | (b) A mount | | |
| Federal Income Taxes | 0 | | |
| Due to NYS OMRDD | 184,388 | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 25) | L 404.200 | | |
| Total (Column (D) Should equal Form 330, Fall A, Col (D) line 23) | ▶ 184,388 | J | |

| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 21,331,05 |
|------|--|----------|---------------|
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 18,611,61 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | 2,719,44 |
| 4 | Net unrealized gains (losses) on investments | 4 | |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | 40,97 |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | 40,97 |
| 10 | Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 | 10 | 2,760,41 |
| Par | t XII Reconciliation of Revenue per Audited Financial Statements With Revenue | per R | eturn |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 21,468,33 |
| 2 | A mounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| а | Net unrealized gains on investments | | |
| b | Donated services and use of facilities | | |
| c | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIV) | | |
| e | Add lines 2a through 2d | 2e | 137,27 |
| 3 | Subtract line 2e from line 1 | 3 | 21,331,05 |
| 4 | A mounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b . 4a 0 | 1 1 | |
| b | Other (Describe in Part XIV) | | |
| С | Add lines 4a and 4b | 4c | |
| 5 | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | 5 | 21,331,05 |
| Part | | | |
| 1 | Total expenses and losses per audited financial statements | 1 | 18,707,91 |
| 2 | A mounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| a | Donated services and use of facilities | <u>-</u> | |
| b | Prior year adjustments | <u> </u> | |
| c | Losses reported on Form 990, Part IX, line 25 | 4 | |
| d | Other (Describe in Part XIV) | ┪ | |
| е | Add lines 2a through 2d | 2e | 96,30 |
| 3 | Subtract line 2e from line 1 | 3 | 18,611,61 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a (| 긔 | |
| b | Other (Describe in Part XIV) | <u> </u> | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) | 5 | 18,611,61 |
| Pai | t XIV Supplemental Information | | |
| C | | VII | / l 1 h 1 2 h |

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

| Ident if ier | Return Reference | Explanation | | | | | |
|-------------------|--------------------------------|--|--|--|--|--|--|
| SchD_P04_S00_L02b | | The organization manages a burial fund escrow account, consisting of the pooled deposits of individuals served by the organization Each depositor's balance is identified by name social security number. The organization's obligations are to monitor individual account balances and to disburse funds as required. | | | | | |
| SchD_P11_S00_L08 | Schedule D, Part XI, Line 8 | Change in interest in net assets of New Horizons Foundation | | | | | |
| SchD_P12_S00_L02d | | Change in interest in net assets of New Horizons Foundation - \$40,970, Loss on disposal of fixed assets - \$41,458 | | | | | |
| SchD_P13_S00_L02d | Schedule D, Part XIII, Line 2d | Loss on disposal of fixed assets - \$41,458 | | | | | |
| SchD_P10_S00_L00 | Schedule D, Part X | not applicable | | | | | |
| | | | | | | | |
| | | | | | | | |

| Part XIV Supplemental Information(continued) | | | | | | | | | |
|--|--------------------------------|---|--|--|--|--|--|--|--|
| Ident if ier | Ret urn Reference | Explanation | | | | | | | |
| SchD_P04_S00_L02b | Schedule D, Part IV, Line 2b | The organization manages a burial fund escrow account, consisting of the pooled deposits of individuals served by the organization. Each depositor's balance is identified by name and social security number. The organization's obligations are to monitor individual account balances and to disburse funds as required. | | | | | | | |
| SchD_P11_S00_L08 | Schedule D, Part XI, Line 8 | Change in interest in net assets of New Horizons Foundation | | | | | | | |
| SchD_P12_S00_L02d | Schedule D, Part XII, Line 2d | Change in interest in net assets of New Horizons Foundation - \$40,970, Loss on disposal of fixed assets - \$41,458 | | | | | | | |
| SchD_P13_S00_L02d | Schedule D, Part XIII, Line 2d | Loss on disposal of fixed assets - \$41,458 | | | | | | | |
| SchD_P10_S00_L00 | Schedule D, Part X | not applicable | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | + | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | - | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

DLN: 93493317029139

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Transactions with Interested Persons

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

OMB No 1545-0047 Open to Public Inspection

Service Name of the organization **Employer identification number** NEW HORIZONS RESOURCES INC 52-4862107 **Part I** Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? (a) Name of disqualified person 1 (b) Description of transaction Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . Part II Loans to and/or From Interested Persons To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (b) Loan to or (g)Written Approved (e) In from the (a) Name of interested person and (c)O riginal principal default? by board or agreement? (d)Balance due organization? amount purpose committee? No Τо From Yes No Yes Nο Yes Joseph T Kırchhoff Purchase of real property Χ 41,715 42,592 Νo Yes Yes 42,592 Total Part III Grants or Assistance Benefitting Interested Persons To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested person (a) Name of interested person (c)A mount of grant or type of assistance and the organization **Business Transactions Involving Interested Persons** To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (b) Relationship between interested (c) A mount of organization's (a) Name of interested person (d) Description of transaction revenues? person and the transaction organization No 3,240,509 Purchase of renovated Νo Joseph T Kirchhoff Current board member administrative facility Bottini Fuel Corporation Entity more than 35% 127,708 Purchase of fuel oil, equipment Νo owned by family and maintenance services member of Kımberly Bottını, current Board Member

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization NEW HORIZONS RESOURCES INC ${\bf Employer\ identification\ number}$

52-4862107

| ldentifier | Return Reference | Explanation |
|------------------|-------------------|--|
| F990_P06_S0A_L10 | Section A Line 10 | Form 990 was reviewed by an independent accountant and the Executive Director of the organization, and was delivered via email to the members of the Board of Directors before it was filed, no review by the Board of Directors was conducted prior to filing |

| ldentifier | Return Reference | Explanation |
|-------------------|---|---|
| F990_P06_S0B_L12c | Form 990, Part VI, Section B, Line 12c | In accordance with the Organization's corporate compliance plan, members of the Board of Directors complete a Conflict of Interest Disclosure Statement within 30 days of appointment and annually by December 31 |

| ldentifier | Return Reference | Explanation |
|------------------|--|--|
| F990_P06_S0B_L15 | Form 990, Part VI, Section B, Line 15 | Compensation of the Executive Director is approved by the Board of Directors and evidenced by a written contract. For all positions, the organization utilizes salary surveys in determining competitive compensation relative to industry, size of organization, geographic location and function |

| Identifier Return Reference | | Return Reference | Explanation | | | | | | |
|-----------------------------|------------------|--|---|--|--|--|--|--|--|
| | F990_P06_S0C_L19 | Form 990, Part VI, Section C, Line 19 | Copies of the organization's governing documents, conflict of interest policy and financial statements are available to the public upon request | | | | | | |

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047 2008

| epartment of the Treasury nternal Revenue Service | Attach to Form 990. To be completed | | answerd "Yes" to Fo te instructions. | nes 33, 34, 35, 36, a | Open to Public Inspection | | | |
|---|--------------------------------------|--------------------------------|---|-------------------------------------|---|-------------------------------|--|--|
| ame of the organization EW HORIZONS RESOURCES INC | | | | | Employer identi | fication nu | mber | |
| | | | | | 52-4862107 | | | |
| Part I Identification | n of Disregarded Entities | | | | | | | |
| Name, address, ar | (A) nd EIN of disregarded entity | (B) Primary activity | (C) Legal domicile (state or foreign country) | (D) Total income | (E) End-of-year assets | (F Direct co ent | ntrolling | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Part II Identification | n of Related Tax-Exempt Organizat | ions | _ | | | | | |
| Name, address, an | (A) d EIN of related organization | (B) Primary activity | (C) Legal domicile (state or foreign country) | (D) Exempt Code section | (E) Public charity stat (if section 501(c)(. | rus Di 3)) | (F) rect controlling entity | |
| New Horizons Foundation | | | | | | | | |
| 123 West Road Pleasant Valley, NY12569 14-1743515 | | Fundraising | NY | 501 (c) 3 | 7 | N/A | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| (A) Name, address, and EIN of related organization | Prim | (B) nary activity | (C) Legal domicile (state or foreign country) | (D) Direct controlling entity | incom | (E) lominant le(related, lestment, related) | Share | (F) e of total income | (G) Share of end-of- year assets | (H Disprop allocat | l) ortionate tions? | (I) Code V—UBI amount on Box 20 of K-1 | Gene mana part | agıng |
|---|---------|------------------------------|---|---|---------|---|--------|--|---|--------------------------|--|---|----------------------|-------|
| | | | | | | | | | | Yes | No | | Yes | No |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Part IV Identification of R | Related | l Organizations | Taxable as | a Corporation | ı or Tr | ust | | | | | | | | |
| (A) Name, address, and EIN of related organ | | (B) Primary activity | | (C) Legal domicile (state or foreign country) | | (D) Direct contro | olling | (E) Type of entity (C corp, S corp or trust) | (F) Share of total income | end | (G) hare of l-of-yea assets | (H) Percentage r ownership | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

(6)

| Dart V | Transactions with Related Organizations |
|--------|--|
| Part V | i ransactions with Related Organizations |

| Pa | rt V Transactions with Related Organizations | | | | | |
|------------|--|--|---------------------------------|----|-----|----|
| | Note. Complete line 1 if any entity is listed in Parts II, III or IV | | | | Yes | No |
| 1 D | uring the tax year, did the orgranization engage in any of the following transaction | ns with one or more related organizations listed in Parts II- | IV? | | | |
| а | Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled ent | tity | | 1a | | No |
| b | Gift, grant, or capital contribution to other organization(s) | | | 1b | | No |
| c | Gift, grant, or capital contribution from other organization(s) | | | 1c | Yes | |
| d | Loans or loan guarantees to or for other organization(s) | | | 1d | | No |
| e | Loans or loan guarantees by other organization(s) | | | 1e | | No |
| | | | | | | |
| f | Sale of assets to other organization(s) | | | 1f | | No |
| g | Purchase of assets from other organization(s) | | | 1g | | No |
| h | Exchange of assets | | | 1h | | No |
| i | Lease of facilities, equipment, or other assets to other organization(s) | | | 1i | | No |
| | | | | | | |
| j | Lease of facilities, equipment, or other assets from other organization(s) | | | 1j | | No |
| k | Performance of services or membership or fundraising solicitations for other or | ganızatıon(s) | | 1k | | No |
| ı | Performance of services or membership or fundraising solicitations by other org | ganization(s) | | 11 | Yes | |
| m | Sharing of facilities, equipment, mailing lists, or other assets | | | 1m | Yes | |
| n | Sharing of paid employees | | | 1n | Yes | |
| | | | | | | |
| 0 | Reimbursement paid to other organization for expenses | | | 10 | | No |
| р | Reimbursement paid by other organization for expenses | | | 1р | Yes | |
| | | | | | | |
| q | O ther transfer of cash or property to other organization(s) | | | 1q | | No |
| r | O ther transfer of cash or property from other organization(s) | | | 1r | | No |
| | | | | | | |
| 2 | If the answer to any of the above is "Yes," see the instructions for information o | on who must complete this line, including covered relationsl (B) | hips and transaction thresholds | | | |
| | (A) Name of other organization(s) | Transaction | (C) Amount Involved | | | |
| (1) | | type(a-r) | | | | |
| (-) | | | | | | |
| (2) | | | | | | |
| | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| , | | | | | | |
| (5) | | | | | | |

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

| | | | | | | | | | _ | | | | | | | | | | | | | |
|--|--------------------------------|---|---|----|--|-----|--|----------|--|-----------|--|--|--|--|--|--|--------|--|-----|--|--|--------|
| (A) Name, address, and EIN of entity | (B) Primary activity | (C) Legal domicile (state or foreign country) | (D) Are all partners section 501(c)(3) organizations? | | partners section 501(c)(3) organizations? | | partners section 501(c)(3) organizations? | | partners section 501(c)(3) organizations? | | partners section 501(c)(3) organizations? | | partners section 501(c)(3) organizations? | | partners section 501(c)(3) organizations? | | assets | | ate | (G) Code V—UBI amount on Box 20 of K-1 | | r J |
| | | | Yes | No | | Yes | No | | Yes | No | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | • | | | • | • | Sabadula | D / Form | 000) 2000 | | | | | | | | | | | | |

Additional Data

Software ID: Software Version:

EIN: 52-4862107

Name: NEW HORIZONS RESOURCES INC

Form 990, Part I, Line 1 - Briefly describe the Organization's mission or most significant activities:

New Horizons Resources, Inc. provides services to children and adults who have developmental disabilities and live in the Hudson Valley region of New York State. The mission of New Horizons Resources, Inc. is to enable people with developmental disabilities to achieve fulfilling lives within their local communities by establishing a home, belonging, self-determination, learning, productivity and individual respect.

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

New Horizons Resources, Inc. provides services to children and adults who have developmental disabilities and live in the Hudson Valley region of New York State. The mission of New Horizons Resources, Inc. is to enable people with developmental disabilities to achieve fulfilling lives within their local communities by establishing a home, belonging, self-determination, learning, productivity and individual respect.