

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2003

Department of the Treasury
Internal Revenue ServiceOpen to Public
Inspection

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

A For the 2003 calendar year, or tax year beginning

07-01, 2003, and ending

06-30, 20 04

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

NEW HORIZONS CORPORATION

Number and street (or P O box if mail is not delivered to street address)

5221 HARDING PLACE

Room/suite

City or town, state or country, and ZIP + 4

NASHVILLE, TN 37217

D Employer identification number

62-0857186

E Telephone number

(615) 360-8595

F Accounting method:

- ☐ Cash ☒ Accrual
☐ Other (specify) ▶

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates

H(c) Are all affiliates included?

☐ Yes ☐ No

(If "No," attach a list See instructions)

H(d) Is this a separate return filed by an organization covered by a group ruling?

☐ Yes ☒ No

I Group Exemption Number

M Check ☐ if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

G Website: ▶

J Organization type (check only one)

☒ 501(c) 3 (insert no) ☐ 4947(a)(1) or ☐ 527K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The

organization need not file a return with the IRS, but if the organization received a Form 990 Package

in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12

4,040,576

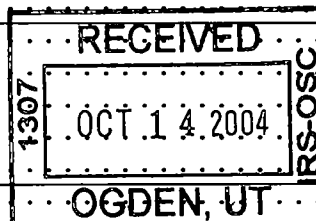
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

(See page 18 of the instructions)

1	Contributions, gifts, grants, and similar amounts received			
a	Direct public support	1a	156,146	
b	Indirect public support	1b		
c	Government contributions (grants)	1c		
d	Total (add lines 1a through 1c) (cash \$ 156,146 noncash \$)	1d	156,146	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	3,860,112	
3	Membership dues and assessments	3		
4	Interest on savings and temporary cash investments	4	3,210	
5	Dividends and interest from securities	5		
6a	Gross rents	6a		
b	Less: rental expenses	6b		
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7	Other investment income (describe)	7		
8a	Gross amount from sales of assets other than inventory	(A) Securities	8a	(B) Other
b	Less: cost or other basis and sales expenses	8b		
c	Gain or (loss) (attach schedule)	8c		
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 <input type="checkbox"/>			
a	Gross revenue (not including \$ of contributions reported on line 1a)	9a	13,287	
b	Less: direct expenses other than fundraising expenses	9b		
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	13,287	
10a	Gross sales of inventory, less returns and allowances	10a		
b	Less: cost of goods sold	10b		
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
11	Other revenue (from Part VII, line 103)	11	7,821	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	4,040,576	
13	Program services (from line 44, column (B))	13	3,572,040	
14	Management and general (from line 44, column (C))	14	592,800	
15	Fundraising (from line 44, column (D))	15	2,487	
16	Payments to affiliates (attach schedule)	16		
17	Total expenses (add lines 16 and 44, column (A))	17	4,167,327	
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	(126,751)	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,100,246	
20	Other changes in net assets or fund balances (attach explanation)	20		
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	973,495	

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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25	Compensation of officers, directors, etc.	25	238,008	238,008		
26	Other salaries and wages	26	2,429,899	2,280,491	1,950	
27	Pension plan contributions	27				
28	Other employee benefits	28	25,375	16,146	9,229	
29	Payroll taxes	29	218,283	188,513	29,561	
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32				
33	Supplies	33	100,815	89,464	11,317	
34	Telephone	34	83,401	74,964	8,437	
35	Postage and shipping	35	3,366	3,366		
36	Occupancy	36				
37	Equipment rental and maintenance	37	55,294	48,069	7,225	
38	Printing and publications	38	3,509	1,430	2,079	
39	Travel	39	45,740	45,122	607	
40	Conferences, conventions, and meetings	40	1,627	1,304	323	
41	Interest	41	3,851	3,851		
42	Depreciation, depletion, etc. (attach schedule)	42	103,247	82,903	20,344	
43	Other expenses not covered above (itemize) a SEE STMT	43a	854,912	739,783	114,846	
b		43b				
c		43c				
d		43d				
e		43e				
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	4,167,327	3,572,040	592,800	2,487

Joint Costs. Check ☐ if you are following SOP 98-2Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____,

(iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)What is the organization's primary exempt purpose? ☒ SEE STATEMENT

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses

(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

a	DAYCARE VOCATIONAL TRAINING AND FOLLOW ALONG SERVICES PROVIDED TO APPROXIMATELY 170 MENTALLY IMPAIRED ADULTS (Grants and allocations \$ _____)	2,224,227
b	RESIDENTIAL AND DAY SERVICES WERE PROVIDED FOR MENTALLY IMPAIRED ADULTS (Grants and allocations \$ _____)	1,347,813
c	 (Grants and allocations \$ _____)	
d	 (Grants and allocations \$ _____)	
e	Other program services (attach schedule) (Grants and allocations \$ _____)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	3,572,040

Part IV Balance Sheets (See page 25 of the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
45	Cash - non-interest-bearing	211,723	45	142,362
46	Savings and temporary cash investments	125,000	46	125,000
47 a	Accounts receivable	47a 368,326		
b	Less: allowance for doubtful accounts	47b	47c	368,326
48 a	Pledges receivable	48a		
b	Less: allowance for doubtful accounts	48b	48c	
49	Grants receivable		49	
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
A s s e t s	51 a Other notes and loans receivable (attach schedule)	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	34,882	53	36,220
	54 Investments - securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55 a Investments - land, buildings, and equipment basis	55a		
	b Less: accumulated depreciation (attach schedule)	55b	55c	
	56 Investments - other (attach schedule)		56	
	57 a Land, buildings, and equipment basis	57a 1,852,688		
	b Less: accumulated depreciation (attach schedule)	57b 980,983	57c	871,705
	58 Other assets (describe <input type="checkbox"/>)		58	
	59 Total assets (add lines 45 through 58) (must equal line 74)	1,587,575	59	1,543,613
L i a b i l i t i e s	60 Accounts payable and accrued expenses	168,786	60	198,931
	61 Grants payable		61	
	62 Deferred revenue	178,209	62	182,100
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64 a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)	140,334	64b	189,087
	65 Other liabilities (describe <input type="checkbox"/>)		65	
	66 Total liabilities (add lines 60 through 65)	487,329	66	570,118
N e t A s s e t s o r F u n d B a l a n c e s	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	1,100,246	67	973,495
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	1,100,246	73	973,495
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	1,587,575	74	1,543,613

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

**Part IV-A Reconciliation of Revenue per Audited
Financial Statements with Revenue per
Return** (See page 27 of the instructions)

Part IV-B	Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
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a	Total revenue, gains, and other support per audited financial statements . . . ▶	a	4,040,576
b	Amounts included on line a but not on line 12, Form 990		
	(1) Net unrealized gains on investments . . \$ _____		
	(2) Donated services and use of facilities . \$ _____		
	(3) Recoveries of prior year grants \$ _____		
	(4) Other (specify) _____ \$ _____		
	Add amounts on lines (1) through (4) . ▶	b	
c	Line a minus line b ▶	c	4,040,576
d	Amounts included on line 12, Form 990 but not on line a:		
	(1) Investment expenses not included on line 6b, Form 990 \$ _____		
	(2) Other (specify). _____ \$ _____		
	Add amounts on lines (1) and (2) . . . ▶	d	
e	Total revenue per line 12, Form 990 (line c plus line d) ▶	e	4,040,576

a	Total expenses and losses per audited financial statements ▶	a	4,167,327
b	Amounts included on line a but not on line 17, Form 990		
	(1) Donated services and use of facilities - \$ _____		
	(2) Prior year adjustments reported on line 20, Form 990 \$ _____		
	(3) Losses reported on line 20, Form 990 . . \$ _____		
	(4) Other (specify): _____ \$ _____		
	Add amounts on lines (1) through (4) . ▶	b	
c	Line a minus line b ▶	c	4,167,327
d	Amounts included on line 17, Form 990 but not on line a:		
	(1) Investment expenses not included on line 6b, Form 990 \$ _____		
	(2) Other (specify): _____ \$ _____		
	Add amounts on lines (1) and (2) . . . ▶	d	
e	Total expenses per line 17, Form 990 (line c plus line d) ▶	e	4,167,327

Part V **List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated; see page 27 of the instructions.)

[illegible]

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? **►** ☐ Yes ☒ No
If "Yes," attach schedule - see page 28 of the instructions

Part VI Other Information (See page 28 of the instructions)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter direct and indirect political expenditures See line 81 instructions	81a	
b	Did the organization file Form 1120-POL for this year?	81b	X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86	501(c)(7) orgs Enter: a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs Enter a Gross income from members or shareholders	87a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> , section 4912 <input type="checkbox"/> , section 4955 <input type="checkbox"/>		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/>		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/>		
90a	List the states with which a copy of this return is filed <input type="checkbox"/> NONE		
b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions.)	90b	112
91	The books are in care of <input type="checkbox"/> SCOTT DIEHL Telephone no. <input type="checkbox"/> 615-360-8595 Located at <input type="checkbox"/> NASHVILLE, TN. ZIP + 4 <input type="checkbox"/> 37217		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/>	92	

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

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue.					
a PROGRAM SERVICE FEES					2,483,157
b CONTRACT SERVICES					1,376,955
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies . . .					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	3,210	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property . .					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					13,287
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a MISCELLANEOUS					7,821
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				3,210	3,881,220
105 Total (add line 104, columns (B), (D), and (E))					3,884,430

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	PROVIDES DAYCARE SERVICE AND TRAINING TO MENTALLY IMPAIRED ADULTS
93B	PROVIDES RESIDENTIAL AND DAY SERVICES TO MENTALLY IMPAIRED ADULTS
101	PROVIDES SERVICES TO MENTALLY IMPAIRED ADULTS
	SEE STMT

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please *Scott O'Neil* Date *10/5/04*

CFO

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

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

OMB No 1545-0047

2003

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

Employer identification number

NEW HORIZONS CORPORATION

62-0857186

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions List each one If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ▶				

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶		

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶\$ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B)	1	X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3a Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4	X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)The organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **DOB**
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A)
- 12 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)		(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15	Gifts, grants, and contributions received (Do not include unusual grants. See line 28.).	101,638	111,486	114,703	202,584	530,411
16	Membership fees received					
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	3,673,631	3,083,704	3,527,616	3,602,625	13,887,576
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	3,875	9,206	19,833	14,690	47,604
19	Net income from unrelated business activities not included in line 18					
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.					
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.					
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22.	3,779,144	3,204,396	3,662,152	3,819,899	14,465,591
24	Line 23 minus line 17.	105,513	120,692	134,536	217,274	578,015
25	Enter 1% of line 23	37,791	32,044	36,622	38,199	
26	Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24. ▶				26a	11,560
b	Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶				26b	
c	Total support for section 509(a)(1) test: Enter line 24, column (e) ▶				26c	578,015
d	Add: Amounts from column (e) for lines 18 <u>47,604</u> 19 _____ 22 _____ 26b _____ ▶				26d	47,604
e	Public support (line 26c minus line 26d total) ▶				26e	530,411
f	Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶				26f	91.76 %
27	Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2002) _____ (2001) _____ (2000) _____ (1999) _____ b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year. (2002) _____ (2001) _____ (2000) _____ (1999) _____ c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶				27c	
d	Add: Line 27a total _____ and line 27b total _____ ▶				27d	
e	Public support (line 27c total minus line 27d total). ▶				27e	
f	Total support for section 509(a)(2) test: Enter amount from line 23, column (e). ▶				27f	
g	Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶				27g	%
h	Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶				27h	%
28	Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

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

- | | |
|-----|----|
| Yes | No |
|-----|----|

51a(l)		X
--------	--	---

a(ii)		X
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- | | | |
|------|--|---|
| b(1) | | X |
|------|--|---|

b(ii)		X
--------------	--	----------

b(III)		X
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b(iv)		X
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$b(v)$		X
--------	--	---

b(vi)		X
-------	--	---

- | | | |
|----------|--|----------|
| C | | X |
|----------|--|----------|

value of the

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

- | (a)
Name of organization | (b)
Type of organization | (c)
Description of relationship |
|-----------------------------|-----------------------------|------------------------------------|
|-----------------------------|-----------------------------|------------------------------------|

EEA Schedule A (Form 990 or 990-EZ) 2003

Name as shown on Return

Employer identification number

NEW HORIZONS CORPORATION

62-0857186

---PART II- PROGRAM SERVICE EXPENSES- COLUMN B----

Description	Amount
CLIENT WAGES AND OTHER RELATED EXPENSES	308,359
INSURANCE	261,028
COMMUNICATIONS	7,814
REPAIRS AND MAINTENANCE	34,741
VEHICLE EXPENSE	31,989
LIVING EXPENSES	12,824
MISCELLANEOUS	11,924
MEMBERSHIPS	354
PROFESSIONAL FEES	4,444
FOOD AND BEVERAGE	66,306
Total	739,783

PART II- MANAGEMENT & GENERAL EXPENSES- COLUMN C

Description	Amount
INSURANCE	50,022
SMALL EQUIPMENT PURCHASES	1,048
COMMUNICATIONS	1,959
REPAIRS AND MAINTENANCE	6,232
VEHICLE EXPENSE	3,326
MISCELLANEOUS	8,400
MEMBERSHIPS	3,280
PROFESSIONAL FEES	40,224
FOOD AND BEVERAGE	355
Total	114,846

PART II- FUNDRAISING EXPENSES- COLUMN D

Description	Amount
INSURANCE	283
Total	283

PART IV- BALANCE SHEET- LINE 64B

Description	Amount
MORTGAGE PAYABLE	189,087
Total	189,087

Name as shown on Return

NEW HORIZONS CORPORATION

Employer identification number

62-0857186

PART IV- BALANCE SHEET- LINE 64B

Description	Amount
MORTGAGE PAYABLE	140,334
Total	140,334

Statement Summary
PRIMARY EXEMPT PURPOSE

2003
STATEMENT 01

Name(s) shown on return NEW HORIZONS CORPORATION	Identifying Number 62-0857186
-----------------------------------------------------	----------------------------------

NEW HORIZONS CORPORATION WAS FORMED TO PROVIDE DAY CARE,
EXTENDED EMPLOYMENT AND RESIDENTIAL SERVICES TO MENTALLY
IMPAIRED ADULTS.

Statement Summary

2003

Form 990 - Part V

List of Officers, Directors, Trustees, and Key Employees

Name(s) shown on return				Identifying Number
NEW HORIZONS CORPORATION				62-0857186
(A) Name and address	Title and Average Hrs	(C) Compensation	(D) Contrib.	(E) Expense
LYNNE BURKETT	EXEC. DIR.			
1220 OLD HUNTERS, LEBANON, TN.	40	76,297	0	0
SCOTT DIEHL	CFO			
324 TYNE COURT, OLD HICKORY TN	40	57,258	0	0
TOMMY HALL	DIR. OF PROD.			
165 N.E. YOUNG RD LEBANON, TN	40	52,000	0	0
ALLEN LEWIS	DIR. OF MAINT			
PO BOX Q, ETOWA, TN.	40	52,453	0	0
DEAN OTTO	DIRECTOR			
2239 CABIN H., NASHVILLE, TN.		0	0	0
KWAME LILLARD	DIRECTOR			
2814 BUENA VISTA, NASHVILLE, TN.		0	0	0
MICHAEL GREENWOOD	DIRECTOR			
5221 HARDING PL., NASHVILLE, TN.		0	0	0
RUSS WILLIS	DIRECTOR			
215 2ND AVE, NASHVILLE, TN.		0	0	0
JOE CARSON	VICE-PRES.			
PO BOX 101367, NASHVILLE, TN.		0	0	0
BOB STANLEY	TREASURER			
5178 REMINGTON, BRENTWOOD, TN.		0	0	0
SUSAN BRAWNER	DIRECTOR			
760 MCCURDY, WHITEHOUSE, TN.		0	0	0
DALE GREENWOOD	SECRETARY			
6809 ALTO VISTA, NASHVILLE, TN.		0	0	0
JR BAILEY	PRESIDENT			
935 GIANT OAK, NASHVILLE, TN.		0	0	0
REGENIA BOYD	DIRECTOR			
1735 23RD, NASHVILLE, TN.		0	0	0
JUANITA C. GRIGGS	DIRECTOR			
5004 ROWENA, HERMITAGE, TN.		0	0	0
BILL MANLEY	DIRECTOR			
501 SUZANNE, MT. JULIET, TN.		0	0	0
KAY NEWCOMB	DIRECTOR			
115 BELLE GLEN DR NASHVILLE TN	2	0	0	0