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Form 990

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

| Depart | ment of the Treas | benefit trust or private foundation) The organization may have to use a copy of this return to satisfy state reporting | a requi | irements. | Open to Public inspection |
|-----------------------------------|---------------------|---|-------------|-------------------|-----------------------------|
| | | calendar year, or tax year beginning , and ending | | | |
| | eck if applicable: | C Name of organization | | D Employe | dentification number |
| | dress change | A New Way of Life Reentry Project | 1 | | |
| = | _ | Doing Business As | \neg | 95-4 | 782503 |
| ∐ Na | ime change | Number and street (or P O box if mail is not delivered to street address) Room/suite | , | E Telephone | |
| inc | tual return | P.O.Box 875288 | 1 | 323- | 563-3575 |
| Пт | eminated | City or town, state or country, and ZIP + 4 | | 223 | 303 3313 |
| = | | | - 1. | o C | s 3,044,363 |
| <u></u> | mended return | Los Angeles CA 90087 F Name and address of principal officer | | G Gross recesp | 5,044,505 |
| L 4 | pplication pending |) was to | this a gro | oup return for af | filiates? 🗌 Yes 🔀 No |
| | | Susan Burton | m ell effi | iates included? | Yes No |
| | | 1 2.0.20% 0,0200 | | | see instructions) |
| | | Los Angeles CA 90087 | ,, 140, | ander a non (| , |
| 1 7 | ax-exempt status | | | | _ |
| | | | | mption number | |
| | orm of organization | | tion 20 |)UU M | State of legal domicile CA |
| _Pa | art I St | ummary | | | |
| _ { | | escribe the organization's mission or most significant activities: | | | , , |
| 8 | | mission of ANWOL is to help women and girls break the | | | |
| 혈 | entr | rapment in the criminal justice system and lead healthy | and | l satis | fying |
| <u> </u> | live | as | | | |
| 6 | 2 Check th | his box 🔰 if the organization discontinued its operations or disposed of more than 25% of it | ts net a | assets. | |
| ್ಷಂಶ | 3 Number | of voting members of the governing body (Part VI, line 1a) | | | 11 |
| 8 2012 Activities & Governance | 4 Number | of independent voting members of the governing body (Part VI, line 1b) | | | 10 |
| ~ <u>₹</u> | 5 Total nu | mber of individuals employed in calendar year 2011 (Part V, line 2a) | | | 15 |
| 00 5 | 6 Total nui | mber of volunteers (estimate if necessary) | | 6 | 245 |
| es] | 7a Total uni | related business revenue from Part VIII, column (C), line 12 | | 7a | 0 |
| <u></u> | b Net unre | elated business taxable income from Form 990-T, line 34 | | 7b | 0 |
| AUG | | | rlor Year | | Current Year |
| | | | | ,502 | 2,843,413 |
| NED Revenue | - | n service revenue (Part VIII, line 2g) | 111 | ,879 | 200,950 |
| 浸 刻 | | ent income (Part VIII, column (A), lines 3, 4, and 7d) | | 59 | 0 |
| 3 " | | evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | ,142 | 0 |
| % | 12 Total rev | | | ,582 | 3,044,363 |
| SCANNED | 13 Grants a | and similar amounts paid (Part IX, column (A), lines 1-3) | <u>579</u> | ,139 | 0 |
| | 14 Benefits | s paid to or for members (Part IX, column (A), line 4) | | 0 | 0 |
| 8 | 15 Salanes | s, other compensation, employee benefits (Part IX, column (A), lines 5–10) | <u>214</u> | ,930 | 397,687 |
| SE | 16aProfessi | ional fundraising fees (Part IX, column (A), line 11e) | | 0 | 0 |
| Expenses | b Total fur | ndraising expenses (Part IX column (D), line 25). 69, 668 | | | |
| ů | 17 Other ex | xpenses (Part IX, column (A) [ines fra / (-1/1/24e) | | ,702 | <u>2,572,934</u> |
| - 1 | 18 Total ex | openses. Add lines 13-7 (must equal Part IX, column (A), line 25) 2, le less expenses. Subtract line 18 from line 12 | | ,771 | 2,970,621 |
| 1 | 19 Revenue | e less expenses. Subtract line 18 from line 12 | | ,811 | 73,742 |
| Net Assets or Fund Balance | | - AUU 1 3 2012 9 Beginning | | | End of Year |
| 25 | | sets (Part X, line 16)U | | ,309 | 184,780 |
| 颖 | | Dillites (Fait A, line 20) | 44 | | 29,821 |
| | | ets or fund balances. Subtractiline 21 from line 20 | 81 | ,217 | 154,959 |
| | | igliature block | | | |
| Un | der penalties o | of perjury, I declare that I have examined this return, including accompanying schedules and statements, | and to | the best of m | ny knowledge and belief, it |
| - 60 | e, correct, and | complete. Declaration of preparer (other than officer) is based on all information of which preparer has a | iny kno | wiedge. | |
| | | - Alikan Pill | | | |
| Sig | " I: | Signature of officer) () () () () () () () () () | | Date | 8-612 |
| Her | | Susan Burton Executive | <u>Di</u> : | rector | 0 0/2 |
| | | Type or print name and title | | | |
| 0-1- | | Preparer's signature PA | Oate | Cneck | II PTIN |
| Paid | | | 7/03/ | /12 self-empl | loyed |
| - | Oater Firm's n | | Fi | m's EIN 🕨 🛭 | 5-0552980 |
| USB | Only | 19602 Fariman Dr | } | , | all 10:- |
| | | address > Carson, CA 90747 | PI | one no | 806 0885 |
| | | uss this return with the preparer shown above? (see instructions) | | | . Yes No |
| For | Danaguark E | Reduction Act Notice, see the senarate instructions | | | 000 |

| Dry 990 (2011) A New Way of Life Reentry Project 95-4782503 | Page 2 |
|--|--|
| Part III Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III | $ \mathbf{x} $ |
| 1 Briefly describe the organization's mission. | |
| The mission of ANWOL is to help women and girls break the cyc | cle of |
| entrapment in the criminal justice system and lead healthy and | |
| lives. | 500-5-19 |
| 11765. | |
| 2 Did the organization undertake any significant program services during the year which were not listed on the | |
| prior Form 990 or 990-EZ? | Yes X No |
| If "Yes," describe these new services on Schedule O | |
| Did the organization cease conducting, or make significant changes in how it conducts, any program | |
| services? | Yes X No |
| If "Yes," describe these changes on Schedule O. | |
| Describe the organization's program service accomplishments for each of its three largest program services, as measured | d by |
| expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of | of |
| grants and allocations to others, the total expenses, and revenue, if any, for each program service reported | |
| | |
| a (Code) (Expenses \$ 94,156 including grants of \$.) (Revenue \$ | 88,696) |
| REENTRY HOUSING PROGRAM | |
| | |
| •A New Way of Life's five reentry homes served a total of 40 | women and 1 |
| children during 2011. | |
| •We were able to provide services for about 1/3 the cost of | incarceratio |
| •On a verage, se ven out of e very ten women who received servi | |
| able to maintain sobriety and make successful community reen | tries while |
| living in our homes. | |
| | |
| | |
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| | 140,132) |
| to the contract of the contrac | 140,132) |
| REENTRY LEGAL CLINIC | |
| REENTRY LEGAL CLINIC ANWOL's Reentry Legal Clinic provides a range of probono ser | vices to |
| REENTRY LEGAL CLINIC ANWOL'S Reentry Legal Clinic provides a range of probono ser formerly incarcerated people Services assist clients with ov- | vices to ercoming |
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| REENTRY LEGAL CLINIC ANWOL'S Reentry Legal Clinic provides a range of probono ser formerly incarcerated people Services assist clients with ovbarriers to employment in order to promote successful commun •Thirteen attorneys, 53 community volunteers, and 192 UCLA 1 | vices to ercoming ity reentry: |
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| | | | Yes | No |
|----------------|---|-----|----------|------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | |
| | complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | X | |
| 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 | | <u>X</u> |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | | | |
| | election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | <u>X</u> |
| 5 | is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | | | |
| | assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, | | | |
| | Part III | 5 | | <u> </u> |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 | | <u>X</u> |
| 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 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | } |
| | complete Schedule D, Part III | 8 | | <u>X</u> |
| 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 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted | | | |
| | endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | | | |
| | VII, VIII, IX, or X as applicable | | | l |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," | | | |
| | complete Schedule D, Part VI | 11a | _X | |
| þ | 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 | 11b | L | X |
| С | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more | 1 | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | 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 | 11d | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | X | |
| f | , | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | ļ | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | } | | |
| | Schedule D, Parts XI, XII, and XIII | 12a | X | ├— |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if | | | |
| | the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional | 12b | <u> </u> | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | ļ | X |
| D | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate | | | l |
| 4.5 | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any | ĺ | | <u>-</u> _ |
| | organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance | | | l |
| . . | to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | l | | |
| 4 P | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | ├ | <u> </u> |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | | | |
| 10 | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | ├— | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | | ٠,, |
| აია | If "Yes," complete Schedule G, Part III | 19 | ├ | X |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20a | | X |
| ~ | 2007 and and additional arrival a coby of its addition infancial statements to this letting | 20b | 1 | <u>1</u> |

| | | | Yes | NO |
|-----|---|------|--|------------------|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to any government or organization | | | 7. |
| | in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | <u> X</u> |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States | | | • |
| | on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | <u>X</u> _ |
| 23 | 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 Schedule J | 23 | | x_ |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | 23 | | |
| 240 | \$100,000 as of the last day of the year, 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 | | \mathbf{x}_{-} |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | - |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | 2.40 | | |
| C | to defease any tax-exempt bonds? | 24c | | 1 |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | _ |
| | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction | | | |
| | with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | x |
| 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? | | ļ | l |
| | If "Yes," complete Schedule L, Part I | 25b | | X_ |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or | | | |
| | disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 |] | x |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, | | | |
| | substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | 1 | | |
| | entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | _ X _ |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, | | | |
| | Part IV instructions for applicable filing thresholds, conditions, and exceptions): | |] | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | X | |
| þ | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete | | 1 | |
| | Schedule L, Part IV | _28b | L | X |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) | | | |
| | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | X | <u> </u> |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | 1 | İ | |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, | | | |
| 20 | Part I | 31_ | - | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 30 | | x |
| 22 | | 32 | | ^ |
| 33 | 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 |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, | 33 | | <u> </u> |
| • | IV, and V, line 1 | 34 |] | x |
| 35a | | 35a | | X |
| b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the | 1000 | <u> </u> | T |
| | meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | 1 | x |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | | T | |
| | related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | Γ |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, | 1 | | 1 |
| | Part VI | 37 | <u>L</u> | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and | | | |
| | 197 Note. All Form 990 filers are required to complete Schedule O | 38 | X | <u>L</u> . |
| | | For | m 99 (| 0 (2011) |

DAA

Form 990 (2011)

| Form | 990 (2011) A New Way of Life Reentry Project 95-4782503 | | | age 6 |
|----------|--|----------|---------------------|--------------|
| Pa | rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b be | elow, | and | for a |
| | "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes | in S | ched | ule |
| | O See instructions. Check if Schedule O contains a response to any question in this Part VI | | | X |
| Sec | tion A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a 11 | | | |
| | If there are material differences in voting rights among members of the governing body, or | | | |
| | If the governing body delegated broad authority to an executive committee or similar | | ı | |
| | committee, explain in Schedule O | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 10 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | 1 | | |
| | any other officer, director, trustee, or key employee? | 2 | | <u>X</u> |
| 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 | | <u>X</u> |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | <u>X</u> |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | <u>X</u> _ |
| 6 | Did the organization have members or stockholders? | 6 | | <u>X</u> |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | | | 77 |
| | one or more members of the governing body? | 7a | | <u>X</u> |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | -L | | v |
| _ | stockholders, or persons other than the governing body? | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the follow. The governing body? | | x | |
| a | Each committee with authority to act on behalf of the governing body? | 8a 8b | $\frac{\Lambda}{X}$ | _ |
| ь 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | 90 | | |
| 9 | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | ا ه ا | | х |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenience | ie Co | nde) | |
| 000 | treat by a control by the months about policies not required by the internal person | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | 100 | | |
| _ | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | X | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | |
| | describe in Schedule O how this was done | 12c | X | |
| 13 | Did the organization have a written whistleblower policy? | 13 | _X_ | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | | | i |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | <u>X</u> _ | |
| b | Other officers or key employees of the organization | 15b | <u>X</u> | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | l |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | |
| | with a taxable entity during the year? | 16a | <u> </u> | X |
| D | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | | | |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | | | |
| 500 | organization's exempt status with respect to such arrangements? | 16b | L | <u> </u> |
| | List the states with which a copy of this Form 990 is required to be filed ▶ CA | | | |
| 17 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) | | | |
| 10 | available for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | Own website Another's website X Upon request | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, | | | |
| | and financial statements available to the public during the tax year | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the | | | |
| | organization ▶ Organization Staff P.O. Box 875288 | | | |
| L | os Angeles CA 90087 | | | |

Form 990 (2011) A New Way of Life Reentry Project 95-4782503

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- 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, if any. See instructions for definition of "key employee."
- 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

| (A) Name and Title | (B) Average hours per week (describe | ьох | , unle | Pos heck ess pe | more rson | than o | an | (D) Reportable compensation from the | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation |
|--------------------------------|--|-----------------------------------|-----------------------|--|--------------|------------------------------|--------|--------------------------------------|--|--|
| | hours for related organizations in Schedule O) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization and related organizations |
| (1) David E Bower | | | | | | | | | | |
| Director | 1.00 | X | | | | | | 0 | 0 | 0 |
| (2) Kendall Martin | | | | | | | | | | _ |
| Vice President | 1.00 | X | <u> </u> | | | | ļ | 0 | 0 | 0 |
| (3) Julius Alcorn | 1 00 | ,, | | ļ | | | | | | ^ |
| Director Burks | 1.00 | X | - | - | ├— | | | 0 | 0 | 0 |
| (4) Gregory Burks President | 1.00 | x | | | | | | o | o | 0 |
| (5) Terri James | 1.00 | ^ | | | - | | | | | |
| Director | 1.00 | x | | | | | | o | o | 0 |
| (6) Judith Gorton | | 1 | _ | | - | _ | | | <u></u> | <u></u> |
| Director | 1.00 | X | | | | | ĺ | 0 | o | 0 |
| (7) Gretchen Heidem | | | | | | | | , | | |
| Secretary | 1.00 | \mathbf{x} | | l | | | | 0 | o | 0 |
| (8) Craig Gilmore | | | | | 1 | | | | | |
| Director | 1.00 | X | | | | | | 0 | o | 0 |
| (9) Nancy Farheed | | | | | | | | | | |
| Treasurer | 1.00 | X | | <u> </u> | <u> </u> | | | 0 | 0 | 0 |
| (10) Sharae Love-Fos | l . | 1 | | | | | | · | | |
| Director | 1.00 | X | _ | <u>L</u> | | <u> </u> | L | 0 | 0 | 0 |
| (11)Susan Burton | 1 | | | İ | | | | | | |
| Executive Director | 40.00 | ↓ | _ | X | <u> </u> | ↓ | | 42,500 | 0 | 0 |
| (12) | | | | | | | | | | |
| (13) | | | | - | - | | | | | |
| (14) | | +- | - | +- | ╁ | + | - | | | |

| | 990 (2011) A New Wa | ay of Li | <u>е</u> | <u>Re</u> | en V | <u>tr</u> | <u>y</u> | Pr | oject 95- | 4/8/ | 2503 | d) | | <u>Pa</u> | <u>qe 8</u> |
|------------|---|--|-----------------------------------|-----------------------|-------------|--------------|--|-------------|---------------------------------------|--------|---|--|-----|--------------|-------------|
| <u>Pai</u> | 't VII Section A. Office (A) Name and title | (B) Average hours per week (describe | (do | not c | Pos heck | tion more | than o | one n an | (D) Reportable compensation from the | ipensa | (E) Reportable compensation from related organizations | Esti ami c comp | | of tion | |
| | | hours for related organizations in Schedule O) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | orga∩ization (W-2/1099-MISC) | | (W-2/1099-MISC) | from organiz and rei organizi | | on ed | |
| (15) | | | | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | | | | |
| (17) | | | | | | | | | | | | | | | |
| (18) | | | | | | | | - | | | | | | | |
| (19) | | | | | | | <u> </u> | | | | | | | | |
| (20) | | | | | | - | | | | | | | | - | |
| (21) | | | 1 | | | | | | | | | | | | |
| (22) | | | \dagger | | | | | - | | | | | | | |
| (23) | | | | | | | | - | | · | | | | | |
| (24) | | | <u>†</u> | | | | | - | | · | | | • | | |
| (25) | | | | | | } } | | | | | | | | | |
| 1b c | Sub-total Total from continuation s | heets to Part V | مکا | ctio | n Δ | | • | > | 42, | 500 | | | | | |
| | Total (add lines 1b and 1c | | ., | | | | | <u> </u> | 42, | 500 | | | | | |
| 2 | Total number of individuals reportable compensation fr | _ | | _ | to th | ose | liste | d al | oove) who received | more t | han \$100,000 in | | | | |
| 3 | Did the organization list an | y former officer, | direc | tor, | or tri | uste | e, ke | ey ei | mployee, or highest | compe | ensated | | + | Yes | No |
| 4 | employee on line 1a? If "Ye For any individual listed on | line 1a, is the su | ım of | repo | ortab | ole c | omp | ens | ation and other com | | | 3 | + | | _X_ |
| 5 | organization and related or individual Did any person listed on lin | _ | | | | | | | • | | | 4 | + | _ | X |
| Sec | for services rendered to the tion B. Independent Conti | e organization? I | f "Ye | s," c | omp | lete | Sche | edul | e J for such person | | | | | | <u>_X</u> |
| 1 | Complete this table for you | r five highest co | | | | | | | | | | | | | |
| | compensation from the org | (A) and business address | t con | nper | satio | on to | or the | e ca | lendar year ending | | within the organization's ta (B) tion of services | x year | Con | (C) pensa | tion |
| | - Hand | 310 Sugario Cources | | | | | | | | резепр | non or services | | | ренза | iioii |
| | | | | | - | | | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| | - | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | \dagger | <u> </u> | | · · · · · · · · · · · · · · · · · · · | _ | | | |

Total number of independent contractors (including but not limited to those listed above) who

received more than \$100,000 of compensation from the organization

0

| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 513, or 514 |
|-------------------------------|--|----------------|------------|-------------|----------------------|--|---|--|
| 1a b c d e f f 2a b c d e f f | Federated campaigns | 1a | | | | | | |
| b | Membership dues | 1b | | | | | | |
| С | Fundraising events | 1c | | | | | | |
| d | Related organizations | 1d | | | | | | |
| е | Government grants (contributions) | 1e | | 94,767 | | | | İ |
| f | All other contributions, gifts, grants | | | l | | | | { |
| | and similar amounts not included a | above 1f | | 48,646 | | i | | |
| g | Noncash contributions included in | lines 1a-1f \$ | 2,2 | 85,822 | | | | |
| h | Total. Add lines 1a-1f | | | ▶ | 2,843,413 | | | |
| | | | | Busn Code | | | | |
| 2a | Program Service | Revenue | | | 200,950 | 200,950 | <u></u> | |
| b | | | [| | | | | |
| С | | | [| | | | | |
| ď | | | Ī | " | | | | |
| е | | | [| | | | | |
| f | All other program service | e revenue | | | | | | |
| g | Total. Add lines 2a-2f | | | • | 200,950 | | | |
| 3 | Investment income (inclu | uding divide | nds, inter | est, | | | | |
| | and other similar amoun | - | | > | | | | |
| 4 | Income from investment | | npt bond | proceed | | | | |
| 5 | Royalties | | • | ▶ □ | | | | |
| | (ı) F | Real | (II) Pe | ersonal | | | | |
| 6a | Gross rents | | | | | | | |
| | Less rental exps | | | | | | | |
| 1 | Rental inc or (loss) | | | | | | | |
| | | ss) | | • | | | | |
| | Gross amount from (i) Sec | curities | (11) | Other | | | | |
| | sales of assets other than inventory | | | | | | | |
| ь | Less cost or other | | _ | | | | | |
| _ | basis & sales exps | | | . | | | | |
| c | Gain or (loss) | | | | | | | |
| | Net gain or (loss) | | | • | | | | |
| | Gross income from fundraisi | ng events [| | | | | | |
| - | (not including \$ | ng overno | | | | | | |
| | of contributions reported on I | line 1c) | | | | | | |
| | See Part IV, line 18 | a | | i | | | | |
| ь | Less direct expenses | b | | | | | | |
| | Net income or (loss) from | _ | n events | | | | | |
| | Gross income from gaming a | | 9 01 00 | | | | | |
| | See Part IV, line 19 | а | | | | | | |
| ь | Less direct expenses | b d | | | | | | |
| | Net income or (loss) from | | ctivities | • | | | | |
| 1 | Gross sales of inventory | | ALT-11.00 | | | | | |
| | returns and allowances | , 1000 a | | | | | | |
| Ь | Less cost of goods sold | | | | | | | |
| 1 | Net income or (loss) from | - | ventory | • | | | | |
| ٣Ť | Miscellaneous Re | | | Busn, Code | | | | |
| 11a | | | | | | | | |
| b | | | | | | | - | |
| c | | | | | | | | - |
| ď | All other revenue | | | | | | | |
| | Total. Add lines 11a-11 | ч | | | | | | |
| | | u | | - L | 3,044,363 | 200,950 | | |

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).

| . очи | Check if Schedule O contains a responsi | e to any question in this Pa | art IX | | |
|----------|--|------------------------------|--|---------------------------------|------------------------|
| | not include amounts reported on lines 6b | (A) | (B) | (C) Management and | (D) |
| | , 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | | | | | |
| • | organizations in the U.S. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to individuals in | | - | | |
| _ | the U.S. See Part IV, line 22 | | | | |
| 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 | | | | |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | 42,500 | 31,875 | 10,625 | |
| 7 | Other salaries and wages | 291,540 | 216,141 | 29,691 | 45,708 |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 34,219 | 19,549 | 9,988 | 4,682 |
| 10 | Payroll taxes | 29,428 | 21,850 | 3,552 | 4,026 |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | 00.065 | - 00 065 | | |
| b | Legal | 93,865 | 93,865 | 15 550 | |
| c | Accounting | 15,778 | | 15,778 | |
| d | Lobbying | | | | |
| e | Professional fundraising services See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| 9 | | | | | |
| 12 | Advertising and promotion | 11,939 | | 11,939 | |
| 13 | Office expenses | 11,939 | | 11,939 | |
| 14 15 | Information technology Royalties | | | | |
| 16 | Occupancy | 99,019 | 89,659 | 9,360 | |
| 17 | Travel | 4,838 | 4,566 | 272 | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | - F | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance | 7,768 | 5,293 | 2,475 | |
| 24 | Other expenses Itemize expenses not covered | | | | |
| | above (List miscellaneous expenses in line 24e. If | | | | |
| | line 24e amount exceeds 10% of line 25, column | | <u>, </u> | | |
| | (A) amount, list line 24e expenses on Schedule O) | | | | |
| а | <u> </u> | 2,200,822 | 2,160,322 | 40,500 | · |
| b | · 5- | 53,939 | 53,939 | | |
| С | Direct program supplies | 25,495 | 25,495 | | |
| d | | 15,252 | | | 15,252 |
| е | ' | 44,219 | 27,110 | 17,109 | |
| 25 | | 2,970,621 | 2,749,664 | 151,289 | <u>69,668</u> |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs | | | | |
| | from a combined educational campaign and | | İ | | |
| | fundraising solicitation. Check here | | | | |
| DAA | following SOP 98-2 (ASC 958-720) | | L | | Form 990 (2011) |

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Form 990 (2011) A New Way of Life Reentry Project 95-4782503

Page **11**

| F (| art > | Balance Sheet | | | (4) | | (5) |
|-----------------------------|-------|--|---------------------|----------------|--------------------------|-------------|--------------------|
| | | | | | (A) Beginning of year | | (B) End of year |
| \neg | 1 | Cash—non-interest bearing | | | 82,950 | 1 | 39,061 |
| | 2 | Savings and temporary cash investments | | <u> </u> | 02,750 | 2 | 37,001 |
| | 3 | • | | · | | 3 | |
| | | Pledges and grants receivable, net | | - | 12,704 | 4 | 31,613 |
| | 4 | Accounts receivable, net | en terrotono luni. | - | 12,704 | -4 | 31,013 |
| - 1 | 5 | Receivables from current and former officers, director | | ŀ | } | İ | |
| | | employees, and highest compensated employees. Co Schedule $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$ | omplete Part II of | | | 5 | |
| - 1 | 6 | | ad under costice | + | | ~~ | |
| | ٥ | Receivables from other disqualified persons (as defin 4958(f)(1)), persons described in section 4958(c)(3)(E | | | | - (| |
| | | employers and sponsoring organizations of section 5 | • | } | | | |
| , | } | employees' beneficiary organizations (see instruction | | 1 | | 6 | |
| ğ | , | Notes and loans receivable, net | 5) | - | | 7 | · |
| Assets | 7 | Inventories for sale or use | | ŕ | · | 8 | 85,000 |
| 1 | 8 | | · · | <u> </u> | 10,357 | 9 | 12,841 |
| 1 | 9 | Prepaid expenses and deferred charges | 1 1 | } | 10,331 | 9 | 12,041 |
| į | lua | Land, buildings, and equipment: cost or | 7. | 7 502 | | | |
| | [| other basis. Complete Part VI of Schedule D | 10a 7 | 7,503 1,238 | 19,298 | 10- | 16 265 |
| - { | l | Less accumulated depreciation | [IUD] O | 1,230 | 19,290 | | 16,265 |
| | | Investments—publicly traded securities | | | | 11 | |
| - | ł . | Investments—other securities See Part IV, line 11 | | } | | 12 | |
| Ì | 13 | Investments—program-related See Part IV, line 11 | | , | | 13 | |
| ı | 14 | Intangible assets | | ` } | | 14 | |
| | 15 | Other assets See Part IV, line 11 | - 0.4\ | | 125 200 | 15 | 104 700 |
| - | 16 | Total assets. Add lines 1 through 15 (must equal line | e 34) | | 125,309 | 16 | 184,780 |
| | 17 | Accounts payable and accrued expenses | | } | 26,173 | 17 | 11,072 |
| | 18 | Grants payable Deferred revenue | | } | | 18 | |
| - 1 | 19 | | | ŀ | | 19 | |
| | 20 | Tax-exempt bond liabilities | V of Cobodula D | + | 17,919 | 20 | |
| ر پ | 21 | Escrow or custodial account liability Complete Part IV | | } | 17,919 | 21 | |
| Ë | 22 | Payables to current and former officers, directors, true | • | Ì | | | |
| Liabilities | | employees, highest compensated employees, and dis Complete Part II of Schedule L | squanneu persons |] | | | |
| <u> </u> | 00 | • | hird narros | ŀ | | 22 | |
| | 24 | Secured mortgages and notes payable to unrelated the Unsecured notes and loans payable to unrelated third | | } | | 23 | |
| ١ | 25 | Other liabilities (including federal income tax, payable | • | } | | 24 | |
| | 23 | parties, and other liabilities not included on lines 17-2 | | 1 | | | |
| ١ | Ì | of Schedule D | .4) Complete Falt A | ì | | 25 | 18,749 |
| | 26 | Total liabilities. Add lines 17 through 25 | | } | 44,092 | 26 | 29,821 |
| _ | - | Organizations that follow SFAS 117, check here | and complete | | . 44,032 | 26 | 23,021 |
| Net Assets or Fund Balances | ļ | lines 27 through 29, and lines 33 and 34. | and complete | l | | | |
| ă | 27 | Unrestricted net assets | | | 59,727 | 27 | 154,959 |
| Ва | 28 | Temporarily restricted net assets | | <u> </u> | 21,490 | | 134,939 |
| 2 | 29 | Permanently restricted net assets | | ŀ | 21,490 | 29 | - |
| ᆲ | ~~ | Organizations that do not follow SFAS 117, check | here and | ł | | 29 | |
| ៰ | ŀ | complete lines 30 through 34. | Chere and | | | | |
| ets | 30 | Capital stock or trust principal, or current funds | |] | | 30 | |
| 155 | 31 | Paid-in or capital surplus, or land, building, or equipm | ent fund | ł | | 31 | . <u> </u> |
| <u>ا</u> د | 32 | Retained earnings, endowment, accumulated income | ŀ | | 32 | | |
| Ż | 33 | Total net assets or fund balances | , or other falles | ł | 81,217 | 33 | 154,959 |
| | 1 | Total liabilities and net assets/fund balances | | F | 125,309 | | 184,780 |

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| | 1990 (2011) A New Way of Life Reentry Project 95-4782503 | | | Pag | <u>e 12</u> | | | |
|----|---|---|------|----------|-------------|--|--|--|
| Pa | rt XI Reconciliation of Net Assets | | | | _ | | | |
| | Check if Schedule O contains a response to any question in this Part XI | | | | | | | |
| | | | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 3,04 | | | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 2,97 | 0,6 | <u> 521</u> | | | |
| 3 | Revenue less expenses Subtract line 2 from line 1 | | | | | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 8 | 1,2 | 217 | | | |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | | | | | | |
| 6 | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, | | | | | | | |
| | column (B)) | 6 | 15 | 4,9 | <u>959</u> | | | |
| Pa | rt XII Financial Statements and Reporting | | | | _ | | | |
| | Check if Schedule O contains a response to any question in this Part XII | | | | | | | |
| | | | | Yes | No | | | |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | 1 | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in | | | | | | | |
| | Schedule O | | 1 1 | Ì | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | <u>X</u> | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | X | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight | | ļ | | | | | |
| | of the audit, review, or compilation of its financial statements and selection of an independent accountant? | | 2c | <u>X</u> | | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in | | | | | | | |
| | Schedule O. | | 1 1 |] | l | | | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were | | f l | | | | | |
| | issued on a separate basis, consolidated basis, or both | | | | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | [[| | l | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in | | | | | | | |
| | the Single Audit Act and OMB Circular A-133? | | 3a | | | | | |
| þ | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | | | ĺ | | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | | | | | |
| | | | Form | 990 | (2011) | | | |

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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.

OMB No 1545-0047

2011
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

A New Way of Life Reentry Project

Employer Identification number 95-4782503

Reason for Public Charity Status (All organizations must complete this part.) Part I See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) X 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 exempt 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). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a | Type I c Type III-Functionally integrated **b** Type II d Type III-Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(ui) Provide the following information about the supported organization(s) (i) Name of supported (II) EIN (III) Type of organization (IV) Is the organization (v) Did you notify (vi) Is the (vii) Amount of e organization in anization in col organization (described on lines 1~9 in col (i) listed in your support col (I) of your (i) organized in the above or IRC section governing document? support? US? (see instructions)) Yes No Yes Yes No (A) (B) (C) (D) (E)

Schedule A (Form 990 or 990-EZ) 2011 A New Way of Life Reentry Project 95-4782503 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar SOURCES 9 Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or 10 loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2010 Schedule A, Part II, line 14 15 16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test-2010. 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 10%-facts-and-circumstances test-2011. 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 10%-facts-and-circumstances test-2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2011 A New Way of Life Reentry Project 95-4782503

Part III Support Schedule for Organizations Described in Section 509(a)(2)

Page 3

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Sec | tion A. Public Support | guanny united | | 20,000,000 | <u> </u> | , | |
|-----------|--|-------------------|---------------------|----------------------|--------------------|--------------------|-------------|
| | ndar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| | | (a) 2007 | (b) 2008 | (6) 2009 | (d) 2010 | (e) 2011 | (i) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | 1,061,051 | 1,278,026 | 1,576,158 | 2,067,893 | 2,906,309 | 8,889,437 |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | _ | | 200,950 | 200,950 |
| 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 | | | | | i. | |
| 6 | Total. Add lines 1 through 5 | 1,061,051 | 1,278,026 | 1,576,158 | 2,067,893 | 3,107,259 | 9,090,387 |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| C | Add lines 7a and 7b | | | | | | |
| 8 | Public support (Subtract line 7c from line 6) | | | | | | 9,090,387 |
| Sec | tion B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) > | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 9 | Amounts from line 6 | 1,061,051 | 1,278,026 | 1,576,158 | 2,067,893 | 3,107,259 | 9,090,387 |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| | and 12) | 1,061,051 | 1,278,026 | 1,576,158 | 2,067,893 | 3,107,259 | 9,090,387 |
| 14 | First five years. If the Form 990 is for th organization, check this box and stop he | - | rst, second, third, | fourth, or fifth tax | year as a section | 501(c)(3) | . □ |
| Sac | ction C. Computation of Public S | | ntago | | | | |
| | | | | <u> </u> | | | |
| 15 | Public support percentage for 2011 (line | | | umn (f)) | | 15 | 100.00% |
| 16 Sec | Public support percentage from 2010 Sci ction D. Computation of Investm | | | | | 16 | %_ |
| 17 | Investment income percentage for 2011 | | | 13 column (fl) | _ | 17 | % |
| 18 | Investment income percentage from 201 | | • | 15, column (1)) | | 18 | |
| | 33 1/3% support tests—2011. If the org | | | line 14, and line 1: | 5 is more than 33 | | |
| | 17 is not more than 33 1/3%, check this | | | | | | ► X |
| b | 33 1/3% support tests—2010. If the org | anization did not | check a box on lir | ne 14 or line 19a, a | and line 16 is mor | e than 33 1/3%, an | |
| 20 | line 18 is not more than 33 1/3%, check the Private foundation. If the organization of | | | | | | |

Schedule A (Form 990 or 990-EZ) 2011 A New Way of Life Reentry Project 95-4782503

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes." to Form 990. Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. OMB No 1545-0047 Open to Public

► Attach to Form 990. ► See separate instructions. Internal Revenue Service Inspection Employer identification number Name of the organization A New Way of Life Reentry Project 95-4782503 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (b) Funds and other accounts (a) Donor advised funds Total number at end of year 1 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 can 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 land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure 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 Tax Year 2a a Total number of conservation easements b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 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 Yes No violations, and enforcement of the conservation easements 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) Yes No (i) and section 170(h)(4)(B)(ii)? 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 (ASC 958), 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 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

| Sche | edule D (Form 990) 2011 A New Way | <u>of Life</u> | <u>Reent</u> | ry Pro | <u>oject </u> | 95 - 4 | <u> 782503 </u> | Page 2 |
|----------|--|---------------------|----------------|----------------------|--|------------|---|-------------------------|
| Pa | art III Organizations Maintaining | | | | | | | |
| 3 | Using the organization's acquisition, access collection items (check all that apply): | on, and other rec | ords, check | any of the | following the | at are a s | ignificant use of | its |
| а | Public exhibition | d 🗍 | Loan or ex | change pro | ograms | | | |
| b | Scholarly research | е 🗍 | Other | ٠. | · | | | |
| С | Preservation for future generations | | | | | | | |
| 4 | Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part | | | | | | | |
| | XIV | | | | • | | | |
| 5 | During the year, did the organization solicit of | or receive donation | ns of art, hi | storical trea | asures, or ot | her sımıla | ır | |
| | assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No | | | | | | | |
| Pa | art IV Escrow and Custodial Arr | | | | | answe | red "Yes" to I | Form 990, Part IV, |
| | line 9, or reported an amoui | | | | | | | |
| 1a | Is the organization an agent, trustee, custod | ian or other intern | nediary for | contribution | ns or other a | ssets not | | |
| | included on Form 990, Part X? | | | | | | | ∐ Yes ∐ No |
| b | If "Yes," explain the arrangement in Part XIV | and complete the | e following i | table | | | | |
| | | | | | | | | Amount |
| C | Beginning balance | | | | | | 1c | |
| d | Additions during the year | | | | | | 1d | |
| е | Distributions during the year | | | | | | 1e | |
| f | Ending balance | | | | | | | |
| | Did the organization include an amount on F | | line 21? | | | | | Yes No |
| | If "Yes," explain the arrangement in Part XIV | | | | 101 91 | | | |
| P | art V Endowment Funds. Comp | | | | | | | |
| | ļ | (a) Current year | (b) P | nor year | (c) Two yea | rs back | (d) Three years b | ack (e) Four years back |
| | Beginning of year balance | | - | | | | | |
| | Contributions | | ├ | | | | | |
| С | Net investment earnings, gains, and losses | | | | | | | |
| d | Grants or scholarships | | | | | | | |
| е | Other expenditures for facilities and | | | | | | | |
| | programs | | <u> </u> | | | | | |
| f | Administrative expenses | | ļ | | | | | |
| g | End of year balance | | 1 | | | | L | |
| 2 | Provide the estimated percentage of the cur | rent year end bala | ance (line 1 | g, column | (a)) held as. | | | |
| а | Board designated or quasi-endowment | % | | | | | | |
| b | Permanent endowment ► % | | | | | | | |
| C | c Temporarily restricted endowment ▶ % | | | | | | | |
| | The percentages in lines 2a, 2b, and 2c sho | | | | | | | |
| 3a | Are there endowment funds not in the posse | ession of the orgai | nization tha | t are held a | and administ | ered for t | he | |
| | organization by | | | | | | | Yes No |
| | (i) unrelated organizations | | | | | | | 3a(i) |
| | (ii) related organizations | | | | | | | 3a(ii) |
| b | If "Yes" to 3a(II), are the related organization | • | | | | | | 3b |
| 4 | | | | | | | | |
| <u> </u> | art VI Land, Buildings, and Equ | | | | | | | |
| | Description of property | (a) Cost or other | | (b) Cost or o | 1 | | Accumulated | (d) Book value |
| | Land | (investment | ·· | (oth | er) | de | epreciation | |
| | Land | <u> </u> | | | · · · · · · | | | |
| | Buildings | | | | 15 000 | | | |
| | Leasehold improvements | | | <u>-</u> | 15,000 | | 8,000 | 7,000 |
| | Equipment | | | | 62,503 | | 53,238 | 9,265 |
| | Other I. Add lines 1a through 1e. (Column (d) must | equal Form 000 | Part V acti | (D) 1:= | 10(c) \ | | | 16 265 |
| 1018 | in Adv intes ta uniough te. (Column (0) must | equal Form 990, | ran A, COIL | <u>лтиг (В), III</u> | ie TU(C).) | | | <u>16,265</u> |

| Schedule D (Form 990) 2011 A New Way of Life Re | entry Project | 95-4782503 | Page 3 |
|---|--|---|-------------|
| Part VII Investments—Other Securities. See Form | | | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value | |
| (1) Financial derivatives | | | |
| (2) Closely-held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | · | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| (1) | _ | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) | | | |
| Part VIII Investments—Program Related. See Form | | | |
| (a) Description of investment type | (b) Book value | (c) Method of valuation Cost or end-of-year market value | |
| (1) | | | |
| (2) | | | |
| (3) | | · | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| (10) | | | |
| Part IX Other Assets. See Form 990, Part X, line 15 | | | |
| Part IX Other Assets. See Form 990, Part X, line 15 (a) Description | <u>. </u> | (b) Book | value |
| | | (0) 500% | value |
| (1) (2) | | | · |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| (10) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | | | |
| Part X Other Liabilities. See Form 990, Part X, line | e 25. | | |
| 1. (a) Description of liability | (b) Book value | | |
| (1) Federal income taxes | | | |
| (2) Accrued payroll and related liabilit | 14,149 | | |
| (3) Line of credit | 4,600 | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| | | | |
| (8) | | | |
| (9) | | | |
| (10) | | | |
| (11) | 10.710 | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) | | | |
| 2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footn | | incial statements that reports the | |
| organization's liability for uncertain tax positions under FIN 48 (ASC 74 | <u> </u> | | |

| Sche | dule D (Form 990) 2011 A New Way of Life Reentry Pr | <u>:oject</u> | <u>: 95-478250</u> | 3 | Page 4 |
|------|--|---------------|---------------------------------------|------|-----------|
| Pa | rt XI Reconciliation of Change in Net Assets from Form 990 | to Audi | ited Financial Sta | atem | ents |
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | | - | 1_ | 3,044,363 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | | | 2 | 2,970,621 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | | | 3 | 73,742 |
| 4 | Net unrealized gains (losses) on investments | | | 4 | |
| 5 | Donated services and use of facilities | | | 5 | |
| 6 | Investment expenses | | | 6 | |
| 7 | Prior period adjustments | | | 7 | |
| 8 | Other (Describe in Part XIV) | | | 8 | |
| 9 | Total adjustments (net) Add lines 4 through 8 | | · | 9 | |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and | nd 9 | · · · · · · · · · · · · · · · · · · · | 10 | 73,742 |
| Pa | rt XII Reconciliation of Revenue per Audited Financial State | ments V | Vith Revenue per | Ret | urn |
| 1 | Total revenue, gains, and other support per audited financial statements | | • | 1 | 3,044,363 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains on investments | 2a | | | |
| b | Donated services and use of facilities | 2b | | | |
| С | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIV) | 2d | | | |
| е | Add lines 2a through 2d | | | 2e | |
| 3 | Subtract line 2e from line 1 | | | 3 | 3,044,363 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIV) | 4b | | | |
| c | Add lines 4a and 4b | | | 4c | |
| _ 5 | | | | 5_ | 3,044,363 |
| Pa | rt XIII Reconciliation of Expenses per Audited Financial Stat | <u>ements</u> | With Expenses p | er R | eturn |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 2,970,621 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | | |
| а | Donated services and use of facilities | 2a | | Į | |
| b | Prior year adjustments | 2b | | | |
| С | Other losses | 2c | | ļ | |
| d | Other (Describe in Part XIV.) | 2d | | | |
| е | Add lines 2a through 2d | | | 2e | |
| 3 | Subtract line 2e from line 1 | . 1 | | 3_ | 2,970,621 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | 1 1 | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| þ | Other (Describe in Part XIV.) | 4b | | | |
| С | Add lines 4a and 4b | | | 4c | |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I line 18.) | | | 5 | 2 970 621 |

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 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 part to provide any additional information.

Part XIV Supplemental Information

Schedule D (Form 990) 2011 A New Way of Life Reentry Project 95-4782503

Part XIV Supplemental Information (continued)

Page 5

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, Ilne 38a or 40b

Attach to Form 990 or Form 990-EZ

See separate instructions.

OMB No 1545-0047 2011

Employer identification number

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

1

(10)Total

95-4782503 A New Way of Life Reentry Project Part I 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 (c) Corrected? (a) Name of disqualified person (b) Description of transaction Yes No (1) (2)(3) (4) (5) (6) Enter the amount of tax imposed on the organization managers or disqualified persons during the year **\$** under section 4958 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization **▶**\$_____ Part II 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 (a) Name of interested person and purpose (b) Loan to (c) Original (d) Balance due (e) In default? (f) Approved (g) Written or from the by board or agreement? principal amount organization' committee? Yes No To From Yes No Yes No (3) _(4)_ (5) (7) (8)

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27 (a) Name of interested person (b) Relationship between interested person and the (c) Amount and type of assistance organization (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2011

| Complete if the organization answere (a) Name of interested person | (b) Relationship between | (c) Amount of | (d) Description of transaction | (e) S | han org |
|---|--|---------------------|--------------------------------|-------|------------|
| ., | interested person and the organization | transaction | | reve | nuě |
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| rt V Supplemental Information | | | | | L |
| Complete this part to provide addition | nal information for responses to au | estions on Schedule | L (see instructions). | | |
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| chedule L, Part V - Add | litional Informat: | ion | | | |
| chedule 27 late v 11ac | 11101111101 | | | | _ |
| he Organization rents h | ouses from the Ex | xecutive Di | rector. The re | ent 1 | Νã |
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| ased on fair market ren | it and was approve | ed by the E | soard of Directo | ors. | |
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SCHEDULE M (Form 990)

Noncash Contributions

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

Open To Public Inspection

OMB No 1545-0047

2011

Department of the Treasury Internal Revenue Service

Attach to Form 990

Employer identification number Name of the organization A New Way of Life Reentry Project 95-4782503 Part i Types of Property (c) (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncesh contribution amounts Form 990, Part VIII, line 1g Art-Works of art 2 Art-Historical treasures 3 Art-Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes R Intellectual property 9 Securities—Publicly traded 10 Securities-Closely held stock Securities-Partnership, LLC, 11 or trust interests 12 Securities-Miscellaneous 13 Qualified conservation contribution-Historic structures 14 Qualified conservation contribution-Other 15 Real estate—Residential Real estate—Commercial 16 17 Real estate-Other Collectibles 18 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts Scientific specimens 23 24 Archeological artifacts 25 Other ▶ (Clothings, hous 2,285,822 Fair market value 26 Other ►(27 Other ▶(Other ▶(28 Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a X b If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? X 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? X 32a If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

describe in Part II

Schedule M (Form 990) (2011) A New Way of Life Reentry Project 95-4782503 Page 2

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2011 Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

A New Way of Life Reentry Project

Employer identification number 95-4782503

Form 990, Part III, Line 4b - Second Accomplishment

- .Excluding pending petitions, this translates to a 86.2% success rate.
- •Occupational Licensing, Title VII:
- .12 clients were assisted with licensing issues and 100% were able to access requested occupational licenses.
- .ANWOL attorneys are continuing long term efforts on 4 previously filed Title VII alleged civil rights violations.
- •California Investigative Consumer Reporting Agencies Act (ICRAA) iolations:
- .Staff attorneys filed 5 cases, 3 of which were settled with 2 carrying over to 2012.

Form 990, Part III, Line 4c - Third Accomplishment

- •A Freedom School was developed to teach workshops on the prison industrial complex.
- •Additional housing advocacy was initiated on behalf of our women.
- •Graduates reconnected during an alumni reunion in August.

2011

Form 990, Part III, Line 4d - All Other Accomplishment DISTRIBUTION CENTER

Through a relationship with a major retailer of household goods, we receive weekly donations of high-quality items such as baby blankets, toasters, lamps, space heaters, trashcans, pots, pans, and plates.

A New Way of Life Reentry Project

Employer identification number 95-4782503

During 2011, ANWOL distributed over \$2 million dollars in donated merchandise to people in need throughout the communities of South Los Angeles.

ALL OF US OR NONE

In 2011, we mobilized more than 200 members to advocate to reduce employment discrimination. As a result, the City of Compton agreed to "BAN THE BOX!" on city employment applications.

FORMERLY INCARCERATED AND CONVICTED PEOPLE'S MOVEMENT

- •ANWOL hosted a FICPM conference in Los Angeles in November 2011.
- •O ver 300 people attended representing 70 organizations throughout the United States and two foreign countries.
- •During this gathering, conference leaders dispersed a comprehensive platform designed to promote the civil rights of formerly incarcerated individuals.
- .The platform was approved by participants through a unanimous vote.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 The financial manager and Executive Director reviews the return before filed.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
Officer and Board members are required to disclose potential conflict of
interest situations.

Schedule O (Form 990 or 990-EZ) (2011)

Name of the organization

A New Way of Life Reentry Project

Employer identification number 95-4782503

Form 990, Part VI, Line 15a - Compensation Process for Top Official The Board reviews and approves officer and employee compensation.

Form 990, Part VI, Line 15b - Compensation Process for Officers
The Board reviews and approves officer and employee compensation.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Governing documents are available upon request.