Form 991

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)

OMB No. 1545-0047 2006

Open to Public Department of the Treasury Internal Revenue Service Inspection ► The organization may have to use a copy of this return to satisfy state reporting requirements. , 2007 6/30 For the 2006 calendar year, or tax year beginning 7/01 . 2006, and ending D Employer Identification Number Check if applicable: NEW HORIZONS 62-0857186 IRS label Address change or print or type. See specific 5221 HARDING PLACE Telephone number Name change NASHVILLE, TN 37217 (615) 360-8595 Initial return instruc Accounting method: Cash X Accrual Final return Other (specify) Amended return H and I are not applicable to section 527 organizations. • Section 501(c)(3) organizations and 4947(a)(1) nonexempt Application pending charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). H (a) Is this a group return for affiliates?... Yes H (b) If 'Yes,' enter number of affiliates . G Web site: ► N/A H (c) Are all affiliates included?..... (If 'No,' attach a list, See instructions.) Organization type ► X 501(c) 3 ◄ (insert no.) H (d) Is this a separate return filed by an (check only one). . organization covered by a group ruling? Check here ► if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the Group Exemption Number... organization chooses to file a return, be sure to file a complete return. Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF). Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ► 4, 245, 476. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.) 1 Contributions, gifts, grants, and similar amounts received: a Contributions to donor advised funds..... 141.745 **b** Direct public support (not included on line 1a)..... 1 b 1 c c Indirect public support (not included on line 1a)..... d Government contributions (grants) (not included on line 1a)..... 141,745. Total (add lines | 141,745 noncash | \$ 2 4,065,995. 2 Program service revenue including government fees and contracts (from Part VII, line 93)...... 3 3 Membership dues and assessments..... 7.466. 4 Interest on savings and temporary cash investments..... 5 Dividends and interest from securities..... 5 **6a** Gross rents..... 6a b Less: rental expenses 6 c 7 7 Other investment income (describe...... (A) Securities (B) Other 8a Gross amount from sales of assets other 8a than inventory..... 8b **b** Less: cost or other basis and sales expenses 8c c Gain or (loss) (attach schedule)..... d Net gain or (loss). Combine line 8c, columns (A) and (B)..... 8d 9 Special events and activities (attach schedule). If any amount is from gaming, check here.... a Gross revenue (not including \$ ___ of contributions 20,417. reported on line 1b)..... b Less: direct expenses other than fundraising expenses..... 9bSTATEMENT..1 20,417. c Net income or (loss) from special events. Subtract line 9b from line 9a..... b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a..... 9.853. 11 Other revenue (from Part VII, line 103) 11 4,245,476. Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11..... 3,732,654. Program services (from line 44, column (B)) 13 Management and general (from line 44, column (C))..... 14 511,648. 8,156. Fundraising (from line 44, column (D)).... 15 Payments to affiliates (attach schedule)..... 16 4,252,458. Total expenses. Add lines 16 and 44, column (A) $-6,\overline{982}$. Excess or (deficit) for the year. Subtract line 17 from line 12..... 18 18

1,102,504.

19

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

Net assets or fund balances at end of year. Combine lines 18, 19, and 20.....

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.

D	o 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
	Grants paid from donor advised			301 11000	,	
22 a	funds (attach sch)					
	(cash \$					
	non-cash \$)					
	If this amount includes	22 a				
22 h	foreign grants, check here	22.0				
220	(cash \$					
	non-cash \$)					
	If this amount includes					
	foreign grants, check here	22b		<u> </u>		
23	Specific assistance to individuals					
	(attach schedule)	23				
24	Benefits paid to or for members	24				
	(attach schedule)	24				
25 a	Compensation of current officers, directors, key employees, etc listed in	i		100 501		0.
	Part V-A (attach sch)	25 a	198,534.	198,534.	0.	U .
b	Compensation of former officers,					
	directors, key employees, etc listed in Part V-B (attach sch).	25 b	0.	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)	25 c	0.	0.	0.	0.
		250				
26	Salaries and wages of employees not included on lines 25a, b, and c	26	2,364,574.	2,102,277.	262,297.	
	• •					
27	Pension plan contributions not included on lines 25a, b, and c	27				
20	Employee benefits not included on					
20	lines 25a - 27	28	15,554.	11,258.	4,296.	
29	Payroll taxes	29	191,502.	167,377.	24,125.	
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32	142 240	118,405.	17,860.	7,075.
33	Supplies	33	143,340. 29,932.	24,467.	5,465.	,,,,,,,,
34	Telephone	34 35	3,316.	24,401.	3,316.	
	Postage and shipping Occupancy	36	3,310.			
37	Equipment rental and maintenance		68,355.	63,706.	4,649.	
	Printing-and-publications	38	5,052.	2,583:	2,469.	
39	Travel	39	93,973.	92,841.	1,132.	
40	Conferences, conventions, and meetings		4,419.	2,580.	1,839.	
41	Interest	41	8,768.	1,383.	7,385.	1 001
42	Depreciation, depletion, etc (attach schedule)	42	83,218.	78,688.	3,449.	1,081.
	Other expenses not covered above (itemize):		1,041,921.	868,555.	173,366.	
	SEE STATEMENT 2	43a 43b		800,333.	110,000.	
	·	43D 43c				
		43d				
		43e				
,	`	43f				
·		43g				
44	/_ 					
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	4,252,458.	3,732,654.	511,648.	8,156.
1.1	Coots Chock if you are following	SOP	98-2			
Join	any joint costs from a combined education	al cami	oaign and fundraising soli	icitation reported in (B)	Program services?	Yes X No
⊣ie If 'Y	es.' enter (i) the aggregate amount of these	e joint (costs Ş	; (ii) the a	imount anocated to rivy	I all I sel Aires
\$; (iii) the amount al	located	to Management and ger	neral \$; and (iv) th	e amount allocated
_	undraising \$					

Form 990 (2006) NEW HORIZONS	62-085	7186	Page 3
Part III Statement of Program Service Accomplishments			
Form 990 is available for public inspection and, for some people, serves as the primary or sole source of organization. How the public perceives an organization in such cases may be determined by the informat please make sure the return is complete and accurate and fully describes, in Part III, the organization's p			efore,
What is the organization's primary exempt purpose? SEE STATEMENT 3 All organizations must describe their exempt purpose achievements in a clear and concise manner. State clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3 izations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations.		Program Service (Required for 501 (4) organizatio 4947(a)(1) trus optional for o	Expenses (c)(3) and ns and its; but thers.)
a DAYCARE VOCATIONAL TRAINING AND FOLLOW ALONG SERVICES PROVIDE MENTALLY IMPAIRED ADULTS	D TO		
(Grants and allocations \$) If this amount includes foreign grants, ch b RESIDENTIAL AND DAY SERVICES WERE PROVIDED FOR MENTALLY IMPAI ADULTS	eck here	2,334	,768.
(Grants and allocations \$) If this amount includes foreign grants, ch	eck here	1,397	,886.
(Grants and allocations \$) If this amount includes foreign grants, ch	eck here		
(Grants and allocations \$) If this amount includes foreign grants, ch			
(Grants and allocations \$) If this amount includes foreign grants, ch		2 300	CE 4
f Total of Program Service Expenses (should equal line 44, column (B), Program services)			654.
BAA		Form 99	90 (2006)

Not	e: V	Where required, attached schedules and amounts within olumn should be for end-of-year amounts only.	the de	escription		(A) Beginning of year		(B) End of year
		Cash — non-interest-bearing				245,588.	45	264,008.
		Savings and temporary cash investments				125,000.	46	125,000.
		Accounts receivable	47 a		9,772.	120,000.		
			47 b		3, 1, 2.	378,995.	47 c	189,772.
	b	Less: allowance for doubtful accounts	4/ D			370,333.		
		S	48a		***************************************			
- 1		Pledges receivable					48c	
		Less: allowance for doubtful accounts					49	
		Grants receivable						
		Receivables from current and former officers, directors, trustees, and key employees (attach schedule)					50 a	
۵	b	Receivables from other disqualified persons (as define and persons described in section 4958(c)(3)(B) (attach	d unde sched	er section 49 dule)	58(f)(1)) 		50 b	
ASSETS		Other notes and loans receivable (attach schedule)						
Š		Less: allowance for doubtful accounts					51 c	
		Inventories for sale or use				.00 001	52	20.204
į	53	Prepaid expenses and deferred charges		<u> ,</u> ,		23,291.	53	20,394.
	54 a	Investments - publicly-traded securities	▶	Cost	∐FMV		54 a	
	t	Investments - other securities (attach sch)	🏲	Cost	∐FMV		54b	
	55 a	Investments – land, buildings, & equipment: basis	55 a					
	Ŀ	Less: accumulated depreciation (attach schedule)	55 b				55 c	
	56	Investments - other (attach schedule)					56	
	57 a	Land, buildings, and equipment: basis	57 a	1,92	2,677.			
		Less: accumulated depreciation (attach schedule)STATEMENT .4	0,551.	803,559.	57 c	752,126.		
	58	Other assets, including program-related investments						
		(describe ►).		58	1 051 000
	59	Total assets (must equal line 74). Add lines 45 through	า 58		,	1,576,433.	59	1,351,300.
	60	Accounts payable and accrued expenses				216,290.	60	190,388.
	61	Grants payable			, ,		61	04.006
Ļ	62	Deferred revenue				198,461.	62	34,926.
ABI	63	Loans from officers, directors, trustees, and key employees (attach schedule)					63	
LIT - ES	64 a	Tax-exempt bond liabilities (attach schedule)		,			64a	00.404
Ţ		Mortgages and other notes payable (attach schedule)				59,178.	64 b	30,464.
S	65	Other liabilities (describe					65	0.55
	66	Total liabilities. Add lines 60 through 65				473,929.	66	255,778.
	Org	anizations that follow SFAS 117, check here ► X ar	nd com	nplete lines 6	57			
N E T		through 69 and lines 73 and 74.						
	67	Unrestricted				1,070,107.	67	1,028,735.
ASSETS	68	Temporarily restricted				32,397.	68	66,787.
Ę	69	Permanently restricted					69	
	Ora	anizations that do not follow SFAS 117, check here ▶		and complet	e lines	-		
R		70 through 74.	_					
F UND	70	Capital stock, trust principal, or current funds					70	
	71	Paid-in or capital surplus, or land, building, and equipr	ment fu	und			71	
B A	72	Retained earnings, endowment, accumulated income, or other funds				72		
BALANCES	73	Total net assets or fund balances. Add lines 67 throug 72. (Column (A) must equal line 19 and column (B) mus	h 69 o	r lines 70 th	rough	1,102,504.	73_	1,095,522.
Š	74	Total liabilities and net assets/fund balances. Add line	1,576,433.	74	1,351,300.			

BAA

P	Reconciliation of Revenuinstructions.)	e per Audited Financia	l Statemen	ts with	Revenue per Retu	rn (See the
					a	4,245,476.
а	Total revenue, gains, and other support p	per audited financial statemen	ts		,,,, a	4,243,470.
b	Amounts included on line a but not on Pa		1	L-1		
	1Net unrealized gains on investments					
	2Donated services and use of facilities					
	3Recoveries of prior year grants					
	4Other (specify):			b4		
	Add lines b1 through b4				<u> </u>	4,245,476.
C	Subtract line b from line a					2/220/ 1115
d	Amounts included on Part I, line 12, but	not on line a:		a1		,
	1 Investment expenses not included on Pa					
	2Other (specify):			d2		
	Add lines d1 and d2				d	·
	Add lines d1 and d2. Total revenue (Part I, line 12). Add lines				▶ e	4,245,476.
e	Total revenue (Part I, line 12). Add lines art IV-B Reconciliation of Expens	es ner Audited Financi	al Stateme	nts wit	n Expenses per Re	turn
	and vest Reconciliation of Expens	es per Addited i maner	ur Otatomo	,,,,,		
	Total expenses and losses per audited fi	nancial statements			а	4,252,458.
a			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
þ	Amounts included on line a but not on Pa 1Donated services and use of facilities	arti, iirie 17.		ь1		
	2Prior year adjustments reported on Part	L line 20				
	3Losses reported on Part I, line 20	i, fine 20				
	4Other (specify):			b4		
	Add lines b1 through b4		· -		b	
_	Subtract line b from line a				.,,,,,,,,,,,,,,,,,	4,252,458.
ď	Amounts included on Part I, line 17, but					
a	1 Investment expenses not included on Pa	rt Lline 6b		d1		
	and the second s			d2		
	Add lines d1 and d2				d	
_	Total expenses (Part I, line 17). Add line	s r and d			▶ e	4,252,458.
6	art VAA Coursent Officers Directo	re Tructees and Key F	mnlovees	(List eac	h person who was an of	fficer, director, trustee,
33633	art V-A Current Officers, Directo or key employee at any time dur	ing the year even if they were	not compens	sated.) (S	ee the instructions.)	
		(B) Title and average hours	(C) Compe	nsation	(D) Contributions to	(E) Expense account and other
	(A) Name and address	per week devoted to position	(if not p enter -	oaici, -0-)	employee benefit plans and deferred	allowances
	(4)	to position		- ,	compensation plans	
_						
SF	E STATEMENT 5		19	8 , 534.	Ü.	0.
_						
_						
_						
_		_				
_						
_						Farm 000 (2000)
- D		TEEA0105L (01/18/07			Form 990 (2006)

· · · · · · · · · · · · · · · · · · ·			60 0057	100	Dana 6
Form 990 (2006) NEW HORIZONS		l	62-0857	186 Ye:	Page 6
Part V-A Current Officers, Directors, Tru	istees, and Key Er	npioyees (continue	ea) ► 20	100	5 110
75a Enter the total number of officers, directors, and trustees pe	ermitted to vote on organization	on business as board meetings	t sempended omploye		
b Are any officers, directors, trustees, or key em listed in Schedule A, Part I, or highest comper A, Part II-A or II-B, related to each other throu identifies the individuals and explains the relati	gh family or business re onship(s)	elationships? If 'Yes,' at	tach a statement that	75ь	Х
c Do any officers, directors, trustees, or key emplisted in Schedule A, Part I, or highest comper A, Part II-A or II-B, receive compensation from to the organization? See the instructions for the	isated professional and any other organization e definition of 'related c	ns, whether tax exempt organization	or taxable, that are relat	ed	X
If 'Yes,' attach a statement that includes the in	formation described in	the instructions.		75 d X	
d Does the organization have a written conflict o	f interest policy?	That Day	atived Composestic		
Part V-B Former Officers, Directors, Tru Benefits (If any former officer, director during the year, list that person below a the instructions.)		oyee received compens f compensation or other	benefits in the appropria	ate column. Se	e e
(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) Expen account and allowance	other
NONE					
	·				
	<u> </u>				
	Ì				
				l v	. []
Part VI Other Information (See the ins	tructions.)			Ye	s No
76 Did the organization make a change in its activ	vities or methods of cor	nducting activities?		76	Х
If 'Vec' attach a detailed statement of each of	nande		 992		X
77 Were any changes made in the organizing or g	governing documents bi	at not reported to the in-	O:,,,,		
If 'Yes,' attach a conformed copy of the chang 78a Did the organization have unrelated business of	es. erass incores of \$1,000	or more during the yea	r covered by this return?	78a	Х
78a Did the organization have unrelated business to bild 'Yes,' has it filed a tax return on Form 990-T	gross income or φ1,000 for this year?	or more during the you		78b	N/A
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
79 Was there a liquidation, dissolution, termination year? If 'Yes,' attach a statement				79	Х
80 a is the organization related (other than by assomembership, governing bodies, trustees, office	ers, etc, to any other ex	genific or Horievenific ord	ition) through common ganization?	80 а	X
b If 'Yes,' enter the name of the organization >	<u>N/A</u>				
b If 'Yes,' enter the name of the organization	and cf	neck whether it is 6	exempt or	0.	
81 a Enter direct and indirect political expenditures	. (See line 81 instruction	ns.)	818		Х
b Did the organization file Form 1120-POL for th	is year?			CINI	. 1

BAA

Form 990 (2006)

	n 990 (2006) NEW HORIZONS	62-0857186	5	P	age 7
	n 990 (2006) NEW HORIZONS art VI Other Information (continued)			Yes	No
		o charge or at			
82	a Did the organization receive donated services or the use of materials, equipment, or facilities at n substantially less than fair rental value?	,	82 a		<u>X</u>
	The second secon	,			
	rovonse in Part i or as an eynense in Pari II. (See IIIS) uctions in Factorial in II.	b N/A	02-	X	
83	 Did the organization comply with the public inspection requirements for returns and exemption ap 	pilcations	83a 83b	X	
	b Did the organization comply with the disclosure requirements relating to quid pro quo contribution	S/	84a		X
84	a Did the organization solicit any contributions or gifts that were not tax deductible?	, , , , , , , , , , , , , , , , , , , ,			
	b If 'Yes,' did the organization include with every solicitation an express statement that such contribution not tax deductible?	outions or gifts were	84 b	N	/A
	not tax deductible?	• • •	85 a	N,	Α
85	b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	,,,,,,	85 b	N.	A
	If 'Yes' was answered to either section section of the section of the section of the section section of the section section of the section sec	ganization received a			
	waiver for proxy tax owed for the prior year.	5			
	c Dues, assessments, and similar amounts from members.				
	d Section 162(e) lobbying and political expenditures.				
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.	,			
	f Tayable amount of lobbying and political expenditures (line, 85d less 85e)				
	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		85 g	N,	Α
	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 dues allocable to nondeductible lobbying and political expenditures for the following tax year?	estimate of	85 h	N,	/ <u>A</u>
96	5 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on				
00	line 12				
	b Gross receipts, included on line 12, for public use of club facilities				
87	8/ Crace income from members or shareholders	'a N/A			
	The net per amounts due or paid to other sources.				
	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).				
	3a At any time during the year, did the organization own a 50% or greater interest in a taxable corpor or an entity disregarded as separate from the organization under Regulations sections 301.7701- If 'Yes,' complete Part IX		88 a		Х_
	b At any time during the year, did the organization, directly or indirectly, own a controlled entity wit section 512(b)(13)? If 'Yes,' complete Part XI	hin the meaning of	88b		X
89	a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under				
	section 4911 ► 0.; section 4912 ► U.; section 4900) -			
	b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess be during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes explaining each transaction		89 b		Х
	- the ergonization managers or disqualified persons during the	_			
	vear linder sections 4912, 4900, and 4900				
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization		89 e	* ********	X
	e All organizations. At any time during the tax year, was the organization a party to a prohibited ta	x sheller transaction	89 f	-	X
	f All organizations. Did the organization acquire a direct or indirect interest in any applicable insura	ande contracti			
	g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did organization, or a fund maintained by a sponsoring organization, have excess business holdings the year?	the supporting at any time during	89 g		Х
Q.	Da List the states with which a copy of this return is filed NONE				_ _ _
J	that the states may mile a sopy of the state		1	1	
	b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)		90 b	<u> </u>	0
91	1a The books are in care of ► MARVA GREENWOOD Telephone numb	er • (615) 360-8	5 95_		
	(See instructions.) 1a The books are in care of ► MARVA GREENWOOD Telephone numb Located at ► 5221 HARDING PLACE, NASHVILLE, TN,	(IP +4 - 3/21			
				Yes	No
	b At any time during the calendar year, did the organization have an interest in or a signature or o financial account in a foreign country (such as a bank account, securities account, or other financial	cial account)?	91 b		X
	If 'Yes,' enter the name of the foreign country				
	See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Fore	ign Bank and			
	See the instructions for exceptions and filing requirements for Form 191 33-22.1, Report of Financial Accounts.	~	Form	n 990	(2006)

Form 990 (2006) NEW HORIZONS				62-0857	186 Page 8
Part VI Other Information (continu	red)				Yes No
c At any time during the calendar year, did	the organizatio	n maintain an office	outside of the Unit	ed States?	91 c X
If 'Vec' enter the name of the foreign co	untry 🟲				
92 Section 4947(a)(1) nonexempt charitable	trusts filing For	m 990 in lieu of Forn	<i>1041</i> – Check he	re	N/A ►
and enter the amount of tax-exempt inte	rest received or	accrued during the ta	ax year	92	N/A
Part VII Analysis of Income Producing	g Activities (S	ee the instructions	5.)	tion 512, 513, or 514	
and the second s		business income			(E) Related or exempt
Note: Enter gross amounts unless otherwise indicated.	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	function income
93 Program service revenue:					
a CONTRACT SERVICES					1,423,263.
b PROGRAM SERVICE FEES			<u> </u>		2,642,732.
С					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies94 Membership dues and assessments	 				
95 Interest on savings & temporary cash invmnts.			14	7,466.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			<u> </u>		
98 Net rental income or (loss) from pers prop			 		
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			3	20,417.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					9,853.
b MISCELLANEOUS					J,000.
С					
d					
104 Subtotal (add columns (B), (D), and (E))				27,883.	4,075,848.
105 Total (add line 104, columns (B), (D),					4,103,731.
Note: Line 105 plus line 1e Part I should equ	al the amount o	n line 12, Part I.			
Part VIII Relationship of Activities	to the Accon	nplishment of Ex	cempt Purpose	es (See the instru	ctions.)
Line No. Explain how each activity for whice of the organization's exempt purp	h income is repo	orted in column (E) o	f Part VII contribut	ted importantly to the a	accomplishment
	TCFC AMD 7	PATNING TO ME	ENTALLY TMPA	TRED ADULTS	
93A PROVIDES DAYCARE SERV 93B PROVIDES RESIDENTIAL	AND DAY SE	ERVICES TO MEN	TALLY IMPA	RED ADULTS	
103B PROVIDES SERVICES TO	MENTALLY F	RETARDED IMPA	RED ADULTS		
Part IX Information Regarding Ta	xable Subsic	diaries and Disre	garded Entitie	s (See the instruc	ctions.)
(A)	(B)	(0)	(D)	(E)
Name, address, and EIN of corporation,	Percentage o	of Nature of	activities	Total income	End-of-year assets
partnership, or disregarded entity	ownership inte	rest 8		втотно	2000
N/A		6			
		8			
		ે			
Part X Information Regarding Tr	ansfers Asso	ociated with Pers	onal Benefit (Contracts (See the	e instructions.)
a Did the organization, during the year, receive any fu	ınds, directly or indi	rectly, to pay premiums on	a personal benefit cont	ract?	. Yes A No
b Did the organization, during the year, pa	ny premiums, dir	rectly or indirectly, on	a personal benefi	t contract	. Yes X No
Note: If 'Yes' to (b), file Form 8870 and Fo	orm 4720 (see in	structions).		TEEAN1081 04/04/0	7 Form 990 (2006)

Par	t XI	Information Regarding Transfers To ar organization is a controlling organizatio	na From Controlled E In as defined in section	on 512(b)(13)	piete only II :).	li ie		
		organization is a controlling organization	30 3003 11. 00000				Yes	No
106	Did t 'Yes	the reporting organization make any transfers t o a ,' complete the schedule below for each controlled	controlled entity as defined entity	I in section 512(t	o)(13) of the Coc	de? If		X
		(A) Name, address, of each controlled entity	(B) Employer Identification Number	Descri	C) iption of nsfer	Amount o	O) of trans	sfer
а								
b								
c						*		
		Totals						
						201	Yes	No
107	Did 'Yes	the reporting organization receive any transfers fro ,' complete the schedule below for each controlled	enuty	1		Code? If		X
		(A) Name, address, of each controlled entity	(B) Employer Identification Number	Descri tra	(C) iption of nsfer	Amount o	D) of tran	sfer
а								
b								
С						*		
		Totals						
108	Did	the organization have a binding written contract in	effect on August 17, 2006,	covering the into	erest, rents, roya	alties, and	Yes	No X
	ann	uities described in question 107 above? Under penalties of perjury, I declare that I have examined this reture, correct, and complete. Declaration of preparer (other than of				y knowledge and	belief, it	is
Plea Sign Here	1	Type or print name and title.	O EXECUTIVE S	DIRCETON	<i> </i>	7		
Paid Pre-		Preparer's signature J. J. J. J. J. C.	Date Date	e		Preparer's SSN General Instructi P0001942		
pare Use	er's	Firm's name (or yours if self-employed). APH, CPAS, PLLC 3326 ASPEN GROVE DR S				L384008	00	
Only		address, and JP + 4 FRANKLIN, TN 37067-48	36		Phone no. > 61	5-376-88 Form		(2006)
BAA								•

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

2006

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Supplementary Information — (See separate instructions.)

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

Name of the organization 62-0857186 NEW HORIZONS Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part (See instructions. List each one. If there are none, enter 'None.') (d) Contributions to employee benefit plans and deferred (e) Expense (c) Compensation (b) Title and average (a) Name and address of each account and other hours per week employee paid more allowances devoted to position than \$50,000 compensation NONE Total number of other employees paid Compensation of the Five Highest Paid Independent Contractors for Professional Services (See instructions. List each one (whether individuals or firms). If there are none, enter 'None.') (c) Compensation (b) Type of service (a) Name and address of each independent contractor paid more than \$50,000 NONE Total number of others receiving over \$50,000 for professional services 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 instructions.) (c) Compensation (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service NONE Total number of other contractors receiving over \$50,000 for other services...

Schedule A (Form 990 or 990-EZ) 2006	NEW HORIZONS	62-0857186	F	age 2
Part III Statements About Ac	ctivities (See instructions.)		Yes	No
to influence public opinion on a legi or incurred in connection with the lo (Must equal amounts on line 38, Pa	on attempted to influence national, state, or local list is attive matter or referendum? If 'Yes,' enter the to obbying activities \(\bar{\sigma} \) \(\s			X
lobbying activities.	n under section 501(h) by filing Form 5768 must co complete Part VI-B AND attach a statement giving			
substantial contributors, trustees, d	on, either directly or indirectly, engaged in any of t irectors, officers, creators, key employees, or mer such person is affiliated as an officer, director, tra question is 'Yes,' attach a detailed statement expla	ustee, majority owner, or principal		
a Sale, exchange, or leasing of prope	erty?	2a		Х
	on of credit?	}		X
•	acilities?			Х
•	nent or reimbursement of expenses if more than \$			X
	r assets?			X
3a Did the organization make grants for explanation of how the organization	or scholarships, fellowships, student loans, etc? (It n determines that recipients qualify to receive payo	f 'Yes,' attach an nents.)3a		Х
	a 403(b) annuity plan for its employees?			X
c Did the organization receive or hold to preserve open space, the enviro 'Yes,' attach a detailed statement.	d an easement for conservation purposes, includin nment, historic land areas or historic structures? I	g easements f		Х
d Did the organization provide credit	counseling, debt management, credit repair, or de	ebt negotiation services?		Х
4a Did the organization maintain any of 4f and 4g :	donor advised funds? If 'Yes,' complete lines 4b th	rough 4g, If 'No,' complete lines	<u> </u>	Х
b Did the organization make any taxa	able distributions under section 4966?		N	A
c Did the organization make a distrib	ution to a donor, donor advisor, or related person?	?40	N	/A
d Enter the total number of donor ad	vised funds owned at the end of the tax year	· · · · · · · · · · · · · · · · · · ·		N/A
e Enter the aggregate value of asset	s held in all donor advised funds owned at the end	d of the tax year		N/A
t i to the stand on line (d) where d	funds or accounts owned at the end of the tax yea onors have the right to provide advice on the distri	Danon of any country of		0
g Enter the aggregate value of asset	is held in all funds or accounts included on line 4f	at the end of the tax year ▶		0.

Par	t IV Reason for Non-Private I	Foundation Status (See instructions.)			
I cert	ify that the organization is not a private fo	oundation because it is: (F	Please check only ONE app	licable box.))	•
5	A church, convention of churches, o	r association of churches.	Section 170(b)(1)(A)(i).			
6.	A school. Section 170(b)(1)(A)(ii). (A	ilso complete Part V.)	•			
7	A hospital or a cooperative hospital	service organization. Sect	tion 170(b)(1)(A)(iii).			
8	A federal, state, or local governmen	t or governmental unit. Se	ection 170(b)(1)(A)(v).	·		
9	A medical research organization operand state ►	erated in conjunction with	a hospital. Section 170(b)(1)(A)(iii). Ent	er the hospita	l's name, city,
10	An organization operated for the ber (Also complete the Support Schedul	nefit of a college or univer e in Part IV-A.)	sity owned or operated by a	a governmer	ntal unit. Secti	on 170(b)(1)(A)(iv).
11 a	An organization that normally receive Section 170(b)(1)(A)(vi). (Also comp	es a substantial part of its lete the Support Schedu le	s support from a governmen e in Part IV-A.)	ntal unit or fr	om the genera	aì public.
11 b	A community trust. Section 170(b)(1))(A)(vi). (Also complete th	ie Support Schedule in Part	t IV-A.)		
12	An organization that normally receive from activities related to its charitable from gross investment income and unorganization after June 30, 1975. Se	e, etc, functions – subjec prelated business taxable	t to certain exceptions, and income (less section 511 t	(2) no mo re ax) from bus	e tnan 33-1/376 sinesses acqui	ot its support
13	An organization that is not controlled requirements of section 509(a)(3). Controlled the controlled requirements of section 509(a)(3).	I by any disqualified personeck the box that describe	ons (other than foundation r es the type of supporting or	nanagers) a ganization: —	nd otherwise r ►	neets the
	Type I Type II	Type III-Function	nally Integrated out the supported organiza	Type III		
	(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	ls the su organization the sup organiz	d) apported on listed in porting zation's rning	(e) Amount of support
				Yes	No	
		-				
Total						0.
14	An organization organized and opera	ated to test for public safe	ty. Section 509(a)(4). (See	instructions.)	
DAA	1 a. dan menda a. dan menda artik abaha					990 or 990-EZ) 2006

Part	IV-A Support Schedule (Complete only if you o	checked a box on line	10, 11, or 12.) Use c	ash method of account	nting.
Note	You may use the worksheet in th	e instructions for con				/- \
begir	ndar year (or fiscal year nning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	124,547.	130,886.	156,146.	101,638.	513,217.
	Membership fees received					0.
		4,140,861.	3,924,886.	3,860,112.	3,673,631.	15,599,490.
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	12,096.	3,857.	3,210.	3,875.	23,038.
19	Net income from unrelated business activities not included in line 18					0.
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	·				0.
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0.
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. SEE STMT . 6.	18,522.				18,522.
23	Total of lines 15 through 22	4,296,026.	4,059,629.	4,019,468.	3,779,144.	16,154,267.
	Line 23 minus line 17	155,165.	134,743.	159,356.	105,513.	554,777.
25	Enter 1% of line 23	42,960.	40,596.	40,195.	37,791.	
26	Organizations described on lines	10 or 11: a Ent	er 2% of amount in co	olumn (e), line 24		11,096.
ł	Prepare a list for your records to show the supported organization) whose total gifts to return. Enter the total of all these excess	name of and amount contri for 2002 through 2005 exceed amounts	led the amount snown in iir	ne zoa. Do not me tins nst		FFA 777
	: Total support for section 509(a)(1) test: Enter line 24, o	olumn (e)		≻ 26c	554,777.
•	l Add: Amounts from column (e) fo	or lines: 18	23,038.	19 26b		41,560.
		22	18,522.	26b	26d	
•	Public support (line 26c minus lin	ie 26d total)				
f	Public support percentage (line 2	26e (numerator) divide	d by line 26c (denom	inator))	> 261	92.51 %
27 2	Organizations described on line For amounts included in lines 15, name of, and total amounts rece such amounts for each year:	, 16, and 17 that were ived in each year from	i, each 'disquaillied pe	erson. Do not me un	S IISt With your return	Elitor dio comi o
	(2005)	(2004)	⁽²⁰⁰³⁾ -		_ ⁽²⁰⁰²⁾	
	bFor any amount included in line to show the name of, and amour \$5,000. (Include in the list organi After computing the difference be	17 that was received find received for each year received for each year received in light entire the amount received the amount received.	om each person (other ear, that was more that nes 5 through 11b, as beived and the larger	er than 'disqualified p an the larger of (1) the s well as individuals.) amount described in (ersons'), prepare a lise amount on line 25 fo Do not file this list wi (1) or (2), enter the su	st for your records or the year or (2) th your return. Im of these
	(2005)	(2004)	(2003)		_ (2002)	
(differences (the excess amounts, (2005) Add: Amounts from column (e) for 17 Add: Line 27a total Public support (line 27c total min 17 total support for section 509(a)(2)	or lines: 15 _		16		
	A Add: Line 27a total		nd line 27b total	,	27 d	
•	a Aug., Ellie 27a total	us line 27d total)				
	E Tatal support for coation 500/s)/	N test: Enter amount t	rom line 23. column ((e)► 27f		
	- Dublic cupport percentage (line :	ZZA (NIIMERATOR) GIVIGI	ed by line Z/L (delibilit	Halvij,		
•	g Public support percentage (line a n Investment income percentage (l	line 18. column (e) (nu	merator) divided by li	ine 27f (denominator)) ► 27h	8
28	Unusual Grants: For an organizatist for your records to show, for nature of the grant. Do not file the		40 44 40 40 4	eived any unusual gra date and amount of t	ints during 2002 throu the grant, and a brief	igh 2005, prepare a description of the
	nature of the grant. Do not file th	is list with your returi	1. Do not include thes	e grants in line 15.	Outratule A /Carro	000 000 EZ 2000

Pal	To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		
			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	.29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
	a Records indicating the racial composition of the student body, faculty, and administrative staff?	32 a	 	
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32 c		<u> </u>
	d Copies of all material used by the organization or on its behalf to solicit contributions?	52 U		
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)	-		
		-		
33	Does the organization discriminate by race in any way with respect to:			
	a Students' rights or privileges?	33a		<u> </u>
	b Admissions policies?	33b		
,	c Employment of faculty or administrative staff?	33 c		
	d Scholarships or other financial assistance?	33 d		
	e Educational policies?	33e		
	f Use of facilities?	33f		
	g Athietic programs?	33 g		
	h Other extracurricular activities?	33h		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)	-		
24	a Does the organization receive any financial aid or assistance from a governmental agency?	34 a	paconocosos 	**************************************
	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 pondiscrimination? If 'No.' attach an explanation	35		

Par	Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.) (To be completed ONLY by an eligible organization that filed Form 5768) N/A												
	x ► a		zation belongs to an affi						imited	conti	rol' provisions apply.		
	Limits on Lobbying Expenditures (a) Affiliated group totals (b) To be completed for all electing												
			n 'expenditures' means a								organizations		
36			ures to influence public o				36						
37			ures to influence a legisl				37						
38			ures (add lines 36 and 3				38				<u> </u>		
39			expenditures				39						
40			expenditures (add lines 3			4	10			*******			
41			nount. Enter the amount										
		ount on line 40		lobbying nontaxable ar		_ ∭							
			,000,000			L			30000000				
			\$1,500,000 \$175,0				• 1						
			\$17,000,000 \$225,0										
40			\$1,0 amount (enter 25% of Iir				12		***********	300000000			
42			amount (enter 25% or iii ne 36, Enter -0- if line 42				13						
43 44			ne 38. Enter -0- if line 41			· · · · · —	14						
44			amount on either line 43										
	Gaudon.	TH GICT IS AFFE					E01/	(h)	_				
		(Some orga	nizations that made a se	Averaging Period ection 501(h) election de the instructions for li	not have	to comple	ete a	all of the fiv	re colu	mns	below.		
	Lobbying Expenditures During 4 -Year Averaging Period												
	Calenda (or fisca beginnir	l vear	(a) 2006	(b) 2005		(c) 004	(d) 2003						(e) Total
45	Lobbying amount.	nontaxable											
46	Lobbying c (150% of I	eiling amount ine 45(e))											
47	Total lob expendit	bying ures								-			
48	Grassroo taxable	ots non- amount											
49	Grassroots (150% of I	ceiling amount ine 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 instructions.) N/A												
	(::V:I=D:::	(For reporting A	only by organizations tha	t did not complete Part	See	instructi	ions.	.)			N/A		
Durin	og the ves	er did the organ	nization attempt to influe pinion on a legislative ma	nce national, state or l	ocal legisla	tion, inclu			Yes	No	Amount		
a	. Voluntee	ers			,								
			ent (Include compensatio										
			egislators, or the public.										
			ed or broadcast stateme										
f	Grants to	o other organiza	ations for lobbying purpo	ses									
			lators, their staffs, gover										
			, seminars, conventions,							98888888			
i			ures (add lines c through										
	If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.												

Schedule A (Form 990 or 990-EZ) 2006 NEW HORIZONS Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the	reporting organization of	firectly or ind	lirectly engage in any of the following	g with any other organization describe ig to political organizations?	d in section	501(0	:)
a Transfe	are from the reporting or	nanization to	a noncharitable exempt organization	ን ዕኘ:		Yes	
a Fransie	sts from the reporting or	ganization to	a honordinable exempt of games	• • • • • • • • • • • • • • • • • • • •	51 a (i)		<u>X</u> _
(i)Oa (ii)Ott	ner assets				. a (ii)		X
b Other t	ransactions:					ĺ	
		ets with a no	ncharitable exempt organization		b (i)		<u>X</u>
/ii\P⊔	rchases of assets from a	a noncharitat	le exempt organization		B (II)		X
(iii)Re	ntal of facilities, equipme	ent, or other	assets		3 (111)		X
/ivΛRe	imbursement arrangeme	ents			D (IA)		X
(V) o	ans or loan quarantees.				D (v)	•	X
ΛίλΡε	rformance of services or	membershir	o or fundraising solicitations		D (VI)		X
-					1 C	of	
d If the a	enswer to any of the abounds, other assets, or ser	ve is 'Yes,' c vices given t naement, sh	omplete the following schedule, Coll by the reporting organization, If the c ow in column (d) the value of the go	umn (b) should always show the fair na organization received less than fair ma ods, other assets, or services receive	rket value d:	'n	
(a) Line no.	(b) Amount involved	ſ	(c) noncharitable exempt organization	(d) Description of transfers, transactions, an			s
	,						
N/A							
		<u> </u>					
		-		·			
52a Is the descri	organization directly or i bed in section 501(c) of	ndirectly affil the Code (ot	iated with, or related to, one or more ner than section 501(c)(3)) or in sect	e tax-exempt organizations ion 527?	. ► _ Ye	s X	No
b If 'Yes	s,' complete the following	schedule:	(b)	(c)			
	(a) Name of organization		Type of organization	Description of relati	onship		
37 / 7	,						
N/A							
		<u></u>					
		· · · · · · · · · · · · · · · · · · ·					
				Schedule A (Fo	orm 990 or 1	990-E2	Z) 200f
BAA				201,044,31. (•		

-	~ -	•
* 11		17_
/ 1	-	ın
_,	•	

FEDERAL STATEMENTS

PAGE 1

NEW HORIZONS

62-0857186

STATEMENT 1 FORM 990, PART I, LINE 9 NET INCOME (LOSS) FROM SPECIAL EVENTS

SPECIAL EVENTS		GROSS RECEIPTS	LESS CONTRI- BUTIONS	GROSS REVENUE	LESS DIRECT EXPENSES	NET INCOME (LOSS)
GOLF TOURNAMENT	TOTAL	20,417. \$ 20,417.	\$ 0.	20,417. \$ 20,417.	<u>0.</u> \$ 0.	20,417. \$ 20,417.

STATEMENT 2 FORM 990, PART II, LINE 43 OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
CLIENT WAGES COMMUNICATIONS FOOD AND BEVERAGE INSURANCE LIVING EXPENSES MEMBERSHIPS MISCELLANEOUS PROFESSIONAL FEES RENTALS UTILITIES VEHICLE EXPENSE	328,145 7,370 70,214 326,729 22,990 961 15,729 96,146 60,783 69,138 43,716 TOTAL \$ 1,041,921	. 6,205. 67,363. 273,944. 22,990. 366. 2,530. 12,985. 52,013.	1,165. 2,851. 52,785. 595. 13,199. 83,161. 8,770. 4,100. 6,740. \$ 173,366.	\$ 0.

STATEMENT 3 FORM 990 , PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

VOCATIONAL TRAINING, RESIDENTIAL, AND DAY SERVICES PROVIDED TO MENTALLY IMPAIRED ADULTS

STATEMENT 4 FORM 990, PART IV, LINE 57 LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	···	BASIS	ACCUM. DEPREC.	BOOK VALUE
AUTOMOBILES / TRANSPORTATION EQUIPMENT MACHINERY AND EQUIPMENT BUILDINGS LAND MISCELLANEOUS TOTAL	\$	199,145. 427,729. 1,250,569. 45,234. 0. 1,922,677.	\$ 0. 0. 0. 1,170,551. \$ 1,170,551.	\$ 199,145. 427,729. 1,250,569. 45,234. -1,170,551. \$ 752,126.

FEDERAL STATEMENTS

PAGE 2

NEW HORIZONS

62-0857186

STATEMENT 5 FORM 990, PART V-A LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	ACCOUNT/
DANA ASHCROFT 7160 HOLT RUN DRIVE NASHVILLE, TN 37211	DIRECTOR S		\$ 0.	
J.R. (JESS) BAILEY 935 GIANT OAK DRIVE NASHVILLE, TN 37217	DIRECTOR 2	0.	0.	0.
REGENIA BOYD 1735 23RD AVENUE NORTH NASHVILLE, TN 37208	DIRECTOR 2	0.	0.	0.
JOE CARSON PO BOX 101367 NASHVILLE, TN 37224	DIRECTOR 2	0.	0.	0.
MARILYN FALCONE 321 WILES COURT HERMITAGE, TN 37076	DIRECTOR 2	0.	0.	0.
JUANITA GRIGGS 5004 ROWENA DRIVE HERMITAGE, TN 37076	VICE PRESIDENT 2	0.	0.	0.
ED HOLMAN 2926 FERNBROOK LANE NASHVILLE, TN 37214	DIRECTOR 2	0.	0.	0.
BILL MANLEY 501 SUZANNE COURT MT. JULIET, TN 37122	PAST PRESIDENT 2	0.	0.	0.
KAY NEWCOMB 115 BELLE GLEN DRIVE NASHVILLE, TN 37221	DIRECTOR 2	0.	0.	0.
SCOTT OSBORNE 638 ROCHELLE DRIVE NASHVILLE, TN 37220	DIRECTOR 2	0.	0.	0.
DEAN OTTO 857 B, OLD HICKORY BLVD WEST NASHVILLE, TN 37115	DIRECTOR 2	0.	0.	0.
BOB STANLEY 5244 LYSANDER LANE NASHVILLE, TN 37027	TREASURER 2	0.	0.	0.

20	OC.
ZU	UO

FEDERAL STATEMENTS

PAGE 3

NEW HORIZONS

62-0857186

STATEMENT 5 (CONTINUED)
FORM 990, PART V-A
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	
NANCY STANLEY 5244 LYSANDER LANE NASHVILLE, TN 37027	SECRETARY \$	0.	\$ 0.	\$ 0.
JOYCE WATTS 4005 AMES DRIVE NASHVILLE, TN	PRESIDENT 2	0.	0.	0.
RUSS WILLIS 215 SECOND AVE. NORTH NASHVILLE, TN 37201	DIRECTOR 2	0.	0.	0.
CHERYL CLARK 240 HOLMES GAP RD. ALEXANDRIA, TN 37012	ACTG BUS. MGR 40	35,000.	0.	0.
DEOBORAH JOHNSON 173 HONEYSUCKLE DR HENDERSONVILLE, TN 37075	FINANCIAL ASST. 40	34,445.	0.	0.
SANDRA WRENN 535 IDLEWOOD DR. MT. JULIET, TN 37122	PROGRAM CORD. 40	30,000.	0.	0.
MARGARET WHITEAKER 3618 HWY 109 NORTH PORTLAND, TN 37148	PROGRAM CORD. 40	30,000.	0.	0.
MARVA GREENWOOD 5221 HARDING PLACE NASHVILLE, TN 37217	EXECUTIVE DIREC 40	69,089.	0.	0.
	TOTAL <u>\$</u>	198,534.	<u>\$</u> 0,	\$ 0.

STATEMENT 6 SCHEDULE A, PART IV-A, LINE 22 OTHER INCOME

DESCRIPTION			(A) 2005		(B) 2004	(C)	2003	(D)	2002	<u>(E</u>)) TOTAL
GOLF TOURNAMENT	TOTAL	\$ \$	18,522. 18,522.	\$ \$	0. 0.	\$ \$	0. 0.	\$ \$	0.	\$	18,522. 18,522.