19()

## \*\* PUBLIC DISCLOSURE COPY \*\*

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

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

Department of the Treasury Internal Revenue Service

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



A	For th	e 2021 calendar year, or tax year beginning JUL 1, 2021 and	ending J	UN 30, 2022			
в	Check i applicat	C Name of organization	-	D Employer identific	ation number		
	Addr chan						
	Nam			86-0635950			
	Initia retur	E Telephone number					
	Final retur	PO Box 5005		623-932-4404			
	term ated	<sup>n-</sup> City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	4,406,526.		
	Ame retur	Goodyear, AZ 65556		H(a) Is this a group re	turn		
	Appl tion penc	F Name and address of principal officer: My 1 and Milloon		for subordinates	? Yes 🗴 No		
		same as C above		H(b) Are all subordinates ind	cluded? Yes No		
<u> </u>	Tax-e	xempt status: $X = 501(c)(3) = 501(c) ( ) = (insert no.) = 4947(a)(1) o = 501(c) ( ) = 501(c) ($	or 527	If "No," attach a	list. See instructions		
		ite: www.newlifectr.org		H(c) Group exemption			
		f organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 1991   N	State of legal domicile: AZ		
P	art I	Summary					
a	1	Briefly describe the organization's mission or most significant activities:		te domestic and			
anc		sexual violence through support services, education and exper					
Governance	2	Check this box if the organization discontinued its operations or dispose			ets.		
205	3				9		
		Number of independent voting members of the governing body (Part VI, line 1b)			64		
ies	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		69			
Activities &	6	Total number of volunteers (estimate if necessary)		0.			
AC	/ a	Total unrelated business revenue from Part VIII, column (C), line 12			0.		
		Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>				
		Contributions and grants (Dart )/III line 1b)		Prior Year 3,404,095.	Current Year 3,993,837.		
en	8	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		0.	0.		
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		47,087.	120,631.		
Be	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-31,529.	-13,028.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	4,101,440.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,940,841.	2,056,960.		
see	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
Expenses	L k	Total fundraising expenses (Part IX, column (D), line 25)	379.				
щ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,397,423.	1,713,392.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,338,264.	3,770,352.		
	19	Revenue less expenses. Subtract line 18 from line 12		81,389.	331,088.		
or	£1		Be	ginning of Current Year	End of Year		
Net Assets or	20	Total assets (Part X, line 16)		6,408,148.	6,587,602.		
Ase	21	Total liabilities (Part X, line 26)		701,887.	963,944.		
Net	22	Net assets or fund balances. Subtract line 21 from line 20		5,706,261.	5,623,658.		
P	art II	Signature Block					
Und	der per	alties of periury. I declare that I have examined this return, including accompanying schedules	and stateme	ents, 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.

		5/8/2023								
Sign	Signature of officer		Date							
Here	Myriah Mhoon, Chief Executive Off	icer								
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN					
Paid	Jennifer L. Shields, CPA, CGFM		5/8/2023	if self-empl	<sub>oyed</sub> P0188295	4				
Preparer	Firm's name 🕒 HEINFELD, MEECH, & CO, P	P.C.		Firm's EIN	86-055806	5				
Use Only	Firm's address ▶ 1365 N. SCOTTSDALE RD.,	STE. 300								
SCOTTSDALE, AZ 85257 Phone no. 602-277-9										
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions			X Yes	No				
132001 12-0	132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)									

Form	1990 (2021) New Life Center	86-0635950	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	We envision a society where every human feels safe, valued, and		
	respected, allowing them to live the fullest life possible. That's why		
	it's our mission to ensure safe, stable communities by preventing and		
	responding to domestic violence, sexual violence, and human		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	easured 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, a	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$2,531,719. including grants of \$) (Revenue	÷\$	)
	New Life Center provides services to victims of domestic violence,		
	sexual assault, and human trafficking. The emergency shelter is a		
	secure and confidential 104-bed shelter for men, women, and children		
	who need a safe place to live free from abuse. In the fiscal year 2022,		
	the shelter provided 27,037 bed nights to 574 individuals. The shelter		
	provides case management, advocacy, safety planning, and support		
	groups. During this time, 10,908 meals were provided to children under		
	the age of 18. The program provides for 24-hour crisis hotline support.		
	The emergency shelter houses families for up to 120 days. New Life		
	Center strives to create a trauma-informed space for families to heal		
	from abuse. The emergency shelter has individual rooms for each family		
	for privacy and safety. The shelter campus includes a Child Development		
4b	(Code:) (Expenses \$616,403. including grants of \$) (Revenue	*\$	)
	Crime Victim Assistance - Victims of domestic violence, sexual assault,		
	and human trafficking receive services via New Life Center's		
	Residential Department (emergency shelter and children's program), and		
	Outreach Department (mobile advocacy, and human trafficking). During		
	fiscal year 2021, 70% of the residents in the emergency shelter were		
	children under the age of 18. During fiscal year 2022, Mobile Advocates		
	provided case management, advocacy, referrals, answered hotline calls,		
	and facilitated support groups.		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$\$	)
4d	Other program services (Describe on Schedule O.)		
-tu		)	
4e	(Expenses \$ including grants of \$ )     (Revenue \$ )       Total program service expenses > 3,148,122.		
		Form	<b>990</b> (2021)

Form	990 (2021) New Life Center 86-06359	50	Р	age 3
Pa	t 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? See instructions	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		x
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	<u> </u>		
Ŭ	similar amounts as defined in Rev. Proc. 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	Ť		
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
'		7		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<b>-</b>		
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 donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or 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	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI 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		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	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	<u> </u>		
	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	<u> </u>		<u> </u>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
10		<u> ''</u>		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		x
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			
~-	complete Schedule G, Part III	19		X
20a		20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		├──
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

Form 990 (2021)

Form	990 (2021) New Life Center 86-06359	50	Р	age <b>4</b>
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
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		x
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	х	
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		
	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		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2.14		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
D D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		<u> </u>
20				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		x
07	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	20		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
~	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	──
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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		$\vdash$
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	t 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	<b>1</b> a	31			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
	(gambling) winnings to prize winners?			1c	Х	

arm 000 /	0001)
orm 990 (	2021)
Dort IV	Chaa

	990 (2021) New Life Center 86-063595	0	Р	age <b>5</b>					
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)								
_			Yes	No					
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 <b>2a</b> 64								
D	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?								
20	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions	3a		x					
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on 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								
iu	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x					
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		x					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
	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		X					
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).								
а	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		X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c		X					
	If "Yes," indicate the number of Forms 8282 filed during the year 7d								
е	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		x					
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the	8							
9	sponsoring organization have excess business holdings at any time during the year?	0							
a	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							
10	Section 501(c)(7) organizations. Enter:								
	Initiation fees and capital contributions included on Part VIII, line 12 10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1							
11	Section 501(c)(12) organizations. Enter:	1							
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.)								
12a	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	-							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>							
	<b>Note:</b> 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	-							
	Enter the amount of reserves on hand	44-	-	x					
14a	<b>o o o o o o</b>	14a		^ 					
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		x					
	If "Yes," see the instructions and file Form 4720, Schedule N.	13							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x					
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any								
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes," complete Form 6069.		[						

Form	990 (2021) New Life Center		86-0635		Р	age 6
Pa	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	rough	7b below, and for	a "No" ı	respon	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.					
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		9		
	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 on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b		9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99		s filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			<u>7a</u>		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ockho	lders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-			
а	The governing body?			<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac					
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	<u>enue</u>	<u>Code.)</u>		V.	
10-	Did the evention have lead checking hyperbox or officiency			10-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?		offiliataa	10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters	, annates,	10b		
110	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body	hofor	e filing the form?	11a	х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	Deloi		11a		
12a				12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " $\gamma$					
Ŭ	on Schedule O how this was done	,		12c	х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?				х	
15	Did the process for determining compensation of the following persons include a review and approval					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	~,				
а	The organization's CEO, Executive Director, or top management official			15a		x
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ient w	ith a			
	taxable entity during the year?			16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	zatior	ı's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed None					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990	-T (section 501(c)(3	B)s only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain	on Sc	chedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con		,	nd finan	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	d records 🕨 🔄			
	The Organization - 623-932-4404					
	PO Box 5005, Goodyear, AZ 85338					

Form 990 (	(2021) New Life Center	86-0635950	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, I	lighest Compensated	
	<sup>•</sup> Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Emplo	yees	
1a Comple	ete this table for all persons required to be listed. Report compensation for the calenda	year ending with or within the organization's	tax year.
<ul> <li>List a</li> </ul>	all of the organization's <b>current</b> officers, directors, trustees (whether individuals or orga	nizations), regardless of amount of compensations	ation.

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do		Pos	itior	<b>)</b> than o		Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week		officer and a director/trustee)		from	from related	other			
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		e	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		voldu	t con	_	1099-NEC)		organizations
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) Myriah Mhoon	40.00		-		-	1				
Chief Executive Officer		х		x				188,724.	0.	11,351.
(2) David Villasenor	40.00									
Chief Financial Officer		х		х				93,261.	0.	12,077.
(3) Jessica Johnson	40.00									
Chief Strategy & Administration Offi		Х		х				92,965.	0.	10,524.
(4) Shelly Ward	1.00									
President		Х		х				0.	0.	0.
(5) Autumn Wiseman	1.00									
Vice President		Х		х				0.	0.	0.
(6) Patty Rudolfo	1.00									
Secretary		Х		х				0.	0.	0.
(7) Geoffrey Harris	1.00									
Treasurer		х		x				0.	0.	0.
(8) Bryn DeFusco	1.00									
Member		х						0.	0.	0.
(9) Priyanka Miller	1.00									_
Member		х						0.	0.	0.
(10) Dr. Matthew Whitaker	1.00									
Member		х						0.	0.	0.
(11) Amanda Williams	1.00									_
Member		х						0.	0.	0.
(12) Chris Reynoso	1.00									<u> </u>
Member		х						0.	0.	0.
			-							
		1								
		1								
		1								
		]								
										000

Form	990 (2021) New Life Cent	er								86-06	3595	0	Р	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)				
	(A) Name and title	<b>(B)</b> Average hours per week	(do not check more than one				than o s both	n an	(D) Reportable compensation from	(E) Reportable compensation from related			<b>(F)</b> stimate nount other	of
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	SC/	fr org an	pensa rom th anizat d relat anizati	ie tion ted
	Subtotal Total from continuation sheets to Part VII								374,950.		0.		33,	952. 0.
	Total (add lines 1b and 1c)								374,950.		0.		33,	952.
2	Total number of individuals (including but ne							o re	eceived more than \$100,	000 of reportable	3			1
	compensation from the organization												Yes	No
3	Did the organization list any former officer,	director, truste	ee, k	key e	empl	oye	e, or	hig	hest compensated empl	loyee on				
	line 1a? If "Yes," complete Schedule J for su											3		X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150											4	х	
5	Did any person listed on line 1a receive or a													
Sec	rendered to the organization? If "Yes, " com tion B. Independent Contractors	plete Schedule	e J fo	or su	ich r	oers	on .					5		X
1	Complete this table for your five highest cor	npensated ind	ере	nder	nt co	ontra	actor	rs th	nat received more than \$	100,000 of comp	oensat	tion fro	om	
	the organization. Report compensation for t (A)		ear e	endir	ng w	ith c	or wi	thin	(B)				C)	
	Name and business	address	NO	NE				_	Description of s	ervices	C	ompe	nsatio	n
								_						
_														
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	0	ot lin	nitec	d to t		se lis 0	ted	above) who received mo	ore than				

		Check if Schedule O		ains a respo	onse	or note to any line	(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue exclud from tax unde sections 512 - 5
ts	1 a	Federated campaigns		1a						
uno		Membership dues								
and Other Similar Amounts		Fundraising events								
ar		Related organizations				0.400.455				
in i		Government grants (contr				2,430,175.				
er	f	All other contributions, gifts,				1 563 662				
O₽	~	similar amounts not included			t.	1,563,662.				
no	g b	Noncash contributions included in <b>Total.</b> Add lines 1a-1f					3,993,837.			
0		Total. Add lines 1a-11				Business Code	•,•••,•••,••			
	2 a									
Revenue	b									
nue	с									
eve	d									
Ŷ	е									
	f	All other program service	reve	nue						
	g	Total. Add lines 2a-2f				►				
	3	Investment income (includ	•							
		other similar amounts)					111,631.			111,6
	4	Income from investment o				· · ·				
	5	Royalties	·							
	•	0	<b>.</b>	(i) Rea		(ii) Personal				
	6 a	Gross rents	6a 6b							
	b	Less: rental expenses Rental income or (loss)	6c							
		Net rental income or (loss)								
		Gross amount from sales of	/ <u></u>	(i) Securi	ties	(ii) Other				
		assets other than inventory	7a			9,000.				
	b	Less: cost or other basis								
2		and sales expenses	7b			0.				
	с	Gain or (loss)	7c			9,000.				
		Net gain or (loss)			<u></u>	►	9,000.			9,0
	8 a	Gross income from fundraisi	ng ev	ents (not						
5		including \$		of						
		contributions reported on								
		Part IV, line 18								
		Less: direct expenses			8b					
		Net income or (loss) from				▶				
	9 a	Gross income from gamin								
	h	Part IV, line 19 Less: direct expenses			9a 9b					
		Net income or (loss) from								
		Gross sales of inventory, I			<u> </u>					
	u	and allowances			10a	292,058.				
	b	Less: cost of goods sold			10b					
		Net income or (loss) from					-13,028.			-13,02
	-					Business Code				
Revenue	11 a									
<b>nu</b>	b									
eve	с									
æ	d	All other revenue								
1		Total. Add lines 11a-11d								

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).									
Check if	Schedule O contair	s a response or note to any line in t	his Part IX						

	Check if Schedule O contains a respons	se or note to any line in t	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> 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,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,760,633.	1,496,538.	193,670.	70,425.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	18,802.	15,982.	1,692.	1,128.
9	Other employee benefits	134,070.	113,959.	17,993.	2,118.
10	Payroll taxes	143,455.	121,937.	12,911.	8,607.
11	Fees for services (nonemployees):				
а	Management				
	Legal	2,587.		2,587.	
	Accounting	19,050.		19,050.	
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	317,950.	112,064.	59,864.	146,022.
12	Advertising and promotion				
13	Office expenses	127,247.	108,519.	9,380.	9,348.
14	Information technology				
15	Royalties				
16	Occupancy	244,206.	227,112.	17,094.	
17	Travel	10,425.	10,425.		
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				
22	Depreciation, depletion, and amortization	201,749.	187,627.	14,122.	
23	Insurance	61,789.	57,464.	4,325.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	In-Kind Contribution Ex	240,945.	240,945.		
b	Food	172,157.	172,157.		
с	Miscellaneous	159,469.	127,575.	11,163.	20,731.
d	Bad Debt Expense	1,043.	1,043.		
е	All other expenses	154,775.	154,775.		
25	Total functional expenses. Add lines 1 through 24e	3,770,352.	3,148,122.	363,851.	258,379.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2021)									
Part X	Balance Sheet								
	Check if Schedule C	) c							

		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	561,089.	1	843,353.
	2	Savings and temporary cash investments		2	564,719.
	3	Pledges and grants receivable, net		3	391,007.
	4	Accounts receivable, net		4	13,844.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
Ś	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	36,171.
As	9	Prepaid expenses and deferred charges		9	88,522.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 5,643,33	5.		
	b	Less: accumulated depreciation 3,151,86	5. 2,374,456.	10c	2,491,470.
	11	Investments - publicly traded securities	2,474,082.	11	2,150,015.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	8,501.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	6,587,602.
	17	Accounts payable and accrued expenses		17	293,919.
	18	Grants payable		18	
	19	Deferred revenue		19	111,067.
	20	Tax-exempt bond liabilities		20	· · · ·
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ilid		controlled entity or family member of any of these persons		22	
Lia	23	Secured mortgages and notes payable to unrelated third parties	532 220	23	558,958.
	24	Unsecured notes and loans payable to unrelated third parties		24	· · · · ·
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	701,887.	26	963,944.
		Organizations that follow FASB ASC 958, check here 🕨 🗴			
es		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	5,406,432.	27	4,630,763.
Bal	28	Net assets with donor restrictions		28	992,895.
P P		Organizations that do not follow FASB ASC 958, check here			
Ъ		and complete lines 29 through 33.			
٦ ۲	29	Capital stock or trust principal, or current funds		29	
Sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances		32	5,623,658.
~	33	Total liabilities and net assets/fund balances		33	6,587,602.
					Form <b>990</b> (2021)

New Life Center

Form	1990 (2021) New Life Center	86-06359	50	Pa	<sub>ge</sub> 12
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4	,101,	440.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	,770,	352.
3	Revenue less expenses. Subtract line 2 from line 1	3			088.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5	,706,	261.
5	Net unrealized gains (losses) on investments	5		-413,	691.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	5	,623,	658.
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 on Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<b>2</b> a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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 separate	e basis,			
	consolidated basis, or both:				
	Separate basis X 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 on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	-			
	Act and OMB Circular A-133?		3a	Х	<b> </b>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

## **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB	No.	1545-0047	

**Open to Public** . Inspection

∕

Name	e of the organization						Employer	identification number		
		ife Center						86-0635950		
Par	t I Reason for Public	Charity Status.	(All organizations must o	complete th	nis part.) S	ee instruction	S.			
The o	rganization is not a private found	·	•		,					
1	A church, convention of cl	nurches, or associatio	on of churches described	l in <b>sectio</b>	on 170(b)(1	l)(A)(i).				
2	A school described in <b>sec</b>									
3	A hospital or a cooperative					•				
4	A medical research organi city, and state:	zation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,		
5	An organization operated		llege or university owned	d or operat	ed by a go	vernmental ur	nit describe	ed in		
	section 170(b)(1)(A)(iv). (	section 170(b)(1)(A)(iv). (Complete Part II.)								
6	A federal, state, or local go	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7 [	X An organization that norm section 170(b)(1)(A)(vi). (0	•	ntial part of its support f	rom a gove	ernmental	unit or from th	ie general j	oublic described in		
8	A community trust describ	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)						
9	An agricultural research or	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college		
	or university or a non-land- university:	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	e or		
10	An organization that norm activities related to its exe income and unrelated bus See <b>section 509(a)(2).</b> (Co	mpt functions, subject iness taxable income omplete Part III.)	t to certain exceptions; (less section 511 tax) fro	and (2) no om busines	more than sses acqui	33 1/3% of its red by the org	s support f	rom gross investment		
11 12	An organization organized An organization organized	•		•			rn / out tho	purpasso of ana ar		
a	more publicly supported o lines 12a through 12d that <b>Type I.</b> A supporting org	rganizations describe describes the type o	ed in <b>section 509(a)(1)</b> of supporting organization	or <b>section</b> and com	<b>509(a)(2)</b> . plete lines	See <b>section 5</b> 12e, 12f, and	509(a)(3). ( 12g.	Check the box on		
	the supported organizat organization. <b>You must</b>	on(s) the power to re	gularly appoint or elect a	•	-					
b	<b>Type II.</b> A supporting or control or management organization(s). <b>You mu</b>	of the supporting orga	anization vested in the s			-		-		
С	Type III functionally int its supported organization						ly integrate	ed with,		
d	Type III non-functional						ted organiz	zation(s)		
	that is not functionally in	tegrated. The organiz	zation generally must sat	isfy a distr	ibution rec	uirement and	an attentiv	/eness		
	requirement (see instruc	tions). You must cor	nplete Part IV, Sections	s A and D,	and Part	<b>v</b> .				
е	Check this box if the org	anization received a	written determination fro	m the IRS	that it is a	Type I, Type I	II, Type III			
	functionally integrated, o	or Type III non-functio	nally integrated supporti	ng organiz	ation.					
f	Enter the number of supported	organizations								
g	Provide the following information									
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	in your governi Yes	anization listed ing document? <b>No</b>	(v) Amount of support (see in	-	(vi) Amount of other support (see instructions)		
Total										

New Life Center

86-0635950

Page **2** 

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3,049,543.	2,674,078.	3,086,126.	3,404,095.	3,993,837.	16,207,679.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3,049,543.	2,674,078.	3,086,126.	3,404,095.	3,993,837.	16,207,679.
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)						233,097.
6	Public support. Subtract line 5 from line 4.						15,974,582.
	ction B. Total Support			l		L	, ,
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	3,049,543.	2,674,078.	3,086,126.	3,404,095.	3,993,837.	16,207,679.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	9,515.	32,888.	42,445.	47,087.	111,631.	243,566.
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.)	3,462.	5,731.				9,193.
11	<b>Total support.</b> Add lines 7 through 10	·					16,460,438.
12	Gross receipts from related activities,	etc. (see instructio	uns)	ſ		12	257,197.
	<b>First 5 years.</b> If the Form 990 is for th	•	,				•
	organization, check this box and <b>stop</b>	U U	······				
See	ction C. Computation of Public						r r
	Public support percentage for 2021 (li			olumn (f))		14	97.05 %
15	Public support percentage from 2020					15	97.10 %
16a	33 1/3% support test - 2021. If the o					ore, check this bo	and
	stop here. The organization qualifies a	-					
b	<b>33 1/3% support test - 2020.</b> If the o		-				
	and <b>stop here.</b> The organization quali	-					
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	-					
	meets the facts-and-circumstances tes			-			
b	10% -facts-and-circumstances test	•	•	,	•		
-	more, and if the organization meets th	0					
	organization meets the facts-and-circu						►
18	Private foundation. If the organization		-		•••••		· ►
			, ·	. , ,			(Form 990) 2021

Schedule A (Form 990) 2021

# Schedule A (Form 990) 2021 New Life Center Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	alon A. Fublic Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	1 <b>(f)</b> Total
1	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						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support		1	[			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	1 (f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
с	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	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 5 years. If the Form 990 is for the	e organization's fi	irst, second, third, <sup>-</sup>	fourth, or fifth tax	year as a section 5	501(c)(3) orgar	nization,
0	check this box and stop here		·····			·····	····· •
	tion C. Computation of Publi						
	Public support percentage for 2021 (li		•	column (f))		15	%
	Public support percentage from 2020					16	%
	tion D. Computation of Inves						
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2021. If the	organization did r	not check the box of	on line 14, and line	e 15 is more than 3	33 1/3%, and I	ine 17 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ation	►
b	33 1/3% support tests - 2020. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/	3%, and
	line 18 is not more than 33 1/3%, che	ck this box and <b>s</b> t	<b>top here.</b> The orga	nization qualifies	as a publicly suppo	orted organiza	ition Þ
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check th	his box and see ins	structions	►

1

2

3a

Yes

No

### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on 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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes." *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

<ul> <li>11 Has the organization accepted a gift or contribution from any of the following persons?</li> <li>a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?</li> <li>b A family member of a person described on line 11a above?</li> <li>c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i></li> </ul>	<u>11a</u> 11b		
<ul> <li>11c below, the governing body of a supported organization?</li> <li>b A family member of a person described on line 11a above?</li> <li>c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide</i></li> </ul>			
<ul> <li>b A family member of a person described on line 11a above?</li> <li>c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide</li> </ul>		_	
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	11b	1	
detail in Part VI.			
	11c		
Section B. Type I Supporting Organizations		<b></b>	
		Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office			
directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)	515,		
effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support	ted		
organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among th		4	
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		
Section C. Type II Supporting Organizations			
		Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
or management of the supporting organization was vested in the same persons that controlled or managed			
the supported organization(s). Section D. All Type III Supporting Organizations	1		
		Vaa	Ne
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
the organization maintained a close and continuous working relationship with the supported organization(s).	2		
<ul> <li>By reason of the relationship described on line 2, above, did the organization's supported organizations have a</li> </ul>			
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 <b>Part VI</b> the role the organization's			
supported organizations played in this regard.	3		
Section 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 instruction used to satisfy the Integral Part Test during the year (see instruction)	ctions).		
a The organization satisfied the Activities Test. Complete line 2 below.	-		
<b>b</b> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	(see instructio	n <u>s).</u>	
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
those supported organizations and explain how these activities directly furthered their exempt purposes,			
how the organization was responsive to those supported organizations, and how the organization determined			
that these activities constituted substantially all of its activities.	2a		
<b>b</b> Did the activities described on line 2a, above, 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 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
trustops of each of the supported organizations? KINASH SHALL SHA	3a		
trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>			
<ul> <li>b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each</li> </ul>			
·	3b		

86-0635950

Page 5

Yes No

New Life Center

Schedule A (Form 990) 2021

Part IV Supporting Organizations (continued)

_	Ile A (Form 990) 2021 New Life Center			86-0635950 Pag
Part	л ў <del>ў (</del> х/у П			
1	Check here if the organization satisfied the Integral Part Test as a qualify		•	$_{7}$ Part VI). See instruction
	All other Type III non-functionally integrated supporting organizations mu	st complete S	Sections A through E.	
ectio	n A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
<b>1</b> N	let short-term capital gain	1		
<b>2</b> F	Recoveries of prior-year distributions	2		
3 (	Other gross income (see instructions)	3		
<b>1</b> A	dd lines 1 through 3.	4		
5 [	Depreciation and depletion	5		
6 F	Portion of operating expenses paid or incurred for production or			
c	ollection of gross income or for management, conservation, or			
n	naintenance of property held for production of income (see instructions)	6		
7 (	Other expenses (see instructions)	7		
B /	djusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ectio	n B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 A	oggregate fair market value of all non-exempt-use assets (see			
ii	nstructions for short tax year or assets held for part of year):			
a A	werage monthly value of securities	1a		
b A	werage monthly cash balances	1b		
сF	air market value of other non-exempt-use assets	1c		
d T	otal (add lines 1a, 1b, and 1c)	1d		
еĽ	Discount claimed for blockage or other factors			
(	explain in detail in Part VI):			
	Acquisition indebtedness applicable to non-exempt-use assets	2		
	Subtract line 2 from line 1d.	3		
4 (	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
s	ee instructions).	4		
5 N	let value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 N	/ultiply line 5 by 0.035.	6		
<b>7</b> F	Recoveries of prior-year distributions	7		
8 N	finimum Asset Amount (add line 7 to line 6)	8		
ectio	n C - Distributable Amount			Current Year
1 A	djusted net income for prior year (from Section A, line 8, column A)	1		
<b>2</b> E	Enter 0.85 of line 1.	2		
	linimum asset amount for prior year (from Section B, line 8, column A)	3		
	Inter greater of line 2 or line 3.	4		
	ncome tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	mergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990) 2021

<u>Sche</u>	dule A (Form 990) 2021 New Life Center			86-0635950	Page 7
Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continued	)	
Secti	on D - Distributions			Current Y	/ear
1	Amounts paid to supported organizations to accomplish exer	npt purposes	-	1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity		2	2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations		3	
4	Amounts paid to acquire exempt-use assets		2	L I	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	Ę	5	
6	Other distributions (describe in Part VI). See instructions.			5	
7	Total annual distributions. Add lines 1 through 6.		7	,	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.		8	3	
9	Distributable amount for 2021 from Section C, line 6		9	)	
10	Line 8 amount divided by line 9 amount		10	)	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributa Amount for	
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
с	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

New Life Center

Schedule A (Form 990) 2021

86-0635950

Schedule A	(Form 990) 2021	New Life	Center	86-0635950	Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D,	, 2, 3b, 3c, 4 lines 2 and 3	rovide the explanations required by Part II, line 10; Part II, line 1 b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lir s; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; F /, Section E, lines 2, 5, and 6. Also complete this part for any ad	7a or 17b; Part III, line 12; nes 1 and 2; Part IV, Section ( Part V, Section B, line 1e; Part	C,

### \*\* PUBLIC DISCLOSURE COPY \*\*

## Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

86-0635950

Schedule	В
Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

New Life (	Center
------------	--------

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, 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; or (ii) Form 990-EZ, 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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, contributions  $e_{XC/USiVe/y}$  for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an  $e_{XC/USiVe/y}$  religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusive/y religious, charitable, etc., contributions totaling \$5,000 or more during the year  $\dots$   $\blacktriangleright$  \$\_\_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

	B (Form 990) (2021)		Page <b>2</b>
Name of o	rganization	Em	ployer identification number
New Life	e Center		86-0635950
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$529,200	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$237,191	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$135,089	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$87,204	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$916,160	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$670,512	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule	B (Form 990) (2021)		Page <b>2</b>
Name of o	rganization	Emple	oyer identification number
New Life	e Center	٤	6-0635950
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$202,728.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$175,001.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$150,000.	Person X 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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

lame of or	ganization	E	mployer identification numb
ew Life	Center		86-0635950
Part II	Noncash Property (see instructions). Use duplicate copies of P	art 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
		\$	

Schedule B (Form 990) (2021)

Name of or	rganization		Employer identification number
New Life	Center		86-0635950
Part III	Exclusively religious, charitable, etc., contributi	) through (e) and the following line en charitable, etc., contributions of \$1,000 o	section 501(c)(7), (8), or (10) that total more than \$1,000 for the yea
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gi	ift
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(5) t a poor of gift		
-		(e) Transfer of gi	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No.			
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gi	
-	Transferee's name, address, ar		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	ift
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee

SCHEDULE [	)
------------	---

Department of the Treasury

Internal Revenue Service

(Form 990)
------------

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Nam	of the organization New Life Center			Employer identification number 86-0635950
Par		ad Euroda ar Othar Similar Euroda	<u> </u>	
Par	organizations maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lii		or Acc	ounts. Complete if the
		(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		ed funds	
	are the organization's property, subject to the organization's	s exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor			
	for charitable purposes and not for the benefit of the donor			
		· · · · · · · · · · · · · · · · · · ·		
Par	t II Conservation Easements. Complete if the or	rganization answered "Yes" on Form 990, I	Part IV, lii	ne 7.
1	Purpose(s) of conservation easements held by the organizat	tion (check all that apply).		
	Preservation of land for public use (for example, recrea	ation or education) Preservation of	f a histori	cally important land area
	Protection of natural habitat	Preservation of	f a certifie	ed historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qual	lified conservation contribution in the form	of a cons	ervation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		L	2a
b	Total acreage restricted by conservation easements		L	2b
с	Number of conservation easements on a certified historic sta	ructure included in (a)	L	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	ıre	
	listed in the National Register		L	2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	organiza	tion during the tax
	year ►			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe			
	violations, and enforcement of the conservation easements			
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing cons	servation	easements during the year
	•			
7	Amount of expenses incurred in monitoring, inspecting, han	ndling of violations, and enforcing conservation	tion ease	ments during the year
-	<b>\$</b>			
8	Does each conservation easement reported on line 2(d) abor			
~	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservat			
	balance sheet, and include, if applicable, the text of the foot	inote to the organization's infancial stateme	ents that	describes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections o	of Art. Historical Treasures. or Ot	her Sin	nilar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 9		nd halan	ce sheet works
14	of art, historical treasures, or other similar assets held for pu			
	service, provide in Part XIII the text of the footnote to its fina			
b	If the organization elected, as permitted under FASB ASC 9			heet works of
~	art, historical treasures, or other similar assets held for publi			
	provide the following amounts relating to these items:			- <u> </u>
	(i) Revenue included on Form 990, Part VIII, line 1			► \$
	···· · · · · · · · · · · · · · · · · ·			<b>\$</b>
2	If the organization received or held works of art, historical tre			
-	the following amounts required to be reported under FASB /		3, PN	
а	Revenue included on Form 990. Part VIII. line 1			▶ \$

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
132051	10-28-21

\$

Sche	dule D (Form 990) 2021 New Life Ce						86-063		Pa	age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or (	Other S	Similar	Assets	(continu	ued)	
3	Using the organization's acquisition, accession	on, and other record	ls, check any of the	following that n	nake signi	ificant u	se of its			
	collection items (check all that apply):									
а	Public exhibition	c	<b>1</b> 📃 Loan or ex	change program	n					
b	Scholarly research	e	• 🗌 Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how they further t	he organization	's exempt	t purpos	e in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, historical trea	asures, or other	similar as	sets		_		_
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the organizati	on answered "Y	es" on Fo	orm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribution	ns or other asse	ts not incl	luded		_		
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:							
								Amount		
С	Beginning balance					1c				
	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					<b>1</b> f		7		
	Did the organization include an amount on Fo					?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.									<u> </u>
Par	<b>t V</b> Endowment Funds. Complete i	v		,		TI		() [		
		(a) Current year	(b) Prior year	(c) Two years	Dack (d)	) inree y	ears back	(e) Four	years i	ласк
<b>1</b> a	Beginning of year balance									
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr		e (line 1g, column (a	a)) held as:						
a	Board designated or quasi-endowment		%							
b	Permanent endowment									
С		%								
0-	The percentages on lines 2a, 2b, and 2c show	-					<b>1</b> :			
38	Are there endowment funds not in the posse	ssion of the organiza	allon that are held a	ind administered	u for the c	organiza	lion	Г	Yes	No
	by: (i) Unrelated organizations							3a(i)		
								3a(ii)		
h	(ii) Related organizations If "Yes" on line 3a(ii), are the related organiza							3b		
4	Describe in Part XIII the intended uses of the							00		
<u> </u>	t VI Land, Buildings, and Equipm	<u>u</u>	wittent funds.							
	Complete if the organization answered		). Part IV. line 11a.	See Form 990. F	Part X. line	e 10.				
	Description of property	(a) Cost or c		at or other	(c) Acci		Ы	(d) Book	value	<u> </u>
	Description of property	basis (investr	· · · · ·	s (other)	• •	eciation	u		value	,
19	Land	· · · · ·		72,000.	200010				72,0	00.
	Buildings			3,984,028.	2	,183,4	155.	1 3	300,5	
	Leasehold improvements			1,019,038.	_	578,8		,	440,2	
	Equipment			509,276.		389,5			119,6	
	Other			58,993.		/			58,9	
	Add lines 1a through 1e. (Column (d) must e		X column (R) line	, ,				2	491,4	
		guari onni 330, r'art					r	,		

Schedule D (Form 990) 2021

Part VII Investments - Other Securities.						
Complete if the organization answered "Yes"		-				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value			
(1) Financial derivatives						
(2) Closely held equity interests						
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G) (H)						
 Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►						
Part VIII Investments - Program Related.						
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11c. See Form 990. Part X. line 13.				
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value			
(1)			,			
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)						
Part IX Other Assets.						
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.				
(a)	Description		(b) Book value			
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9) Total (0, ( , , , ( )))		<b></b>				
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	9 [5.]					
Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 25				
(a) Description of lightlity			(b) Book value			
(a) Description of hability     (1) Federal income taxes			(2) 20011 12120			
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

X

Sche		86-0635950	Page <b>4</b>
Pa	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retu	ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	3,687,749.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a413,691.		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.) 2d		
е	Add lines 2a through 2d	2e	-413,691.
3	Subtract line 2e from line 1	3	4,101,440.
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		4c	0.
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)		4,101,440.
Pa	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Re	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	0.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments 2b		
с	Other losses 2c		
d	Other (Describe in Part XIII.) 2d		
е	Add lines 2a through 2d	2e	0.
3		3	0.
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 XIII.) 4b		
с		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)	5	0.
Pa	t XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part X, Line 2:

Management has evaluated the tax positions taken or expected to be taken,

if any, on its exempt organization filings, and the likelihood that upon

examination those positions would be sustained. Based on the results of

this evaluation, management believes there are no uncertain tax positions.

sc	HEDULE J	Comp	ensation Information	OMB No. 1	545-0047				
(Fo	rm 990)	20	21						
		Complete if the organization	ation answered "Yes" on Form 990, Part IV, line 23.		Open to Public				
	rtment of the Treasury al Revenue Service	Go to www.irs.gov/Fo	Attach to Form 990. Attach to Form 990. Attach to Form 990 for instructions and the latest information.	Inspe					
-	ne of the organization			Employer identification	on numbe	er			
		New Life Center		86-0635950					
Pa	rt I Question	s Regarding Compensation							
					Yes N	lo			
1a	Check the appropri	ate box(es) if the organization provide	d any of the following to or for a person listed on Form §	<del>)</del> 90,					
	Part VII, Section A,	line 1a. Complete Part III to provide an	ny relevant information regarding these items.						
	First-class or c	harter travel	Housing allowance or residence for persor	nal use					
	Travel for com	panions	Payments for business use of personal res	idence					
	Tax indemnific	ation and gross-up payments	Health or social club dues or initiation fees	;					
	Discretionary s	spending account	Personal services (such as maid, chauffeu	r, chef)					
b	If any of the boxes	on line 1a are checked, did the organiz	zation follow a written policy regarding payment or						
	reimbursement or p	provision of all of the expenses describ	ed above? If "No," complete Part III to explain	1b					
2	Did the organization	n require substantiation prior to reimbu	ursing or allowing expenses incurred by all directors,						
	trustees, and office	rs, including the CEO/Executive Direct	tor, regarding the items checked on line 1a?	2					
3	Indicate which, if ar	ny, of the following the organization us	sed to establish the compensation of the organization's						
	CEO/Executive Dire	ector. Check all that apply. Do not che	ck any boxes for methods used by a related organizatio	n to					
	establish compensa	ation of the CEO/Executive Director, b	ut explain in Part III.						
	Compensation	n committee	Written employment contract						
	Independent c	compensation consultant	Compensation survey or study						
	Form 990 of o	ther organizations	Approval by the board or compensation co	ommittee					
4	During the year, did	any person listed on Form 990, Part '	VII, Section A, line 1a, with respect to the filing						
	organization or a re	lated organization:							
а	Receive a severanc	e payment or change-of-control payme	ent?	4a	X	:			
b	Participate in or rec	eive payment from a supplemental no	nqualified retirement plan?	4b	X	:			
с	Participate in or rec	eive payment from an equity-based co	ompensation arrangement?	4c	X	:			
	If "Yes" to any of lin	nes 4a-c, list the persons and provide t	the applicable amounts for each item in Part III.						
	Only section 501(c	:)(3), 501(c)(4), and 501(c)(29) organiz	zations must complete lines 5-9.						
5	For persons listed of	on Form 990, Part VII, Section A, line 1	a, did the organization pay or accrue any compensation	n					
	contingent on the re	evenues of:							
а	The organization?			5a	X	:			
b	Any related organiz	ation?		5b	х	:			
		or 5b, describe in Part III.							
6	For persons listed of	on Form 990, Part VII, Section A, line 1	a, did the organization pay or accrue any compensation	n					
	contingent on the n	net earnings of:							
а	The organization?			6а	x	:			
	Any related organiz				X	:			
	If "Yes" on line 6a c	or 6b, describe in Part III.							
7	For persons listed of	on Form 990, Part VII, Section A, line 1	a, did the organization provide any nonfixed payments						
			Ш	7	Х	:			
0			or accrued pursuant to a contract that was subject to th						
8						_			
ø	-	ption described in Regulations sectior	n 53.4958-4(a)(3)? If "Yes," describe in Part III		X	2			
8 9	initial contract exce		n 53.4958-4(a)(3)? If "Yes," describe in Part III		X	c			
_	initial contract exce	id the organization also follow the rebu				<u> </u>			

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	V-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Myriah Mhoon	(i)	167,851.	20,873.	0.	6,169.	5,182.	200,075.	0.
Chief Executive Officer	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

86-0635950

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

ſ ZUZ

Department of the Treasury	
Internal Revenue Service	

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

1 **Open to Public** Inspection

Name of the	organization
-------------	--------------

►	Attach to Form 990.
►	Go to www.irs.gov/Form990 for instructions and the latest information.

est information.		mopeotion
	Employer	identification number
		86-0635950

New Life Center a with I

Par	rt I   Types of Property	_						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1	Method of noncash contr			s
1	Art - Works of art			, ,				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	x		221,595	Cost			
6	Cars and other vehicles							
7	Boats and planes							
8								
9	Securities - Publicly traded							
	Securities - Publicly traded							
10								
11	Securities - Partnership, LLC, or							
10	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles			14.215				
19	Food inventory	X		14,317	. Cost			
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens				_			
24	Archeological artifacts							
25	Other  ( Services )	X	0	5,033	.Cost			
26	Other ► ()							
27	Other ► ()							
28	Other 🕨 ( )							
29	Number of Forms 8283 received by the organized	zation during	g the tax year for co	ontributions				
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by	y contributic	n any property rep	orted in Part I, lines 1 thro	ugh 28, that it			
	must hold for at least three years from the date	e of the initia	l contribution, and	which isn't required to be	used for			
	exempt purposes for the entire holding period?	?				. <u>30a</u>		х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	policy that re	equires the review o	of any nonstandard contrib	utions?	31	Х	
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncas	h			_
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	r for which column (a) is ch	ecked,			
	describe in Part II.							
	For Department Peduction Act Nation	Ale e . Luc e Aur			Cabadul			0004

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

Schedule M (Form 990) 2021

	Suppler		Info	rmati	on. Pr	ovi
Schedule N	1 (Form 990)	2021	New	Life	Cente	r

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

SCHEDULE O (Form 990)	Supplemental Information to Form 990 or 99 Complete to provide information for responses to specific questions o		OMB No. 1545-0047
Department of the Treasury		Open to Public	
Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.	Employo	Inspection identification number
Name of the organization	New Life Center		635950
Form 990, Part III	, Line 1, Description of Organization Mission:		
trafficking. We do	that by offering compassionate trauma-informed,		
survivor-led care	to individuals. At the same time, we focus on		
community-wide pre	vention and education to build a safer, healthier		
Arizona.			
Form 990 Dart III	, Line 4a, Program Service Accomplishments:		
Form 990, Part III	, Line 4a, Flogram Service Accomprishments:		
Center, playground	with splash pad, basketball court, cafeteria,		
meditation room, a	nd individual office and group space.		
Form 990, Part VI,	Section B, line 11b:		
Review is performe	d by the CFO, CEO and Finance Committee.		
Form 990, Part VI,	Section B, Line 12c:		
Board adopted an "	Annual Conflict of Interest Statement" for policy		
compliance and dis	closure purposes.		
Form 990, Part VI,	Section B, Line 15b:		
The Chief Executiv	e Officer's accomplishments and compensation are reviewed		
by the Board of Di	rectors annually. Management staff received performance		
reviews conducted	by the CEO on or around the employee's anniversary date.		
Compensation is de	termined in compliance with organization policies.		
Form 990, Part VI,	Section C, Line 19:		
The organization m	akes its governing board documents, conflict of interest		
policy, and financ	ial statements available upon request in accordance with		
LHA For Paperwork R	eduction Act Notice. see the Instructions for Form 990 or 990-EZ.	Sche	dule O (Form 990) 2021

Schedule O (Form 990) 2021	Page 2
Name of the organization New Life Center	Employer identification number 86-0635950
	L L
policy.	

SCHE	D	U	L	E	R	
	-	-	-			

### (Form 990)

### **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

21

### Name of the organization

Department of the Treasury Internal Revenue Service

New Life Center

Employer identification number 86-0635950

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
Hope's Closet, LLC - 27-0269770					
P.O. Box 5005					
Goodyear, AZ 85338	Thrift Store	Arizona	292,058.	682,928.	New Life Center
	-				
	-				

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity	contr	<b>g)</b> 512(b)(13) rolled ity?
			501(c)(3))			Yes	No

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

Schedule R (Form 990) 2021

# Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

		· <b>,</b>					1		1		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	alloca	ortionate itions?	amount in box 20 of Schedule	Gener mana partn	al or Percenta <sup>jing</sup> ownersh
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10
											<u> </u>
	1										
	1										
	1		l			1					

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	(i Sec 512(t contr ent	(i) ction (b)(13) trolled tity?
		country)						Yes	No
									<u> </u>
								<u> </u>	<u> </u>
	]								

\_

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					
	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a			
	Gift, grant, or capital contribution to related organization(s)	1b			
с	Gift, grant, or capital contribution from related organization(s)	1c			
	Loans or loan guarantees to or for related organization(s)	1d			
	Loans or loan guarantees by related organization(s)	1e			
f	Dividends from related organization(s)	1f			
g	Sale of assets to related organization(s)	1g			
h	Purchase of assets from related organization(s)	1h			
i	Exchange of assets with related organization(s)	1i			
j	Lease of facilities, equipment, or other assets to related organization(s)	1j			
k	Lease of facilities, equipment, or other assets from related organization(s)	1k			
	Performance of services or membership or fundraising solicitations for related organization(s)	11			
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m			
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n			
o	Sharing of paid employees with related organization(s)	10			
р	Reimbursement paid to related organization(s) for expenses	1p			
	Reimbursement paid by related organization(s) for expenses	1q			
	Other transfer of cash or property to related organization(s)	1r			
s	Other transfer of cash or property from related organization(s)	1s			
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.				

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amount involved
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			

### Schedule R (Form 990) 2021 New Life Center

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are al partners 501(c)( orgs.2	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	Dispr tior alloca	n) ropor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managing partner?	<b>(k)</b> Percentage ownership
			Sections 512-514)	Yes N			Yes	No		Yes NO	

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 New Li Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.