Charles O. Paul, CPA 7408 Continental Trail North Richland Hills, Texas 76182 Office 817-498-0884, Cell 817-937-1236

November 9, 2015

Newday Services For Children And Families 6816 Camp Bowie West No. 112 Fort Worth, TX 76116

Newday Services For Children and Families:

Enclosed is the organization's 2014 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to my office. I will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to me as soon as possible.

A copy of the return is enclosed for your files. I suggest that you retain this copy indefinitely.

Very truly yours,

Charles O. Paul, CPA

# **TAX RETURN FILING INSTRUCTIONS**

FORM 990

### FOR THE YEAR ENDING

December 31, 2014

Prepared for	Newday Services For Children And Families 6816 Camp Bowie West No. 112
	Fort Worth, TX 76116
Prepared by	Charles O. Paul, CPA 7408 Continental Trail North Richland Hills, TX 76182
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to my office. I will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to me as soon as possible.

#### EXTENDED TO NOVEMBER 16, 2015

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### Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. ► Information about Form 990 and its instructions is at www.irs.gov/form990.

and ending A For the 2014 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number NEWDAY SERVICES FOR CHILDREN Address change AND FAMILIES Name change 75-2736992 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 817-926-9499 6816 CAMP BOWIE WEST 112 termin-ated 1,207,768. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return FORT WORTH, TX 76116 H(a) Is this a group return Applica-F Name and address of principal officer: TOMMY JORDAN Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes Tax-exempt status: X = 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.NEWDAYSERVICES.ORG **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation Association Other > L Year of formation: 1997 M State of legal domicile: TX Part I Summary Briefly describe the organization's mission or most significant activities: NNEWDAY SERVES CHILDREN AND Activities & Governance FAMILIES IMPACTED BY SEPARATION, DIVORCE, JUVENILE CRIME, ABUSE, Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 11 Number of voting members of the governing body (Part VI, line 1a) <u>11</u> Number of independent voting members of the governing body (Part VI, line 1b) 22 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) <u>135</u> 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 34 ..... 7b **Current Year** 1,117,004. 1,187,012. Contributions and grants (Part VIII, line 1h) Revenue 3,970. 20,754. Program service revenue (Part VIII, line 2g) 171.Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,121,145. 1,207,768 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........

Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Ō. Benefits paid to or for members (Part IX, column (A), line 4) 754,212. 888,053. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 252,982. 298,500. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,007,194. 1,186,553. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 113,951. 21,215. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 305,459. 277,496. 20 Total assets (Part X, line 16) 8,873. 2,125. 21 Total liabilities (Part X, line 26) 275,371. 296,586. Net assets or fund balances. Subtract line 21 from line 20 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  TOMMY JORDAN, EXECUTIVE Type or print name and title	E DIRECTOR	Date
	Print/Type preparer's name	Preparer's signature Date	Check X PTIN
Paid	CHARLES O. PAUL, CPA	CHARLES O. PAUL, CPA 11/09	· con compressed
Preparer	Firm's name CHARLES O. PAUL,		Firm's EIN <b>►</b> 75-2849913
Use Only	Firm's address 7408 CONTINENTAL	TRAIL	
	NORTH RICHLAND H	IILLS, TX 76182	Phone no. 817 - 498 - 0884
May the II	RS discuss this return with the preparer shown abo	ove? (see instructions)	X Yes No

Pai	Statement of Program Service Accomplishments	-
	Check if Schedule O contains a response or note to any line in this Part III	ᆚ
1	Briefly describe the organization's mission:	
	NEWDAY REBUILDS CHILDREN'S LIVES BY FOCUSING ON THEIR FATHERS AND	
	MOTHERS; HELPING PARENTS GAIN THE TOOLS NEEDED TO REDIRECT THEIR	
	LIVES. CLIENTS COME THROUGH THE COURTS, CHILD WELFARE AND COMMUNITY	
	AGENCIES. ULTIMATELY, CHILDREN ARE THE HEART OF EVERY NEWDAY PROGRAM.	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	0
_	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No	0
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
_	revenue, if any, for each program service reported.  (Code: ) (Expenses \$ 950,685 • including grants of \$ ) (Revenue \$ 20,754 •	_
4a	(Code: ) (Expenses \$ 950,685. including grants of \$ ) (Revenue \$ 20,754. SINCE 1997 NEWDAY HAS WORKED WITH COUNTY, STATE AND FEDERAL AGENCIES	- )
	THROUGH THE COURTS, CHILD SUPPORT, CHILD WELFARE AND OTHER AGENCIES.	
	NEWDAY IS A LEADER IN COLLABORATIVE EFFORTS, MAKING FUNDS GO FURTHER TO	_
	SERVE HIGH RISK FAMILIES. NEWDAY IS A LEADER IN UNDERSTANDING THE NEED	
	FOR FATHER INVOLVEMENT IN CHILDREN'S LIVES, AND HAS BEEN A PRESENTER ON	
	FATHERHOOD ISSUES THROUGHOUT THE COUNTRY AND LOCALLY. NEWDAY'S	_
	PROGRAMS CONTINUE TO EVOLE TO MEET THE NEEDS OF CHILDREN AND THEIR	—
	FAMILIES. AN EXAMPLE OF THIS WAS THE QIC-NRF (QUALITY IMPROVEMENT	_
	CENTER ON NON-RESIDENT FATHERS), NEWDAY'S COLLABORATION WITH THE TEXAS	_
	DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES, THE AMERICAN HUMANE	_
	ASSOCIATION AND THE AMERICAN BAR ASSOCIATION-CENTER FOR CHILDREN AND	_
	THE LAW, TO IMPROVE OUTCOMES FOR CHILDREN IN FOSTER CARE BY ENGAGING	_
4b		_
70	(Code:) (Expenses \$	- '
		_
		_
		_
		_
		_
		_
		_
		_
4c	(Code:) (Expenses \$	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ▶ 950,685.	

# Form 990 (2014) AND FAMILIES 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)?  If "Yes," complete Schedule A	1	х	
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			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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,		37	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			Х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	444		Х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		-21
'	the organization's separate of consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
19a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- "		
124	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a		14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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		Х
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	Х	
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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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# NEWDAY SERVICES FOR CHILDREN

Form 990 (2014) AND FAMILIES

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		Х
06	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
		26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
	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		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			3,7
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
04	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	04		Х
250	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	SSA		
b	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?	555		
55	If "Yes," complete Schedule R, Part V, line 2	36		х
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		х
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	Х	

Form 990 (2014) AND FAMILIES
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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 16			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	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 22			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	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		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, 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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	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			
b	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			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	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		
b	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.			
а	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 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2014)

5-2736992

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 Section A. Governing Body and Management Yes No 11 1a Enter the number of voting members of the governing body at the end of the tax year 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. 11 **b** Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes X 10a Did the organization have local chapters, branches, or affiliates? 10a 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 X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х in Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? X 14 14 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? Х a The organization's CEO, Executive Director, or top management official 15a X **b** Other officers or key employees of the organization 15b 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 Х taxable entity during the year? 16a 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 16b exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Own website Another's website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: THE ORGANIZATION - 817-926-9499 3605 EL CAMPO AVE, FORT WORTH, TX 76107

75-2736992 Page 7

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

Check if Schedule O contains a response or note to any line in this Part VII

Form 990 (2014)

#### 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.

Check this box if neither the organization (A)	(B)			((	C)			(D)	(E)	(F)	
Name and Title	Average	(do	not c	Pos	ition	than	one	Reportable	Reportable	Estimated	
	hours per	(do not check more than one box, unless person is both an officer and a director/trustee)				is bot	h an	compensation	compensation	amount of	
	week	$\vdash$	CCI aii		T COLO	)/ ii us		from	from related	other	
	(list any hours for	directo				_		the organization	organizations (W-2/1099-MISC)	compensation from the	
	related	ee or	stee			nsate		(W-2/1099-MISC)	(** 27 1000 111100)	organization	
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				and related	
	below	ividua	itutio	Officer	empl	hest c ployee	Former			organizations	
	line)	Pul	lns	₩ 0	- Ke	Hig	쥰				
(1) JACK SIMMONS	3.00	X		х				0.	0.	0	
CHAIRMAN	1.00	^		^	<u> </u>			0.	0.	0.	
(2) CLIFF PARKER	1.00	x		х				0.	0.	0.	
TREASURER (3) MIKE INGRAM	1.00	^		^	$\vdash$			0.	0.	0.	
SECRETARY	1.00	X		х				0.	0.	0.	
(4) MACK ED SWINDLE	1.00	25							0.	0.	
DIRECTOR	1.00	x						0.	0.	0.	
(5) WILL JOHNSON	1.00								•		
DIRECTOR		x						0.	0.	0.	
(6) BRIAN BARKER	1.00							-		-	
DIRECTOR		Х						0.	0.	0.	
(7) TOM MONTGOMERY	1.00										
DIRECTOR		Х						0.	0.	0.	
(8) LINDA MOORE	1.00										
DIRECTOR		Х						0.	0.	0.	
(9) SCOTT SHEFFIELD	1.00								_		
DIRECTOR		Х			L			0.	0.	0.	
(10) ERIC WANG	1.00	l									
DIRECTOR	1 00	Х			<u> </u>			0.	0.	0.	
(11) BRIAN BARKER	1.00	,,							0	0	
DIRECTOR	40.00	Х			$\vdash$			0.	0.	0.	
(12) ELNA VANDERBERG	40.00	-		х				77,983.	0.	0.	
EXECUTIVE DIRECTOR				Δ	$\vdash$			11,303.	0.	0.	
		-									
			$\vdash$	$\vdash$	$\vdash$						
		1									
		1									
		1									
		1					l				

Part V	Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos		1 than	one	Reportable	Reportable		Est	imated	b
		hours per	box	, unle	ss pe	erson	is bot or/trus	th an	compensation	compensatio	n	am	ount o	f
		week	_	Cer ai	lu a u	lirecio	Jiruus	lee)	from	from related			other	
		(list any hours for	irecto						the	organization			ensat	
		related	or d	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	SC)		om the anizatio	
		organizations	ruste	l trus		9 9	mpen		(***2/1099****1000)				relate	
		below	Individual trustee or director	Institutional trustee	_	nploy	st co	- I				l	nizatio	
		line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Form						
			4											
							<u> </u>	_						
			4											
		-					-							
			-											
								Ļ	77,983.		0.			0
	ıb-total								0.		0.			0
	otal from continuation sheets to Part V								77,983.		0.			0
	otal (add lines 1b and 1c)								<u> </u>	000 of war and all				_
	tal number of individuals (including but n	iot iimitea to tr	iose	IISTE	ea a	DOV	e) wi	no r	eceived more than \$100	,000 of reportable	ie			
	mpensation from the organization												Yes	No
<b>3</b> Die	d the organization list any <b>former</b> officer,	director or tru	ıcta	o ko	w or	mnlo	)VAA	or	highest compensated a	mnlovee on				
	e 1a? If "Yes," complete Schedule J for s				•		•		•			3		Х
	or any individual listed on line 1a, is the su													Ē
	d related organizations greater than \$15	-		-					•	inc organization		4		Х
	d any person listed on line 1a receive or									idual for services		•		
	ndered to the organization? <i>If</i> "Yes," <i>com</i>	•				-			ioa organization or man			5		Х
	n B. Independent Contractors	•												
<b>1</b> Co	omplete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of com	npens	ation fr	om	
the	e organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	/ithi	n the organization's tax	year.				
	(A)								(B)			(C	)	
	Name and business	address	N	INC	3				Description of s	ervices	С	compen	sation	J
								_						
								_						
								-						
	And recognition and final area.	to alcosting to the			-1.7	41.	"		d ala accal·orda					
	otal number of independent contractors (i		iot II	rnite	a to	tno 1	se II: N	stec	a above) who received h	iore than				
\$1	00,000 of compensation from the organi	zation 🚩					<u> </u>							

Form 990 (2014)

		Check if Schedule O cont	ains a response	or note to any lir	ne in this Part VIII			
		Check in Contradic C cont	and a respense	or moto to arry in	(A)	(B)	(C)	(D)
					Total revenue	Related or	Unrelated	Revenuè excluded from tax under
						exempt function revenue	business revenue	sections 512 - 514
र हा	1 2	Federated campaigns	1a			10101140		312 314
uni			······					
اع َي		Membership dues Fundraising events	·····	82,496.				
ifts r A				02,450.				
nig.		Related organizations		779,127.				
Sir		Government grants (contribut	′ <del>                                    </del>	117,121.				
e ti	т	All other contributions, gifts, gran		325,389.				
물티		similar amounts not included abo		323,303.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Noncash contributions included in lines			1,187,012.			
	<u> </u>	Total. Add lines 1a-1f		Business Code				
o l	0.0	PROGRAM FEES		624100	20,754.	20,754.		
, vi	_			021100	2077310	20,7310		
Ser	b							
E a	q	1						
Program Service Revenue	d							
	f	All other program service reve	enue					
	' '	Total. Add lines 2a-2f			20,754.			
$\neg$	3	Investment income (including						
	Ū	other similar amounts)			2.			2.
	4	Income from investment of ta						
	5	Royalties		-				
	•	, io juitieo	(i) Real	(ii) Personal				
	6 a	Gross rents	(i) Hour	(ii) i creenar				
		Less: rental expenses						
	c	<b>5</b>						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
	, u	assets other than inventory	(i) Occurrics	(ii) Otrici				
	h	Less: cost or other basis						
		and sales expenses						
	_	Gain or (loss)						
		Net gain or (loss)		<b>&gt;</b>				
		Gross income from fundraisin						
nue	o u		96 • of					
Other Reven		contributions reported on line						
Ř.		Part IV, line 18	•	0.				
the	b	Less: direct expenses		0.				
Ò		Net income or (loss) from fund			0.			
		Gross income from gaming ac	-					
	o u	Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less						
	.o u	and allowances						
	h	Less: cost of goods sold						
		Net income or (loss) from sale						
ľ		Miscellaneous Revenu		Business Code				
Ì	11 a							
	b b							
	c							
		All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue See instructions			1,207,768.	20.754.	0.	2.

# NEWDAY SERVICES FOR CHILDREN AND FAMILIES

Form 990 (2014)

Part IX | Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	ner organizations must co	omplete column (A).	
	Check if Schedule O contains a respor	nse or note to any line in	this Part IX		X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations		·		·
	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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	· · · ·	20.004		
	trustees, and key employees	77,983.	38,991.	38,992.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	C70 C10	(25,025	10 000	24 770
7	Other salaries and wages	678,612.	635,025.	18,808.	24,779.
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	74,830.	66,659.	5,721.	2,450.
9	Other employee benefits	56,628.	50,451.	4,322.	1,855.
10	Payroll taxes	30,020.	30,431.	4,322.	1,033.
11	Fees for services (non-employees):				
_	Management				
b	Legal	8,000.		8,000.	
d	Accounting Lobbying	0,000.		0,000	
	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	149,945.	60,548.	4,065.	85,332.
12	Advertising and promotion	1,031.	19.	62.	950.
13	Office expenses	24,913.	14,807.	3,863.	6,243.
14	Information technology				
15	Royalties				
16	Occupancy	37,435.	26,196.	11,239.	
17	Travel	32,841.	32,697.		144.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	1,490.		1 400	
22	Depreciation, depletion, and amortization	2,405.	1,286.	1,490.	
23	Other expenses, Itemize expenses not covered	2,403.	1,200.	1,119.	
24	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.) STAFF TRAINING	11,441.	8,313.	1,726.	1,402.
a	CURRICULUM SUPPLIES	10,157.	10,157.	1,720.	1,402.
b	PRINTING AND PUBLICATIO	7,952.	1,602.	2,897.	3,453.
c d	BANK CHARGES	4,267.	424.	2,306.	1,537.
-	All other expenses	6,623.	3,510.	2,380.	733.
25	Total functional expenses. Add lines 1 through 24e	1,186,553.	950,685.	106,990.	128,878.
26	Joint costs. Complete this line only if the organization	_,,	220,000	= = = 7, = = 3 0	==3,5.50
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					Eorm <b>990</b> (2014)

Form 990 (2014)

Part X | Balance Sheet

Pa	πλ	Balance Sneet					
		Check if Schedule O contains a response or not	te to any l	line in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			199,322.	1	222,519.
	2	Savings and temporary cash investments			39,759.	2	39,763.
	3	Pledges and grants receivable, net			35,427.	3	41,680.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated emp	loyees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied perso	ons (as defined under			
		section 4958(f)(1)), persons described in section	1 4958(c)(	3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 501(c	c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr).	. Complet	e Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
ğ	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	12,490.			
	b	Less: accumulated depreciation		10,993.	2,988.	10c	1,497.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets		_		14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ			277,496.	16	305,459.
	17	Accounts payable and accrued expenses			2,125.	17	8,873.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to current and former	r officers,	directors, trustees,			
≝		key employees, highest compensated employee	es, and di	squalified persons.			
Liabilities		Complete Part II of Schedule L				22	
Ξ	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate	d third pa	ırties		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24). (	Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			2,125.	26	8,873.
		Organizations that follow SFAS 117 (ASC 958	3), check	here X and			
Se		complete lines 27 through 29, and lines 33 an					
ũ	27	Unrestricted net assets			275,371.	27	296,586.
3ale	28	Temporarily restricted net assets		28			
Fund Balances	29					29	
Ξ		Organizations that do not follow SFAS 117 (A	SC 958),	check here ▶			
ō		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
ASS	31	Paid-in or capital surplus, or land, building, or ed	quipment	fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated in	come, or	other funds		32	
Z	33	Total net assets or fund balances			275,371.	33	296,586.
	34	Total liabilities and net assets/fund balances			277,496.	34	305,459.

Form **990** (2014)

Form **990** (2014)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
	Total revenue (revert equal Port VIII, column (A), line 10)	1	1	20	7,7	68
1	Total averages (must equal Part VIII, column (A), line 12)	<del></del>			<del>6,5</del>	
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u></u>	<u> </u>	$\frac{3,3}{1,2}$	<u> 15</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			5,3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4/	5,5	/ 1 •
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				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10		29	6,5	86.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	_			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat					
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	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		Х
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch		_	-		
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?	-		За	Х	
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi		dit	-		
~	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	54 44		3h	х	

#### **SCHEDULE A**

Department of the Treasury

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

75-2736992

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. NEWDAY SERVICES FOR CHILDREN

**Employer identification number** AND FAMILIES

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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 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, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 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 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. 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 I, 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 (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your organization (described on lines 1-9 support (see other support (see governing document? above or IRC section Instructions) Instructions) Yes No (see instructions))

75-2736992 Page 2

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 532,222 670,167 1117004 1187012. 4067864. include any "unusual grants.") 561,459 2 Tax revenues levied for the organization'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 561,459. 532,222. 670,167. 1117004. 1187012. 4067864. 4 Total. Add lines 1 through 3 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) 138,626. 3929238. 6 Public support. Subtract line 5 from line 4 Section B. Total Support (a) 2010 561, 459. Calendar year (or fiscal year beginning in) **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total 670,167. 1117004. 1187012. 4067864. 532,222 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties 56. 445 150 171 2. 824. and income from similar sources 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.) 4068688. 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 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 96.57 14 % 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 95.48 15 Public support percentage from 2013 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and ightharpoons Xstop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2014

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

(Complete only if you checked the box on line 9 of Part I 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.)

Se	ction A. Public Support	now, produce com	proto r ure m.,				
	endar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and		, ,	, ,			,,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🖊	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	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, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organi:	zation,
	check this box and stop here						<b>_</b>
	ction C. Computation of Publi					1 1	
	Public support percentage for 2014 (li					15	<u>%</u>
	Public support percentage from 2013					16	<u>%</u>
	ction D. Computation of Inves					14-1	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2					18   22.1/20/ and line:	% 17 is not
198	a 33 1/3% support tests - 2014. If the						
	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2013. If the	•			•	•	
20	line 18 is not more than 33 1/3%, che <b>Private foundation.</b> If the organization						······· <b>[</b>

### Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 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 11a or 11b 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 <code>part VI</code>, 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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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 IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- **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).
- **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 9(a)) 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 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) 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  3c  4a  4b  4c  5a  5b  5c  6  7  8  9a  9b				
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8			Yes	No
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8				
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8		-		
3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8		1		
3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8				
3b 3c 4a 4b 4c 5a 5b 5c 6 7 8		2		
3b 3c 4a 4b 4c 5a 5b 5c 6 7 8				
3c 4a 4b 4b 5a 5b 5c 6 7 8 8 9a		3a		
3c 4a 4b 4b 5a 5b 5c 6 7 8 8 9a				
3c 4a 4b 4b 5a 5b 5c 6 7 8 8 9a		2h		
4a 4b 4c 5a 5b 5c 6 7 8	ł	JU		
4b  4c  5a  5b  5c  6  7  8		3c		
4b  4c  5a  5b  5c  6  7  8				
4c 5a 5b 5c 6 7 8	ļ	4a		
4c 5a 5b 5c 6 7 8				
4c 5a 5b 5c 6 7 8		4b		
5a 5b 5c 6 7 8				
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5b 5c 6 7 8		Ea		
5c 6 7 8 9a	H	Эa		
5c 6 7 8 9a		5b		
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		9b		
9c		9c		
10a		100		
IUd	ł	ıva		
10b		10h		
n 990 or 990-EZ) 2014	n 99		0-EZ)	2014

Pa	rt IV   Supporting Organizations (continued)			igo <b>o</b>
· u	Supporting Organizations (continued)		V	NI.
	Lieu the averagination accombant a gift or combribution from any of the fallowing program of		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	4.4		
	below, the governing body of a supported organization?	11a		
	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		
Sec	ction 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			
	controlled the organization's activities. If the organization had more than one supported organization,			
	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			
	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,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
	men or type is capperaing organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110
•	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		
800	ction D. Type III Supporting Organizations	•		
360	Cition D. Type in Supporting Organizations		V	Na
_	Did the annual attitude and the same of th		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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			
	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		
Sec	ction 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 year(see instructions):			
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 inst	ructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а				
	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			
	that these activities constituted substantially all of its activities.	2a		
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			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3		ZU		
	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а		2-		
L	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
a	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	OL		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2014 AND FAMILIES

75-2736992 Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Organ	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying			uctions. All
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ections A through E.	
Sect	ion 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	ion 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):			
а	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		
7	Check here if the current year is the organization's first as a non-functiona	llv-integrate	ed Type III supporting ord	anization (see

Schedule A (Form 990 or 990-EZ) 2014

instructions).

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	ion D -	Distributions		,	Current Year
1	Amou	nts paid to supported organizations to accomplish exer	mpt purposes		
2	Amou				
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrib	outions to attentive supported organizations to which the	ne organization is responsive	e	
		de details in <b>Part VI</b> ). See instructions.	J		
9	\ <u>i</u>	outable amount for 2014 from Section C, line 6			
		B amount divided by Line 9 amount			
			(i)	(ii)	(iii)
Secti	ion E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 2014
1	Distrib	outable amount for 2014 from Section C, line 6			
		rdistributions, if any, for years prior to 2014			
_		onable cause required-see instructions)			
3	`	s distributions carryover, if any, to 2014:			
a	LAGGG	S distributions sarry over, if any, to 2014.			
b					
c					
d					
	From	2013			
		of lines 3a through e			
		ed to underdistributions of prior years			
		ed to 2014 distributable amount			
		over from 2009 not applied (see instructions)			
÷		inder. Subtract lines 3g, 3h, and 3i from 3f.			
4		outions for 2014 from Section D,			
_	line 7:				
		ed to underdistributions of prior years			
		ed to 2014 distributable amount			
		inder. Subtract lines 4a and 4b from 4.			
		ining underdistributions for years prior to 2014, if			
J		Subtract lines 3g and 4a from line 2 (if amount			
		er than zero, see instructions).			
6		ining underdistributions for 2014. Subtract lines 3h			
J		b from line 1 (if amount greater than zero, see			
7		ctions). ss distributions carryover to 2015. Add lines 3j			
'	and 4	-			
Q		c. down of line 7:			
8	break	down of lifte 7.			
_ <u>a</u>					
<u>b</u>					
<u>C</u>		on from 2012			
		ss from 2013			
е	Exces	ss from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Schedule A	. (Form 990 or 990-EZ) 2014 AND FAMILIES	75-2736992 Page 8
Part VI	. (Form 990 or 990-EZ) 2014 AND FAMILIES  Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17	a or 17b; and Part III, line 12.
	Also complete this part for any additional information. (See instructions).	
	· · · · · · · · · · · · · · · · · · ·	

# Schedule A

# Identification of Excess Contributions Included on Part II, Line 5

2014

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
AMON G CARTER FOUNDATION	220,000.	138,626.
Total Excess Contributions to Schedule A, Part II, Line 5		138,626.

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 ·

OMB No. 1545-0047

Name of the organization

NEWDAY SERVICES FOR CHILDREN AND FAMILIES

Employer identification number

75-2736992

Organization type (check one):						
Filers of	:	Section:				
Form 990 or 990-EZ		$\boxed{\textbf{X}}$ 501(c)( $3$ ) (enter number) organization				
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		s covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
110101 01	ny a 35311311 35 1(5)(	7), (e), or (re) organization out oncome oncome the positional ratio and a opposition tale. God monactione.				
General	Rule					
	•	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
X	sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.				
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
	year, contributions is checked, enter h purpose. Do not co	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \ \bigsim \frac{1}{2} \int \frac{1}{2} \text{ for an exclusively religious, charitable, etc., } \\ \bigsim \frac{1}{2} \text{ for an exclusively religious, charitable, etc., } \\ \bigsim \frac{1}{2} \text{ for an exclusively religious, charitable, etc., } \\ \bigsim \frac{1}{2} \text{ for an exclusively religious, charitable, etc., } \\ \bigsim \frac{1}{2} \text{ for an exclusively religious, charitable, etc., } \\ \bigsim \frac{1}{2} \text{ for an exclusively religious, charitable, etc., } \\ \bigsim \frac{1}{2} \text{ for an exclusively religious, charitable, etc., } \\ \bigsim \frac{1}{2} \text{ for an exclusively religious, charitable, etc., } \\ \bigsim \frac{1}{2} \text{ for an exclusively religious, charitable, etc., } \\ \bigsim \frac{1}{2} \text{ for an exclusively religious, charitable, etc., } \\ \bigsim \frac{1}{2} \text{ for an exclusively religious, charitable, etc., } \\ \bigsim \frac{1}{2} \text{ for an exclusively religious, charitable, etc., } \\ \bigsim \frac{1}{2} \text{ for an exclusively religious, charitable, etc., } \\ \bigsim \frac{1}{2} \text{ for an exclusively religious, charitable, etc., } \\ \bigsim \frac{1}{2} \text{ for an exclusively religious, charitable, etc., } \\ \bigsim \frac{1}{2} \text{ for an exclusively religious, charitable, etc., } \\ \bigsim \frac{1}{2} \text{ for an exclusively religious, charitable, etc., } \\ \bigsim \frac{1}{2} \text{ for an exclusively religious, charitable, etc., } \\ \bigsim \frac{1}{2}  for an exclusively r				
	-	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
NEWDAY SERVICES FOR CHILDREN
AND FAMILIES

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CHILD PROTECTIVE SERVICES 701 W. 51ST STREET AUSTIN, TX 78751	\$ 257,601.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	WORKFORCE SOLUTIONS  1320 S UNIVERSITY, SUITE 600  FORT WORTH, TX 76107	\$ 481,038.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ATTORNEY GENERAL OF THE STATE OF TEXAS PO BOX 12017 AUSTIN, TX 78711	\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
NEWDAY SERVICES FOR CHILDREN
AND FAMILIES

Employer identification number

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - - - -	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - - - - -	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - - - - -	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - - - -	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - \$	

Name of organization NEWDAY SERVICES FOR CHILDREN Employer identification number

FA !	MILIES  Such adverter religious charitable etc. conti	ributions to organizations described	75-2736992			
	the year from any one contributor. Complete of completing Part III, enter the total of exclusively religious	columns (a) through (e) and the follo	in section 501(c)(7), (8), or (10) that total more than \$1,00 wing line entry. For organizations			
	Use duplicate copies of Part III if additiona		riess for the year. (Enter this into, once.)			
lo. m t l	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
_						
		(e) Transfer of gif	it			
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee			
No.						
rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-						
	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
No. com art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
_						
	Transferee's name, address, ar	(e) Transfer of gif	Relationship of transferor to transferee			
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-						
	(e) Transfer of gift					
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee			

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at <a href="https://www.irs.gov/torm990">www.irs.gov/torm990</a>

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

NEWDAY SERVICES FOR CHILDREN AND FAMILIES

**Employer identification number** 75-2736992

Par	organizations Maintaining Donor Advised organization answered "Yes" to Form 990, Part IV, line		IS Or Accounts. Complete if the
	5. gamzanon answered 165 to Form 550, Falt IV, III 6	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor adv	ised funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the organization	anization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a his	storically important land area
	Protection of natural habitat	Preservation of a cel	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ıcture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 8/17/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	ne organization during the tax
	year >		
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the peri		
	violations, and enforcement of the conservation easements it $% \left( 1\right) =\left( 1\right) \left( 1\right)$	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a		
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expens	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizati	on's financial statements that describes	s the organization's accounting for
<b>D</b>	conservation easements.	A.t. Illiatoria al Tura	Otto and Otto Hom Association
Par	t III Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" to Form 9		
1a	If the organization elected, as permitted under SFAS 116 (ASC	•	
	historical treasures, or other similar assets held for public exhi		ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (ASC		
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenue included in Form 990, Part VIII, line 1		
			' <u>-</u>
2	If the organization received or held works of art, historical trea		ial gain, provide
	the following amounts required to be reported under SFAS 11	•	
h	Assets included in Form 990 Part X		<b>▶</b> \$

Pai	t III Organizations Maintaining Co	ollections of Ar	t, Histo	orical Tr	easures,	or Oth	er Simi	ar Asse	<b>ts</b> (contii	าued)	<u>-</u>
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items										
	(check all that apply):										
а	Public exhibition	d	╚	oan or excl	hange progr	ams					
b	Scholarly research	е	$\Box$ c	ther							
С	Preservation for future generations										
4	Provide a description of the organization's col	lections and explair	n how the	ey further th	ne organizat	on's exe	mpt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit or	receive donations of	of art, his	torical trea	sures, or oth	er simila	r assets				
	to be sold to raise funds rather than to be mai	ntained as part of t	he organ	ization's co	llection?				Yes		No_
Pai	t IV Escrow and Custodial Arrang	ements. Comple	te if the	organizatio	n answered	"Yes" to	Form 990	), Part IV,	ine 9, or		
	reported an amount on Form 990, Part	X, line 21.									
1a	Is the organization an agent, trustee, custodia	n or other intermed	liary for c	ontribution	s or other as	sets not	included		_	_	_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
									Amoun	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance							<u> </u>			
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for e	scrow or cu	ustodial acco	ount liabi	lity?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Pai	t V Endowment Funds. Complete if	the organization an	swered "	Yes" to Fo	rm 990, Part	IV, line	10.				
		(a) Current year	<b>(b)</b> Pr	ior year	(c) Two yea	rs back	(d) Three	years back	<b>(e)</b> Fou	years	back
1a	Beginning of year balance	0.		5,000.				27,082.			
b	Contributions					5,000.				35,	000.
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs			5,000.				27,082.		7,	918.
f	Administrative expenses										
g	End of year balance					5,000.				27,	082.
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1g	, column (a	ı)) held as:						
а	Board designated or quasi-endowment	.00	%								
b	Permanent endowment ► .00	%	_								
С	Temporarily restricted endowment ▶	·00 %									
	The percentages in lines 2a, 2b, and 2c should	d equal 100%.									
За	Are there endowment funds not in the posses	sion of the organiza	ation that	are held a	nd administe	ered for t	he organi	zation			
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	listed as required o	n Schedı	ule R?					3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment fu	ınds.							
Pai	t VI Land, Buildings, and Equipme	ent.									
	Complete if the organization answered	"Yes" to Form 990	, Part IV,	line 11a. S	ee Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or of	ther	(b) Cost	or other	(c) A	ccumulat	ed	(d) Boo	k valu	e
		basis (investm	nent)	basis	(other)	de	preciation	1			
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment			1	2,490.		10,9	93.		1,4	97.
е	Other										
	. Add lines 1a through 1e. (Column (d) must eq		X, colum	n (B), line 1	0c.)			ightharpoonup		1,4	97.

Schedule D (Form 990) 2014 AND FAMIL
Part VIII Investments - Other Securities.

AND FAMILIES

75-2736992 Page **3** 

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuate	tion: Cost or end-of-year market val
l) Financial derivatives			
) Closely-held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
	o Form 000 Dort IV line	110 Coo Form 000 Dort	V line 12
Complete if the organization answered "Yes" t  (a) Description of investment	(b) Book value	(c) Method of valuat	tion: Cost or end-of-year market value
· · · · · ·	(b) Book value	(c) Method of Valua	tion. Godt of end of year market van
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
Part IX Other Assets.			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.  Complete if the organization answered "Yes" t	o Form 990, Part IV, line Description	11d. See Form 990, Part	X, line 15. <b>(b)</b> Book value
htal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.  Complete if the organization answered "Yes" to (a) □  (1)		11d. See Form 990, Part	
htal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" to (a) [1]  (1)  (2)		11d. See Form 990, Part	
htal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.  Complete if the organization answered "Yes" to (a) □  (1)		11d. See Form 990, Part	
htal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" to (a) [1]  (1)  (2)		11d. See Form 990, Part	
htal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.  Complete if the organization answered "Yes" t  (a) □  (1)  (2)  (3)		11d. See Form 990, Part	
Part IX Other Assets.  Complete if the organization answered "Yes" to (a) [1]  (1)  (2)  (3)  (4)		11d. See Form 990, Part	
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" to (a) December 1. (a) December 2. (a) December 3. (a) Dec		11d. See Form 990, Part	
Part IX Other Assets.  Complete if the organization answered "Yes" to (a) [1]  (1)  (2)  (3)  (4)  (5)  (6)		11d. See Form 990, Part	
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" tall (a) Each (b) (c) (c) (d) (d) (d) (d) (d) (d) (e) (e) (e) (e) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f		11d. See Form 990, Part	
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" t  (a) D  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Part IX Other Assets.	Description	11d. See Form 990, Part	
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" t  (a) □  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Part X Other Liabilities.  Complete if the organization answered "Yes" t	Description  15.)  o Form 990, Part IV, line	11e or 11f. See Form 990	(b) Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" tall (1) (2) (3) (4) (5) (6) (7) (8) (9)  Part X Other Liabilities.	Description  15.)  o Form 990, Part IV, line		(b) Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Other Assets.  Complete if the organization answered "Yes" t  (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Mal. (Column (b) must equal Form 990, Part X, col. (B) line  Other Liabilities.  Complete if the organization answered "Yes" t	Description  15.)  o Form 990, Part IV, line	11e or 11f. See Form 990	(b) Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Other Assets.  Complete if the organization answered "Yes" t  (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Otal. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" t  (a) Description of liability  (1) Federal income taxes (2)	Description  15.)  o Form 990, Part IV, line	11e or 11f. See Form 990	(b) Book value
htal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" to (a) □  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Part X Other Liabilities.  Complete if the organization answered "Yes" to (a) Description of liability  (1) Federal income taxes	Description  15.)  o Form 990, Part IV, line	11e or 11f. See Form 990	(b) Book value
htal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" to (a) □  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Part X Other Liabilities.  Complete if the organization answered "Yes" to (a) Description of liability  (1) Federal income taxes  (2)	Description  15.)  o Form 990, Part IV, line	11e or 11f. See Form 990	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Other Assets.  Complete if the organization answered "Yes" to (a) E  (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line (Part X)  Other Liabilities.  Complete if the organization answered "Yes" to (a) Description of liability  (1) Federal income taxes (2) (3)	Description  15.)  o Form 990, Part IV, line	11e or 11f. See Form 990	(b) Book value
Other Assets.  Complete if the organization answered "Yes" to (a) E  (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities.  Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) Other Liabilities.	Description  15.)  o Form 990, Part IV, line	11e or 11f. See Form 990	(b) Book value
Other Assets.  Complete if the organization answered "Yes" to (a) Example 1. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Complete if the organization answered "Yes" to (a) Example 1. (Column (b) must equal Form 990, Part X, col. (B) line (Column (b) must equal Form 990,	Description  15.)  o Form 990, Part IV, line	11e or 11f. See Form 990	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" to (a) [1]  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Otal. (Column (b) must equal Form 990, Part X, col. (B) line (Part X) Other Liabilities.  Complete if the organization answered "Yes" to (a) Description of liability  (1) Federal income taxes (2)  (3)  (4)  (5)  (6)  (7)	Description  15.)  o Form 990, Part IV, line	11e or 11f. See Form 990	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" to (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (2) (1) (2) (1) (2) (1) (2) (1) (2) (1) (2) (1) (2) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	Description  15.)  o Form 990, Part IV, line	11e or 11f. See Form 990	(b) Book value

Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Rever	nue per Return	•
	Complete if the organization answered "Yes" to Form 990, Part IV, lin	e 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	1,207,768.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d				
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	1,207,768.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines <b>4a</b> and <b>4b</b>		4c	0.
_5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.			1,207,768.
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With Expe	nses per Retui	m.
	Complete if the organization answered "Yes" to Form 990, Part IV, lin	e 12a.		
1	Total expenses and losses per audited financial statements		1	1,186,553.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses			
d				
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	1,186,553.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part VIII.)	4b		
	Other (Describe in Part XIII.)			_
	Add lines 4a and 4b		4c	0.
с <u>5</u>	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 1st			0. 1,186,553.
с <u>5</u>	Add lines <b>4a</b> and <b>4b</b>			
с 5 <b>Ра</b>	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 1st	8.)	5	1,186,553.
5 Pa	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form</i> 990, <i>Part I, line 1</i> rt XIII Supplemental Information.	8.) 4; Part IV, lines 1b and 2b;	5	1,186,553.
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4.	8.) 4; Part IV, lines 1b and 2b;	5	1,186,553.
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4.	8.) 4; Part IV, lines 1b and 2b;	5	1,186,553.
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4.	8.) 4; Part IV, lines 1b and 2b;	5	1,186,553.
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4.	8.) 4; Part IV, lines 1b and 2b;	5	1,186,553.
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4.	8.) 4; Part IV, lines 1b and 2b;	5	1,186,553.
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4.	8.) 4; Part IV, lines 1b and 2b;	5	1,186,553.
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4.	8.) 4; Part IV, lines 1b and 2b;	5	1,186,553.
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4.	8.) 4; Part IV, lines 1b and 2b;	5	1,186,553.
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4.	8.) 4; Part IV, lines 1b and 2b;	5	1,186,553.
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4.	8.) 4; Part IV, lines 1b and 2b;	5	1,186,553.
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4.	8.) 4; Part IV, lines 1b and 2b;	5	1,186,553.
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4.	8.) 4; Part IV, lines 1b and 2b;	5	1,186,553.
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4.	8.) 4; Part IV, lines 1b and 2b;	5	1,186,553.
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4.	8.) 4; Part IV, lines 1b and 2b;	5	1,186,553.
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4.	8.) 4; Part IV, lines 1b and 2b;	5	1,186,553.
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4.	8.) 4; Part IV, lines 1b and 2b;	5	1,186,553.
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4.	8.) 4; Part IV, lines 1b and 2b;	5	1,186,553.
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4.	8.) 4; Part IV, lines 1b and 2b;	5	1,186,553.
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4.	8.) 4; Part IV, lines 1b and 2b;	5	1,186,553.
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4.	8.) 4; Part IV, lines 1b and 2b;	5	1,186,553.

#### **SCHEDULE G**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990. NEWDAY SERVICES FOR CHILDREN

OMB No. 1545-0047

Open to Public Inspection Employer identification number

AND FAMILIES 75-2736992 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants h Internet and email solicitations Solicitation of government grants Phone solicitations ☐ Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990 EZ) 2014 AND FAMILIES

75-2736992 Page 2

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events ANNUAL NONE (add col. (a) through FUNDRAISING col. (c)) (event type) (total number) (event type) Revenue 82,496 82,496. 1 Gross receipts 82,496. 82,496 2 Less: Contributions **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs ..... 7 Food and beverages ..... 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue ..... 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? No **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? \_\_\_\_\_ Yes \_\_\_\_ No b If "Yes," explain: \_\_\_

Sch	nedule G (Form 990 or 990-EZ) 2014 AND FAMILIES 75-2	2736	992	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		<b>V</b>	
40	to administer charitable gaming?		Yes	∟ No
	Indicate the percentage of gaming activity conducted in:	ا ءمدا		0/
	a The organization's facility			<u>%</u>
	o An outside facility	13b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	,	Yes	☐ No
ŀ	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party $\blacktriangleright$ \$			
	of "Yes," enter name and address of the third party:			
	· · · · · · · · · · · · · · · · · · ·			
	Name ▶			
	Address >			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation > \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
٠		,	Yes	☐ No
ŀ	retain the state gaming license?  Discription Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
•	organization's own exempt activities during the tax year > \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III,	lines 9	9b 10	h 15h
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).		00, 10	, 100,
	ico, ic, and inc., ac approacher nee promise any administration (coo monation).			

Schedule G	G (Form 990 or 990-EZ)	AND FAMILIES		75-2736992 Page 4
Part IV	G (Form 990 or 990-EZ)  Supplemental Info	rmation (continued)		•

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

Department of the Treasury

## Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 NEWDAY SERVICES FOR CHILDREN

**Employer identification number** 75-2736992

AND FAMILIES

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: NEGLECT AND FAMILY VIOLENCE. NEWDAY SERVES CHILDREN BY SERVING FAMILIES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: THEIR FATHERS. THIS PROJECT WAS THE SPRINGBOARD FOR FATHERHOOD SERVICES TO TARRANT, DENTON, COLLIN AND DALLAS COUNTIES; HELPING FATHERS REBUILD RELATIONSHIPS WITH THEIR CHILDREN.

FORM 990, PART VI, SECTION B, LINE 11:

THE BOARD OF DIRECTORS WILL REVIEW THE 990 BEFORE THE ACTUAL FILING OF THE DOCUMENT.

FORM 990, PART VI, SECTION B, LINE 12C:

A REMINDER IS GIVEN AT EACH BOARD MEETING REGARDING CONFLICT AND THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED ANNUALLY TO ALL BOARD MEMEBERS.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE DIRECTOR IS REVIEWED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS WHICH SUMMARIZES THE REIVEW AND MAKES COMPENSATION RECOMMENDATIONS TO THE BOARD OF DIRECTORS. COMPENSATION IS DETERMINED THROUGH RESEARCH OF COMPENSATION OF EXECUTIVE DIRECTORS OF LIKE SIZED ORGANIZATIONS WITH ADJUSTMENTS FOR LOCATION AND BUDGET SIZE. THE BOARD AS A WHOLE MUST TAKE ACTION ON COMPENSATION ADJUSTMENTS BEFORE THEY CAN TAKE EFFECT.

Name of the organization NEWDAY SERVICES FOR CHILDREN	Employer identification number
AND FAMILIES	75-2736992
FORM 990, PART VI, SECTION C, LINE 18:	
FORMS 1023 AND 990 ARE AVAILABLE AT THE ORGANIZATION'S OF	FFICES AND ARE
SUPPLIED UPON REQUEST.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOUCMENTS, POLICIES AND FINA	ANCIAL STATEMENTS
ARE AVAILABLE UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
INSTRUCTORS:	
PROGRAM SERVICE EXPENSES	60,548.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	60,548.
OTHER:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	4,065.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,065.
DEVELOPMETN:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	85,332.
TOTAL EXPENSES	85,332.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	149,945.