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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 2009

inter	artment nal Rev	of the Treasury enue Service		► The organi	zation may have to u	se a copy of this	return to satis	fy state repor	ting reauiren	nents	Op	en to Publi	ic Inspection
	For th	ne 2009 calend	ar year,	or tax year b	ginning		, 2009,	and endir	ng			_,	
B	Check	if applicable	_	C Name of or	ganization					D Emplo	yer iden	tification Num	iber
	Ac	idress change	Prease use IRS label	A NEW W	AY OF LIFE	RE-ENTRY	Y PROJE	CT		95-	4782	2503	
	∏ Na	ame change	or print or type	Number an	street (or PO box if	mail is not delive	red to street ac	idr) Room/s	suite	E Teleph	none nun	riber	
	In	itiai return	See specific	P. C. B	OX 875288					(32	(3)	63-357	5
	Te	ermination	Instruc- tions.	City, town o	or country		State	ZIP code + 4	1				
	Ar	mended return		LOS ANG	ELES		CA	90087		G Gross	receipts	\$ 1,580	,060.
	A	phication pending	F Name	and address of pr	incipal officer				H(a) is this	a group retu	irn for af	filiates?	Yes X No
	<u> </u>		Marva (Graves 131	.0 W 81st P	l LosAnge	eles CA	90044	H(b) Are all			[Yes No
ī	Tax	-exempt status		1(c) (3) ◄ (insert no)		(a)(1) or	527	IT NO.	attach a list	(see in	istructions)	
J	Wel	bsite: ► WW		WAYOFLI	E.ORG				H(c) Group	exemption r	number	>	
ĸ	Form	of organization	X Corpor	ation Trust	Association	Other >	L	ear of Forma	tion 200	0 M	State of	legal domicile	CA
Pa	ırt T	Summa	ary			-							
	1	Briefly describ	e the org	ganization's m	nission or most s	ignificant activ	vities <u>H</u> C	using	and Re	-Entr	y Su	pport	
90					ed_woman_a								
auc					erving 40-5								
trvities & Governance					t_services								.
Š	2	Check this bo	× • 📙	if the organiz	ation discontinue	d its operatio	ns or dispo	sed of mor	e than 25°	% of its a		lo.	
æ					overning body (Papers of the gover			b)			4	8	
ies		Total number		-		illing body (Fa	art vi, iiri c i	5)			5	7	
ŧĸ					e if necessary)						6	65	
	l			-	nue from Part VII	I, Icolumn (C)), ine 12				7 a		0.
	1	-			me from Form 99						7 b		
, ∟ €	-								Р	rıor Year		Curre	ent Year
9	8	Contributions	and gran	ts (Part VIII,	ine 1h)					,120,		1,4	412,343.
4	9	Program servi	ice reven	ue (Part VIII,	line 2g)					141,	589.		151,809.
1	10		-		n (A), lines 3, 4,						<u>472.</u>		<u> 1,375.</u>
	11				lines, 5, 60, 8c,				<u> </u>	16,			-2,785.
-	1				Liamustedual I		mn (A), line	2 12)	1	,279,	<u> 498.</u>		562,742.
1					art IX, column (A							1,3	<u> 205,659.</u>
1	14	Benefits paid	to or for	փ <mark>@</mark> hbers (թ	rt IX, column (A) oyee benëfits (Pa	.[moe 4)							
1	15	Salaries, othe	r comper	nsation, empl	oyee benefits (Pa	column	(A), lines 5	5-10)		215,	<u>667.</u>	ļ	184,837.
e E	16 a	Professional f	undraisin	d fees Part	X, column (A), h	rle≒ [e)							
Expe	ь	Total fundrais	ing exper	ses (Rahtux		25) -	3	3,248.	<u> </u>			ļ 	
ш	17	Other expense	es (Part I	X, column (A), lines 11a-11d,	11f-24f)			1	,030,	806.		212,689.
	I		•		ust equal Part IX.		line 25)		1	,246,	473.	1,0	603,185.
	19	•			e 18 from line 12					33,	025.		-40,443.
88									Begir	nning of \	rear		of Year
Not Assets or Fund Balancos	20	Total assets (Part X. In	ne 16)						129,			129,901.
BB	21	Total liabilities							-	18,			54,810.
Şã	22	Net assets or	fund hala	ances Subtra	ct line 21 from lii	ne 20				111,			75,091.
Pa	irt II	Signatu			<u> </u>	<u> </u>						 	
					ave examined this returned that off	rn, including acco	mpanying sche	dules and sta	tements, and	to the best	of my kn	owledge and t	pelief it is
		true, correct, a	nd complete	Declaration of p	つ /	icer) is based on a	all information	of which prepared	arer has any				_
Sig	gn		w	on X	Seyton				2	<u> </u>	- 2	2-16	ン
He	re	Signature	of officer	,	7	1			Da	ite			
		XE	X PC U	itiue	DIrec	107							
		Type or pr	int name an	id title									
			- <u>-</u>	1 17	/ n		C	Date		heck if		reparer s ident see instruction:	tifying number s)
Pa		Preparer's	1/2/	aff	11/4	1-n	00		er	nployed	· X		
Pr		signature	×-/U-	TKUB	ed hXTVII	V C	77	07/11/1	.0				
pa Us	rer's	Firm's name (d		ELIZABET		PA							
Or		yours if self- employed).	► 278	1 HIGHVI	EW AVE				Ε	IN ►			
		address, and ZIP + 4	ALT	ADENA		C	A 9100	1	P	ноле по	(62		-0019
_					rer shown above							X Yes	
BA	A For	Privacy Act a	ind Papei	rwork Reduct	inn Act Notice, s	ee the separa	ate instructi	ions.		TEA010	07/20	0/09 For	m 990 (2009)

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
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2
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
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4
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 similar funds or 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
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
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D. Part III	8
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
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11
•	• Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI	
•	Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	
•	• Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 167 If 'Yes,' complete Schedule D, Part IX	
	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If Yes, complete Schedule D, Part X	
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12
12	AWas the organization included in consolidated, independent audited financial statement for the tax Yes No	
	year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a
t	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b
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? If 'Yes,' complete Schedule F, Part II	15
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? If 'Yes.' complete Schedule F, Part III	16
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G. Part I	17
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18
19	complete Schedule G, Part III	19
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20

Page 4

Checklist of Required Schedules (continued)

Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 Х Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part 22 X IX. column (A), line 27 If 'Yes,' complete Schedule I, Parts I and III Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete 23 Х Schedule J 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25 24a Х 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a Х disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25 a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete 25b X Schedule L, Part I 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 Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L. Part III 27 Х Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L. Part IV Х 28 a **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete 28b X Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes.' complete Schedule L, Part IV 28c Х 29 Х Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 contributions? If 'Yes,' complete Schedule M X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N. Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 32 Х Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R Part I 33 X Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V. 34 Х line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, 35 Х Part V. line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related Х organization? If 'Yes,' complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is 37 X treated as a partnership for federal income tax purposes? If 'Yes.' complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197 38 Note. All Form 990 filers are required to complete Schedule O 38

Form 990 (2009)

Part IV

Page 5

Га	it V Statements Regarding Other IKS Fillings and Tax Compliance			
			Yes	No
1	a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable			
	b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	х	
2	a 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 7			
2	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3 a		Х
	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3 b		
4	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
	b If 'Yes,' enter the name of the foreign country'			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	l	Х
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5 c		
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6 a	х	
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6 b	х	
7	Organizations that may receive deductible contributions under section 170(c).			
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services	_	,	
	provided to the payor? b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7a 7b	X	
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	-/-	^	
	Form 8282?	_7c		X
	d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d		1	
	e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		<u>X</u> _
	g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	79		
	h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	_ 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	a Did the organization make any taxable distributions under section 4966?	9a		
	b Did the organization make any distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter			
	a Initiation fees and capital contributions included on Part VIII, line 12	1	-	
	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			
	a Gross income from other members or shareholders	-		
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			

Form **990** (2009)

Page 6 Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Generalie G. Gee mistractions			
<u>Sec</u>	tion A. Governing Body and Management		-	·
	a Enter the number of voting members of the governing body		Yes	No
	a Enter the number of voting members of the governing body 5 Enter the number of voting members that are independent 1 b 8	ļ ¹		
	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		Х
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		х
4	Did the organization make any significant changes to its organizational documents	4		Х
	since the prior Form 990 was filed?			
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		Х
7 a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7 a		Х
t	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7ь	<u> </u>	Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	a The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	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	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal		·	
Reve	enue Code)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10 a		<u>X</u>
b	olf '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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Х	
	ADescribe in Schedule O the process, if any, used by the organization to review this Form 990			
	Does the organization have a written conflict of interest policy? If 'No.' go to line 13	12a	X	
b	• Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
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	х	
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	Х	
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	15 a	Х	
	Other officers of key employees of the organization	15 b	Х	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)		.	
16 a	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		Х
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?	16 b		
Sec	tion C. Disclosures			
17	List the states with which a copy of this Form 990 is required to be filed California			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available Check all that apply	ılable	for pu	blic
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy statements available to the public	, and	financ	ıal
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organi	zation		
•	Susan Burton 958 E 108th St Los Angeles CA 90059 (3	23)_5	63-3	3575

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of 'key employees.'
- 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, and 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 not compensate any current officer, director, or trustee (A) (B) (c) (D) (E)										
	(B) Average	Pos	ition i	-	-	that app	lv)			(F)
Name and Title	hours per week	or director		_	g Key employee	High est commerisated	r (d. ner	Reportable compensation from the organization (W-2/1099 MISC)	Reportable compensation from related organizations (W 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Marva Graves										
President	5.00	Х	<u></u>			L		0.	0.	0.
Julius Alcorn								_		_
Treasurer	3.00	X	_			<u> </u>		0.	0.	0.
antoinette Carter Secretary	2.00	х						0.	0.	0.
Terri James Director	1.00	Х						0.	0.	0.
Naima Greffon Director	1.00	Х						0.	0.	0.
Marilyn Montenegro										
Director	1.00	Х	L				<u> </u>	0.	0.	0.
Craig Gilmore Director	1.00	Х						0.	0.	0.
David E Bower Director	1.00							0.	0.	0.
Susan Burton Exec Director	40.00			х				59,500.	0.	0.
		_								
					-					
									-	

Part VII Section A. Officers, Directors, Trus	1	(ey	En			es,	an			ployee		<u>nt)</u>
(A)	(B) Average	Post	tion (C)	hat a	nniw	(D)	(E)	1	(F)	
Name and Title	hours per week		Institutional trustee	Officer		Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099 MISC)	Reportable compensation from related organizations (W-2/1099 MISC)	am co	Estimate ount of o mpensat from the rganization and relate ganization	other tion tion on ed
											-	
	-											
					-						7	
									-			
1 b Total							•	59,500.	0.			0
2 Total number of individuals (including but not limited	to those	e list	ed a	abov	e) v	vho	rece	ived more than \$1	00,000 in reportab	le com	ensatı	on
from the organization			_					 ,			Yes	No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or truste dividual	e, ke	еу е	mple	oyee	e, or	higl	hest compensated	employee	3		x
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater th individual	ortable an \$150	com 0,000	pen 12 <i> f</i>	satio ' <i>'Ye</i> .	on a s' co	nd c	ther lete	compensation fro Schedule J for suc	om ch	4		x
Did any person listed on line 1a receive or accrue correndered to the organization? If 'Yes,' complete School and the organization's If 'Yes,' complete School and the organization	ompensa	ition	fror	n ar	ıy uı	nrela	ated	organization for s	ervices	5		x
Section B. Independent Contractors												
Complete this table for your five highest compensate compensation from the organization	d indep	ende	ent c	ontr	acto	ors t	hat i	received more that	n \$100,000 of			
(A) Name and business addres	s							Description o	of Services	Comp	(C) ensatio	on_
2 Total number of independent contractors (including the \$100,000 in compensation from the organization)	out not li	mıte	d to	tho	se I	ste	d abo	ove) who received	more than			

1	C VIII C CACCINICITE OF TECTORIAG					
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S	1a Federated campaigns 1a					
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	b Membership dues 1b					
MOUGH	c Fundraising events 1c					
FIS	d Related organizations 1d					
ا ا	e Government grants (contributions) 1 e					
Sign	, ,					
돌빌	f All other contributions, gifts, grants, and similar amounts not included above 1 f 1	,412,343.				
<u> </u>		,205,659.			•	
SE	h Total. Add lines 1a-1f	>	1,412,343.			
Щ		Business Code				
EN E	2a Rent for Housing 624	4100	80,079.	80,079.	0.	0.
즱		4100	4,250.	4,250.	0.	0.
걸		4100	67,480.	67,480.	0.	0.
<u> </u>	d		,			
S E	e	Ì			· · · · ·	
SR	f All other program service revenue					
8	g Total. Add lines 2a-2f	▶	151,809.			
	3 Investment income (including dividends, into	erest and	,			
	other similar amounts)	► [268.	0.	0.	268.
	4 Income from investment of tax-exempt bond	d proceeds ►				
- 1	5 Royalties	▶				
- 1	(ı) Real	(II) Personai				
	6a Gross Rents					
	b Less rental expenses		,			
i	c Rental income or (loss)					
	d Net rental income or (loss)	>		-		
]	7a Gross amount from sales of (i) Securities	(ii) Other				
	assets other than inventory	3,500.				
	b Less cost or other basis					
	and sales expenses	2,393.				
i	c Gain or (loss)	1,107.				
	d Net gain or (loss)	•	1,107.	0.	0.	1,107.
J.	8a Gross income from fundraising events (not including \$					
EN	of contributions reported on line 1c)				•	
OTHER REVEN	See Part IV, line 18	12,006.				
뽀	b Less direct expenses b	14,925.				
5	c Net income or (loss) from fundraising event		-2,919.	0.	0.	-2,919.
	9a Gross income from gaming activities See Part IV, line 19					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities	▶				
	10 a Gross sales of inventory, less returns and allowances					
	b Less cost of goods sold b					
	-	· · · · · · · · · · · · · · · · · · ·				
	c Net income or (loss) from sales of inventory Miscellaneous Revenue	Business Code				
	11a Vending&other 999		134.	134.	o.	0.
			134.	134.		
	b					
	d All other revenue				· · · · · · · · · · · · · · · · · · ·	
	e Total. Add lines 11a-11d	>	134.			
	12 Total revenue. See instructions	▶	1,562,742.	151,943.	0.	-1,544.

Page 10

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

 Do	All other organizations must composition of the com	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising 'expenses
1			охрожее	general expenses	опротивоз
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	1,205,659.	1,205,659.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	59,500.	47,600.	5,950.	5,950.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	97,410.	63,624.	16,002.	17,784.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	13,750.	12,155.	798.	797.
10	Payroll taxes	14,177.	10,051.	1,985.	2,141.
11	Fees for services (non-employees)				
á	a Management				
ŧ	Legal				
(Accounting	18,768.	7,246.	11,522.	0.
(i Lobbying				
•	Prof fundraising svcs See Part IV. In 17				
f	Investment management fees				
ç) Other	11,483.	10,783.	250.	450.
12	Advertising and promotion	1,650.	0.	375.	1,275.
13	Office expenses	1,677.	1,006.	336.	335.
14	Information technology	581.	0.	581.	0.
15	Royalties				
16	Occupancy	123,781.	114,433.	9,348.	0.
17	Travel	6,637.	2,655.	2,655.	1,327.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,980.	1,380.	600.	<u>0.</u>
20	Interest	605.	0.	605.	0.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,745.	4,266.	2,479.	0.
	Insurance	3,674.	1,414.	2,260.	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)				
á	Payroll Processing	901.	0.	901.	0.
ı	Vehicle Expense	6,387.	5,110.	1,277.	0.
(:				
(Workers Comp Ins	4,519.	3,204.	633.	682.
•	Program Expenses	5,697.	5,697.	0.	0.
1	All other expenses	17,604.	11,292.	3,805.	2,507.
_25	Total functional expenses Add lines 1 through 24f	1,603,185.	1,507,575.	62,362.	33,248.
26	Joint costs. Check here ► ☐ 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				
BAA		·			Form 990 (2009)

Pa	<u>ırt X</u>	Balance Sheet				
	_			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		8,060.	1	55,388.
	2	Savings and temporary cash investments		66,675.	2	24,311.
	3	Pledges and grants receivable, net		17,345.	3	19,722.
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors and highest compensated employees. Complete Part I	s, trustees, key employees, I of Schedule L		5	
	6	Receivables from other disqualified persons (as define	ed under section 4958(f)(1))			
٨		and persons described in section 4958(c)(3)(B) Comp	olete Part II of Schedule L		6	
ASSET	7	Notes and loans receivable, net			7	
Ę	8	Inventories for sale or use.	1		8	
Ś	9	Prepaid expenses and deferred charges		2,945.	9	4,696.
	10 a	Land, buildings, and equipment cost or other basis	10a 72,423.			
		Complete Part VI of Schedule D	!			
	b	Less accumulated depreciation	10b 49,303.	31,657.	10 c	23,120.
	11	Investments — publicly-traded securities	1		11	
	12	Investments – other securities See Part IV, line 11			12	
	13	Investments - program-related See Part IV, line 11	ļ		13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		2,664.	15	2,664.
_	16	Total assets Add lines 1 through 15 (must equal line	34)	129,346.	16	129,901.
	17	Accounts payable and accrued expenses	[18,087.	17	7,425.
	18	Grants payable			18	
	19	Deferred revenue			19	300.
L	20	Tax-exempt bond liabilities			20	
A B I	21	Escrow or custodial account liability Complete Part IV	V of Schedule D		21	47,085.
L	22	Payables to current and former officers, directors, trus highest compensated employees, and disqualified personal disqualified perso	tees, key employees, sons Complete Part II			
i E S		of Schedule L	·		22	
S	23	Secured mortgages and notes payable to unrelated the			23	
	24	Unsecured notes and loans payable to unrelated third	parties		24	
	25	Other liabilities Complete Part X of Schedule D	}		25	54.010
_	26		1771	18,087.	26	54,810.
N E T		Organizations that follow SFAS 117, check here ► 27 through 29 and lines 33 and 34.	X and complete lines			
Ş	27	Unrestricted net assets	ļ	79,359.	27	38,916.
E T S	28	Temporarily restricted net assets		31,900.	28	36,175.
	29	Permanently restricted net assets	!		29	
Q R		Organizations that do not follow SFAS 117, check he	re ► and complete		<u> </u>	
E		lines 30 through 34.				
FUZO	30	Capital stock or trust principal, or current funds	ļ		30	
	31	Paid-in or capital surplus, or land, building, and equip	ment fund		31	
Ē	32	Retained earnings, endowment, accumulated income,	or other funds		32	
BALA之い世の	33	Total net assets or fund balances		111,259.	33	75,091.
5	34	Total liabilities and net assets/fund balances		129,346.	34	129,901.
BA	Α					Form 990 (2009)

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Part XI | Financial Statements and Reporting Yes No X Accrual Other Cash 1 Accounting method used to prepare the Form 990 If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O 2a 2a Were the organization's financial statements compiled or reviewed by an independent accountant? b Were the organization's financial statements audited by an independent accountant? 2b c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, 2c Χ review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain ın Schedule O d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both Both consolidated and separate basis Consolidated basis 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? 3а Х b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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Form 990 (2009)

Form 990 (2009)

Page 12

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545 0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Employer identification number

A N	IEW		RE-ENTRY PRO							78250		
Par	t I	Reason for Pu	blic Charity Statu	ıs (All organizations	must o	comple	te this	part.	See i	nstruct	ions	
he (or <u>ga</u> r	nization is not a priv	ate foundation becaus	se it is (For lines 1 throu	gh 11, cl	heck onl	y one bo	ox)				
1		A church, convention	on of churches or asso	ociation of churches desci	ribed in	section	170(b)(1)(A)(i).				
2		A school described	in section 170(b)(1)(A	A)(ii). (Attach Schedule E	()							
3		A hospital or coope	erative hospital service	organization described i	n sectio	n 170(b)	(1)(A)(ii	i).				
4		A medical research	organization operated	d in conjunction with a ho	spital de	escribed	ın secti	on 170	b)(1)(A)	(iii) Ente	er the hospital's	
		name, city, and sta										
5		An organization ope 170(b)(1)(A)(iv). (C	erated for the benefit of complete Part II)	of a college or university	owned o	r operat	ed by a	governi	mental u	nıt descr	ribed in section	
6	_			overnmental unit describ				, , ,				
7		in section 170(b)(1)	(Complete Pa			-	ernment	al unit i	or from t	he genei	ral public describ	ed
8	_	•		70(b)(1)(A)(vi). (Complete		•						
9	_	from activities relationvestment income	ed to its exempt functi	more than 33-1/3 % of ions — subject to certain is taxable income (less somplete Part III)	exceptio	ns, and	(2) no r	nore tha	an 33-1/3	3 % of its	s support from g	ross
10		An organization org	janized and operated o	exclusively to test for pub	lic safet	y See s	ection 5	509(a)(4).			
11		more publicly suppo	orted organizations de	exclusively for the benefit escribed in section 509(a) ation and complete lines	(1) or s	ection 5	09(a)(2)	ons of, See s	or carry ection 5	out the 09(a)(3).	purposes of one Check the box i	or :hat
		a Type I	b 🔲 Type II	c 🔲 Type III	I – Func	tionally	integrate	ed		d 🗌	Type III - Other	
е		By checking this bo than foundation ma 509(a)(2)	x, I certify that the org nagers and other than	panization is not controlle i one or more publicly sup	d directl oported	y or indi organiza	rectly by itions de	one or scribed	more d	squalifie on 509(a	ed persons other i)(1) or section	
f		If the organization r check this box	received a written dete	ermination from the IRS th	hat is a	Type I, T	ype II o	r Type i	ll suppo	rting org	anization,	
g		Since August 17, 20	006, has the organizat	ion accepted any gift or	contribu	tion from	n any of	the foll	owing pe	ersons?		
											Yes	No
			directly or indirectly overning body of the su	ontrols, either alone or to apported organization?	ogether v	with pers	ons des	cribed	ın (ıı) an	d (III)	11 g (i)	
		(ii) a family mem	ber of a person desci	ribed in (i) above?							11 g (ii)	Ļ
		(iii) a 35% control	lled entity of a person	described in (i) or (ii) abo	ove?						11 g (in)	<u>L</u>
h		Provide the following	ig information about th	ne supported organization	is							
	(1)	Name of Supported Organization	(II) EIN	(ii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed gove	is the tion in cold tin your trning ment?	(v) Did y the organ col i your su	ızatıon in (i) of	(vi) l organizat (i) organi U S	zed in the	(vii) Amount of Su	pport
					Yes	No	Yes	No	Yes	No		
						<u> </u>						
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BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 A NEW WAY OF LIFE RE-ENTRY PROJECT 95-4782503

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	(Complete only if you checke	ed the box on line	5, 7, or 8 of Part	1)								
Sec	tion A. Public Support			,	·							
begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total					
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	187,181.	315,111.	1,061,051.	1,278,026.	1,576,158.	4,417,527.					
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf											
3	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.											
4	Total. Add lines 1-through 3	187,181.	315,111.	1,061,051.	1,278,026.	1,576,158.	4,417,527.					
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,641,288.					
6	Public support. Subtract line 5 from line 4						1,776,239.					
Sec	tion B. Total Support											
	slendar year (or fiscal year ginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total											
7	Amounts from line 4	187,181.	315,111.	1,061,051.	1,278,026.	1,576,158.	4,417,527.					
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	250.	385.	996.	14.	268.	1,913.					
9	Net income from unrelated business activities, whether or not the business is regularly carried on											
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)		_									
11	Total support. Add lines 7 through 10		· · · · · · · · · · · · · · · · · · ·				4,419,440.					
12	Gross receipts from related activi	ities, etc. (see inst	ructions)			12						
13	First five years. If the Form 990 organization, check this box and		tion's first, second	d, third, fourth, or	fifth tax year as a	a section 501(c)(3)	▶					
Sec	tion C. Computation of Pul	blic Support P	ercentage			······································						
	Public support percentage for 200		· ·	e 11, column (f)		14	40.19%					
15	Public support percentage from 2	2008 Schedule A, F	Part II, line 14			15	98.37%					
16 a	16a 33-1/3 support test — 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization											
t	b 33-1/3 support test — 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization											
17 a	17a 10%-facts-and-circumstances test — 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.											
t	10%-facts-and-circumstances te or more, and if the organization r organization meets the 'facts-and	meets the 'facts-and d-circumstances' t	d-circumstances' est The organiza	test, check this bation qualifies as	ox and stop here. a publicly support	. Explain in Part IV ed organization	how the					
18	Private foundation. If the organiz	zation did not chec	k a box on line, 1	3, 16a, 16b, 17a,								
BAA					Sc	hedule A (Form 9	90 or 990-EZ) 2009					

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support	.ked the box off in	ie 9 OI Fait 1)					
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total
		(4) 2000	(3) 2000	(0) 2337	(4) 2000	(0) 200	<u> </u>	(i) Total
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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							
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b							
8	Public support (Subtract line							-
	7c from line 6)							
Sec	tion B. Total Support							
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	9	(f) Total
	Amounts from line 6		**					
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b Net income from unrelated business activities not included inline 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 14	Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	s for the organiza	tion's first, second	d, third, fourth, or	fifth tax year as a	section 50	1(c)(3)	, ▶□
Sec	tion C. Computation of Pu		ercentage					
	Public support percentage for 200			13. column (f))		_	15	%
	Public support percentage from 2					Ì	16	%
	tion D. Computation of Inv				·	·- '		
	Investment income percentage for				nn (f))		17	%
18					(//		18	%
	33-1/3 support tests – 2009. If the more than 33-1/3%, check this be	ne organization did	not check the bo	x on line 14, and	line 15 is more th	ian 33-1/3% ganization		
b	33-1/3 support tests – 2008. If the is not more than 33-1/3%, check	ne organization did this box and stop	d not check a box here. The organia	on line 14 or 19a zation qualifies as	, and line 16 is mo a publicly suppor	ire than 33-1 ted organiza	1/3%, ition	and line 18
20	Private foundation. If the organiz	zation did not ched	k a box on line 14	4, 19a, or 19b, ch	eck this box and s	ee instructio	ns	▶ []

Schedule A	(Form	990 or	990-E	Z) 200	09 A	NEW	WAY	OF	LIF	E RE	E-ENT	RY	PRO	JECT		95-47	782503		Page 4
Part IV	Sup	plemer	ıtal I	nforr	nation	. Con	nplete	this	par	to p	rovid	e th	e exp	lanatio	ns req	uired b	y Part I	l, line 10;	
	Part	II, line	1/a	ori	70; an	ı Par	τ III, Ι	ine	12 P	TOVIC	ie any	/ Oti	ier ac	Jaitiona	ai intori	mation.	See in	Structions	
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SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions

OMB No 1545 0047

Open to Public Inspection Employer Identification number

Name of the organization

Department of the Treasury Internal Revenue Service

95-4782503 A NEW WAY OF LIFE RE-ENTRY PROJECT 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 2 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 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 for any other purpose conferring impermissible private benefit?? Part II | Conservation Easements Complete if the organization answered 'Yes' to Form 990. Part IV Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of an historically important land area Preservation of land for public use (e.g., recreation or pleasure) Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 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 a Total number of conservation easements 2b **b** Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(i)? 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 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8 1a 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 b 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 Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 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 a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

4 Describe in Part XIV the intended uses of	of the organization's endowmen	t funds.		
Part VI Investments-Land, Buildin	gs, and Equipment. See	Form 990, Part X,	line 10.	
Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1 a Land				
b Buildings				<u> </u>
- c Leasehold improvements		15,000.		15,000
d Equipment		33,407.		33,407
e Other		24,016.	49,303.	-25,287
Total Add lines to through to (Column (d) m	ust equal Form 990 Part Y col	lumn (R) line 10(c))		23,120

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Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 A NEW WAY OF LIFE RE-ENTRY PROJECT

95-4782503

Page 3

Sche	dule D (Form 990) 2009 A NEW WAY OF LIFE RE-ENTRY PROJECT	95-4782503	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statement	<u>s</u>	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		
2	Total expenses (Form 990, Part IX, column (A), line 25)		
3	Excess or (deficit) for the year Subtract line 2 from line 1		
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net) Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return	
-	Total revenue, gains, and other support per audited financial statements	1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
	Net unrealized gains on investments		
	Donated services and use of facilities 2b		
	Recoveries of prior year grants 2c		
		 	
	Add lines 2a through 2d	2e	
_	Subtract line 2e from line 1	3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	Investments expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV)		
	Add lines 4a and 4b	4c	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Par	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1	
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
c	Other losses 2c		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2 e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
·	Investments expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV)		
	Add lines 4a and 4b	4c	
	Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5	
	t XIV. Supplemental Information		
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this mation	IV, lines 1b and 2b, Papart to provide any ad	art V, ditional
Pt.	IV Line 2b Organization acts as custodian for funds held in		
	trust for two other agencies. Organization received	ves	
	an 8% fee of monies deposited with organization an	nd	
	disburses funds on behalf of the other agencies		
	when requested to do so with proper authorization		,
·	·		:

TEEA3304 02/02/10

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Schedule **D** (Form 990) 2009

Part XW Supplemental Information (continued)	Schedule D (Form 990) 2009 A NEW WAY OF LIFE RE-ENTRY PROJECT Part XIV Supplemental Information (continued)	95-4782503 Page 5
	Part XIV Supplemental Information (continued)	
		·
BAA TEEA3305 07/10/09 Schedule D (Form 990) 2009	ΒΔΔ TEEΑ3305 07/10/09	Schedule D (Form 990) 2009

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SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.

Attatch to Form 990.

OMB No 1545-0047 2009

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Open to Public Inspection

Department of the Treasury Internal Revenue Service

ame of the organization A NEW WAY OF LIFE RE-ENTRY PROJECT	PROJECT					Employer identification number 95–4782503	ion number
General Information on Grants and Assistance	rants and Assista	ınce					
Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ds to substantiate the agreements or assistance procedures for monitor	amount of the grant ? oring the use of gran	of the grants or assistance, the grantees' eligibility for the grants or assistance, and use of grant funds in the United States	ntees' eligibility for the ates	grants or assistance,		X Yes No
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Feet IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV, and Schedule 1.1 (Form 990) if additional space is needed	ance to Governments and the second in the second (Form 990) if additional (Form 990) if additional contents and second se	nts and Organizations sceived more than \$5,0	nd Organizations in the United States. Complete if the organization answered 'Yes' to Form d more than \$5,000. Check this box if no one recipient received more than \$5,000. Use space is needed	ed States. Comple this box if no one r	te if the organizat ecipient received	ion answered 'Ye more than \$5,000	s' to Form). Use
	(b) EIN		(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
				,			
Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations	3) and government org	ganizations				A 'A	

Schedule I (Form 990) 2009

TEEA3901 02/10/10

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. 95-4782503 A NEW WAY OF LIFE RE-ENTRY PROJECT

Schedule I (Form 990) 2009

Part III

Page 2

home (f) Description of non-cash assistance Needs for setting up Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information personal property donations from Bed/Bath & Beyond (donor) were distributed are also our own clients who are first time home establishers. In-kind (e) Method of valuation (book FMV, appraisal, other) community agencies working with the homeless. A number of recipients Homeless indigent clients are referred to organization from other 1,205,659. (d) Amount of non cash assistance to approximately 150 families setting up a home. 0 (c) Amount of cash grant Families - 150 Household Goods/Clothing/Food (a) Type of grant or assistance N Pt_I_Line_2 N۱ NΙ 7 Pt_I Line Pt_I_Line_ Pt_I_Line_ Pt_I_Line

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Schedule I (Form 990) 2009

SCHEDULE L (Form 990 or 990-EZ)

Transactions with Interested Persons

► Complete if the organization answered
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545 0047

2009

Open to Public

Department of the Treasury Internal Revenue Service Inspection Name of the organization Employer identification number A NEW WAY OF LIFE RE-ENTRY PROJECT 95-4782503 Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. Part I (c) Corrected? (a) Name of disqualified person (b) Description of transaction 1 No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 \$ 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ Loans to and/or From Interested Persons. Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a. (b) Loan to or from the organization? (c) Original principal amount (g) Written agreement? (a) Name of interested person and purpose (d) Balance due (e) in default? (f) Approved by board or committee? From Yes No Yes No Yes No **▶** \$ Total Grants or Assistance Benefitting Interested Persons.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 27. Part III (a) Name of interested person (b) Relationship between interested person and (c) Amount and type of assistance **Business Transactions Involving Interested Persons.** Complete if the organization answered'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person (c) Amount of (d) Description of transaction (e) Sharing of (b) Relationship between interested person and the organization organization's revenues? Yes No 59,892. Rent for client housing Susan Burton Exec Director Х

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990

Schedule L (Form 990 or 990-EZ) 2009

or 990-EZ.

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No 1545-0047

2009

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

A NEW WAY OF LIFE RE-ENTRY PROJECT

Employer identification number

<u>A</u> 1	NEW WAY OF LIFE RE-ENTRY PROJECT	r		95-	478250)3		
Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	Meth		i) determin nues	ing
1	Art-Works of art							
2	Art-Historical treasures			<u> </u>				
3	Art-Fractional interests							
4	Books and publications							
5	Clothing and household goods	x		1,199,659.	FMV-D	onor	Prov	ided
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities-Publicly traded							
10	Securities-Closely held stock						_	
11	Securities-Partnership, LLC, or trust interests							
12	Securities-Miscellaneous							
13	Qualified conservation contribution— Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate-Residential	L					_	
16	Real estate—Commercial							
17	Real estate-Other							
18	Collectibles							
19	Food inventory	X	12	6,000.	FMV-Do	nor	Prov	ided
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()							
26	Other ► ()			<u>.</u>				
27	Other ► ()							
28	Other ► ()	<u> </u>	<u>_</u>					
29	Number of Forms 8283 received by the organization organization completed Form 8283, Part IV, Dones	on during the Acknowledg	tax year for contribution ement	ns for which the	29			64.
							Yes	No
	During the year, did the organization receive by co hold for at least three years from the date of the in purposes for the entire holding period?	intribution any iitial contribut	y property reported in P ion, and which is not re	Part I, lines 1-28 that it equired to be used for e	must exempt	30 a		<u>x</u>
	If 'Yes,' describe the arrangement in Part II							
	Does the organization have a gift acceptance police	•	•		5?	31	<u>X</u>	
	a Does the organization hire or use third parties or re noncash contributions?	eiated organii	zations to solicit, proce	ss, or sell		32 a		<u> </u>
	o If 'Yes,' describe in Part II							
33	If the organization did not report revenues in colun describe in Part II	nn (c) for a ty	pe of property for which	n column (a) is checke	α,			

Schedule M (Form 990) 2009 A NEW WAY OF LIFE RE-ENTRY PROJECT	95-4782503	Page 2
Part II Supplemental Information. Complete this part to provide the information requiand 33 Also complete this part for any additional information.	red by Part I, lines 30b,	32b,
		-
		 :
		-

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Name of the organization	Employer identification number
A NEW WAY OF LIFE RE-ENTRY PROJECT	95-4782503
Pt_VI-B, Line 11A Draft of 990 provided to Exec Director	
Each_Board member is supplied with an electron	onic_attachment_for
review prior to filing Form 990.	
Pt_VI-B, Line 12c Exec_Director_evaluates_current_employees_and	i new
hires. Board of Directors discusses any pote	ential conflicts
of interest prior to its first meeting of the	
and prior to voting for officers.	
Pt VI-B, Line 15 Board of Directors reviews Executive Director	
annually and establishes compensation via the	
annual budgetary process.	
There are no other "key" employees.	
Pt VI-C, Line 19 All these documents are available for review	
organization's corporate office upon request	
interested parties.	
	'

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

Department of the Treasury Internal Revenue Service

See separate instructions.

► Attach to your tax return.

Attachment Sequence No

Name(s) shown on return ldentifying number A NEW WAY OF LIFE RE-ENTRY PROJECT 95-4782503 Business or activity to which this form relates Form 990 / Form 990EZ Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I \$250,000 Maximum amount. See the instructions for a higher limit for certain businesses. 2 Total cost of section 179 property placed in service (see instructions) Threshold cost of section 179 property before reduction in limitation (see instructions) 3 \$800,000 4 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- if married filing 5 separately, see instructions 6 (a) Description of property (b) Cost (business use only) (C) Elected cost 7 Listed property Enter the amount from line 29 7 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 10 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 ▶ 13 Note: Do not use Part II or Part III below for listed property Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the 14 tax year (see instructions) 15 Property subject to section 168(f)(1) election 15 6,745 16 16 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property) (See instructions) Part III Section A 17 17 MACRS deductions for assets placed in service in tax years beginning before 2009 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (f) Method (C) Basis for depreciation (a) (b) Month and (d) (e) (g) Depreciation Classification of property year placed (business/investment use Recovery period Convention only - see instructions) 19 a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property 25 yrs S/L g 25-year property 27.<u>5 yrs</u> S/L h Residential rental MM property 27.5 yrs MM S/L 39 yrs MM S/L i Nonresidential real property ΜM \$/L Section C — Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System S/L 20 a Class life S/L b 12-year 12 yrs c 40-year 40 yrs MM S/L Part IV | Summary (See instructions) 21 Listed property Enter amount from line 28 Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on 6,745. the appropriate lines of your return. Partnerships and S corporations — see instructions 22 For assets shown above and placed in service during the current year, enter

23

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete *only* 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

		(a) through (c)			<u>_</u>			<u> </u>								
	Section	on A – Deprecia	ation and Oth	er Informa	ation (Ca	ution: S	See the	ınstru	iction:	s for lu	nits for	passeng	ger auto	motiles)	
24 8	Do you have evider	ice to support the bu	usiness/investme	ent use claim	ed?		Yes	Щ	No 2	4b If 'Y	es, is th	e evidence	written?		Yes	No
(a) (b) (c) Business/ Type of property (list vehicles first) Date placed in service use percentage				(d Cost other t	or	(busine	(e) Basis for depreciation (business/investment use only)		Recovery Met		(g) ethod/ evention	hod/ Depre		E le secti	(i) ected ion 179 cost	
25	Special deprecused more that	tation allowance n 50% in a quali	e for qualified fied business	listed pro use (see	perty pla instruction	iced in s ons)	service (during	the i	tax yea	r and	25				
26	Property used	more than 50%	in a qualified	business	use											
											<u> </u>					
			 		-	<u> </u>										
			<u> </u>									1			<u> </u>	
27	Property used	50% or less in a	qualified bus	iness use		1					$\overline{}$	 1				
		 	 												-	
		<u> </u>	 - 								+	1			-	
28	Add amounts in	r column (h), lin	27 Enter	r here ar	nd on lin	ne 21, pa	age 1				28	_		7		
	Add amounts in	• •	_				, ,	•				<u> </u>		29		
				Section			on Use	of V	ehicle	es						,
	plete this section															cles
to yo	our employees, f	irst answer the o	questions in S					ceptio		comple		1				
30	Total business/	· ·	a)	(b) Vehicle 2			(c) (d) Vehicle 3 Vehic			-	(€	· _ i	(f) Vehicle 6			
	during the year (do not include commuting miles)			ven	icle 1	venicie 2		venicie 3		Vehicle 4		Vehicle 5		Vehicle 6		
31																
	Total other per	-	•									Ì				
	miles driven															
33	Total miles driven during the year Add lines 30 through 32															
	Yes No Yes No Yes No Yes No									Yes	No	Yes	No			
34	Was the vehicle during off-duty		ersonal use													
35	Was the vehicle used primarily by a more than 5% owner or related person?															
<u>36</u>	ls another vehi personal use?															
			C - Question	•						_						
Ansv 5% d	ver these question	ons to determine d persons (see i	e if you meet nstructions).	an except	ion to co	mpletin	g Section	n B f	or vel	nicles i	used by	employe	ees who	are no	t more ti	nan
37	Do you maintai by your employ	n a written polic ees?	y statement t	hat prohib	its all pe	ersonal (use of v	ehicle	es, ind	cluding	comm	uting,			Yes	No
38	Do you maintai employees? Se	n a written polic ee the instruction	y statement t	hat prohib s used by	its perso	nal use e officer	of vehics, direc	cles, tors,	excep or 1%	t com	nuting, ore own	by your iers				
39		use of vehicles														
40	Do you provide vehicles, and re	more than five	vehicles to yo	our employ	ees, obt	ain info	rmation	from	your	emplo	yees at	oout the i	use of ti	ne		,
41	Do you meet th	ne requirements	concerning quality 39, 40, or 41	ualified au is 'Yes,' o	itomobile do not co	demon	stration Section	use? B for	(See	instru covere	ctions) d vehic) les				
Par		ization													·	
		(a)		1	(b)	T	(c)	_		(d)		e)		(f)	
	Des	scription of costs			mortization egins		Amortizati amount			Coc		peri	tization lod or entage		Imortization or this yea	
42	Amortization of	f costs that begi	ns during you	r 2009 tax	year (se	ee instri	uctions)									
43	Amortization of	of costs that beg	an before you	ır 2009 tax	year								43			<u> </u>
44	Total. Add am	ounts in column	(f) See the	nstruction	s for whe	ere to re	eport			_			44			

A NEW WAY OF LIFE RE-ENTRY PROJECT 95-4782503 Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued) Briefly describe the organization's mission: sober living homes, serving 40-50 women and children a year. Offers a varied and comprehensive range of support services for successful transition, thereby reducing recidivism. Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 4d (continued) 4d Describe the exempt purpose achievements for each of the organization's other program

services Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

Expenses Grants Of Revenue

Description. Distribution of in-kind donations of household 1,205,659. items to individuals and families who are home 0. less but are moving into permanent housing. 1,205,659. Involves establishing relationships with other community agencies that conduct programs for the homeless. Clients are referred to us for distribution Approximately 150 families were assisted.