

Form **990**Department of the Treasury
Internal Revenue Service**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)

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

OMB No. 1545-0047

2012Open to Public
Inspection

A For the 2012 calendar year, or tax year beginning		and ending		
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NEWDAY SERVICES FOR CHILDREN AND FAMILIES Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 471233 City, town, or post office, state, and ZIP code FORT WORTH, TX 76147 F Name and address of principal officer: ELNA VANDERBERG SAME AS C ABOVE		D Employer identification number 75-2736992	
	E Telephone number 817-926-9499		G Gross receipts \$ 987,270.	
	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)		H(c) Group exemption number ▶	
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.NEWDAYSERVICES.ORG	
	K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1997 M State of legal domicile: TX	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: NNEWDAY SERVES CHILDREN AND FAMILIES IMPACTED BY SEPARATION, DIVORCE, JUVENILE CRIME, ABUSE,			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	10	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	10	
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	15	
	6	Total number of volunteers (estimate if necessary)	50	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.	
7b	b Net unrelated business taxable income from Form 990-T, line 34	0.		
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	532,222.	986,141.
	9	Program service revenue (Part VIII, line 2g)	0.	979.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	445.	150.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	532,667.	987,270.
	12		0.	0.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	357,243.	756,190.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 59,540.	172,789.	209,280.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	530,032.	965,470.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,635.	21,800.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12		
			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	145,723.	180,918.
	21	Total liabilities (Part X, line 26)	6,103.	19,498.
22	Net assets or fund balances. Subtract line 21 from line 20	139,620.	161,420.	

Part II Signature Block

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

Sign Here	Signature of officer		Date	
	ELNA VANDERBERG, EXECUTIVE DIRECTOR			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/> PTIN
	CHARLES O. PAUL, CPA	CHARLES O. PAUL, CPA	11/08/13	P00491201
	Firm's name ▶ CHARLES O. PAUL, CPA	Firm's EIN ▶ 75-2849913		
	Firm's address ▶ 7408 CONTINENTAL TRAIL	Phone no. 817-498-0884		
	NORTH RICHLAND HILLS, TX 76182			

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

232001 12-10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2012)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**