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Form **990**

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

20**08**

Open to Public Inspection

<u> </u>	or u	le 2008 Can	endar year, or tax year beginning , 2008, and ending		, 20	
Вс	heck if as	Please	C Name of organization NEW COMMUNITY CORPORATION	D Employer ide	entification number	
	Addre	ess use IR	Doing Business As	22-191	1104	
	Name	change print o	Number and street (or P O box if mail is not delivered to street address) Room/sui	te E Telephone n	umber	
Г	Initial	type Iretum See	233 WEST MARKET STREET	(973) 62	23-2800	
Г	Term	ination Instruc				
x	Amer	nded tions	NEWARK, NJ 07103	G Gross receipt	ts \$ 20 00	7,943.
1		cation F N	lame and address of principal officer	H(a) Is this a grou		
	penu	ing		affiliates? H(b) Are all affilia	⊢	
$\overline{\mathbf{I}}$	Tax-ex	empt status	X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527	⊣ ''	ch a list. (see Instructions)	
<u></u>			NEWCOMMUNITY.ORG	H(c) Group exem		'
		of organization	X Corporation Trust Association Other ▶ L Year of form		State of legal domicile	
	rtI	Summai		nacon IVI	- State of legal dofficin	e NJ
1 6						
	1		ribe the organization's mission or most significant activities			
õ			MENT, CONSTRUCTION AND MANAGEMENT OF COMMUNITY HOU			
Governance			SUPPORT FACILITIES FOR LOW TO MODERATE INCOME FAM			
Ver			CITIZENS AND ECONOMIC DEVELOPMENT FOR LIMITED INCO			-
တိ	2		oox If the organization discontinued its operations or disposed of more than 2	5% of its assets	1 1	
රේ ග	3		voting members of the governing body (Part VI, line 1a)		3	7
Activities	4	Number of i	ndependent voting members of the governing body (Part VI, line 1b)			5
ij	5		er of employees (Part V, line 2a)		5	643
¥	6		er of volunteers (estimate if necessary)		6	540
	7 a	Total gross	unrelated business revenue from Part VIII, line 12, column (C)		7a	
	b	Net unrelate	ed business taxable income from Form 990-T, line 34	· · · · · · · · · · ·	7 b	
				Prior Year	Current	Year
= e	8		n and grants (Part VIII, line 1h)	1,738,15	<u>54. 2,08</u>	2,722.
euge Tog	9	Program se	rvice revenue (Part VIII, line 2g)	13,789,24	<u> 11,14</u>	9,144.
چ چ	10	Investment	income (Part VIII, column (A), lines 3, 4, and 7d)	9,660,43	30. 5,08	1,458.
۳.	11	Other reven	ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,074,26		2,145.
<u> </u>	12	Total revenu	ue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	28,262,09		5,469.
₹— 1	13	Grants and	similar amounts paid (Part IX, column (A), lines 1-3)		1	0,027.
-	14	Benefits pai	d to or for members (Part IX, column (A), line 4)			NONI
ปร	15	Salaries, otl	ner compensation, employee benefits (Part IX, column (A), lines 5-10)	8,460,30	01 6.65	1,461.
Perses	16a	Professiona	I fundraising fees (Part IX, column (A), line 11e)	0,100,0	71. 3733	NONI
ž ģ	Ь	Total fundra	ising expenses, Part IX, column (D), line 25) NONE			110111
ش			nses (Part IX, column (A), lines 11a-11d, 11f-24f)	14,004,20	10 70	0,184.
S			ses. Add lines 13-17 (must equal Part IX, column (A), line 25)	22,464,50		1,672.
	19		ss expenses Subtract line 18 from line 12	5,797,59		3,797.
es		11010114010	16/3	Beginning of Ye		
anc	20	Total assets	(Part X, line 16) In MAR 0 1 2011			
Ass. Bal	21		es (Part X, line 26)	55,739,78		3,959.
Net Assets or Fund Balances	22		or fund balances, Subtract line 21 from line 200 CDEN.	40,700,73		1,108.
				15,039,05	15,55	2,851.
Га	rt II		re Block			
		Under penal	ties of perjury, declare that I have examined this return, including accompanying schedules t is true, correct, and complete Declaration of preparer (other than officer) is based on all i	and statements, and	I to the best of my !	knowledge
c	ign			10/	10/11	
	lere	Signat	ure of officer	Date	10/1	
п	ere	, Oignat		Date		
		Turana	Chief Financial officer			
_		F Type o	r print name and title			
Paid	1	Preparer's	Date 2/16/1/ Check self.		parer's identifying num instructions)	iper
	parer's	signature	employ		<u>P01275156</u>	
	Only	Firm's name if self-employ	(or yours WITHUMSMITH+BROWN, P.C.	EIN >	22-202709	2
		address, and	ZIP+4 ONE SPRING STREET NEW BRUNSWICK, NJ 08901	Phone no	732-828-1	614
_			his return with the preparer shown above? (See instructions)	<u></u> .	X Yes	No
For	Priva	cy Act and I	Paperwork Reduction Act Notice, see the separate instructions.		Form 95	90 (2008)

Pa	Int Statement of Program Service Accomplishments (see Instructions)
1	Briefly describe the organization's mission:
	DEVELOPMENT, CONSTRUCTION AND MANAGEMENT OF COMMUNITY HOUSING AND
	RELATED SUPPORT FACILITIES FOR LOW TO MODERATE INCOME FAMILIES AND
	SENIOR CITIZENS AND ECONOMIC DEVELOPMENT FOR LIMITED INCOME PEOPLE
2	Did the organization undertake any dignificant program consists during the year which ware not listed as
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	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 exempt purpose achievements for each of the organization's three largest program services by expenses
•	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported
	anocations to exhaus, the total expenses, and revenue, if any, for each program service reported
4 a	(Code) (Expenses \$16,736,238. including grants of \$) (Revenue \$11,149,144.)
	DEVELOPMENT, CONSTRUCTION AND MANAGEMENT OF COMMUNITY
	HOUSING AND RELATED SUPPORT FACILITIES FOR LOW TO MODERATE
	INCOME FAMILIES AND SENIOR CITIZENS AND ECONOMIC DEVELOPMENT FOR LIMITED INCOME PEOPLE
	FOR LIMITED INCOME PEOPLE
4 1-	
4 b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4 c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	
	Other program services. (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
_	Total program service expenses ▶\$ 16,736,238. (Must equal Part IX, Line 25, column (B).)
ISA	20 1 000 Form 990 (2008)

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	х	!
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X_	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		х
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21; 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		х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			
	Parts VI, VIII, IX, or X as applicable	11	х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return			
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		<u>x</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		х_
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		_X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х
21	Did the organization report more than \$5,000 on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? If "Yes," complete			
	Schedule J	23		<u> </u>
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 questions			
	24b-24d and complete Schedule K. If "No," go to question 25	24a		<u> </u>
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			
	person from a prior year? If "Yes," complete Schedule L, Part I	25b		<u>X</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
_	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			
JSA	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X
JSA 8E1021	1 000	Form	990	(2008)

Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			
	employee), or an indirect business relationship through ownership of more than 35% in another entity			
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a	·	x
b				
	complete Schedule L, Part IV	28b		х
C	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			
	professional corporation) doing business with the organization? 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		х
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		·	
	section 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part		,	
	<u> </u>	37		x

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1 c		
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 643			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3 a		_X_
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3 b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
_	account)?	4a		<u> X</u>
b	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			
	and Financial Accounts	5.0		37
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	35		<u>X</u>
C	Prohibited Tax Shelter Transaction?	5 c		
62	Did the organization solicit any contributions that were not tax deductible?	6a		Х
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			-11
_	gifts were not tax deductible?	6 b	.	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7 a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7 b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282? · · · · · · · · · · · · · · · · · · ·	7с	, <u> </u>	X
	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	_		
_	benefit contract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
n	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7h		
8	required?			
•	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8	·]	
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a	Ī	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
þ	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			,
l 2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? • • • • If "You " onter the amount of tax exempt interest received or account distant the amount of tax exempt interest received or account distant the amount of tax exempt interest received or account distant the amount of tax exempt interest received or account distant the amount of tax exempt interest received or account distant the amount of tax exempt interest received or account distant the amount of tax exempt interest received or account distant the amount of tax exempt interest received or account distant interest received or account distant interest received or account of tax exempt in tax ex	12a		
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		990	
		rom	33U	17008

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

<u>Sect</u>	ion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, process, or changes in Schedule O See instructions.			
1a	J			
b	Enter the number of voting members that are independent 1b 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
3	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 direct supervision of officers, directors or trustees, or key employees to a management company or other person?			
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	3_		<u> </u>
5	Did the organization become aware during the year of a material diversion of the organization's assets?	4		<u>X</u>
6		5		_X
7a	Does the organization have members or stockholders?	6		Х
	· · · · · · · · · · · · · · · · · · ·	7a		.,
b	of the governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7 b		X X
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during	7.5		
	the year by the following			
а	The governing hady?	8a	х	
ь	Each committee with authority to act on behalf of the governing body?	8 b	^	х
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9 b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process if any, the organization uses to review the Form 990	10		Х
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		Х
Secti	on B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	<u> X</u>	
b	,,,,,,,			
_	rise to conflicts?	12b	_X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done			
13	Does the organization have a written which lower notice?	12c	Х	
14	Does the organization have a written document retention and destruction policy?	13	X	
15	Did the process for determining compensation of the following persons include a review and approval by	14	X	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	150	Ì	17
b	Other officers or key ampleyees of the arrespondence	15a 15b		<u>X</u>
	Describe the process in Schedule O (see instructions)	135		<u> </u>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a	x	
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b	x	
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶NJ,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s	only)		
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter	est		
••	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization NEW COMMUNITY CORPORATION 233 WEST MARKET STREET NEWARK, NJ 07103	. _		
	(973) 623–2800			

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees; highest compensated employees, and former such persons.

(A)	(B)			(0	>)			(D)	(E)	(F)
Name and Title	Average hours per week	hours per week read of the compensation from		from the	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations				
DESMOND O'CONNELL										<u> </u>
BOARD MEMBER	1.	<u>X</u>						NONE	NONE	NON
BARRY BAKER	 									
BOARD MEMBER	1.	_X_						NONE	NONE	NON
MADGE WILSON			li							
BOARD MEMBER	40.	X	\vdash					55,000.	NONE	NON
MSGR. WILLIAM J. LINDER										
BOARD MEMBER	40.	X	\vdash					62,700.	NONE	NON
ARTHUR WILSON										
PRESIDENT	1.			Х				NONE	NONE	NON
EDGAR NEMORIN	,			,,				,,,,,,		
TREASURER MEWTON BIGHARDS	1.			Х				NONE	NONE	NON
NEWTON RICHARDS SECRETARY	1.		ŀ	х				NONE	NONE	MOM
ABDO GALABI				^				NONE	NONE	NON
CHIEF FINANCIAL OFFICER	40.			х				120,167.	NONE	NON
JOSEPH MATARA								120/107.	NONE	<u> </u>
CHIEF OPERATING OFFICER	40.			x				143,000.	NONE	NON
								210,000		
										·
·										
	-					-				
	_									
										
						-				
	1									

Form 990 (2008)

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Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	plo	ye	es,	and i	Higl	hest Compensat	ed Employ	rees (co	ontinue		age o
(A)	(B)	(C)						(D)	(E)		(F)		
Name and title	Average hours per	$\overline{}$	_		_	that app		Reportable compensation	Reporta compensa	ation	am	imated ount of	
•	week	Individual trustee or director	Institutional truste	Officer	Key employee	Highest compensated employee	Former	from the	from rela organizat			ther ensatio	חכ
•		or or	nai tn		loyee	eomp		organization (W-2/1099-MISC)	(W-2/1099-	MISC)		m the	n
		tee	ustee			ensat						related	
						8							
	} 												
		ļ											
· · · · · · · · · · · · · · · · · · ·		ļ					_		- · · · · · · · · · · · · · · · · · · ·				
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			_										
	-												
									<u>-</u>				
		ļ											
		ļ											
	<u> </u> 												
1b Total			لــا			• • •	•	380,867.		NONE		N	ONI
2 Total number of individuals (including those							han		oortable co	mpensa	ation fr	om th	е
organization > 2									<u> </u>			Yes	No
3 Did the organization list any former office	er, directo	or or	tru	ste	e, I	key e	mp	loyee, or highest	t compens	ated			
employee on line 1a? If "Yes," complete Schede											3		<u>X</u>
4 For any individual listed on line 1a, is the the organization and related organizations												I	
individual								····			4		_x
5 Did any person listed on line 1a receive	e or accr	ue co	mp	ens	atio	n fro	m	any unrelated o	rganızatıon	for		Ī	
services rendered to the organization? If "Yes," Section B. Independent Contractors	complete 3	scnea	uie .	<i>Ι</i> τοι	su	cn pei	rson	<u> </u>	<u></u>	• • -	5		X
Complete this table for your five highest compensation from the organization	compensat	ted in	dep	enc	lent	cont	rac	tors that received	d more tha	n \$100	0,000	of	
(A)								(B)			(C)		
Name and business add	ress						╀	Description of ser	vices	C	ompens	ation	
DES STATEMENT I							\perp						
							+						
2 Total number of independent contractors (I	ncluding th	nose	ın 1	l) v	vho	rece	ived	d more than \$10	0,000 in				
compensation from the organization	1			•				•				· · · · · · · · · · · · · · · · · · ·	
												000 /	

Pai	rt VII	Statement of Reven	ue		<u> </u>	22-1911104		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts ts	1a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts	b	Membership dues	1ь					
ts, g	С (Fundraising events		· ·-				Ī
gif	l d	Related organizations	1d					‡
ž, Ë	e	Government grants (contribu	ıtıons) 1e	1,069,108.				
utio er s	f	All other contributions, gifts, gran	nts,					Ī
ţ.		and similar amounts not included	dabove . 1f	1,013,614.		1		# #
o P	g	Noncash contributions included	ın lines 1a-1f \$	372,259.				#
	_ h_	Total. Add lines 1a-1f	<u> </u>		2,082,722.			<u></u>
ž				Business Code				‡
ě	2a	MNGMT, MAINTENANCE			11,149,144.	11,149,144.		
ě	ь							
ξ	C							
Se	ď			<u></u>				
Ë	e			ļ				
Program Service Revenue	f	All other program service rev					***************************************	
	g	Total. Add lines 2a-2f			11,149,144.			
	3	Investment income (includin						
		other similar amounts)			573,932.	573 , 932.		
	4	Income from investment of t			NONE			
	5	Royalties	(i) Real	(II) Personal	NONE			<u> </u>
				 ``` 				‡
	6a	Gross Rents				1		‡
	b	Less rental expenses				1		1
	l d	Rental income or (loss) Net rental income or (loss) .			575 000	F75 000		Ť
	ľ	Net remai income or (loss).	(ı) Securities	(II) Other	575,062.	575,062.		
	7a	Gross amount from sales of	(,)	5,250,000.				
	١.	assets other than inventory		3,230,000.				
	ь	Less, cost or other basis		742,474.				ł
	_ ا	and sales expenses	1	4,507,526.	t 1			
	c d	Gain or (loss)			4,507,526.	4,507,526.		Ť
	8a			,,,,	4/301/320.	4/30//320.		
Ð	""	events (not including \$	=					Ī
Revenue		of contributions reported on						1
Şe.		See Part IV, line 18						1
Other I	ь	Less' direct expenses						1
ᅙ	c	Net income or (loss) from ful			NONE			
	9a	Gross income from gaming a	activities					
		See Part IV, line 19				-		•
	ь	Less direct expenses	ь					
	c	Net income or (loss) from ga	aming activities	<u></u>	NONE			
	10a	Gross sales of invent	ory, less			1		1
	ĺ	returns and allowances	a					1
	ь	Less cost of goods sold	b			1		1
	С	Net income or (loss) from sa			NONE			
		Miscellaneous Reven	iue	Business Code				#
	11a	EQUITY IN INCOME OF LIMIT	ED PARTNERS	531310	377,083.			377,083.
	ь							
	c	<u> </u>						
	ď	All other revenue						
	e	Total. Add lines 11a-11d .			377,083.			
	12	Total Revenue. Add lines 1h						
	<u> </u>	9c, 10c, and 11e · · · ·		<u></u> ,▶	19,265,469.	16,805,664.		377,083.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (D) Fundraising Do not include amounts reported on lines 6b, (A) Total expenses (B) Program service Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . 1,400,027 1,400,027 Grants and other assistance to individuals in the U.S. See Part IV, line 22 NONE Grants and other assistance to governments organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 NONE Benefits paid to or for members NONE Compensation of current officers, directors, trustees, and key employees 380,867 380,867 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) NONE Other salaries and wages 5,226,803. 4,704,123 522,680 NONE Pension plan contributions (include section 401 (k) and section 403(b) employer contributions). . NONE 544,730 490,257 54,473 NONE 10 499,061 449,155. 49,906 NONE Fees for services (non-employees). NONE 550,000 495,000 55,000 NONE 143,601. 129,241 14,360. NONE NONE Professional fundraising services See Part IV, line 17 NONE Investment management fees NONE 360,369. 324,332 36,037. 12 Advertising and promotion 30,625 30,625. NONE 13 Office expenses 505,682 482,325 23,357. NONE 14 Information technology NONE 15 NONE Occupancy <u>47,</u>338. 735,725 688,387 NONE 60,701 17 54,631 6,070. NONE Payments of travel or entertainment expenses for any federal, state, or local public officials NONE Conferences, conventions, and meetings 19 NONE 835,618. 20 835,618. NONE 21 NONE 22 Depreciation, depletion, and amortization . . 235,459 211,913 23,546. NONE 23 Insurance 3,032,419. 2,729,177. 303,242. NONE Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a MEALS_AND_ENTERTAINMENT____ 134,704 134,704 b BANK_CHARGES_____ 369,569 369,569 c STAFF_TRAINING_____ 28,022 28,022 d PAYROLL_PROCESSING_____ 43,617 43,617 e YOUTH_SERVICES_____ 30,472 30,472. 3,135,668 f All other expenses _____ 3,603,601 467,933. 25 Total functional expenses. Add lines 1 through 24f 18,751,672 16,736,238. 2,015,434. NONE Joint Costs. Check here ▶ SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising

Balance Sheet

Part X

			(A) Beginning of year			(B) of yea	r
	1	Cash - non-interest-bearing	1,474,734.	1		124,	
	2	Savings and temporary cash investments	242,385.	2		_	NONE
	3	Pledges and grants receivable, net	NONE			138,	
	4	Accounts receivable, net	NONE	4		130,	<u>045.</u>
	5	Receivables from current and former officers, directors, trustees, key		 			
		employees, or other related parties. Complete Part II of Schedule L		5			
	6	Receivables from other disqualified persons (as defined under section					
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II					
		of Schedule L		6			
s	7	Notes and loans receivable, net	0 702 140	7		410	204
set	8	Inventories for sales or use	2,723,140.	8	4,	419,	<u>394.</u>
Assets	9	Prepaid expenses and deferred charges STMT. 6	2 452 001	9		<u></u>	400
	_	Land, buildings, and equipment. cost basis 10a 6,177,164	3,453,901.	-		688,	409.
		Less: accumulated depreciation. Complete					
		Part VI of Schedule D	3,686,194.	100	2	C 2 7	400
	11	Investments - publicly traded securities	3,000,194.	11		<u>537,</u>	<u>499.</u>
	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 · · · · · · · · · · · · · · · · · ·	44,159,435.	15	27	006	007
	16	Total assets. Add lines 1 through 15 (must equal line 34)	55,739,789.	16		886,	
_	17	Accounts payable and accrued expenses	8,895,433.	17		793,	
	18	Grants payable	115,097.	18		262,	
	19	Deferred revenue	113,097.	19		679,	<u>93Z.</u>
	20	Tax-exempt bond habilities		20			
(n	21	Escrow account liability Complete Part IV of Schedule D		21			
Ħë	22	Payables to current and former officers, directors, trustees, key employees,					
Llabilities	-	highest compensated employees, and disqualified persons. Complete Part II					
Ë		of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third parties STMT. 7	11,643,084.	23	12	209,	278
	24	Unsecured notes and loans payable	11/0/07/00/1	24		205,	<u> </u>
	25	Other liabilities Complete Part X of Schedule D	20,047,121.	25	13	089,	490
	26	Total liabilities. Add lines 17 through 25	40,700,735.			241,	
ces		Organizations that follow SFAS 117, check here ▶ X and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets	14,071,888.	27	6	734,	238
3al	28	Temporarily restricted net assets	967,166.			818,	
פ	29	Permanently restricted net assets		29		<u> </u>	<u> </u>
or Fund Balar		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.	`				
ts	30	Capital stock or trust principal, or current funds		30			
ssets	31	Paid-in or capital surplus, or land, building, or equipment fund		31			
⋖	32	Retained earnings, endowment, accumulated income, or other funds		32			
Net	33	Total net assets or fund balances	15,039,054.	33	15.	552,	851.
	34	Total liabilities and net assets/fund balances	55,739,789.	34		793,	_
Pa	rt XI	Financial Statements and Reporting				,	<u> </u>
				•		Yes	No
1	Acco	unting method used to prepare the Form 990 $igcap ext{Cash} extstyle extbf{X}$ Accrual $igcap ext{Other}$	er				
2a	Were	e the organization's financial statements compiled or reviewed by an independent account	tant?		· · 2a		_X
b	Were	the organization's financial statements audited by an independent accountant? \dots			· · 2b	Х	
C	If "Y€	es" to lines 2a or 2b, does the organization have a committee that assumes responsibility	for oversight of the				-
_		, review, or compilation of its financial statements and selection of an independent accou			· · 2c	х	
3a		result of a federal award, was the organization required to undergo an audit or audits as s					
a.		Single Audit Act and OMB Circular A-133?				Х	
	It "Y€	es," did the organization undergo the required audit or audits?	<u> </u>	<u></u>	· · 3 b	X	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

		CORPORATION								11104
Part I	Reason fo	or Public Chari	ity Status (All organ	izations m	ust comp	lete this	part.) (se	e instru	ctions)	
The orga		· · · · · · · · · · · · · · · · · · ·	dation because it is (Pi		•	-	•			
1			rches, or association (ın sectio	n 170(b)	(1)(A)(i).		
2			on 170(b)(1)(A)(ii). (At							
3			hospital service organ							•
4 📋			zation operated in co	njunction v	with a hos	pital des	cribed in	section	170(b)(1)	(A)(iii). Enter the
	•	ame, city, and sta			-					
5	-	•	or the benefit of a col	lege or un	iversity ow	ned or o	perated I	oy a gove	ernmental	unit described in
		(b)(1)(A)(lv). (C	•							
<u>6</u>			vernment or governme							
7			lly receives a substan		its support	t from a g	governme	ental unit	or from t	the general public
. —			(1)(A)(vi). (Complete F							
8 X			d in section 170(b)(1)(•				
9			fly receives. (1) more							
			ted to its exempt fun		-		-			
			ment income and un						511 tax)	trom businesses
40 🗂		-	after June 30, 1975					•	(
10			and operated exclusive			-			-	•
11			and operated exclusion ublicly supported organical controls.							
			at describes the type of							
	a Typ				e III - Func		-		_	/pe III - Other
e			rtify that the organiz			-	-			•
			ion managers and oth							
		r section 509(a)(F		- 0.ga <u>-</u>		
f	. , , ,	, ,,	-, I a written determina	ition from	the IRS tha	atıtısa	Type I.	Type II o	r Type III	supporting
		n, check this box					.,,,	.,,,	, , ,	
g	Since Augu	st 17, 2006, has	the organization acce	pted any g	ift or contri	bution fro	om any of	the		
_	following pe		-				•			
	(i) A pers	on who directly	or indirectly controls	, either ale	one or tog	ether wit	h persor	s describ	oed in (ii)	Yes No
	and (III)	below, the gove	erning body of the sup	ported orga	anization?					11g(i) X
	(ii) A famıl	y member of a p	erson described in (i) a	bove?						11g(ii) X
	(iii) A 35%	controlled entity	of a person described	d in (i) or (ii)	above?					11g(iii) X
<u>h</u>	Provide the	following inform	ation about the organi	zations the	organizati	on suppo	rts			
	of supported	(ii) EIN	(iii) Type of organization		organization		ou notify		s the	(vii) Amount of
orga	anization		(described on lines 1-9 above or IRC section		sted in your document?		nization in of your	organizat	zed in the	support
			(see instructions))				port?	`΄ υ	S?	
				Yes	No	Yes	No	Yes	No	
								-		
										
								 	 	
								-		-
Total										

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

Schedule A (Form 990 or 990-EZ) 2008

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.)

Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	7,278,587.	10,157, <u>99</u> 5.	1,895,623.	1,428,168.	2,082,722.	22,843,095.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3	7,278,587.	10,157,995.	1,895,623.	1,428,168.	2,082,722.	22,843,095.
5	The portion of total contributions by each person (other than a governmental unit or				APPRICACACACACA		
	publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.	11111 11 1			'''''''' 	************************ <u></u>	22,843,095.
	tion B. Total Support		tt	<u></u>	.		22,043,033.
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	7,278,587.	10,157,995.	1,895,623.	1,428,168.	2,082,722.	22,843,095.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar						
	sources	1,083,942.	1,301,493.	194,360.	341,931.	573,932.	3,495,658.
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 IV)	50,000.	NONE	305,537.	NONE	377,083.	732,620.
11	Total support. Add lines 7 through 10					<u> l</u>	27,071,373.
12	Gross receipts from related activities, etc. (S	See instructions)				12	64,368,334.
13	First five years. If the Form 990 is for the						
	organization, check this box and stop here		· · · · · · · · · · · · · · · · · · ·		<u> </u>	<u></u>	<u> ▶ </u>
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2008 (li						84.38 %
15	Public support percentage from 2007						84.18 %
16a	33 1/3% support test - 2008. If the o			•		•	1 1
_	and stop here. The organization qualif		• • •				
b	33 1/3% support test - 2007. If the o	-			•		
170	box and stop here. The organization q			-			
ı / a	10%-facts-and-circumstances test - 2 is 10% or more, and if the organization	_			•	•	
	in Part IV how the organization meets			•		•	
	organization			•	•		
b	10%-facts-and-circumstances test - 2						
~	15 is 10% or more, and if the organiza	_					m IG
	Explain in Part IV how the organization					-	clv
	supported organization				• •	•	· 1 1
18	Private foundation. If the organization						
	instructions				•		▶ 🔲
							

Schedule A (- orm 990 or 990-E2) 2008	22-1911104
Part III	Support Schedule for Organizations Described in Section 509((a)(2)
	(Complete only if you checked the box on line 9 of Part I.)	

<u>Sec</u>	tion A. Public Support						
C	alendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 200	08 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include						
	any "unusual grants ")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an		. "				
	unrelated trade or business under section 513				}		
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1-5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for the year or \$5,000 · · · · · · · · · ·						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6)				<u> </u>		
<u>Sec</u>	tion B. Total Support						
C	alendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 200	8 (f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less					İ	
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business				•		
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV)	· · · · · · · · · · · · · · · · · · ·					
13	Total support. (Add lines 9, 10c, 11,						
	and 12)						
14	First five years. If the Form 990 $\ensuremath{\text{is}}$ for	the organization	n's first, second,	third, fourth, or	fifth tax year a	s a section	501(c)(3)
	organization, check this box and stop here.				<u>.</u>	<u> </u>	▶ 🗍
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2008 (line 8,					15	%_
16	Public support percentage from 2007 Sche			<u> </u>		16	<u>%</u>
	tion D. Computation of Investmen					, ,	
17	Investment income percentage for 2008 (lin			i3, column (f))		17	%
18	Investment income percentage from 2007 S		• •			18	%
19a	33 1/3% support tests - 2008. If the org						
	17 is not more than 33 1/3 %, check this box						
b	33 1/3% support tests - 2007. If the organ						
	line 18 is not more than 33 1/3 %, check this						
20	Private foundation. If the organization did r	not check a box	on line 14, 19a, o	r 19b, check this i			
					9	chedule A /	Form 990 or 990-F7\ 2008

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008
Open to Public Inspection

Name	of the organization		Employer identification number
NEW	COMMUNITY CORPORATION		22-1911104
Par	Organizations Maintaining Donor Adv		Accounts. Complete if
	the organization answered "Yes" to Fo		# T T T T T T T T T T T T T T T T T T T
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor a		
_	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the l		
Par	II Conservation Easements. Complete i	f the organization answered "Ves" to E	orm 990 Part IV line 7
1	Purpose(s) of conservation easements held by the		om 550, i arriv, mie 7.
•	Preservation of land for public use (e.g., recre	_ · / · / / / / / / / / / / / / / /	of an historically importantly land area
	Protection of natural habitat		of certified historic structure
	Preservation of open space		or certified filstorie structure
2	Complete lines 2a-2d if the organization held a qu	alified conservation contribution in the form	n of a conservation easement
	on the last day of the tax year		
	•		Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement	S	2b
C	Number of conservation easements on a certified		1 1
d	Number of conservation easements included in (c) acquired after 8/17/06	2d
3	Number of conservation easements modified, trar	sferred, released, extinguished, or termin	ated by the organization during
	the taxable year 🕨		
4	Number of states where property subject to conse		
5	Does the organization have a written policy regard		
_	enforcement of the conservation easements it hold		
6	Staff or volunteer hours devoted to monitoring, ins		-
7	Amount of expenses incurred in monitoring, inspec	-	-
8	Does each conservation easement reported on lin		
9	170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?		
3	balance sheet, and include, if applicable, the text (•
	the organization's accounting for conservation eas		iai statements that describes
Par	III Organizations Maintaining Collection	s of Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered	I "Yes" to Form 990, Part IV, line 8.	
1 a	If the organization elected, as permitted under SF art, historical treasures, or other similar assets he	AS 116, not to report in its revenue statem	nent and balance sheet works of
	provide, in Part XIV, the text of the footnote to its	financial statements that describes these ite	ems
b	If the organization elected, as permitted under SF historical treasures, or other similar assets held fo provide the following amounts relating to these ite	r public exhibition, education, or research ms	in furtherance of public service,
	(i) Revenues included in Form 990, Part VIII, line		
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, h	storical treasures, or other similar assets	for financial gain, provide the
	following amounts required to be reported under S		
а	Revenues included in Form 990, Part VIII, line 1 .		
b	Assets included in Form 990, Part X		▶\$
For P	ivacy Act and Paperwork Reduction Act Notice, see the Instru	ctions for Form 990.	Schedule D (Form 990) 2008

Pai	t III Organizations Maintain	ing Collections	of Art, Histo	orical Treasu	res, oı	Other Similar A	Assets (continue	ed)
	How the constant					_		
3	Using the organization's accession	and other record	is, check any	of the followin	g that a	are a significant us	se of its collection	
	items (check all that apply)			_				
a	Public exhibition		d	Loan or	exchar	nge programs		
Ь	Scholarly research		e	Other _				
C	Preservation for future ge							
4	Provide a description of the organi	zation's collection	is and explain	n how they furth	her the	organization's exe	empt purpose in	
	Part XIV							
5	During the year, did the organization	on solicit or recei	ve donations	of art, historica	al treas	ures, or other simil	ar	
	assets to be sold to raise funds rat							No
Pai	Trust, Escrow and Cust Part IV, line 9, or reporte	odial Arrangemed an amount o	ients. Comp n Form 990,	lete if organia Part X, line 2	zation 21.	answered "Yes"	to Form 990,	
	· · · · · · · · · · · · · · · · · · ·							
1 a	Is the organization an agent, truste							
	included on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement in	Part XIV and co	mplete the fol	llowing table				
						A	mount	
C	Beginning balance				1 c			
d	Additions during the year				. 1d			
е	Distributions during the year				. 1e			
f	Ending balance				· 1f			
2a	Did the organization include an am	ount on Form 99	0, Part X, line	21?			Yes	No
	If "Yes," explain the arrangement in							
Par	t V Endowment Funds. Con	nplete if organi	zation answe	ered "Yes" to	Form	990. Part IV. line	10.	
		(a) Current Year	(b) Prior ye	T	years ba			years back
1 a	Beginning of year balance				-			,
b	Contributions							
C	Investment earnings or 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 year end h	alance held ac	L				
a	Board designated or quasi-endown		%	•				
b	Permanent endowment ▶	%						
								
	Are there endowment funds not in	. * *	of the organiza	ation that are h	sold on	d administrator d for		
	organization by.	the possession o	in the organiza	ation that are n	ieiu ani	u administered for	_	/ N -
	(i) unrelated organizations							es No
	(ii) related organizations							
ь	If "Yes" to 3a(II), are the related org	anizatione lietod	oc required or	Schodulo B2			3a(ii)	
4	Describe in Part XIV the intended u						3b	Щ
Par					204 V	line 10		
I a				1		iine iu.		
	Description of investment	(In	t or other basis vestment)	(b) Cost or ot basis (other		(c) Depreciation	(d) Book valu	ie
1 a	Land			584,	179.		584	1,179.
þ	Buildings			4,460,	222.	1,632,748.	2,827	7,474.
C	Leasehold improvements							
d	Equipment			1,132,	763.	1,006,917.	125	5,846.
	Other							
Tota	. Add lines 1a-1e (Column (d) shou	ld equal Form 990), Part X, colu	ımn (B), lıne 10	(c)).	<u></u> ▶	3,537	7,499.
							Schedule D (Forn	

Part VII	Investments - Other Securities.	See Form 990, Part X, line 12	22-1311104
· -	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial der	ivatives and other financial products		
	equity interests		
 -			
-			
	(b) should equal Form 990, Part X, col (B) line 12)		
Part VIII	Investments - Program Related.		3.
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
			·
		_	- · · · · · · · · · · · · · · · · · · ·
	(A)		
Part IX	(b) should equal Form 990, Part X, ∞I (B) line 13) Other Assets. See Form 990, Pa	- 1	
Partix	Other Assets. See Form 990, Fa	(a) Description	(h) Poelivelie
DDO TROM	DELET OF COURT	(a) Description	(b) Book value
	DEVELOPMENT COSTS		2,227,596
FUNDS IN	ENT IN AFFILIATES		28,833,044
	1 AFFILIATES		17,689
DUE FROM	AFFILIALES		6,807,678
		· · · · · · · · · · · · · · · · · · ·	
			
	"		
		·	
Total, (Column	(b) should equal Form 990, Part X, col (B) line 15)		37,886,007
Part X	Other Liabilities. See Form 990,		37,000,007
	(a) Description of liability	(b) Amount	
Federal incon	ne taxes		
DUE TO A	AFFILIATES	12,760,659.	
CASH OVE		328,831.	
-			
	·		
Total. (Column	(b) should equal Form 990, Part X, col (B) line 25)	▶ 13,089,490.	
In Part XIV,			nents that reports the organization's liability for

Schedule D (Form 990) 2008

Part)	Reconciliation of Change in Net Assets from Form 990 to Financial Statements		· · · · · · · · · · · · · · · · · · ·
	Total revenue (Form 990, Part VIII, column (A), line 12)		19,265,469.
	Total expenses (Form 990, Part IX, column (A), line 25)		18,751,672.
	Excess or (deficit) for the year Subtract line 2 from line 1	\rightarrow	513,797.
	Net unrealized gains (losses) on investments	-	
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)	1	
9	Total adjustments (net) Add lines 4-8	-	
10		0	513,797.
Part >		m	
	Total revenue, gains, and other support per audited financial statements	1	42,459,006.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
	Net unrealized gains on investments		
	Donated services and use of facilities	i i	
	Recoveries of prior year grants	1	
	Other (Describe in Part XIV) 2d 23,193,537.	1	
	Add lines 2a through 2d	2e	23,193,537.
	Subtract line 2e from line 1	3	19,265,469.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1		10/1000/1000
	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV)	1	
	Add lines 4a and 4b	4c	
	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	\vdash	19,265,469.
Part			19,203,109.
1	Takal ayan ang ang dianggan ang ayakan Sangan ang akakamanaka	1	43,066,174.
	Amounts included on line 1 but not on Form 990, Part IX, line 25.	<u> </u>	10,000,171
	Donated services and use of facilities		
b	Prior year adjustments	1 !	
c	Prior year adjustments Losses reported on Form 990, Part IX, line 25 2b 2c	1	
d	Other (Describe in Part XIV) 2d 24,314,502	1	11
_		2 e	24,314,502.
3	Add lines 2a through 2d Subtract line 2e from line 1	3	18,751,672.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	<u> </u>	10,701,072.
•	Investment expenses not included on Form 990, Part VIII, line 7b		
a h	Other (Describe in Part XIV)	1	
•		4c	
5	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	18,751,672.
Part			10,731,072.
	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part	W line	nc 1h
	, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b	IV, IIIIC	:5 ID
2CUE	DULE D PART XII		
PECO	NCILIATION OF REVENUE PER AUDITED FINANCIAL STATEMENTS		
KECO!	CIDIATION OF REVENUE FER ADDITED FINANCIAL STATEMENTS	-	
FYDE	NSES OF CONSOLIDATED EXEMPT & NON EXEMPT AFFILIATES THAT FILE		
DVE D	NOES OF CONSOLIDATED EXEMPT & NOW EXEMPT APPILIATES THAT FILL		
CEDA	פאתר האל פרתוופאוכ		
SEEV	RATE TAX RETURNS.		

Page <u>5</u>	22-1911104	2008	chedule D (Form 990) 2008
		lemental Information (continued)	art XIV Supplemer
			
			
			
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Schedule D (Form 990) 2008

SCHEDULE (Form 990)

OMB No 1545-0047 2008

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Open to Public

SENERAL OPERATING SU SENERAL OPERATING SU SENERAL OPERATING SU SENERAL OPERATING SU (h) Purpose of grant or assistance Inspection Employer identification number Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on 22-1911104 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) ► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S. (d) Amount of cash grant (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ► Attach to Form 990. 925,812. 6,000. 325,000. 140,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed (c) IRC section if applicable 501(C)(3) 501 (C) (3) 501 (C) (3) 501 (C) (3) the selection criteria used to award the grants or assistance? Part 1 General Information on Grants and Assistance 22-3826476 22-1493175 22-3328478 22-1487333 (p) EIN COMMUNITY HILLS EARLY LEARNING CENTER 233 WEST MARKET STREET NEWARK, NJ 07103 228 WEST MARKET STREET NEWARK, NJ 07103 NEW COMMUNITY CORPORATION 540 ORANGE STREET NEWARK, NJ 07103 540 ORANGE STREET NEWARK, NJ 07103 1 (a) Name and address of organization or government ST. ROSE OF LIMA SCHOOL/CHURCH HISPANIC DEVELOPMENT ST. VINCENTS ACADEMY _ Department of the Treasury Internal Revenue Service Name of the organization

					_
2 Enter total numb	umber of section 501(c)(3) and government organizations	•	•	•	
3 Enter total nu	umber of other organizations	• • • • • • • • • •			 :
For Privacy Act a	and Paperwork Reduction Act Notice, see the Instructions for Form 990.	for Form 990.	:		

Schedule I (Form 990) 2008

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) THE MANAGEMENT OF NEW COMMUNITY CORPORATION (NCC) AS THE MANAGING AGENT. THE ORGANIZATION'S GRANTS/DONATIONS TO RELATED ENTITIES ARE MONITORED BY (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients MONITORING USE OF GRANT FUNDS ... (a) Type of grant or assistance Part III

Schedule I (Form 990) 2008

SCHEDULE M (Form 990)

Non-Cash Contributions

► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. ►Attach to Form 990.

OMB No 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

NEW	COMMUNITY CORPORATION				22-1911104		
Par	Types of Property		-				
		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1	Method of	(d) determinin enues	9
1	Art-Works of art						
2	Art-Historical treasures						
3	Art-Fractional interests						
4	Books and publications						
5	Clothing and household						
	goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						-
9	Securities-Publicly traded		1	372,259	SELLING P	RICE	
10	Securities-Closely held stock						
11	Securities-Partnership, LLC,						
	or 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						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ▶()						
26	Other ►()						
27	Other ►()						
28	Other ▶()						
29	Number of Forms 8283 received by						
	which the organization completed F	Form 8283, I	Part IV, Donee Acknowled	gement	. 29		1
					,	Yes	No
30 a	During the year, did the organiza	tion receive	by contribution any prop	erty reported in Part I,	line 1-28 that		
	it must hold for at least three yea	rs from the	date of the initial contribi	ution, and which is not i	required to be		
	used for exempt purposes for the e	-	period?			30a	Х
b	If "Yes," describe the arrangement i						
31	Does the organization have a	gift accept	ance policy that require	es the review of any	non-standard		
	contributions?					31	Х
32a	Does the organization hire or use	•		· •			
	contributions?					32a	Х
b	If "Yes," describe in Part II.						
33	If the organization did not report re	evenues in c	olumn (c) for a type of pro	perty for which column	(a) is checked,		
_	describe in Part II						

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

Schedule M (Form 990) 2008

schedule M (orm 990) 2008 22-1911104 Page 2
Part II	Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.
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SCHEDULE 0 (Form 990)

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

	OMB No 1545-0047			
e .	2008			
2	Open to Public			
Inspection				
Employer identification number				

Department of the Treasury Internal Revenue Service Name of the organization

NEW COMMUNITY CORPORATION	22-1911104
REVIEW PROCESS	
PART_VI_SECTION_A_#10	
THE BOARD APPOINTED THE TREASURER OF THE BOARD TO REVIEW THE DRAF	
990. THE TREASURER REVIEWS THE RETURN BEFORE FILING.	
-	
_	
	
	
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	-

SCHEDULE R (Form 990)

Department of the Treasury

Related Organizations and Unrelated Partnerships

Open to Public Inspection

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

2008

OMB No 1545-0047

(F)
Direct controlling
entity (F)
Direct controlling
entity Employer Identification number 22-1911104 (E)
Public chanty status
(if section 501(c)(3)) (E) End-of-year assets (D) Total income (C)
Legal domicile (state or foreign country) (B) Primary activity ► See separate instructions. Primary activity 0 Identification of Related Tax-Exempt Organizations (A) Name, address, and EIN of related organization (A)Name, address, and EIN of disregarded entity Identification of Disregarded Entities NEW COMMUNITY CORPORATION Name of the organization SEE SCHEDULE Part II Partl

Schedule R (Form 990) 2008

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 890.

Part III Identification of Related Organizations Taxable as a Partnership

(J) General or managing partner?	Yes No	>	4	×	;	×	:	×		×		×	
(f) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)													
(H) Disproportorate allocations?	Yes No	>	^	X	:	X	-	×		×	-	×	
(G) Share of end-of-year assets		0,00	612,340.	282,437.		1,562,715.	;	15,042.		8,455,854.		-2,600,672.	
(F) Share of total income		101 10	OT, 434.	-13,847.		564,586.	,	2, 666.		232, 139.		-929.	
(E) Predominant income (related, investment, unrelated)		d d m e z d d	KELATED	RELATED		RELATED		RELATED		RELATED		RELATED	
(b) Direct controlling entity		551	NCC	NCC		NCC		NCC		NCC		NCC	
(C) Legal domicile (state or foreign	comm'r,		N	ĽN		NJ		NJ		NJ		NJ	
(B) Primary actvity		OX ADIO	HOUSING	HOUSING		HOUSING		HOUSING		HOUSING		HOUSING	
(A) Name, address, and EIN of related organization		ASSOCIAT	Z33 WEST MARKET STREET	NEW_COMMUNITY ROSEVILLE ASSOCI	SOCIATES	233 WEST MARKET STREET	HOMES AS	233 WEST MARKET STREET	NEW COMMUNITY ASSOCIATES LIMIT	233 WEST MARKET STREET	ST. JAMES - NC HOMES, LTD. 13-	233 WEST MARKET STREET	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	ation	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
RECTORY ANNEX 233 WEST MARKET STREET NEWARK, NJ 07103	22-3686760	REAL ESTATE	ŊĴ	NCC	C CORP	-129,829.	646,845.	100.0000
EMPLOYMENT & TRAINING URC	2 <u>22</u> _3 <u>2</u> 5 <u>0482</u> _	REAL ESTATE	ŊĴ	NCC	C CORP	-19,512.	2,724,924.	100.0000
HAYES HOMES URC	22-3445562	REAL ESTATE	ĹN	NCC	C CORP	-230, 736.	2,873,149.	100.0000
NEW HORIZONS EDUCATIONAL ENTERPRISE	22_3833288	REAL ESTATE	ŊĴ	NCC	CCORP	62,536.	5,314,221.	100.0000
HOME HEALTH SERVICE URC	56-2370311	REAL ESTATE	ŊĴ	NCC	C COPR	-65,377.	5,162,701.	100.0000
CHILDRENS EDUCATIONAL ENTERPRISES INC. 233 WEST MARKET STREET NEWARK, NJ 07103	22-3527696	REAL ESTATE	ŊŢ	NCC	C CORP	51,700.	11,335.	100.0000

Schedule R (Form 990) 2008

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Schedule R (Form 990) 2009

Schedule R (Form 990) 2008

22-1911104

Page 4

Schedule R (Form 990) 2008

Part VI Unrelated Organizations Taxable as a Partnership

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 ElN of entity	(B) Primary activity	I	(D) Are all partners	(E) Share of	(F) Disproportionate		(H) General or
		(state or foreign country)	section 501(c)(3) organizations?	end-of-year assets	allocations?	of Schedule K-1	managing partner?
			Yes No	3	Yes	(Form 1065)	Yes No
							-
						Schedule R (Form 990) 2008	990) 2008

Schedule R-1 (Form 990) 2008 Part II Continuation of Identification of Related Tax-Exempt
21 1

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
NEW COMMUNITY URBAN RENEWAL CORPORATION 22-2484084					
NJ	RENTAL	NJ	501(C)(3)	11	NCC
COMMUNITY EMPLOYMENT SERVICES					
WEST MARKET STREET NEWARK, NJ	VARIOUS	NJ	501(C)(3)	7	NCC
E TOWERS CORP		:			
WEST MARKET STREET NEWARK, NJ	RENTAL	NJ	501(C)(3)	6	NCC
COMMUNITY HEALTHCARE, INC					
SOUTH ORANGE AVE	HEALTHCARE	NJ	501(C)(3)	3	NCC
COMMUNITY HARMONY HOUSE CORPORATION					
	HOUSING	NJ	501(C)(3)	7	NCC
NEW COMMUNITY DOUGLAS HOMES CORPORATION 22-2222905					
WEST MARKET STREET NEWARK, NJ	HOUSING	NJ	501(C)(3)	7	NCC
NEW COMMUNITY GARDENS HOUSING CORP	:				
WEST MARKET STREET NEWARK	HOUSING	NJ	501(C)(3)	7	NCC
COMMUNITY HOMES					
WEST MARKET STREET NEWARK, NJ	HOUSING	NJ	501(C)(3)	7	NCC
NEW COMMUNITY ROSEVILLE CORPORATION 22-2168454					
WEST MARKET STREET NEWARK,	HOUSING	NJ	501(C)(3)	7	NCC
NEW COMMUNITY SUSSEX HOUSING CORPORATION 22-2877022					
WEST MARKET STREET NEWARK, N	HOUSING	NJ	501(C)(3)	7	NCC
NEW COMMUNITY MANOR HOUSING CORPORATION 22-2327615					
WEST MARKET STREET NEWARK,	HOUSING	NJ	501(C)(3)	7	NCC
COMMUNITY SENIOR CITIZEN HOI					
WEST MARKET STREET NEWARK, NJ	HOUSING	NJ	501(C)(3)	7	NCC
NCC TOWNHOUSE DEVELOPMENT CORPORATION 22-2703451					
WEST MARKET STREET NEWARK,	HOUSING	NJ	501(C)(3)	7	NCC
NEW COMMUNITY HOMES CORPORATION 23-7368384					
233 WEST MARKET STREET NEWARK, NJ 07103	HOUSING	NJ	501(C)(3)	7	NCC
NEW COMMUNITY OCEAN BAYVIEW HOUSING CORP 22-3175164					
233 WEST MARKET STREET NEWARK, NJ 07103	HOUSING	NJ	501(C)(3)	7	NCC
				Schedule R-1	Schedule R-1 (Form 990) 2008

Schedule R-1 (Form 990) 2008

Organizations	
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Tax-Exem	
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ate.	
<u>"</u>	
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Identification	
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Continuation	

Part II Continuation of Identification of Related Tax-Exempt Organizations					
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	Exempt Code section Public chanty status Direct controlling (if section 501(c)(3)) entity	(E) Public chanty status (if section 501(c)(3))	(F) Direct controlling entity
NEW COMMUNITY ORANGE SENIOR HOUSING CORP 22-3657446 233 WEST MARKET STREET NEWARK, NJ 07103	HOUSING	νJ	501(C)(3)	7	NCC
COMMUNITY COMMONS HOUSING CORP	DATAION	ΕN	501 (C) (3)	7	JUN
LY SERVICE BUREAU NEWANDE NI			501 (C) (3)	. ~	
ITING NURSE SERVICE STREET NEWARK, NJ	HEALTHCARE	ט א ט	501(C)(3)	n 6	NCC
STREET NEWARK, NJ	HOUSING	ŊĴ	501 (C) (3)	7	NCC
LEARNING CENTER NJ	EDUCATION	ŊĴ	501(C)(3)	2	NCC
INCSTREET NEWARK, NJ	HOUSING	ΓN	501 (C) (3)	7	NCC
TOWNHOUSE DEVELOPMENT CORPORATION WEST MARKET STREET	HOUSING	ΓN	501 (C) (3)	7	NCC
NEWARK, NJ	HEALTHCARE	ŊŨ	501 (C) (3)	8	NCC
	:				
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				Schedule R-1	Schedule R-1 (Form 990) 2008

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Partill Continuation of Identification of Related Organizations Taxable as a Partnership	lentification of Re	elated Or	ganizations Ta	cable as a Partners	hip				
<u> </u>	(B) Primary activity	(C) Legal domicile (state or foreign	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Dispreparames allocations?	(I) Code V-UBI amou box 20' of K-	(J) General or managing partner?
	_	:					Yes No	<u> </u>	Yes No
									-
								Schedule R-1 (Form 990) 2008	390) 2008

2008	
(Form 990)	
Schedule R-1	

Part W Continuation of Identification of Related Organizations Taxable as a Corporation or Trust	rganizations Tax	able as a Corpo	oration or Trus	.			
ŀ	(B) Primary activity	(C) Legal domicile (state or	(D) Direct controlling	Type of entity	(F) Share of total income	(G) Share of end-of-yæar	(H) Percentage
		foreign country)	ennny	or trust)		assefs	dilisialiyo
						Schedule R-1 (Form 990) 2008	1 990) 2008

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(A)	(B)	(0)
Name of other organization	Transaction type (a-r)	Amount involved
(7) NEW COMMUNITY URBAN RENEWAL CORPORATION	P	, 115,994.
(8) NEW COMMUNITY EMPLOYMENT SERCIVES	Ā	239,914.
(9) NEW COMMUNITY ROSEVILLE TOWERS CORP	Ъ	17,963.
(10) NEW COMMUNITY HEALTHCARE, INC	ď	596, 687.
(11) NEW COMMUNITY HARMONY HOUSE CORPORATION	а	577,237.
(12) NEW COMMUNITY GARDENS ASSOCIATES	Д	457,974.
(13) NEW COMMUNITY SUSSEX L.P.	Ъ	82,608.
(14) NEW COMMUNITY ROSEVILLE ASSOCIATES	ъ	165,338.
(15) NEW COMMUNITY MANOR ASSOCIATES	Д	804,032.
(16) NEW COMMUNITY DOUGLAS HOMES ASSOCIATES	Д	227, 434.
(17) RECOTRY ANNEX	Д	. 59, 708
(18) EMPLOYMENT & TRAINING URC	Д	113,618.
(19) HAYES HOMES URC	Д	117,616.
(20) NEW HORIZONS EDUCATIONAL ENTERPRISE	Ъ	320,000.
(21) HOME HEALTH SERVICE URC	Д	119,193.
(22) NEW COMMUNITY HOMES	Д	189,117.
(23)		
(24) FAMILY SERVICE BUREAU	Ωı	98,325.
	Sche	Schedule R-1 (Form 990) 2008

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7) ESSEX VALLEY VISITING NURSE SERVICE	d.	. 89, 401.
(8) HUDSON SENIOR	<u>a</u>	121, 688.
(9) COMMUNITY HILLS EARLY LEARNING CENTER	P	12, 377.
(10)		
(11) COMMUNITY COMMONS ASSOCIATES LTD	Б	743, 161.
(12) NEW COMMUNITY ORANGE SENIOR HOUSING CORP	Б	168,522.
(13) NEW COMMUNITY URBAN RENEWAL CORPORATION	D	2,714,396.
(14) NEW COMMUNITY EMPLOYMENT SERVICES	D	3,222,160.
(15) NEW COMMUNITY ROSEVILLE TOWERS CORP	D	184,854.
(16) NEW COMMUNITY HEALTHCARE, INC	ធ	-539, 146.
(17) NEW COMMUNITY HARMONY HOUSE CORPORATION	D	3,882,944.
(18) NEW COMMUNITY GARDENS HOUSING CORP	ω	-4,045.
(19) NEW COMMUNITY GARDENS ASSOCIATES	D	249,547.
(20) NEW COMMUNITY SUSSEX L.P.	ы	-232,654.
(21) NEW COMMUNITY ROSEVILLE ASSOCIATES	ঘ	-1,106,429.
(22) NEW COMMUNITY MANOR ASSOCIATES	D	2,540,196.
(23) NEW COMMUNITY DOUGLAS HOMES ASSOCIATES	D	42,584.
(24) RECTORY ANNEX	<u> </u>	-1,431,957.
		Schedule R-1 (Form 990) 2008

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7) EMPLOYMENT & TRAINING URC	F	347,012.
(8) HAYES HOMES URC	3	-290,605.
(9) NEW HORIZONS EDUCATIONAL ENTERPRISE	ध	-673,834.
(10) HOME HEALTH SERVICE URC	Q	434,719.
	3	-1,481,748.
(12) NEW COMMUNITY MANOR HOUSING CORPORATION	Э	-1,404.
(13) NEW COMMUNITY SENIOR CITIZEN HOUSING CO	D	. 23, 900
(14) NEW COMMUNITY COMMONS HOUSING CORP	េ	-6,512.
(15) FAMILY SERVICE BUREAU	Ð	-807, 686.
(16) ESSEX VALLEY VISITING NURSE SERVICE	ធ	-3,476,416.
(17) HUDSON SENIOR	E	-210,667.
(18) COMMUNITY HILLS EARLY LEARNING CENTER	D	331,172.
(19) NEW COMMUNITY ASSOCIATES LIMITED	D	3,709,887.
(20) COMMUNITY COMMONS ASSOICATES LTD	D	488,416.
(21) NEW COMMUNITY ORANGE SENIOR HOUSING CORP	D	305, 873.
(22) NEW COMMUNITY EMPLOYMENT SERVICES CORPORATION	н	40,000.
(23) NEW COMMUNITY DOUGLAS HOMES CORPORATION	ы	-4,759.
(24) CARE AT HOME, INC.	<u> a</u>	-3,648,349.
	408	Schedule R-1 (Form 890) 2008

	thedule R (Form 990), Part V, line 2)
	of Transactions With Related Organizations (So
-1 (Form 990) 2008	Continuation
Schedule R	Part V

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7) CHILDRENS EDUCATIONAL ENTERPRISES INC.	ы	-386, 686.
(8)		
(6)		
(10)		
(11)		
(12)		
(13)		
(14)		
(15)		
(16)		
(17)		
(18)		
(19)		
(20)		
(21)		
(22)		
(23)		
(24)		
	Sch	Schedule R-1 (Form 990) 2008

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES COMPENSATION

WITHUMSMITH+BROWN 1 SPRING STREET NEW BRUNSWICK, NJ 08901 AUDIT, TAX, CONSULT. 182,700.

TOTAL COMPENSATION

182,700.

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

OTHER INCOME

RENTAL INCOME

636,734.

636,734.

RENT AND ROYALTY SUMMARY

PROPERTY	TOTAL INCOME	DEPLETION/ DEPRECIATION	OTHER EXPENSES	ALLOWABLE NET INCOME
RENTAL INCOME	636,734.			636,734.
TOTALS	636,734.			636,734.

FORM	990,	PART	X -	NOTES	AND	LOANS	RECEIVABLE	
====	=====	=====	====		====			

BORROWER:	NC SUSSEX	
BORROWER:	DOUGLAS HARRIS	
BEGINNING BALANCE DUE		4,208,329.
BORROWER:	MANOR URC	
BEGINNING BALANCE DUE ENDING BALANCE DUE		1,442,595. 1,442,595.
BORROWER:	NCEDC	
		•
BORROWER:	BABYLAND	
BEGINNING BALANCE DUE ENDING BALANCE DUE		422,985. 323,852.
BORROWER:	NEW HORIZONS	
TOTAL BEGINNING NOTES A	ND LOANS RECEIVABLE	9,063,658.
TOTAL ENDING NOTES AND	LOANS RECEIVABLES	4,419,394.

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

		===========	
	TOTALS	3,453,901.	2,688,409.
PREPAID EXPENSES		3,453,901.	2,688,409.
DESCRIPTION		BOOK VALUE	BOOK VALUE
•		BEGINNING	ENDING

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE	
LENDER: VARIOUS	
BEGINNING BALANCE DUE	11,643,084.
ENDING BALANCE DUE	12,209,278.
TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	11,643,084.
TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	12,209,278.

4797

(99)

Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

► Attach to your tax return.

▶ See separate instructions.

OMB No 1545-0184

Attachment Sequence No 27 Internal Revenue Service Name(s) shown on return Identifying number NEW COMMUNITY CORPORATION 22-1911104 1 Enter the gross proceeds from sales or exchanges reported to you for 2008 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions) Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions) (f) Cost or other (e) Depreciation (g) Gain or (loss) 2 (a) Description (b) Date acquired (c) Date sold (d) Gross allowed or basis, plus Subtract (f) from the of property (mo day, yr) (mo, day, yr) sales price improvements and allowable since sum of (d) and (e) acquisition expense of sale Gain, if any, from Form 4684, line 45 3 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 Gain, if any, from line 32, from other than casualty or theft 6 4,507,526. Combine lines 2 through 6 Enter the gain or (loss) here and on the appropriate line as follows 4,507,526. Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9 Skip lines 8, 9, 11, and 12 below Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below Nonrecaptured net section 1231 losses from prior years (see instructions) Subtract line 8 from line 7 If zero or less, enter -0- If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions) Part II Ordinary Gains and Losses (see instructions) Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less) Loss, if any, from line 7 11 Gain, if any, from line 7 or amount from line 8, if applicable Gain, if any, from line 31 13 Net gain or (loss) from Form 4684, lines 37 and 44a Ordinary gain from installment sales from Form 6252, line 25 or 36 15 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 Combine lines 10 through 16 17 17 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below a If the loss on line 11 includes a loss from Form 4684, line 41, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a Enter here and on Form 1040, 18h

For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2008)

(a) Description of section 1245, 1250, 1252, 1254, or	125	5 property		(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)
PROPERTY '				VAR	VAR
)				<u> </u>	
		Property A	Property B	Property C	Property D
ese columns relate to the properties on lines 19A through 19	D. 🕨			,	
3.,	20	5,250,000.			-
	21	742,474.		_	
` ' '	22				
Adjusted basis. Subtract line 22 from line 21	23	742,474.			
	24	4,507,526.		1	
If section 1245 property:	_				
a Depreciation allowed or allowable from line 22					
b Enter the smaller of line 24 or 25a	25b				
used, enter -0- on line 26g, except for a corporation subject to section 291					
a Additional depreciation after 1975 (see instructions).	26a				
b Applicable percentage multiplied by the smaller of					
line 24 or line 26a (see instructions)	26Ь				
c Subtract line 26a from line 24 If residential rental property		İ			
or line 24 is not more than line 26a, skip lines 26d and 26e	26c				
d Additional depreciation after 1969 and before 1976 _	26d				
e Enter the smaller of line 26c or 26d	26e				
f Section 291 amount (corporations only)	26f				
g Add lines 26b, 26e, and 26f	26g				
If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership)					
a Soil, water, and land cleaning expenses	27a				
b Line 27a multiplied by applicable percentage (see instructions)	27ь				
c Enter the smaller of line 24 or 27b	27c				
If section 1254 property: a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, and mining exploration costs (see instructions)	28a				
	28Ь		···		
If section 1255 property:				1	
a Applicable percentage of payments excluded from					
income under section 126 (see instructions)	29a				
b Enter the smaller of line 24 or 29a (see instructions)			•		
ımmary of Part III Gains. Complete propert		lumns A through	D through line 2	9b before going to li	ne 30.
immary of Part iii Gains. Complete propert	y co	iumns A unough	D trirough line 2	so before going to in	116 20.
Total gains for all properties Add property columns A	thro	ugh D, line 24		30	
Add property columns A through D, lines 25b, 26g, 2					
Subtract line 31 from line 30. Enter the portion from					
other than casualty or theft on Form 4797, line 6		· · · · · · · · · · · · · · · · · · ·	·	32	
art IV Recapture Amounts Under Section (see instructions)	ns '	179 and 280F(b)(2	?) When Busine	ss Use Drops to 50	% or Less
				(a) Section 179	(b) Section 280F(b)(2)
Section 179 expense deduction or depreciation allow	able ı	n prior years		3	
				4	<u> </u>
Recomputed depreciation (see instructions)					