EXTENDED TO NOVEMBER 15, 2018

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

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

Department of the Treasury

Go to valve ire gov/Form990 for instructions and the latest information

Inspection

OMB No 1545-0047

A 1	For th	e 2017 calendar year, or tax year beginning and ending						
A	-or th							
В	Check if applicab	C Name of organization	D Employer ide	entification number				
X	Addre	SS NEW DAY FOUNDATION INC						
Ē	Name		73	3-1486736				
	Initial	Deep (	suite E Telephone nu	ımber				
Ē	Final	2222 C CUEDTDAN DD	, , , , , , , , , , , , , , , , , , ,	318) 388-5685				
	termi		G Gross receipts \$	924,934.				
	Amen return	TULSA, OK 74129	H(a) Is this a gro	H(a) Is this a group return				
	Appli	F Name and address of principal officer RON FEEDET	for subordin	nates? Yes X No				
	pend	<sup>∩9</sup> SAME AS C ABOVE ★	H(b) Are all subordin	nates included? Yes No				
1	Гах-ех	empt status X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or	527 If "No," atta	ach a list (see instructions)				
<u>J</u> \	Websi	te: ► NDFWORLD.COM		nption number				
<u>K</u> F	orm o	organization X Corporation Trust Association Other L	Year of formation. 199	96 M State of legal domicile: OK				
Pa	art I	Summary						
ø	1	Briefly describe the organization's mission or most significant activities ADVANCE						
Governance		HELPING MINISTRIES REACH THEIR FULL POTENTIA	AL AND MAKE	THEIR VISION				
ž.	2	Check this box   if the organization discontinued its operations or disposed of	more than 25% of its n	net assets				
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)		3 6				
	4	Number of independent voting members of the governing body (Part VI, line 1b)		4 6				
es	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5 0				
Σ	6	Total number of volunteers (estimate if necessary)		6 0				
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a 0.				
	b	Net unrelated business taxable income from Form 990-T, line 34		7b 0.				
			Prior Year	Current Year				
ē	1	Contributions and grants (Part VIII, line 1h)	2,633,70					
Revenue	į.	Program service revenue (Part VIII, line 2g)		0. 0.				
Æ	l.	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	38,96					
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0. 0.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,672,66					
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	143,00					
		Benefits paid to or for members (Part IX, column (A), line 4)		0. 0.				
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0. 0.				
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.				
X		Total fundraising expenses (Part IX, column (D), line 25)	6,97	75. 72,641.				
		Other expenses (Part IX, column (A), lines 11a-11d, 1f-24e LULU Total expenses Add lines 13-17 (must equal Part IX column (A), line 25)	149,97					
	1							
<u></u>	19	Revenue less expenses Subtract line 18 from line 128 NOV 20 2018	Beginning of Current Y					
ance	20	Total goods (Part V. line 16)	4,423,36					
Asse	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		0. 0.				
Net Assets or Fund Balances	22	Net assets or fund balances Subtract line 21 from line 20	4,423,36					
	art II	Signature Block	1 1/123/30	754 175117555				
		lties of perjury, I declare that I have examined this return, including accompanying schedules and si	atements, and to the best	t of my knowledge and belief, it is				
		t, and complete Declaration of preparer tether than officer) is based on all information of which pre						
		Such Edirardo	111	15/1/				
Sigi	n	Signature of officer	Date	714				
Her		BRUCE EDWARDS, TREASURED						
	•	Type or print name and title	<u> </u>					
		Print/Type preparer's name Preparer's signature	Date Chec	ck PTIN				
Paid	l	DANIEL P. SKERBITZ, CPA DANIEL P. SKERBITZ	11/01/18 self-e	-employed P00254283				
	arer	Firm's name STANFIELD + O'DELL, P.C.	Firm's EIN					
-	Only	Firm's address 1350 S. BOULDER AVE. STE 800						
		TULSA, OK 74119	Phone no.	918-628-0500				
May	the II	as discuss this return with the preparer shown above? (see instructions)		X Yes No				
		8-17 LHA For Paperwork Reduction Act Notice, see the separate instructions.		Form <b>990</b> (2017)				

Form 990 (2017)

Form 990 (2017) NEW DAY FOUNDATION INC Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	ļ		
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		7.7
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
_	during the tax year? If "Yes," complete Schedule C, Part II	4_		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			X
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		Х
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			Λ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for		i	
Ŭ	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		х
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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable			
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_
b	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		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> X</u>
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 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e_		<u>X</u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			77
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40	ļ	v
	Schedule D, Parts XI and XII	12a		<u> </u>
D	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 and XII is optional	12b		Х
12	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	174		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? 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 Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		_X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
		Form	990 (	20171

Form 990 (2017) NEW DAY FOUNDATION INC
Part IV Checklist of Required Schedules (continued)

<u> </u>			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	100	X
20a b		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
00	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	<del></del>		
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
240	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
<b>24</b> a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		х
	Schedule K If "No", go to line 25a  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
b	Did the organization mivest any proceeds of tax-exempt bonds beyond a temporary period exception.  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
С	·	24c		
	any tax-exempt bonds?  Did the exemptation set as an "on behalf of" incure for bonds outstanding at any time during the year?	24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2-TU		
25a		25a		х
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
b				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b		х
06	Schedule L, Part I  Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	230		
26	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	}		
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled 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			
20	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		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
_	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
Ç	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
30	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
٠.	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
~_	Schedule N, Part II	32		X
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, Part II, III, or IV, and			
•	Part V, line 1	34		X
35a	- · · · · · · · · · · · · · · · · · · ·	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
-	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	2017)

Form 990 (2017)

NEW DAY FOUNDATION INC

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
10	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		103	110
b				
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c	X	
٥-		10		
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  2a  0			
		2h	-	-
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b_		
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year?	22	-	x
	,	3a		
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			x
4	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
D	If "Yes," enter the name of the foreign country			
<b>.</b> .	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	60		х
	any contributions that were not tax deductible as charitable contributions?	6a	-	
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	e b		
_	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).	6b		
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	- 7a		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		~~
		76		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
لہ	If "Yes," indicate the number of Forms 8282 filed during the year	70		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
_	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		-
f ~	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against	İ		
_	amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	`	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			,
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
			200	(0047)

Form 990 (2017) NEW DAY FOUNDATION INC 73-1486736 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions								
	Check if Schedule O contains a response or note to any line in this Part VI			$\mathbf{X}$					
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	5							
	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 committee, explain in Schedule O.								
b		5							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1							
_	officer, director, trustee, or key employee?	2	Х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
_	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х					
	6 Did the organization have members or stockholders?								
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			<u>X</u>					
	more members of the governing body?	7a		Х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
_	persons other than the governing body?	7b		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
_	The governing body?	8a	x						
b	Each committee with authority to act on behalf of the governing body?	8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)								
			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, 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						
	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	Х						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х						
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 independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a		X					
b	Other officers or key employees of the organization	15b		X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)								
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		X					
b	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 organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶OK								
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)	avaılat	le						
	for public inspection. Indicate how you made these available. Check all that apply								
	Own website Another's website X Upon request Other (explain in Schedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d fınan	cıal						
	statements available to the public during the tax year								
20	State the name, address, and telephone number of the person who possesses the organization's books and records	_							
	BRUCE EDWARDS - (918) 388-5685								
	2323 S SHERIDAN RD. NO. 7. TULSA. OK 74129								

Form 990 (2	2017)	NEW	DAY	FOUNDATION	INC		73-1486736	Page
Part VII	Compensation	of Of	ficers,	<b>Directors, Trusto</b>	es, Ke	Employees, Highest Com	pensated	-

Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line 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

X Check this box if neither the organization n	or any related	d organization compensat					nsat						
(A)	(B)	Í		_ (0	C)			(D)	(E)	(F)			
Name and Title	Average	(do	not c	Pos heck	nore	than	one	Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of			
	week	_				),, « d 3	1	from	from related	other			
	(list any hours for	liect				L		the organization	organizations (W-2/1099-MISC)	compensation from the			
	related	0 00	itee			sate		(W-2/1099-MISC)	(***2/1000 141100)	organization			
	organizations	truste	al fruis		yee	mper		(** 2, 7000 111100)		and related			
	below	Individual trustee or director	Institutional trustee	 	8 mg	est co	<u>=</u>			organizations			
	line)	호	in str	Officer	Key employee	Highest compensated employee	Fe						
(1) RON FEELEY	5.00								_	_			
PRESIDENT		X		Х	<u> </u>			0.	_ 0.	0.			
(2) NITA FEELEY	5.00								_	_			
ASST SECRETARY		Х		X		<u> </u>		0.	0.	0.			
(3) CHRIS FEELEY	2.00								_				
VICE PRESIDENT		Х	L	Х				0.	0.	0.			
(4) JIM FEELEY	1.00			ŀ				_	_				
SECRETARY		X		Х			L	0.	0.	0.			
(5) MICHAEL BRICKEY	1.00												
TRUSTEE		X			L_	ļ		0.	0.	0.			
(6) DAN SKERBITZ	1.00	ļ											
TRUSTEE		Х						0.	0.	0.			
								<u> </u>	<u>-</u>				
•													
									-				
						-			···				
					<u> </u>	-							
								· · · · · · · · · · · · · · · · · · ·					
									_				
				$\vdash$	<del>                                     </del>								
		<del> </del>		_	$\vdash$								
	-				İ								
	<u> </u>	L			Щ	ــــــــــــــــــــــــــــــــــــــ	Щ.	l		·			

Pa	T VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average	Position (do not check more than one					one	Reportable	Reportable	,	Estimated		
		hours per	box	, unte	ss pe	rson	ıs bot	h an	compensation	compensation		ar	nount	of
		week		cer an	id a d	Irecto	or/trus	itee)	from	from related			other	
		(list any	Individual trustee or director						the	organization			pensa	
		hours for related	声	8			ated		organization	(W-2/1099-MI	SC)		rom th	
		organizations	ustee	trust		8	l ge		(W-2/1099-MISC)			_	janizat d rolet	
		below	ual tr	ional		ploye	ig a						d relat anızatı	
		line)	divid	Institutional trustee	Officer	sy em	Highest compensated employee	E				l Gig	arnzan	0113
			프	=	0	ž	<del>-</del> =	<u> </u>	<u> </u>					
							ŀ							
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									-					
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									<del></del>					
				<u> </u>										
											-			
											$\overline{}$			
	Sub-total -								0.		0.			0.
	Total from continuation sheets to Part VI	I, Section A							0.	· · · · · · · · · · · · · · · · · · ·	0.			0.
<u>d</u>	Total (add lines 1b and 1c)							<u> </u>	0.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d at	oove	e) wh	no re	eceived more than \$100	,000 of reportab	le			^
	compensation from the organization												· ·	0
													Yes	No
3	Did the organization list any former officer,		ste	e, ke	y en	nplo	yee,	or I	highest compensated e	mployee on				
	line 1a? If "Yes," complete Schedule J for s										- 1	3		<u> </u>
4	For any individual listed on line 1a, is the su	•							•	the organization				
	and related organizations greater than \$150										}	4		X
5	Did any person listed on line 1a receive or a	ccrue comper	ısatı	on f	rom	any	unr	elat	ed organization or indivi	dual for services				
	rendered to the organization? If "Yes," com	plete Schedule	J f	or su	ıch j	oers	on			<del>.</del>		5		<u> </u>
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co										ipens:	ation f	rom	
	the organization Report compensation for	the calendar y	ear e	endir	ng w	/ith_c	or w	ıthır		year				
	(A)								(B)		_	((		_
	Name and business	address	NC	NE	<u> </u>				Description of s	ervices		ompe	nsatio	n
								-+				_		
	**	<del></del>							<del></del>					
														-
								$\dashv$						
_														
2	Total number of independent contractors (ii	ncluding but n	ot lır	nited	d to	thos	se lis	sted	above) who received m	ore than				
	\$100,000 of compensation from the organization	zation 🕨				(								

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		Check if Schedule O con	tains a response	or note to any lin		<del></del>		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D)</b> Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues	1b					
€ ق		·						1
fts r A		Fundraising events	1c					
ij gi		Related organizations	1d					
ns,		Government grants (contribut	· —			•		
itio er (	f	All other contributions, gifts, gran	its, and					
ib		similar amounts not included abo	ve 1f	459,758.				
d	g	Noncash contributions included in lines	1a-1f \$	143,032.				
Co	h	Total. Add lines 1a-1f		<b>•</b>	459,758.			
				Business Code			··	
اه	2 a							
Ν̈́								
ne ne	b						<del></del>	·
m S	С			-				
e a	d							
Program Service Revenue	е							
<u> </u>	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f		<b></b>				
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		<b>•</b>	19,185.			19,185.
	4	Income from investment of ta	x-exempt bond r	proceeds				
		Royalties	x exempt bond p			-		
	5	noyalties	() D-al	(v) Davage				
	_		(i) Real	(II) Personal				
		Gross rents						
	b	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)					<u> </u>	
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
]		assets other than inventory	445,991.					
l	h	Less cost or other basis					:	
	~	and sales expenses	313,699.					
		•	132,292.					
		Gain or (loss)	134,494.		122 202		-	132,292.
		Net gain or (loss)			132,292.			134,294.
e e	8 a	Gross income from fundraisin	g events (not					
en		including \$	of					
ě		contributions reported on line	1c) See					
Other Revenue		Part IV, line 18	а					
the	b	Less direct expenses	b					
0		Net income or (loss) from fund	draising events	<b></b>				
İ		Gross income from gaming ac			٠		_	
	Эа							
		Part IV, line 19	a .					
		Less direct expenses	b					
	С	Net income or (loss) from gan	ning activities	<b>_</b>				
	10 a	Gross sales of inventory, less	returns					,
		and allowances	а					
	b	Less cost of goods sold	b		_		_	
	c	Net income or (loss) from sale	s of inventory	<b></b>				
İ		Miscellaneous Revenu		Business Code				
ŀ	11 0			Dusiness Code		,		
]	11 a					<u>-</u>		
	b	<del></del>						
	С	<del></del>	<del></del>	<u> </u>				
	d	All other revenue				<del></del>		
	е	Total. Add lines 11a-11d		▶				454 455
	12	Total revenue See instructions		<b></b>	611,235.	0.	0.	
732009	9 11-28	3-17						Form <b>990</b> (2017)

# Form 990 (2017) NEW DAY FOUNDATION INC Part IX Statement of Functional Expenses

000	tion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons		this Part IX	mpore column (r y	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				<del>-</del>
	and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22		-		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	447,000.	447,000.	,	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				<del></del> _
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				•
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management	<del></del>			<del></del>
b	Legal	4,102.		4,102.	
ن م	Lobbying	4,102.		7,102.	
d	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
' g					
9	column (A) amount, list line 11g expenses on Sch O)	54,000.	40,500.	13,500.	
12	Advertising and promotion	31/0000	20,000	20,000	
13	Office expenses				
14	Information technology				
15	Royalties	-			
16	Occupancy				
17	Travel	13,385.	13,385.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				<u></u>
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0)				
а	TAXES	779.	İ	779.	
b	FOREIGN TAXES	183.		183.	
c	OFFICE EXPENSES	141.		141.	
ď	BANK FEES	45.		45.	
e	All other expenses	6.		6.	
25	Total functional expenses Add lines 1 through 24e	519,641.	500,885.	18,756.	0.
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation		1		
	Check here If following SOP 98-2 (ASC 958-720)				

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		Check if Schedule O contains a response or not	to to any line in this Bart Y	<del>-</del>		
		Check il Schegule O contains a response of not	e to any line in this Part A	(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing		2,916,235.	1	310,908.
	2	Savings and temporary cash investments		953,299.	2	1,111,212.
	3	Pledges and grants receivable, net		•	3	<u>-</u>
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and for	ormer officers, directors,	****		
		trustees, key employees, and highest compensa				
		Part II of Schedule L		-	5	
	6	Loans and other receivables from other disquali	fied persons (as defined under			
		section 4958(f)(1)), persons described in section	· ·			
		employers and sponsoring organizations of sect				
S		employees' beneficiary organizations (see instr)	-	6		
Assets	7	Notes and loans receivable, net			7	
As	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	<u> </u>
		Land, buildings, and equipment cost or other	1 1			
		basis Complete Part VI of Schedule D	10a			
	Ь	Less accumulated depreciation	10b	-	10c	
	11	Investments - publicly traded securities		553,831.	11	3,092,839.
	12	Investments - other securities See Part IV, line 1	11		12	
	13	Investments - program-related See Part IV, line	1		13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)	4,423,365.	16	4,514,959.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete f	Part IV of Schedule D		21	
S	22	Loans and other payables to current and former	officers, directors, trustees,			
Liabilıtıes		key employees, highest compensated employee	es, and disqualified persons			
iabi		Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrela	ated third parties		23_	
	24	Unsecured notes and loans payable to unrelated	d third parties		24	
	25	Other liabilities (including federal income tax, pa	yables to related third			
		parties, and other liabilities not included on lines	17-24) Complete Part X of			
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
		Organizations that follow SFAS 117 (ASC 958	i), check here 🕨 📖 and			
es		complete lines 27 through 29, and lines 33 an	d 34.	•		<u></u>
anc	27	Unrestricted net assets			27	
Bal	28	Temporarily restricted net assets			28	
5	29	Permanently restricted net assets	. =		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (A	SC 958), check here ▶LX」			
ō		and complete lines 30 through 34.		•		
sets	30	Capital stock or trust principal, or current funds			30	0.
Ass	31	Paid-in or capital surplus, or land, building, or eq		0.	31	0.
ěŧ	32	Retained earnings, endowment, accumulated in	come, or other funds	4,423,365.	32	4,514,959.
_	33	Total net assets or fund balances		4,423,365.	33	4,514,959.
	34	Total liabilities and net assets/fund balances		<u>4,423,365.</u>	34	4,514,959.

Form	n 990 (2017) NEW DAY FOUNDATION INC	73-14	86736	Pag	ge <b>12</b>
	rt XI Reconciliation of Net Assets		<u> </u>		
<u> </u>	Check if Schedule O contains a response or note to any line in this Part XI		_		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	611	.,2	35.
2	Total expenses (must equal Part IX, column (A), line 25)	2	519	, 6	41.
3	Revenue less expenses Subtract line 2 from line 1	3	91	.,5	94.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,423	3,3	<u>65.</u>
5	Net unrealized gains (losses) on investments	5	·		
6	Donated services and use of facilities	6			
7	Investment expenses	7	_		
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			<u>0.</u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	4,514	.,9	<u>59.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				ᆜ
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	U	2a	l	X
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed.	d on a	20	<del>- 1</del>	
	separate basis, consolidated basis, or both	Jona			
	Separate basis, consolidated basis, or both  Separate basis Consolidated basis Both consolidated and separate basis				
<b>L</b>	Were the organization's financial statements audited by an independent accountant?		2b		X
b	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis			<u></u>
	consolidated basis, or both	5 245.5;			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit.			
•	review, or compilation of its financial statements and selection of an independent accountant?	,	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
_	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form 9	990 (	2017)

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

### **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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

73-1486736 NEW DAY FOUNDATION INC 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 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in 7 section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed (v) Amount of monetary (vi) Amount of other (i) Name of supported (II) EIN (III) Type of organization in your governing document? (described on lines 1-10 support (see instructions) support (see instructions) organization Yes No above (see instructions))

Schedule A (Form 990 or 990 EZ) 2017 NEW DAY FOUNDATION INC 73-1486736 Page 2

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)

Se	ction A. Public Support		· · · · · · · · · · · · · · · · · · ·				
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and				_		
	membership fees received (Do not	-					
	include any "unusual grants ")	49,741.	148,347.	401,240.	2,633,700.	434,732.	3,667,760.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	49,741.	148,347.	401,240.	2,633,700.	434,732.	3,667,760.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						2,400,849.
6	Public support. Subtract line 5 from line 4						1 266 911.
Sec	ction B. Total Support		_				
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	49,741.	148,347.	401,240.	2,633,700.	434,732.	3,667,760.
8	Gross income from interest,					ĺ	
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	5,001.	6.	9,376.	15,116.	19,185.	48,684.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						3,716,444.
12	Gross receipts from related activities,	etc (see instruction	ons)	•		12	
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth tax	x year as a sectioi	n 501(c)(3)	
	organization, check this box and stop						<u> </u>
	ction C. Computation of Publi		·		<del></del> 1		
14	Public support percentage for 2017 (li	ne 6, column (f) dı	vided by line 11, c	olumn (f))		14	34.09 %
	Public support percentage from 2016				l	15	49.00 %
16a	33 1/3% support test - 2017. If the o			line 13, and line 1	4 is 33 1/3% or m	nore, check this box	
	stop here. The organization qualifies a		-				►LX
b	33 1/3% support test - 2016. If the o				line 15 is 33 1/3%	or more, check this	s box
	and stop here. The organization quali				10.10.10!		▶□
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fact					t VI how the organiz	zation
	meets the "facts-and-circumstances"	ū	•		-		▶□
b	10% -facts-and-circumstances test	-					U% or
	more, and if the organization meets th						, <u> </u>
	organization meets the "facts-and-circ						<b>P</b>
18	Private foundation. If the organization	n did not check a t	box on line 13, 16a	ı, 16b, 17a, or 17b,	check this box a	na see instructions	

# Schedule A (Form 990 or 990-EZ) 2017 NEW DAY FOUNDATION INC Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to

Calendar year (or fiscal year beginning in)  9 Amounts from line 6  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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 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 6 Total, Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons by Amounts included on lines 2 and 3 received from disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year or Add lines 7a and 7b 8 Public support. (Spitchiet *Clionilines*)  Section B. Total Support  Zalendar year (or fiscal year beginning in)
membership fees received (Do not include any "unusual grants")  2 Gross receipts from admissions, merchandise sold or services performed, or facilities turnished in any activity that is related to the organization's tax-exempt purpose  3 Gross receipts from activities that are not an unrelated trade or business under section 513  4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  5 The value of services or facilities furnished by a governmental unit to the organization without charge  6 Total. Add lines 1 through 5  7a Amounts included on lines 1, 2, and 3 received from disqualified persons that exceed the greater of \$5,000 or 15 of the amount on line 13 for the year c Add lines 7a and 7b  8 Public support. (Seltest lite? Clean line 5)  Section B. Total Support  Zalendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Gross income from similar sources bunning and income from similar sources and income from similar sources and income from similar sources and income from similar sources and income from similar sources and
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(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 VI)
13 Total support (Add lines 9, 10c, 11, and 12)
14 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
15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))
16 Public support percentage from 2016 Schedule A, Part III, line 15
Section D. Computation of Investment Income Percentage
17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)
18 Investment income percentage from 2016 Schedule A, Part III, line 17
18 Investment income percentage from 2016 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

#### Part IV

#### Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting (	Organizations
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- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
-		,
1_		
2		
3a		
3b	-	1
3c		
4a	-	
4b		
4c		
40		•
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		:
-		
10a		
10b	NO E3\	

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	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			,
	below, the governing body of a supported organization?	11a		` '
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	etion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			,
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			i
	controlled the organization's activities. If the organization had more than one supported organization,			١ ١
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	<del></del>		<u> </u>
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			;
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			١ '
	supervised, or controlled the supporting organization	2		•
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			,
	the supported organization(s)	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	}		١,
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	1		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			· '
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			ĺ
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			'
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		L
Sec	tion E. Type III Functionally Integrated Supporting Organizations	_		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instr	uctions).		
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity	(see instruction:	s)	
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			نــ
	that these activities constituted substantially all of its activities	2a		<b></b>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1		\ \ \
	reasons for the organization's position that its supported organization(s) would have engaged in these		.	İ
	activities but for the organization's involvement	2b		

3a

3b

3 Parent of Supported Organizations Answer (a) and (b) below.

trustees of each of the supported organizations? Provide details in Part  ${\bf VI}$ .

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ig Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov 20, 1970 (explain in	Part VI) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E	
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2	-	
3	Other gross income (see instructions)	3	_	
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	non B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3_	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5_	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6_	Multiply line 5 by 035	6		
_7_	Recoveries of prior-year distributions	7		
_8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	•	
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions)

	edule A (Form 990 or 990 EZ) 2017 NEW DAY FOUND ort V   Type III Non-Functionally Integrated 509			73-1486736 Page 7
		va)(o) oupporting org	dilizations (continued)	O V
	tion D - Distributions  Amounts paid to supported organizations to accomplish exe	omnt nurnana	<del></del>	Current Year
1	Amounts paid to supported organizations to accomplish exem		<del>-</del>	
2		pr purposes or supported		
	organizations, in excess of income from activity  Administrative expenses paid to accomplish exempt purpos	ess of supported organization	ne	
3		ses of supported organization		
4	Amounts paid to acquire exempt-use assets		· · · · · · · · · · · · · · · · · · ·	
_5_	Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions		<del></del>	<del> </del>
<u>6</u>	Total annual distributions. Add lines 1 through 6		<del></del>	
7	Distributions to attentive supported organizations to which t	ha arganization is reanancia		
8	(provide details in Part VI) See instructions	ne organization is responsiv	C	
9	Distributable amount for 2017 from Section C, line 6			
	•			<u> </u>
10	Line 8 amount divided by line 9 amount	(1)	()	- tur
Sect	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(II) Underdistributions Pre-2017	(III) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
_9	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
_1_	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from Section D,			
	line 7 \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2017, if			
	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2017 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c			
8	Breakdown of line 7			
а	Excess from 2013			
b	Excess from 2014	,		
С	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2017

d Excess from 2016e Excess from 2017

### SCHEDULE F (Form 990)

## **Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2017
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

NEW DAY FOUNDA	TION INC			73-14867	36
		Activities Ou	tside the United States. Compl		
Form 990, Part					
~	_		ds to substantiate the amount of its gr		1
the grantees' eligibility	for the grants or	assistance, and	the selection criteria used to award the	e grants or assistance?	Yes No
2 For grantmakers. Des United States	cribe in Part V the	e organization's	procedures for monitoring the use of it	ts grants and other assistance ou	tside the
3 Activities per Region (		1	an be duplicated if additional space is	-	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(by type) (such as, fundraising, pro-	is a program service,	(f) Total expenditures for and investments in the region
EAST ASIA AND THE					
PACIFIC			PROGRAM SERVICES	SUPPORT ORPHANAGE	12,000.
1101111					
NORTH AMERICA			PROGRAM SERVICES	CHILDREN'S HOME AND MISSION BASE	435,000.
NORTH AMERICA		-	FROGRAM SERVICES	MISSION BASE	435,000.
		•			
<u></u>				1.0-2-	
			,		
3 a Sub-total	0				447,000.
b Total from continuation sheets to Part I			-		
c Totals (add lines 3a	0	. 0		· · · · · · · · · · · · · · · · · · ·	0.
and 3b)	0	0	<u>.</u> .	<u> </u>	447,000

Schedule F (Form 990) 2017 NEW DAY FOUNDATION INC

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000 Part II can be duplicated if additional space is needed

(I) Method of valuation (book, FMV, appraisal, other)							7	
(h) Description of noncash assistance								
(g) Amount of noncash assistance	0	0	·				(empt	•
(f) Manner of cash disbursement	WIRE TRANSFER	WIRE TRANSFER				`	recognized as tax-e)	
(e) Amount of cash grant	12,000,4	435,000,					foreign country, i	
(d) Purpose of grant	ORPHANAGE SUPPORT	CHILDREN'S HOME & MISSION BASE					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	
(c) Region	EAST ASIA AND THE	NORTH AMERICA					ns listed above that are rinsel has provided a sect	elillies
(b) IRS code section and EIN (if applicable)						·	recipient organization the grantee or cou	טווופן טואמווובמווטווס
1 (a) Name of organization	,	į		,			2 Enter total number of recipient organizations listed a by the IRS, or for which the grantee or counsel has a Enter total number of other organizations or pattings.	П

Schedule F (Form 990) 2017

NEW DAY FOUNDATION INC Schedule F (Form 990) 2017

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16 Part III can be duplicated if additional space is needed

Page 3

73-1486736

(h) Method of valuation (book, FMV,	(Dana)						Schedule F (Form 990) 2017
			-				Schedule F (F
(g) Description of noncash assistance				,	ļ		
(f) Amount of noncash assistance							1
(e) Manner of cash disbursement		•					
(d) Amount of cash grant							<u> </u>
(c) Number of recipients							
nce (b) Region							
(a) Type of grant or assistance							

Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

Instructions for Form 5713, don't file with Form 990)

Schedule F (Form 990) 2017

Yes X No

Schedule F (Form 990) 2017 NEW DAY FOUNDATION INC	73-1486736	Page 5
Part V Supplemental Information		
Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (account		
investments vs expenditures per region), Part II, line 1 (accounting method), Part III (accounting method)		)
(estimated number of recipients), as applicable Also complete this part to provide any additional information of the complete this part to provide any additional information.	mation See instructions	
PART I, LINE 2:		
	EODET CN	· <del>-</del>
OFFICERS OF THE ORGANIZATION MADE PERSONAL VISITS TO THE	FOREIGN	
OPERATIONS TO INSPECT AND REVIEW THE ACTIVITIES, INCLUDING	G THE	
EXPENDITURE OF GRANT FUNDS.		
		•
		•
		<del></del>
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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.

**2017** 

OMB No. 1545-0047

pen To Public

Department of the Treasury Internal Revenue Service Attach to Form 990.Go to www.irs.gov/Form990 for the latest information.

Open To Public Inspection

Name of the organization

NEW DAY FOUNDATION INC

Employer identification number 73-1486736

Part I Types of Property (d) (b) (c) (a) Noncash contribution Number of Check if Method of determining contributions or amounts reported on noncash contribution amounts applicable items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 2 Art - Fractional interests Books and publications 4 5 Clothing and household goods Cars and other vehicles 6 Boats and planes 7 8 Intellectual property 143,032.PUBLIC EXCHANGE Х 9 Securities - Publicly traded Securities - Closely held stock 10 Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other Real estate - Residential 15 16 Real estate - Commercial Real estate - Other 17 Collectibles 18 Food inventory 19 Drugs and medical supplies 20 21 Taxidermy 22 Historical artifacts 23 Scientific specimens Archeological artifacts 24 25 Other Other 26 27 Other Other 28 Number of Forms 8283 received by the organization during the tax year for contributions for 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 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for 30a Х exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Х contributions? b If "Yes," describe in Part II

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) 2017

describe in Part II

33

Part II	Supplemental Information. 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.
<del></del> -	<u> </u>
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#### 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.

OMB No 1545-0047 Open to Public

➤ Attach to Form 990 or 990-EZ. Department of the Treasury ► Go to www.irs.gov/Form990 for the latest information. Inspection Internal Revenue Service Employer identification number Name of the organization 73-1486736 NEW DAY FOUNDATION INC FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: A REALITY. FORM 990, PART VI, SECTION A, LINE 2: RON FEELEY, CHRIS FEELEY, JIM FEELEY, AND NITA FEELY HAVE A FAMILY RELATIONSHIP. FORM 990, PART VI, SECTION B, LINE 11B: A COPY OF THE 990 IS CIRCULATED TO THE OFFICERS OF THE ORGANIZATION PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12: BYLAWS REQUIRE DISCLOSURE OF CONFLICTS TO THE BOARD OF TRUSTEES. POSSIBLE CONFLICTS ARE CONSIDERED AT TRUSTEE MEETINGS AND ACTION IS DOCUMENTED IN THE MINUTES. PERSON WHO IS PARTY TO POTENTIAL CONFLICT ABSTAINS FROM VOTING. FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS MAY BE MADE AVAILABLE UPON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: CONSULTING FEES: 40,500. PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES 13,500. 0. FUNDRAISING EXPENSES

54,000.