

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



## **Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047

Open to Public Inspection

Ā	For th	ne 2009 ca		year, or tax year		NAURY 1	, 2009, an			MBER 31		
В	Check if	applicable	Please	C Name of organiza	tion NEW COVEN	ANT COMM	JNITY DE	VELOP	MENT CO	D Emplo	yer identification	number
		change	use IRS label or	Doing Business A	us					13	416757	<u>′7                                    </u>
_	Name c	•	print or	Number and street (	or PO box if mail is not o	delivered to street a	ddress)	Room/surt	8	E Teleph	one number	
_	Initial re	-	type See	<b>1169 BOSTON</b>				OF	FICE	(718)	328-607	′2
	Termina		Specific Instruc-	City or town, stat	e or country, and ZIP	+ 4						
		ed return	tions.	BRONX, NEW	YORK 10456					G Gross re	eceipts \$	40,831
		on pending	F Nam	ne and address of pr	incipal officer				H(a) is t	this a group return	n for affiliates? Yes	<b></b> ✓ No
									1		included? Tyes	
ī	Tax-ex	empt status	s. 🔽 5	i01(c) ( )◀ (insert	no) 4947(a)(1)	or 🔲 527					list. (see instruction	
J	Webs	ite: ▶							H(c) Grou	p exemption nu	mber >	
K	Form of	organization	Z Corpo	oration Trust A	ssociation Other >		L Year	of formatio	n	M State o	f legal domicile	
Pa	art I	Summ	ary									
	1	Briefly de	escribe	the organization	n's mission or mo	st significant	activities:	Comm	unity ou	treach, ref	erral, Home	
	'	foreclos	sure pre	evention, Credit	Repairs and ski	II retraining	or emplo	yment.	After-sch	ool progra	am, youth/adu	lts
92					evention and gen							
ä												
Activities & Governance	2	Check this	box ▶ [	If the organization	on discontinued its ope	erations or dispo-	sed of more	than 25%	of its net as	ssets.		
Ğ					he governing bod	•		3 53	٦	3	l <u>.</u>	5
8	4	Number	of inder	oendent voting i	members of the g	overning ho		e 1b		4		0
퐞	5	Total pur	mber of	employees (Pa	† V. line 2a)	1	<del></del>		<b>7</b> 1	5		0
<b>Vc</b>					mate if necessary	MAY E	o 4 2	010 - 16	<i>Y</i>	6		11
•	7a	Total oro	oss unre	lated husiness i	evenue from Part	Mil column				7a		40,831
	Ь	Net unre	lated bu	usiness taxable	income from Forn	n 990-T, line-	34	إلبب	≚[: : :	. 7b	-	0
							JEN.	TITL	Prior	Year	Current Ye	ar
97	8	Contribut	tions an	nd grants (Part \	/III. line 1h)			<del></del>	_	4,523		40,831
	1			revenue (Part \			• • •	· ·		0		0
Revenue					lumn (A), lines 3,					0		0
æ					(A), lines 5, 6d, 8					1,850		0
					h 11 (must equal F			12)		6,373		40,831
_	+									0		0
	1	Grants and similar amounts paid (Part IX, column (A), lines 1–3) Benefits paid to or for members (Part IX, column (A), line 4)									9,150	
93	15		•		ployee benefits (Pa			-10)		2,715 0		0
ens	160			•	rt IX, column (A), I					0		0
Expenses	h			•	X, column (D), line	•						
_	-		_	•	n (A), lines 11a-1					1,719		30,943
			•	•	7 (must equal Par					6,373		40,093
					line 18 from line 1		, y, iii o z	": :		1,939		744
5 6	3							В	eginning of	Current Year	End of Yea	ar
Assets of Balance	20	Total ass	sets (Pa	art X, line 16) .		,				7,159		16,448
Ass	21			Part X, line 26)		7	• • •			1,309		7,595
Z Z	22	Net asse	ets or fu	ind balances. Si	ubtract line 21 fro	m line 20				5,850		8,853
	art II			Block \		1						
					t I have examined this lete.\Declaration of pi	rejum, including	accompany	ing schedu	les and sta	tements, and	to the best of my k	nowledge
		and belie	ef, it is tru	e, correct, and com	lete. Declaration of o	eparer (other tha A VIA	n officer) is I	based on a	ill information	on of which p	reparer has any kn	owledge
Sig	an			14		401.			1			
He	_	Sign	ature of c	officer	1110	<u> </u>	/	1. 1	) c	ate		
		lk j	lose	ph H.	Mexan	nder.	respo	rem		<u> </u>	W 15,2	00
		Туре	e or print	name and title							T	
		Preparer	's A				Date		ck if		identifying number	
Da:		signature						self em	oloyed ► [	(see instruc	ctions)	
Pai		. [										
	parer's	Firm's na	ame (or yo	ours					EIN	<b>&gt;</b>		
USE	Only	if self-en address,	nployed), and ZIP	+ 4					Phone	no. ▶ (	)	
Ma	y the				preparer shown	above? (see i	nstruction	s)	· · · · · ·		. Yes	No

Form **990** (2009)

Par	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: To provide support services to the less previlige in our community through structure development.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	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.
4a	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )
<b>4e</b>	Total program service expenses ▶

Par	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_1_	1	<u> </u>
2		2		✓_
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		<b>✓</b>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		✓
5	Section 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_		<b>√</b>
6	Did the organization maintain any donor advised funds or any similar funds or 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		<b>√</b>
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		<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		✓
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? <i>If "Yes," complete Schedule D, Part IV</i>	9		<b>✓</b>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, IX, or X as applicable	11	1	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	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.			
•	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.			
•	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.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		<b>✓</b>
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>✓</b>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<b>✓</b>
b	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		1
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		1
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		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		✓_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		<b>√</b>
<u> 20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	لــــــــــــــــــــــــــــــــــــــ	

Pai	Checklist of Required Schedules (continued)			
	•.		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
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		✓_
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 25.	24a		<b>✓</b>
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		<u>√</u>
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d 25a		<b>√</b>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		<b>√</b>
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		✓_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		<u>✓</u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	·	<u>√</u>
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓_
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓_
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		✓
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		<u> </u>
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		✓_
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		✓_
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		✓_
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		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38		<b>✓</b>

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	•		Yes	No
1a	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				
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements, filed for the calendar year ending with or within the year covered by this return  2a  0			
b	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2b		<b>√</b>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	3a		
h	this return?	3b		1
	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		<b>√</b>
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.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		<b>_</b>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		<b>✓</b>
	organization solicit any contributions that were not tax deductible?			
_	gifts were not tax deductible?	6b		
	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 7b		<b>V</b>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	70		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		✓
	If "Yes," indicate the number of Forms 8282 filed during the year	į į		
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7е		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<b>√</b>
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g	-	<b>✓</b>
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		1
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	 8		1
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		✓
		9b		<b>✓</b>
	Section 501(c)(7) organizations. Enter:			
	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			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year.   12b	12a		✓_

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		<u>√</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		<b>✓</b>
6	Does the organization have members or stockholders?	6		✓_
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		✓_
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following:			
а	The governing body?	8a	✓	
	Each committee with authority to act on behalf of the governing body?	8b		<b>√</b>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		✓
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte-	mal		
	enue Code.)			
			Yes	No
102	Does the organization have local chapters, branches, or affiliates?	10a		<b>√</b>
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
D	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
44	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
11	form?	11	/	
448	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		1
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			<u> </u>
D	rise to conflicts?	12b		1
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		✓
13	Does the organization have a written whistleblower policy?	13		<b>√</b>
14	Does the organization have a written document retention and destruction policy?	14		<b>√</b>
15	Did the process for determining compensation of the following persons include a review and approval by			
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		1
- -	Other officers or key employees of the organization	15b		<b>√</b>
U	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			j
IVa	with a taxable entity during the year?	16a		1
O	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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed New York State  Section 6104 required on expansion to make its Forms 1023 for 1024 if applicable), 900, and 990.T (5016)	·····		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c	,)(J)S	orny)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website Upon request	_4		
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	ot inte	erest	
	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 reco organization: ► The Secretary of NCCDC - 1175 Boston Road, Bronx, NY 10456. Tel. (718) 620-1201	ras o	the	

# 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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not co		any o	curr	ent	offi	cer, d	lirec	tor, or trustee.		
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours per	Positi				that ap		Reportable compensation	Reportable compensation	Estimated amount of
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Joseph A. Alexander President	20	1		1				0	0	0
Levi Cleare, Jr. Vice President	15	✓		1				0	0	0
Leonard Sterling Treasurer	5	1		1				0	0	0
Garth Allen Director	5	1		1				0	0	0
Rachel Macarthy Secretary	25	1		1				0	0	0
					_					
				<u> </u>			_			
					L					
										·

Pa	rt VII Section A. Officers, Directors, Tru	istees, Key	Emp	loy	ees,	an	d Hig	hes	t Compensate	d Employees (c	ontinue	:d)	
	(A)	(B)			•	C)			(D)	(E)		(F)	
	Name and title	Average hours per week	Individual trustee or director	nstitutional trustee	Officer	a Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	com f org ar	stimate mount other opensa- from the ganizate d relate ganizate	of ation ae tion ted
				-			<u> </u>				-		
				_	ļ	_					ļ		
						L					ļ		
												-	·
		•											
									\ <u></u>				
											-		
16	Total		L	<u> </u>	L_	L	L	<u> </u>			1		
2	Total number of individuals (including but r	not limited	to the	ose	liste	ed a	bove	) wi	no received mo	ore than \$100,0	000 in		•
	reportable compensation from the organiza	ation ► 0								<del></del>	· -	Yes	No
3	Did the organization list any former office	er, director	or tru	uste	e, k	еу	emple	oye	e, or highest c	ompensated		163	
4	employee on line 1a? If "Yes," complete S For any individual listed on line 1a, is the s							an/			3		<b>✓</b>
7	the organization and related organizations										4		1
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue Yes." como	comp olete S	oen: S <i>ch</i>	satio	on 1 Je J	rom :	any uch	unrelated org	anization for	5		1
Se	ction B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization.	ompensate	d indi	ере	nde	nt c	ontra	cto	rs that receive	d more than \$1	00,000	) of	
	(A) Name and business add	iress							(B) Description of s	ervices	(C Compe	;) :nsatio	n
_													
											<del></del> -		_
_													
													-
2	Total number of independent contractors (impre than \$100,000 in compensation from						those	liste	ed above) who	received			

Part	VII	Statement of Re	venue						
	•	٠.				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ats st	1a	Federated campaigns		1a	0				
Contributions, gifts, grants and other similar amounts		Membership dues		1b	0				
am (s,		Fundraising events .		1c	5,500				
ig ig		Related organizations		1d	19,200				
Si iii		Government grants (contri		1e	0				
er s		All other contributions, gifts, g							
흔히		and similar amounts not inclu		1f	16,131				
4 g		Noncash contributions include			0				
ة ق	h	Total. Add lines 1a-1f	· · ·	<u>.</u>		40,831			
9					Business Code				
, kei	2a								
æ	ь								
AC A	С	3				· · · · · · · · · · · · · · · · · · ·			
Ser	d								<del></del>
E .	e								
Program Service Revenue		All other program service							
	<u>g</u>	Total. Add lines 2a-2f				0		<del></del>	
	3	Investment income (inc	luding divid	dends	s, interest, and	o			
		other similar amounts)				0			
	4	Income from investment o	f tax-exemp	t bon	d proceeds	- 0			
	5	Royalties	(i) Real	•	(ii) Personal	0			
			(ly Fical		(ii) i croonar				
		Gross Rents		-					
		Less: rental expenses Rental income or (loss)							
	d	Net rental income or (lo	oss)		<b>&gt;</b>	0			
			(i) Securitie		(ii) Other				
	/a	Gross amount from sales of assets other than inventory	(7)		(4, 2 2 2 2				
	<b>L</b>	Less: cost or other basis		-					
	ט	and sales expenses .							
	c	Gain or (loss)							
		Net gain or (loss)		•	•	0			
<u>o</u>	Яa	Gross income from	fundraisir	na					
venue	Oa	events (not including \$							
		of contributions reported							
Other Re		See Part IV, line 18		а					
the		Less: direct expenses							<u> </u>
ŏ	С	Net income or (loss) fro	om fundrais	ing e	vents 🕨	0			
	9a	Gross income from gam	ing activitie	s.					
		See Part IV, line 19						·	
		Less: direct expenses.							
	C	Net income or (loss) from	m gaming	activ	ities P	0			<del></del>
	10a	Gross sales of inve							
		returns and allowances							
		Less: cost of goods so Net income or (loss) from				0			<u> </u>
	۲	Miscellaneous Reve		iveill.	Business Code				
	44-	Wisconarious Hev				0			
	וום b					0			
	"					0			
	ن ا	All other revenue				0	-		
		Total. Add lines 11a-1				0			
		Total revenue. See ins				40,831			

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete col	umn (A) but are no	t required to comp	piete columns (b),	(C), and (D).
	net include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
•	organizations in the U.S. See Part IV, line 21	0	0		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0	0		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0	o		
4	Benefits paid to or for members	9,150	9,150		
5	Compensation of current officers, directors, trustees, and key employees	0	0		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	o	o		
7	Other salaries and wages	0	0		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0	0		
9	Other employee benefits	0	0		
10	Payroll taxes	0	0		
11	Fees for services (non-employees):				-
''a	Management	11,100	5,500	2,890	2,710
b	Legal	500	500	-7-	
c	Accounting	0	0	ŀ	
ď	Lobbying	0	0		
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				<u></u>
g					
12	Advertising and promotion	5,400	2,120		3.280
13	Office expenses	1,200	600	600	
14	Information technology	2,100	850	200	1,050
15	Royalties	0			<del></del>
16	Occupancy	9,200		9,200	
17	Travel	250			250
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings .	0		40.0	
20	Interest	425		425	
21	Payments to affiliates	0		· · · · · · · · · · · · · · · · · · ·	
22	Depreciation, depletion, and amortization.	0			
23	Insurance	U			
24	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)				
а	Utilies, Telephone and internet	768	310	250	208
b					
C					
d					
е	A.II	0			
25	All other expenses	40,093	19,030	13,565	7,498
<u>25</u> 26	Joint costs. Check here ▶ ☐ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	40,033	10,030	10,000	1,430

Part X	Balance Sheet			·····
	·.	(A) Beginning of year		(B) End of year
1.	Cash-non-interest-bearing	1,939	1	1,720
2	Savings and temporary cash investments	0	2	0
3	Pledges and grants receivable, net	1,500	3	5,210
4	Accounts receivable, net	0	4	0
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
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	0	6_	O
2 7	Notes and loans receivable, net	0	7	0
Assets 8 8	Inventories for sale or use		8	
و   ۴	Prepaid expenses and deferred charges	1,200	9	1,200
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
Ь	Less: accumulated depreciation	0	10c	4,168
11	Investments—publicly traded securities	0		0
12	Investments—other securities. See Part IV, line 11	0	12	0
13	Investments—program-related. See Part IV, line 11	0	13	0
14	Intangible assets	400	14	400
15	Other assets. See Part IV, line 11	2,000	15	3,750
16	Total assets. Add lines 1 through 15 (must equal line 34)	7,159	16	16,448
17	Accounts payable and accrued expenses	608	17	6,245
18	Grants payable	00	18	0
19	Deferred revenue	0	19	0
20	Tax-exempt bond liabilities	0	20	0
န္ <b>မ 21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
Liabilities 21	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<b>=</b>	persons. Complete Part II of Schedule L	0	22	.0
23	Secured mortgages and notes payable to unrelated third parties	0	23	0
24	Unsecured notes and loans payable to unrelated third parties	701	24	1,350
25	Other liabilities. Complete Part X of Schedule D	0	25	0
26	Total liabilities. Add lines 17 through 25	1,309	26	7,595
ces	Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
[ 27	Unrestricted net assets	0	27	0
සී 28	Temporarily restricted net assets	0	28	0
일 29	Permanently restricted net assets	0	29	0
Net Assets or Fund Balance 8 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Organizations that do not follow SFAS 117, check here ▶ ☑ and complete lines 30 through 34.			
<b>\$</b> 30	Capital stock or trust principal, or current funds	0	30	0
g 31	Paid-in or capital surplus, or land, building, or equipment fund	0	31	0
¥ 32	Retained earnings, endowment, accumulated income, or other funds	0	32	0
₩ 33	Total net assets or fund balances	5,850		8,853
34	Total liabilities and net assets/fund balances	7,159	34	16,448

Pai	t XI Financial Statements and Reporting							
	•		Yes	No				
1	Accounting method used to prepare the Form 990:   Cash  Accrual  Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in							
	Schedule O.							
2a	a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a							
b	b Were the organization's financial statements audited by an independent accountant?							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of							
	the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c							
	If the organization changed either its oversight process or selection process during the tax year, explain in							
	Schedule O.							
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were							
	issued on a consolidated basis, separate basis, or both:							
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in							
	the Single Audit Act and OMB Circular A-133?	3a_		✓				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	۱ ا						
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b						

Form **990** (2009)

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

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

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

**NEW COVENANT COMMUNITY DEVELOPMENT CORPORATION** 4167577 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33% % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type I **b** Type II **c** ☐ Type III–Functionally integrated d ☐ Type III–Other e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) (ii) A family member of a person described in (i) above? . . . (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of in col (i) listed in your organization (described on lines 1-9) the organization in organization in col support governing document? above or IRC section col (i) of your (i) organized in the (see instructions)) US? support? Yes No Yes

Par	Support Schedule for Org (Complete only if you chec					and 170(b)(1	)(A)(VI) 	
Sec	tion A. Public Support	· <del></del>						
Ca	lendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,003	2,011	4,120	6,373	40,831	54,338	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0	
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0	
4	Total. Add lines 1 through 3	1,003	2,011	4,120	6,373	40.831	54,338	
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) Public support. Subtract line 5 from line 4.						0	
Sec	tion B. Total Support	1					<del></del>	
	lendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
7	Amounts from line 4	1,003	2,011	4,120	6,373	40,831	54,338	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	0	0	0	
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0	
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0	
11	Total support. Add lines 7 through 10 .			1		·	54,338	
12	Gross receipts from related activities, etc	. (see instructio	ns)		!	12	0	
13								
<u> </u>	Public support percentage for 2009 (line			column (fl)		14	%_	
14 15	,, ,		•	, colditiii (i))		15	%	
16a	33% % support test—2009. If the organization did not check the box on line 13, and line 14 is 33% % or more, check this box and stop here. The organization qualifies as a publicly supported organization							
b	33⅓% support test – 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
17a	10%-facts-and-circumstances test – 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
b 18	10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							

	ule A (Form 990 or 990-EZ) 2009  Support Schedule for Organ				)(2)		Page
	(Complete only if you checke	ed the box of	n line 9 of Pa	ırt I.)			
	tion A. Public Support lendar year (or fiscal year beginning in) ▶	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Сa	endar year (or liscal year beginning in)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(i) 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 through 5				· · · ·		
7a	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 \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						<b>.</b>
8	Public support (Subtract line 7c from line 6.)				· · · ·		
	tion B. Total Support		1 01 0000	4 3 0007	( 1) 2222	T	1 (0 T-1-1
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 0a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 1	Add lines 10a and 10b						
2	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
3 4	Total support. (Add lines 9, 10c, 11, and 12.)	the organization	on's first, seco	nd, third, fourt	h, or fifth tax y	ear as a secti	on 501(c)(3)
ec	tion C. Computation of Public Su	pport Perce	ntage		<u> </u>		
	Public support percentage for 2009 (lin	1 1	<del></del>	ne 13 column	(f))	15	9
5	Public support percentage for 2009 (iii)				v <i>n</i> · · ·	16	9

Section D. Computation of Investment Income Percentage 17 % Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . 18 % Investment income percentage from 2008 Schedule A, Part III, line 17 . . . . . . . . 18 19a 331/3 % support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 331/3 %, and line 17 is not more than 331/2 %, check this box and stop here. The organization qualifies as a publicly supported organization 331/3 % support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3 %, and line 18 is not more than 331/3 %, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2009

criedule A (r	UIII 330 01 330-EZJ 2003				rayo <del>T</del>
Part IV	Supplemental Information. Part II, line 17a or 17b; and	Complete this Part III, line 12.	part to provide the Provide any other	e explanations required radditional information.	by Part II, line 10;
•	•				
	•				
•••••				•••••	
				•••••	••••••
	•				
•••••				•••••	
				•••••	
				•	
			***************************************		
	•••••				·
				•••••	
			•••••		
					•••••
		<b></b>	••••		
				•	
			••••		
				•••••	•••••
		••••••			