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### Form 990-EZ

Department of the Treasury Internal Revenue Service

# Short Form 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)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2012

Open to Public Inspection

Description	Ā	Fort	the 2012 calendar year, or tax year beginning , 2012, and ending		,							
New Tite Ministrates	B			Employer i	dentification number							
SALEM, OR 97302-3969	┢		change   NEW LIFE MINISTRIES, INC.	93-0982043								
SALEM, OR 97302-3969   F Group Exemption   Number   SALEM, OR 97302-3969   F Group Exemption   Number   Numbe	누		4160 COMMERCIAL ST SE	E Telephone number								
Accounting Method:	F		ISALEM OR 97302-3969	541-9	95-8020							
Accounting Method:     Cash   Accrual Other (specify)	F	Amen	ded return									
Website: * N/A.   recurrent status (check only one) -		Applic	ation pending	Number	kempuon •							
Tax-exempt status (check only one) —	G											
K Check   If the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-Ez or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, he sure to file a complete return.  L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts, if gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (8) below) are \$500,000 or more, the Form 990-Ez.   * \$ 65, 996.    Part I   Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I.   1 65, 996.    Part I   Revenue, Expenses, and Similar amounts received   1 65, 996.   2 Program service revenue including government fees and contracts   2   3   4	ı			to attach	Schedule B (Form							
normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.  L Add lines \$b, 6c, and 7b, to line 9 to determine gross receipts, if gross receipts are \$200,000 or more, or if total assests (Part II, line 25, column (5) below) are \$500,000 or more, file Form 990 instead of Form 990-52. \$ \$ 65, 996.  Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)  Check if the organization used Schedule O to respond to any question in this Part L. [X]  1 Contributions, gifts, grants, and similar amounts received. \$ 1	<u>၂</u>	Tax-e										
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14 Occupancy, rent, utilities, and maintehance	Ē	12	Salaries, other compensation, and employee penefits 5 2013	12								
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	n 990-EZ (2012) NEW LIFE MINIST			93	-098	82043 Page <b>2</b>			
Pa	Part II Balance Sheets. (see the instructions for Part II.) Check if the organization used Schedule O to respond to any question in this Part II								
	. Crieck if the organization used Scrie	dule O to respond to any que		(A) Beginning of ye	ar I	(B) End of year			
22	Cash, savings, and investments			. 1,979		. 19, 562.			
23	Land and buildings				23				
24 25	Other assets (describe in Schedule O) Total assets		· · ·	1 070	24				
25 26	Total liabilities (describe in Schedule O)	• •	·  -	. 1,979 0	· -	19,562.			
27	Net assets or fund balances (line 27 of co	olumn (B) must agree with hir	ne 21) .	1,979	<u> </u>	19,562.			
Pa	Statement of Program Service According	mplishments (see the instrs for	Part III.)		<u> </u>	Expenses			
14/1-4	Check if the organization used Sch	nedule O to respond to any qu	uestion in this Part III	[X	(Req	uired for section 501 ) and 501(c)(4)			
Wnat Desc	is the organization's primary exempt purpose? SEF	SCHEDULE O	s three largest program	m services, as	orga	nizations and section (a)(1) trusts; optional			
mea	cribe the organization's program service ac sured by expenses. In a clear and concise efited, and other relevant information for ea	manner, describe the service	es provided, the numb	er of persons		thers.)			
28	PROVIDE FOR THE NEEDS OF COMMUNITY AND INDIA.								
	(Grants \$ ) If thi	is amount includes foreign gr	ants check here		28 a				
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					1				
					]				
30	(Grants \$ ) If thi	is amount includes foreign gr	ants, check here	· · · · · · · · · · · ·	29 a				
Ju					-				
		s amount includes foreign gr			30 a				
31	Other program services (describe in Sche				24				
32	(Grants \$ ) If the Total program service expenses (add line	is amount includes foreign gr			31 a				
	It IV List of Officers, Directors,					e instructions for Part IV.)			
E.F	Check if the organization used Sch	nedule O to respond to any q	uestion in this Part IV			<u>,</u>			
	(a) Name and Title	<b>(b)</b> Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	d) Health benefit contributions to emp benefit plans, and de compensation	loyee	(e) Estimated amount of other compensation			
	DUANE RAWLINS								
	ESIDENT ·	0	0	•	0.	0.			
	TTHEW RAWLINS RECTOR	0	0		0.	0.			
	LINDA BERRY			•	<u> </u>	<u> </u>			
DI	RECTOR	0	0		0.	0.			
	EANN RAWLINS	•			^				
	RECTOR RK SMUCKER	0	0	•	0.	0.			
	RECTOR	0	0		0.	0.			
JAI	MES BECKER								
	EASURER	0	0	•	0.	0.			
	ANE_BECKER CRETARY	0	0		0.	0.			
<u> 511(</u>	SIGIANI			•	<del>- 0 .</del>	<u> </u>			
<del>-</del>									
			20403						
BAA	<b>L</b>	TEEA0812L C	5/14/13			Form <b>990-EZ</b> (2012)			

	1 990-EZ (2012) NEW LIFE MINISTRIES, INC. 93-098204			age :
Pai	Other Information (Note the Schedule A and personal benefit contract statement requirements in SEE SCHED the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	ULE	Ο	X
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,'		Yes	No
34	provide a detailed description of each activity in Schedule O	33	ļ	X
35 :	a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
	(such as those reported on lines 2, 6a, and 7a, among others)?	35 a		X
ı	If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O.	35 b		<del> </del> -
•	: Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
37 a	a Enter amount of political expenditures, direct or indirect, as described in the instructions . ▶ 37 a 0.		<u> </u>	
	Did the organization file Form 1120-POL for this year?	37 b	Ī	X
	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		x.
ŀ	olf 'Yes,' complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9			
ŀ	Gross receipts, included on line 9, for public use of club facilities			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ► 0.; section 4912 ► 0.; section 4955 ► 0.			
ŀ	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit		•	1
	transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported	40 Ь	Ì '	χ.
	on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	400	<u> </u>	
•	managers or disqualified persons during the year under sections 4912, 4955, and 4958			
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed			
	by the organization			
•	a All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		X
41	List the states with which a copy of this return is filed NONE		L	<u> </u>
<b>42</b> a	The organization's			
	books are in care of ► NEW LIFE MINISTRIES  Telephone no. ► 541-99			
	Located at ► 22919 N. COBURG RD, HARRISBURG, OREGON ZIP + 4 ► 97446-			- NI -
t	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)?	42 b	Yes	X
	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.			
•	: At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c	i	X ·
	If 'Yes,' enter the name of the foreign country: ►			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		► 🗍	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a		Х
Ł	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed	_		
	instead of Form 990-EZ	44 b		<u> X</u> .
	Did the organization receive any payments for indoor tanning services during the year?	44 c	<u> </u>	Х
C	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?  If 'No,' provide an explanation in Schedule Q	44 d		
45 =	Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45 a	├	X
,	2			

45 b

Form 990-E	Z (2012) NEW LIFE MINISIRIES	o, INC.	<del></del>	93-096	32043	Yes No
46 Did th	e organization engage, directly or indirect dates for public office? If 'Yes,' complete	ctly, in political campaig Schedule C, Part I	n activities on behalf of	or in opposition to	46	X
Part VI	Section 501(c)(3) organizations All section 501(c)(3) organization for lines 50 and 51.	s only			<del> </del>	
	Check if the organization used Schedule	e O to respond to any o	question in this Part VI			
	e organization engage in lobbying activitilete Schedule C, Part II		* *			Yes No
•	organization a school as described in se		f 'Yes.' complete Sched		47	X ·
	ne organization make any transfers to an			,	49 a	X ·
	s,' was the related organization a section	•			49 b	
	plete this table for the organization's five l byees) who each received more than \$10					
	(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W 2/1099 MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated other comp	I amount of pensation
NONE						
						·
		<u> </u>				
	number of other employees paid over \$1 plete this table for the organization's five l		dependent contractors v	who each received more	than \$100.	000 of
comp	ensation from the organization. If there is	s none, enter 'None.'				
(a) N	ame and address of each independent contractor paid	1 more than \$100,000	<b>(b)</b> Type (	of service	(c) Compo	ensation
<u>NONE</u>						
	······································	-				
<b>d</b> Total	number of other independent contractors	each receiving over \$	100,000	. , , ,		
	ne organization complete Schedule A? <b>No</b> table trusts must attach a completed Sch		) organizations and 4947	7(a)(1) nonexempt	► XYes	No
Under penalties true, correct, a	of perjury, I declare that I have examined this return, incli and complete. Declaration of preparer (other than offic	uding accompanying schedules a er) is based on all information	nd statements, and to the best of a of which preparer has any know	ny knowledge and belief, it is dedge		
	Marcess Duane Signature of officer	Kawlin	· · · · · · · · · · · · · · · · · · ·	71/91/3		
Sign Here	Mayers Drawe  Type or print name and title	Rawlin	ic Presid	lout	·	
	Print/Type preparer's name	Preparer's signature	Date	Check I If	TIN	
Paid	JOSEPH J MINNITI CPA	Se William	MV 42 7-10-81		0126225	4
Preparer	Firm's name ► MINNITI & COMPA				02 0005	010
Use Only	Firm's address • CERTIFIED PUBILI 4160 COMMERCIAL		R 97302	Phone no. (50	<u>93-0925</u> 3) 371-8	
May the IR	S discuss this return with the preparer sh			1	> X Yes	No
		<del></del>		<del></del>		<b>D-EZ</b> (2012)

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

**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

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2012

Name of the organization Employer identification number NEW LIFE MINISTRIES 93-0982043 Part I | Reason for Public Charity Status (All organizations must complete this part.) 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 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) 7 R A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities 9 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.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the 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. 11 c | Type III - Functionally integrated d | | Type III — Non-functionally integrated 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 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? Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?..... 11 g (i) A family member of a person described in (i) above? 11 g (ii) A 35% controlled entity of a person described in (i) or (ii) above? ..... 11 g (iii) Provide the following information about the supported organization(s). h (i) Name of supported organization (iv) Is the organization in column (i) listed in your governing (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (v) Did you notify (vi) Is the (vii) Amount of monetary the organization in column (i) of your organization in column (i) support organized in the U.S.? support? document? Yes No Yes No Yes (A) (B) (C) (D) (E) Total

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

# Part II 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.)

Sec	tion A. Public Support						<u>-</u>
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.')	. 61,005.	. 30, 926.	. 39,772.	. 24,713.	65,996.	222,412.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
_	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)	61,005.	30,926.	39,772.	24,713.	65,996.	222,412. 99,775.
6	Public support. Subtract line 5 from line 4						122,637.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	(f) Total
7	Amounts from line 4	61,005.	30,926.	39,772.	24,713.	65,996.	222,412.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11	Total support. Add lines 7 through 10						222,412.
12	Gross receipts from related activi	ities, etc (see ınstr	ructions)			12	0.
13	First five years. If the Form 990 is organization, check this box and	s for the organizat			ifth tax year as a		▶ 🏻
	tion C. Computation of Pu						
	Public support percentage for 20					14	55.14%
15	Public support percentage from 2	2011 Schedule A, I	Part II, line 14			15	- 74.15%
16 a	33-1/3% support test — 2012. If tand stop here. The organization of	he organization di qualifies as a publ	d not check the boicly supported org	ox on line 13, and anization	the line 14 is 33-1	/3% or more, che	ck this box
b	33-1/3% support test — 2011. If the and stop here. The organization	e organization did qualifies as a publ	not check a box of icly supported org	on line 13 or 16a, anızation	and line 15 is 33-	1/3% or more, che	ck this box
17 a	10%-facts-and-circumstances tes or more, and if the organization r the organization meets the 'facts-	neets the 'facts-ar	nd-circumstances'	test, check this bo	ox and stop here.	Explain in Part IV	how
	10%-facts-and-circumstances tes or more, and if the organization r organization meets the 'facts-and	neets the 'facts-ar I-circumstances' te	nd-circumstances' est. The organizati	test, check this bo on qualifies as a p	ox and <b>stop here.</b> I oublicly supported	Explain in Part IV organization	how the
18	Private foundation. If the organiz	ation did not checl	k a box on line 13,	, 16a, 16b, 17a, or 	17b, check this b	ox and see instru	ctions ►

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

	tion A. Public Support	<del></del>							
Calen	dar year (or fiscal yr beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	<b>(d)</b> 2011	<b>(e)</b> 201	2	(f) Total	
1	Gifts, grants, contributions and membership fees received. (Do not include any unusual grants.)								
2	Gross receipts from admis-	· · · · · · · · · · · · · · · · · · ·				<del> </del>			
	sions, merchandise sold or								
	services performed, or facilities furnished in any activity that is				İ		1		
	related to the organization's				İ				
_	tax-exempt purpose.								
3	Gross receipts from activities that are not an unrelated trade or business under section 513					ļ			
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							<del></del>	
	governmental unit to the			İ ,					
	organization without charge .					<u> </u>			
	Total. Add lines 1 through 5								
7 a	Amounts included on lines 1, 2, and 3 received from								
	disqualified persons								
Ŀ	Amounts included on lines 2						— <del> -</del>		
	and 3 received from other than	į							
	disqualified persons that exceed the greater of \$5,000 or			ļ					
	1% of the amount on line 13	ļ							
	for the year								
_	Add lines 7a and 7b		····						
8	Public support (Subtract line 7c from line 6.)								
Sec	tion B. Total Support								
Calen	dar year (or fiscal yr beginning in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	2	(f) Total	
9	Amounts from line 6								
10 a	Gross income from interest,								
	dividends, payments received on securities loans, rents,								
	royalties and income from								
	sımılar sources Unrelated business taxable							<del> </del>	
	income (less section 511								
	taxes) from businesses						1		
_	acquired after June 30, 1975 .							<del></del>	
_	Net income from unrelated business		<del></del>						
••	activities not included in line 10b,						l l		
	whether or not the business is	,							
12	regularly carried on Other income. Do not include	<u> </u>				<u> </u>			
14	gain or loss from the sale of								
	čapital assets (Explain in Part IV.)								
13	Total support. (Add Ins 9, 10c, 11, and 12)				-				
14		s for the organizat	tion's first, second	I, third, fourth, or	fifth tax year as a	section 501	(c)(3)		
	organization, check this box and	<del>_</del>					<u> </u>	•	
	tion C. Computation of Pu			12		<del></del>	15	<u> </u>	
	Public support percentage for 20	=					15	<del></del> 8	
	Public support percentage from 2				·····	• • • • • • • • • • • • • • • • • • • •	16		
	tion D. Computation of Inv				~ (0)		17	O.	
17	Investment income percentage for				n (1))		17	%	
18	•				1 llan 15 le	[	18	%	
19 a	33-1/3% support tests — 2012. If t is not more than 33-1/3%, check	ine organization d this box and <b>stop</b>	id not check the b here. The organiz	oox on line 14, and zation qualifies as	ו וחe ום is more t a publicly support	nan 33-1/3% led organiza	o, and line otion	″ ▶ 🗍	
b	33-1/3% support tests - 2011. If the line 18 is not more than 33-1/3%,	the organization d , check this box ar	id not check a boo	x on line 14 or line organization quali	e 19a, and line 16 ifies as a publicly	is more that	n 33-1/3% rganizatio	and ► □	
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions								

Schedule A	(Form 990 of 990-E	Z) ZUIZ NEW	TIER WINT	STRIES, INC		93-0982043	Page 4
Part IV	Supplemental Inf Part II, line 17a (See instruction	formation. Con or 17b; and ns).	mplete this par Part III, line	rt to provide the 12. Also comp	e explanations red lete this part for	quired by Part II, line 10; any additional information	- <del>-</del> -
					<b></b>		
				<b></b>			
						.=	
					- <b></b>		
				<del></del>			
			·	- <i>-</i>			

### **SCHEDULE 0** (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.

OMB No. 1545 0047 2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ. Name of the organization Employer identification number NEW LIFE MINISTRIES, INC 93-0982043 FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE AID TO POOR FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

2012· **SCHEDULE O - SUPPLEMENTAL INFORMATION** PAGE 2 CLIENT 1 · 93-0982043 **NEW LIFE MINISTRIES, INC.** FORM 990-EZ, PART I, LINE 10 GRANTS AND SIMILAR AMOUNTS PAID IN EXCESS OF \$5,000 CASH AMOUNT GIVEN: 46,800. FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES BANK CHARGES BANK CHARGES
CONFERENCE EXPENSES
LICENSES & FEES
QUILT COSTS 138. 800. 575. <u>100.</u> TOTAL \$ 1,613.

## Form **8868**

(Rev. January 2013)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box . . . . . . . . . . . . . . • If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension-check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number, see instructions Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or New Life Ministries 93-0982043 print Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) File by the 4160 Commercial St SE due date for filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return. See Salem, OR 97302-3969 01 Enter the Return code for the return that this application is for (file a separate application for each return) . . . . . . . . . . Application Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 09 Form 990-PF 04 Form 5227 10 05 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) Form 8870 12 • The books are in the care of ▶ New Life Ministries Telephone No. ▶ 541-995-8020 FAX No. ▶ • If the organization does not have an office or place of business in the United States, check this box . . . . • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) for the whole group, check this box . . . ▶ 🔲 . If it is for part of the group, check this box . . . . ▶ 🔲 and attach a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 20 13, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► 🖾 calendar year 20 12 or ► □ tax year beginning If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За 0.00 If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b 0.00 Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

EFTPS (Electronic Federal Tax Payment System). See instructions.

Form **8868** (Rev. 1-2013)

3c |\$

Form 88	368 (Rev	1-2013)				Page 2
• If yo	u are i	iling for an Additional (Not Automatic) 3-M	onth Exter	nsion, complete on	ly Part II and check this box	▶ □
		complete Part II if you have already been gra				
		filing for an Automatic 3-Month Extension,				
Part		Additional (Not Automatic) 3-Month E	Extension	of Time. Only file	the original (no copies needed	d).
					Enter filer's Identifying number, s	ee instructions
Туре	or	Name of exempt organization or other filer, see	instructions.		Employer identification number (EIN	N) or
print	<b>V</b> I					
File by t	ho	Number, street, and room or suite no. If a P.O. b	ox, see instr	uctions.	Social security number (SSN)	
due date						
filing your		City, town or post office, state, and ZIP code. For	or a foreign a	ddress, see instruction	is.	<del></del>
instructi						
<u></u>	D.	A	!= 4= /6!! = =		- for each return)	
Enter	ine He	turn code for the return that this application	is for (file a	separate application	n for each return)	· <u>L</u>
	icatio	1	Return Code	Application		Return
ls Fo	Is For			ls For		Code
_Form	990 c	r Form 990-EZ	01			
Form	990-E	BL	02	Form 1041-A		08
Form	4720	(individual)	03	Form 4720		09
Form	990-F	PF	04	Form 5227		10
Form	990-1	(sec. 401(a) or 408(a) trust)	05	Form 6069		11
Form	990-1	(trust other than above)	06	Form 8870		12
STOP	Do no	ot complete Part II if you were not already gr	anted an a	utomatic 3-month ex	xtension on a previously filed For	m 8868.
• The I	books	are in the care of ▶				
Tele	phone	No. ►	<sub>-</sub> FAX	No. ►		_
<ul><li>If the</li></ul>	e orgai	nization does not have an office or place of b	ousiness in	the United States, c	heck this box	▶ 🗆
<ul><li>If this</li></ul>	s is fo	r a Group Return, enter the organization's fo	ur digit Gro	up Exemption Numb	oer (GEN)       . If	this is
		e group, check this box $\dots lacksquare$ $lacksquare$		t of the group, checl	k this box .... ▶ 🗌 and	attach a
list wit	h the	names and EINs of all members the extension	n is for.			
			• • •		20	
4	I requ	uest an additional 3-month extension of time alendar year, or other tax year beginni tax year entered in line 5 is for less than 12	until			
5	For c	alendar year, or other tax year beginn	ing		, and ending	, 20
6	If the	tax year entered in line 5 is for less than 12	months, ch	eck reason: Lini	tiai return	
_		ange in accounting period				
7	State	in detail why you need the extension				
						*
8a	If this	application is for Form 990-BL, 990-PF, 99	N-T 4720	or 6069, enter the te	entative tax less any	
•		afundable credits. See instructions.	0 1, 4720,	0, 0000, 0,110, 110 10	8a \$	
h		s application is for Form 990-PF, 990-T,	4720 or 6	069 enter any refu		<del></del>
b		ated tax payments made. Include any price			The date of the late	
		int paid previously with Form 8868.	or your ove	ipaymom anowed t	8b \$	
С		ce due. Subtract line 8b from line 8a. Include y	our navmen	t with this form, if requ		
·		ronic Federal Tax Payment System). See instruc		t with this form, if requ	8c  \$	
		<del></del>				
		Signature and Verifica	ation must	t be completed fo	or Part II only.	
Under i	penalti	es of perjury, I declare that I have examined th	is form, incl	luding accompanying	schedules and statements, and to t	the best of my
		d belief, it is true, correct, and complete, and that				
	_	·				
Signature	e <b>►</b>		Title ►		Date ►	