

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



Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

ZUU9

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	OI THE	2009 ca	endar ye	ear, or tax	year begin	ıning				, a	<u>and en</u>	ding				
ᅠ .	heck if ap	pticable	Please use IRS	C Name	of organization	on NEW	CRE	ATION FOU	NDA	TION IN	1C		D Employer	dentifi	cation number	
N P	ddress (change	label or	Doing	Business As					_		2	20-0151111			
N	ame cha	ange	print or	Numbe	er and street	(or PO box if ma	ail is no	ot delivered to st	reet a	ddress)	Roo	m/suite	E Telephone	numbe	r	
In	ntial retu	ırn	type See	893 BOS	STON RO	AD						4	113-783-223	31		
¬ т,	erminate	ed	Specific Instruc-			or country, and ZI	IP + 4			-						
\exists_{A}	mended	l retum	tions	SPRING	FIELD			MA		011	<u> 19-13</u>	15	G Gross rece	pts \$	1	68,18
<u> </u>	pplicatio	n pending	FΛ	lame and a	address of	principal office	r					H(a) Is th	is a group retur	n for af	filiates? Yes	X No
						NK III 893 B0	•	N ROAD S	PRIN	GEIEL	- 1				Yes	□ No
Τ.		npt status		01(c) (insert no)		1947(a)(1) or		527	3, 11.11		lo," attach a list			
) (3) (3) 1	- Isert no j	<u> </u>	1947 (a)(1) OI		321				•	•	
	•	: ► <u>N/A</u>											up exemption n			
		rganization	X C	orporation	Trust	Association	<u>п L</u>	Other ▶			L Year	of formati	on 2003	MS	State of legal domicile	<u>M/</u>
Pa	art I		mmary													
	1	Briefly o	lescribe	the organ	nization's i	mission or m	ost sı	gnıficant act	ivitie	s. <u>O</u> pe	eration	of a ch	nild care cer	nter		.
4.																
ğ						. 								-		
ž.				<u></u>	. .											
Activities & Governance	2				•	nization disco		•			osed c	of more	than 25% o	f its n	et assets	
8	3			•		governing bo								3		
ties	4	Number	r of inde	pendent v	oting mer	mbers of the	gove	rning body (f	Part \	/I, line 1	1b) .			4		
iti I	5					/, line 2a) .								5		1
Ac	6				•	ate if necessa							•	6		
	7a					renue from Pa								7a		
	b	Net unr	elated by	usiness ta	axable inc	ome from Fo	<u>rm 99</u>	90-T, line 34						7b		
i											Ļ		Prior Year		Current Yea	
•	8					, line 1h) .	•				.			260		10
Revenue	9	_			•	I, line 2g) . .					-		203	3,206	1	68,08
e ve	10			•		mn (A), lines										
~	11			•	•	A), lines 5, 6d										
	12					(must equal Page 1)				2)			203	3,466	1	68,18
î	13	Grants	and sımı	lar amour	nts paid (F	Part IX, colun	nn (A), lines 1–3))	.			100		250
	14	Benefits	s paid to	or for me	mbers (P	art IX, colum oloyee benefi	n (A),	(المكن (line 4	1/2							
Š	15	Salaries	s, other o	compensa	ation, emp	oloyee benefi	ts (Pa	art IX column	(A)	, lines 5	j <u>−</u> 10)		147	7,456	1	34,33
Expenses	16a	Profess	ional fur	ndraising 1	fees (Part	t IX, column ((A), lır	ne 1 3 90) ~∜√			. [·················		500		50
χĎ	b	Total fu	ndraisin	g expense	es (Part IX	K, column (D) A), lines 11a-), line	287	all		50					
ш	17	Other e	xpenses	; (Part IX,	column (A	A), lines 11a-	-11 ද ි	\$15€24f). °	B.	· 🔿 ·	.			3,800		58,092
	18	Total ex	penses.	. Add line:	s 13–17 (r	must equal P	WYX	Malumn (A)), line	(C) (C)	.P			,856		92,72
	19	Revenu	<u>e less e</u>	xpenses.	Subtract I	line 18 from	tije ()	<u> </u>	<u>-2</u> S	4.0.	.			3,390		-24,542
ssets or Balances						16	8	ne 20	C	CHEL		Beginni	ing of Current		End of Yea	
set	20		-		16)		. .		(V. 72)	分 ..	٠			5,439		28,95
	1 Z I				ne 26) .	P '.	٠.		OSIL		.			3,468		76,530
۷	122				ces. Subtr	ract line 21 fro	<u>om lir</u>	ne 20 <i>9</i>	<u>). </u>	_ : •	·		23	3,029		- <u>47,57</u>
Net A Fund				Block												
Net As Fund B				a of correspond	I declare that	t I have examined	d this re	eturn, including a	accom	panying so	chedule	s and star	tements, and to	the be	st of my knowledge	
Net A Fund		Und	er penaltie	s or perjury,		sta Daalaration c	of prepa	arer (other than o	officer)	is based o	on all in	iformation	of which prepa	irer has	any knowledge	
Net A Fund		Und	er penaltie belief, it is	true, correct	t, and comple	ele Declaration C										
Net A Fund		Und	er penaltie belief, it is	true, correct	t, and comple	ste Declaration C							1. /	7/		
Pund	rt II	Und	belief, it is	true, correct	t, and comple	de Declaration C	_						- J	7/	14/10	_
Par Sig	rt II	Und	Signature	true, correct	=	2		_	-			TOP.	Date	7/		_
Par Sig	rt II	Und	Signature BISHO	e of officer	ESW PI	2					DIREC	CTOR	Date	7/		
Par Sig	rt II	Und	Signature BISHO Type or p	true, correct	ESW PI	2	<u></u>	. 4.15	ate				Date		114/10	
Par Sig Her	n n e	Und and	Signature BISHO Type or parer's	e of officer	ESW PI	2	<u> </u>	-1.04 P	ate]		eck if	Date	Prepa		per
Sig Her	n re	Und and Prep sign	Signature BISHO Type or p	e of officer	ESW PI	2	<u></u>			1/2010	Ch sel	eck if	Date	Prepa (see in:	//4/10	per
Paic Prep	n e d parer'	Prep sign	Signature BISHO Type or porer's ature	e of officer P CHARL onnt name ar	ESW PI	NK III	A PC	A P			Ch sel	eck if f- iployed	▶	Prepa (see in:	rer's identifying numb	per
Paic Prep	n re	Prep sign	Signature BISHO Type or parer's ature	e of officer P CHARL onnt name ar	LES W PI	INK III			7/14	1/2010	Ch sel em	eck if f- iployed	▶ □	Prepa (see in: P000	rer's identifying numb structions) 189812 918194	per
Paid Paid Prej Use	n re d parer'	Prep sign Firm if se addi	Signature BISHO Type or poparer's pature 's name (et employedess, and Z	e of officer P CHARL onnt name ar	LES W PI nd title	NK III	NE, L	ONGMEADO	7/14 OW,	4/2010 MA 011	Ch sel em	eck if f- iployed	EIN Phone no	Prepa (see in: P000	rer's identifying numb	per No

Pa	rt III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission:
	To provide low income inner city citizens with educational and charitable programs and developing and improving their housing
	n the four counties of Western MA.
	
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
ı 3	Did the organization cease conducting, or make significant changes in how it conducts, any program
. J	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 \$ 192,679 including grants of \$ 250) (Revenue \$ 168,080)
	New Creation Child Care Center
-	
4b	(Code.) (Expenses \$ including grants of \$) (Revenue \$)
40	/Code \//Evennes © moluding grants of © \//Evennes ©
40	(Code.) (Expenses \$ including grants of \$) (Revenue \$)
1	•••••••••••••••••••••••••••••••••••••
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 192,679

Par	Checklist of Required Schedules		•	<u> </u>
			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_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,			
	Part II	4		X
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	<u> </u>	<u> </u>
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		X
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	<u> </u>	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"]		l
	complete Schedule D, Part III	8	<u> </u>	X
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		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or		ĺ	l
?	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,		,	
	VII, VIII, IX, or X as applicable	11	X	ļ
•	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		4.	
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		, Ø.	0
•	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		1	
	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			
12	Schedule D, Parts XI, XII, and XIII.	12	Х	H
124	Was the organization included in consolidated, independent audited financial statements for the tax Yes No		<u> </u>	
120	year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	1		!
13՝	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
_	business, and program service activities outside the United States? 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		Х
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		<u>x</u>
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		X
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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

	•			
· Form 9	990 (2009) NEW CREATION FOUNDATION INC	20-0151111		age 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organization	ns		
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	. 21		X
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 27 If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			İ
	employees? If "Yes," complete Schedule J	23	<u></u>	Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25	. 24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24b		ļ
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		<u> </u>	
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	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		X
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	<u> </u>
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?			١.,
	If "Yes," complete Schedule L, Part III	. 27	├─	X
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	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	. <u>28a</u>		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	206		x
	Schedule L, Part IV	. 28b		-
_	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a	I '	I	1

family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, 28c Did the organization receive more than 25,000 in non-cash contributions? If "Yes," complete Schedule M . 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 34 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 36 Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and Form **990** (2009)

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	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?	1c	Х	
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 11			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			
	instructions)			'
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
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		X
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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	ļ.,	X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		_X_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		.
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	- <u>-</u>		
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			V
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			٠ ،
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		├^
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7h		
0	required?. Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	- '''		
8	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			٠
	organization, have excess business holdings at any time during the year?	8		-
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
a ∛b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	-	
10	Section 501(c)(7) organizations. Enter:	7.5		
a	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			
11	Section 501(c)(12) organizations. Enter:	i I		
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
h	If "Vas " enter the amount of tax-evemnt interest received or accrued during the year.			

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.

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
, p	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		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?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	Х	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	Х	1
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	*		
•	the year by the following:			~~
а	The governing body?	8a	X	1 mm - 2
b	Each committee with authority to act on behalf of the governing body?	8b	X	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
9	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		×
Soot	ion B. Policies (This Section B requests information about policies not required by the Internal	Ja	·	
	enue Code.)			
Vere	mue Coue.)		Yes	No
100	Does the organization have local chapters, branches, or affiliates?	10a	100	X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	104		 ^
D	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		ļ
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		×
11Δ	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a		12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			<u> </u>
D	rise to conflicts?	12b	Х	
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		х
12	Does the organization have a written whistleblower policy?	13		X
13	Does the organization have a written document retention and destruction policy?	14		X
14		14		 ^-
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			İ
	· · · · · · · · · · · · · · · · · · ·	45-	X	
≁a -	The organization's CEO, Executive Director, or top management official.	15a 15b	X	
, b	Other officers or key employees of the organization	וטט	<u> </u>	├
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)			,
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	40-		
	with a taxable entity during the year?	16a		_X_
b	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	4.01		- <u>-</u> -
	the organization's exempt status with respect to such arrangements?	16b		X
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► MA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s or	nly)		
	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 interesting the conflict of inter	st		
	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: ► BISHOP CHARLES W PINK III 413-783-223	1		
	893 BOSTON ROAD, SPRINGFIELD, MA 01119-1315			

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 compensate any current officer, director, or trustee.												
(A)	(B)	(C)						(D)	(E)	(F)		
- Name and Title	Average hours per week	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations		
BISHOP CHARLES W. PINK PRESIDENT	20	х		x	X			3,500				
BISHOP CHARLES W. PINK TREASURER	20	x										
BISHOP CHARLES W. PINK CLERK	1.	х										
BISHOP CHARLES W. PINK DIRECTOR	1.	х										
ATTORNEY CLIFFORD HEATON DIRECTOR	1.	х										
HAROLD PATTON DIRECTOR	1	х								<u> </u>		
2												
1												

more than \$100,000 in compensation from the organization

Part VII Section A. Officers, Directors, Tre	ustees, Key Em	ploy	ees,	and	Hig	hest	t Co	mpensated Em	ployees (co	ntınue	d)	
(A)	(B)			•	C)			(D)	(E)		(F)	
Name and title	Average hours per week	Individual trustee or director	Institutional trustee	(checi Officer		Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organization (W-2/1099-Mi	on d is	Estima amoun othe compens from the organiza and rela organiza	it of ir sation he ation ated
					_					_		
										İ		
÷												
1b Total				<u> </u>	٠		. ▶	3,500				
2 Total number of individuals (including but no	ot limited to thos						ceive			•		
reportable compensation from the organiza	tion ►										Yes	No
3 Did the organization list any former officer,											162	
employee on line 1a? If "Yes," complete Sc										3	+	X
4 For any individual listed on line 1a, is the su the organization and related organizations of	greater than \$15	0,00	0? <i>If</i>	"Yes	s," c	ompl	ete S	Schedule J for s	uch			,,-
individual	accrue compens		fror	n an	y un	relate	ed o			4		_ X
services rendered to the organization? If "Y	es," complete S	ched	ule .	l for	suct	n pers	son	<u> </u>	<u>.</u>	5		X
Section B. Independent Contractors 1 Complete this table for your five highest cor	npensated inde	pend	ent o	contr	acto	rs th	at re	ceived more tha	n \$100,000	of		•
compensation from the organization. (A)	<u>,</u>							(B)			(C)	
Name and business a	address						<u> </u>	Description of sen	vices	Comp	ensation	
2 Total number of independent contractors (in	ncluding but not	lımite	ed to	thos	se lis	sted a	abov	e) who received				

Part	: VIII	Statement of Revenue					
-				(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	1a	Federated campaigns	a				
au	b	Membership dues					1
ρõ	· ·	·					
fts, ar	C	-					1
<u>a</u> <u>a</u>	d	Related organizations					ļ
S, E	6	Government grants (contributions) <u>1</u>	e				
tio r s	f	All other contributions, gifts, grants, and					ļ
૱		similar amounts not included above 1	f 12				i
i e ii	g	Noncash contributions included in lines 1a-1f: \$					
Contributions, gifts, grants and other similar amounts	h	Total. Add lines 1a–1f	▶	107			, ,
		Total. Add liftes ta 11	Business Code	107			
an a	٠.	01.71		400.000	400,000		
Ş	2a	Child care revenues	624410	168,080	168,080		
ď	þ						
Ş	С						
Sen	q					_	
Ē	е						
Program Service Revenue	f	All other program service revenue					
P		Total. Add lines 2a–2f		168,080	<i>></i>	«	
	3 4 5	Investment income (including dividends, interest, a other similar amounts)	and ► eds ►				
¥.,	٦	Royalties		S. &.		· · · » *	
		(ı) Real	(II) Personal		11	**	344
	6a	Gross Rents	 	~~}. <i>?</i> }			
	b	Less. rental expenses		A (1	1		
	С	Rental income or (loss)			<u>k</u> ,	2.2	
	d	Net rental income or (loss)				•	
	7a	Gross amount from sales of (i) Securities	(II) Other	* * * *	· ·		
		assets other than inventory		\$	* *		;
	h	Less: cost or other basis			`		
	"						į
		and sales expenses					
	С	Gain or (loss)					
	d	Net gain or (loss)	. <u> ▶</u>				
	8a	Gross income from fundraising]		*		
ž	ļ	events (not including \$					
ē		of contributions reported on line 1c).			,		
è	i	See Part IV, line 18	,				
<u></u>	ь				3		i
Other Revenue	0			··· · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
Ō.	, c		. , <u> </u>				1
J.	9а	Gross income from gaming activities.					
		See Part IV, line 19					i
	b	Less: direct expenses) [!
	С	Net income or (loss) from gaming activities	. <u>.</u> ▶		_		
	10a	Gross sales of inventory, less					
	l	returns and allowances	1				;
	ь		,				
		All Alexander of the second					
	۳-	Miscellaneous Revenue	Business Code				
	44		Dusiness Code				
	11a						
	b						·····
	С						
	d	All other revenue	<u></u>				
	е	Total. Add lines 11a–11d	▶			L	
	12	Total revenue. See instructions		168,187	168,080		

20-0151111

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). (C) (A) (B) (D) Do not include amounts reported on lines 6b, Total expenses Program service Management and Fundraising 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 Grants and other assistance to individuals in 2 250 250 the U.S. See Part IV, line 22 Grants and other assistance to governments, 3 organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members . . . Compensation of current officers, directors, 5 3.500 3,500 Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 116,058 116,058 7 Pension plan contributions (include section 401(k) and section 403(b) employer contributions). . . . Other employee benefits 9 14,779 14,779 10 Pavroll taxes 11 Fees for services (non-employees): а h 1,525 1,525 C **d** Lobbying Professional fundraising services. See Part IV, line 17 50 Investment management fees Other g Advertising and promotion . . 12 372 372 13 2,243 2,243 14 15 12,525 12,525 Occupancy 16 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 758 19 Conferences, conventions, and meetings 758 20 47 47 21 Payments to affiliates 1.693 1,693 22 Depreciation, depletion, and amortization . . . 2,509 2,509 23 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.) 18,303 Transportation of children 18,303 6,613 Food 6,613 4.182 4,182 Supplies 761 761 Repairs & Maineneance 2,149 Janitorial Services 2,149 4,412 4,412 All other expenses Remaining Expenses 192,679 Total functional expenses. Add lines 1 through 24f 192,729 25 Joint costs. Check here ▶ If following 26 SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form	990 (20	009) NEW CREATION FOUNDATION INC				<u> 20-015</u> 1111	Page 11
Pa	art X	Balance Sheet					
				(A) Beginning of year		(B) End of yea	ar
	1	Cash—non-interest-bearing		15,965	1		6,810
	2	Savings and temporary cash investments	<i>.</i>		2		
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		10,187	4		13,755
	5	Receivables from current and former officers,	directors, trustees, key				
		employees, and highest compensated employ Schedule L			5		
	6	Receivables from other disqualified persons (a	as defined under section				
s		4958(f)(1)) and persons described in section 4	1958(c)(3)(B) Complete	`			
		Part II of Schedule L			6		
ts	7	Notes and loans receivable, net		·	7		
Assets	8	Inventories for sale or use			8		
Ř	9	Prepaid expenses and deferred charges			9		
	10a	Land, buildings, and equipment, cost or	10a 12,247			, <;	
		other basis. Complete Part VI of Schedule D			*	√3 -	į.
	ь	Less: accumulated depreciation	10b 3,853	9,287	10c		8,394
	11	Investments—publicly traded securities			11		
	12	Investments—other securities. See Part IV, lin	7		12		
	13	Investments—program-related. See Part IV, lin			13		
	14	Intangible assets	r		14		
	15	Other assets. See Part IV, line 11	r		15		
	16	Total assets. Add lines 1 through 15 (must ed	r	35,439			28,959
	17			18,015	_		20,761
	18	Grants payable			18		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20	-	
Ś	21	Escrow or custodial account liability. Complete			21		
Liabilities	22	Payables to current and former officers, direct		*,	\ /	*	
į		employees, highest compensated employees,		* * *			· · · · · · · · · · · · · · · · · · ·
Ë		persons. Complete Part II of Schedule L		40,453	22		55,769
ز	23	Secured mortgages and notes payable to unre		10,100	23		
•	24	Unsecured notes and loans payable to unrelate			24		
	25	Other liabilities. Complete Part X of Schedule	•		25		
	26	Total liabilities. Add lines 17 through 25		58,468			76,530
es		Organizations that follow SFAS 117, check complete lines 27 through 29, and lines 33	here ▶ and				3
Ę.	27	Unrestricted net assets			27		
als	28	Temporarily restricted net assets	r		28		
<u> </u>	29	Permanently restricted net assets			29		
Š	29	-			23		
or F		Organizations that do not follow SFAS 117, and complete lines 30 through 34.	, check here►[X]				
Net Assets or Fund Balances	30	Capital stock or trust principal, or current fund	s		30		
	31	Paid-in or capital surplus, or land, building, or	equipment fund		31		
χ	32	Retained earnings, endowment, accumulated	· ·	-23,029	32		-47,571
ž	33			-23,029	33		-47,571
	34	Total liabilities and net assets/fund balances.		35,439	34		28,959

Par	XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O	L		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	_2a	X	
b	Were the organization's financial statements audited by an independent accountant?	2b		Х
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		X
	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			
	X 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		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
			000	

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.

2009
Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

NEW	CR	EATION FOU	NDATION INC							20-0	<u> 151111</u>		
Pai	_			narity Status (All or						nstructio	ns.		
The	o <u>rga</u> i		-	ation because it is: (Fo		_		-					
1	\square	A church, co	nvention of chu	rches, or association of	of churche	es describ	ed in sec	tion 170	(b)(1)(A)(i	i).			
2		A school des	scribed in sectio	on 170(b)(1)(A)(ii). (A	ttach Sch	edule E.)							
3		A hospital or	a cooperative h	nospital service organi	zation de	scribed ın	section	170(b)(1))(A)(iii).				
4			esearch organiza	ation operated in conju	unction wi	-	ital descri	bed in se	ection 170)(b)(1)(A))(iii). Ent	ter the	
5		An organizat	tion operated for	r the benefit of a collection (Complete Part II.)			ned or op	erated by	a govern	mental u	nit descr	ibed	
6	П			ernment or governme	ntal unit d	lescribed	in section	n 170(b)((1)(A)(v).				
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.)											
0	\Box			in section 170(b)(1)		`omolete l	Part II)						
8	님	•				-			. مسمئة بطاء		hin food	anda	
9	X	An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2) . (Complete Part III.)											
10		An organizat	tion organized a	nd operated exclusive	ly to test	for public	safety. So	ee sectic	on 509(a)((4).			
11		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	l b	Type II c	Туре	e IIIFund	ctionally in	ntegrated		d ∐ .	Type III-	-Other	
е	Ш	persons other		y that the organization on managers and othe 2).									on
f		•	zation received a	a written determination					e II, or Typ	e III supp	oorting		
g		•	t 17, 2006, has	the organization acce	pted any	gift or con	itribution 1	from any	of the				
				or indirectly controls,	either alo	ne or toge	ther with	persons	described	l in (ii)		Yes	No
		and (ii	i) below, the gov	verning body of the su	pported o	rganızatıc	on?				11g(i)		
			-	person described ın (i	-						11g(ii)		
		• •		y of a person describe							11g(iii)		
<u>h</u>	-	Provide the	T	ation about the supportation (iii) Type of organization				ou notify	T total	ls the	T (viii)	Amount	of
(i)		of supported	(ii) EIN	(described on lines 1–9		sted in your		nization in		tion in col	, ,	support	Oi
	org	anization		above or IRC section	governing	document?		of your		zed in the			
				(see instructions))	Yes	No	Yes	No No	Yes	S? No	┨		
-					163	110	103	140	163	"	 		
								<u> </u>					
									ļ .		-		
											-		
													
					I]	1	l	1		1		

Total

NEW CREATION FOUNDATION INC. Schedule A (Form 990 or 990-EZ) 2009 20-0151111 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge. Total, Add lines 1 through 3 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 ž/. amount shown on line 11, column (f) . . . Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from sımılar sources. 9 Net income from unrelated business activities, whether or not the business is 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10. Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) Public support percentage from 2008 Schedule A, Part II, line 14 15 15 33 1/3% support test-2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box 16a 33 1/3% support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 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. . ▶ 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.

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

18

Sched	ule A (Form 990 or 990-EZ) 2009 NEW CREATIO					20-015111	1 Page 3
Par	Support Schedule for Organiz	ations Descr	ibed in Secti	ion 509(a)(2)	-		*
	(Complete only if you checked t	<u>he box on line</u>	9 of Part I.)				
	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,621	20	108,116	203,466	168,187	481,410
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the						
; 3	organization's tax-exempt purpose 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 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	1,621	20	108,116	203,466	168,187	481,410
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						
8	Add lines 7a and 7b				,		481,410
	tion B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	1,621	20	108,116	203,466	168,187	481,410
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar						
b	Sources						
с 11	Add lines 10a and 10b						
12	carried on						
13 3	(Explain in Part IV.)	1,621	20	108,116	203,466	168,187	481,410
14	First five years. If the Form 990 is for the organization, check this box and stop here	_			-		_
0	organization, check this box and stop here.		· · · · ·		· · · · ·		🟲 🔼
	tion C. Computation of Public Support			1 (0)	———Т	40	400 000/
15 16	Public support percentage for 2009 (line 8, co Public support percentage from 2008 Schedu	ule A, Part III, Iir	ne 15			15 16	100.00%
	tion D. Computation of Investment Inc			10 : :	, 1	47	
17	Investment income percentage for 2009 (line					17	
18 19a	Investment income percentage from 2008 Sc 33 1/3% support tests–2009. If the organiza not more than 33 1/3%, check this box and s	ition did not che	ck the box on	line 14, and line	e 15 is more th		
b	33 1/3% support tests-2008. If the organization d line 18 is not more than 33 1/3%, check this box ar	id not check a bo	x on line 14 or lir	ne 19a, and line 1	16 is more than 3	33 1/3% and	. ▶□

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . .

20

Schedule A (Form	990 or 990-EZ) 2009 NEW CREATION FOUNDATION INC	<u>20-0151111</u>	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required	by Part II, line 1	10,
	Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information.	See instruction	s
	Tach, me tradition and tach m, me 12.1 Total any enter administration	900 111011 00110111	
(
		•	
t			
			.

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990.

► See separate instructions.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer identification number

	CREATION FOUNDATION INC.			20-0151111
Par				or Accounts. Complete if
	the organization answered "Yes" t	o Form 990, Part IV, line 6		
		(a) Donor advised fund	s	(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 d	lonor advisors in writing that t	he assets held in d	onor advised
	funds are the organization's property, subject	ct to the organization's exclus	sive legal control?	Yes No
6	Did the organization inform all grantees, dor	nors, and donor advisors in w	riting that grant fun	ds can be
	used only for charitable purposes and not for	or the benefit of the donor or o	donor advisor, or fo	r any other
	purpose conferring impermissible private be			
Par	Conservation Easements. Comp	lete if the organization ans	swered "Yes" to F	orm 990, Part IV, line 7
1	Purpose(s) of conservation easements held	by the organization (check a	Il that apply).	
•	Preservation of land for public use (e.g.			n historically important land area
		, redreament of production,		• •
	Protection of natural habitat		Preservation of a	certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organiza	ation held a qualified conserv	ation contribution ir	n the form of a conservation
	easement on the last day of the tax year.			
				Heid at the End of the Tax Year
а	Total number of conservation easements .			2a
b	Total acreage restricted by conservation ea			2b
С	Number of conservation easements on a ce			2c
d	Number of conservation easements include			2d
3	Number of conservation easements modifie	d, transferred, released, extir	iguished, or termina	ated by the organization
	during the tax year			
4	Number of states where property subject to			
5	Does the organization have a written policy			
_	violations, and enforcement of the conserva			
6	Staff and volunteer hours devoted to monito	oring, inspecting, and enforcing	ig conservation eas	sements during the year
_				ata di mas tha mas
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing co	nservation easeme	ents during the year
_	\$			
8	Does each conservation easement reported			
_	170(h)(4)(B)(i) and section 170(h)(4)(B)(II)?			
9	In Part XIV, describe how the organization r	•		
	balance sheet, and include, if applicable, the		ganization's financ	iai statements that describes
Par	the organization's accounting for conservations of the organizations f the organization of the organi		uras or Other Sim	silar Assots
Гаі	Complete if the organization answere			mai Assets.
	· ·			and halance chook works of
та	If the organization elected, as permitted und art, historical treasures, or other similar assi			
	service, provide, in Part XIV, the text of the			
b	If the organization elected, as permitted und			
U	historical treasures, or other similar assets l	held for public exhibition, edu	cation, or research	in furtherance of public
	service, provide the following amounts relat	ing to these items:		
	(i) Revenues included in Form 990. Part VIII	II line 1		▶ \$
	(i) Revenues included in Form 990, Part VII (ii) Assets included in Form 990, Part X			> \$
2	If the organization received or held works of	fart historical treasures or of	ther similar assets	for financial gain, provide the
-	following amounts required to be reported u			ioi inicitorar gain, provide trie
а	Revenues included in Form 990, Part VIII, li	=		• \$
a h	Assats included in Form 990, Part Y			• ¢

Part	III Organizations Maintaining	Collections of	Art, His	torical 1	Treasures,	or Otl	ner Similar As	sets (c	ontinι	ıed)_
3	Using the organization's acquisition,	accession, and o	other reco	ords, ched	ck any of the	follow	ing that are a s	ignıfican	t	
	use of its collection items (check all	that apply):		_						
а	Public exhibition		d _	Loan	or exchange	progra	ams			
b	Scholarly research		е	Other						
С	Preservation for future genera	itions								
4	Provide a description of the organization Part XIV.	ation's collections	and exp	laın how t	hey further t	the org	anization's exe	mpt purp	ose in	1
5	During the year, did the organization	solicit or receive	donatio	ns of art, I	historical tre	asures	, or other simila	ır	_	-
	assets to be sold to raise funds rath								es	No
Part	Escrow and Custodial Are IV, line 9, or reported an an	_	•		•	answe	red "Yes" to F	orm 990), Par 	t
1a	Is the organization an agent, trustee	, custodian or oth	ier intern	nediary fo	r contributio	ns or o	ther assets not		_	1
b	included on Form 990, Part X? . If "Yes," explain the arrangement in							Y	es] No
								Amount		
С	Beginning balance									
d	Additions during the year					. <u>1d</u>	<u> </u>			
е	Distributions during the year									
f	Ending balance					. <u>1f</u>	<u> </u>			
2a	Did the organization include an amo	unt on Form 990	, Part X,	ine 21?.				Y	es X	No
b	If "Yes," explain the arrangement in									•
Part			nization	answere	d "Yes" to F	Form 9	990, Part IV, li	ne 10.		
		(a) Current year	(b) Pr	or year	(c) Two years	s back	(d) Three years ba	ck (e) Fo	our years	s back
1a	Beginning of year balance .									
b	Contributions						` _)
С	Net investment earnings, gains,			·						ı
	and losses									,
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs						_			
f	Administrative expenses	_					•			
g	End of year balance									
2	Provide the estimated percentage of	f the year end ba	lance hel	d as:		•				
а	Board designated or quasi-endowm									
b	Permanent endowment			-						
c	Term endowment									
3a	Are there endowment funds not in the	e possession of	the organ	nization th	nat are held a	and ad	ministered for t	he		
-	organization by:								Yes	No
	(i) unrelated organizations							3a(i)		
	()							3a(ii)		
ь	If "Yes" to 3a(II), are the related orga							3b		
4	Describe in Part XIV the intended us									
Part						rt X. liı	ne 10.			
T WITE	Description of investment	(a) Cost or of		1	st or other		Accumulated	(d) Bo	ook valu	ie
	Description of investment	(investr			s (other)		epreciation	(-, -		
1a	Land									
b	Buildings	. [697		1,171			-474
c	Leasehold improvements									
d	Equipment				11,550		2,682			8,868
е	Other									
Tota	I. Add lines 1a through 1e. (Column (d) must equal For	rm 990, F	Part X, co.	lumn (B), lin	e 10(c)	.) ▶			8,394

organization's liability for uncertain tax positions under FIN 48.

Schedule D (Form 990) 2009

Part VII	Investments—Other Securities	s. See Form 990, Part X,	line 12.	
((including name of secunty)	(b) Book value	(c) Method of valua Cost or end-of-year mar	
Financial d	erivatives			
-	d equity interests			
Other			 	
				
- 			 	
				
		·		
	b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments—Program Relate	d. See Form 990, Part X	(, line 13.	
	(a) Description of investment type	(b) Book value	(c) Method of valua Cost or end-of-year mar	
			<u> </u>	
				
Total, (Column ((b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets. See Form 990, F	Part X. line 15.		
		a) Description		(b) Book value
	·			_
Total (Col	umn (b) must equal Form 990, Part X,	col. (B) line 15.)		 % :
Part X	Other Liabilities. See Form 990			
1.	(a) Description of liability	(b) Amount		
Federal inc	come taxes			
	- T	<u></u>		
	.			
		 		
				
	<u> </u>			
Total /Caluma	(b) must equal Form 990, Part X, col (B) line 25)			

Sched	dule D (Form 990) 2009			Page 4
Pat	Reconciliation of Change in Net Assets from Form 990 to Audited Financia	Sta	tements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		168,187
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		192,729
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		-24,542
4	Net unrealized gains (losses) on investments	4		
5	Donated services and use of facilities	5		
6	Investment expenses	6		
7	Prior period adjustments	7		
8	Other (Describe in Part XIV.)	8		
9	Total adjustments (net). Add lines 4 through 8	9_		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		-24,542
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	per	Return	
1	Total revenue, gains, and other support per audited financial statements	L	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	_		
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIV.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIV.)			
С	Add lines 4a and 4b	_	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Par	t XIII Reconciliation of Expenses per Audited Financial Statements With Expens	es po	er Return_	
1	Total expenses and losses per audited financial statements	<u> </u>	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	_	1	
b	Prior year adjustments	_		
C	Other losses			
d	Other (Describe in Part XIV.)			
е	Add lines 2a through 2d	<u> </u> 2	2e	_
3	Subtract line 2e from line 1	<u> </u>	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	ŀ		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIV.)		700 -	
C	Add lines 4a and 4b		1c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	
Par	rt XIV Supplemental Information			
and	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and part to provide any additional information	4b. <i>A</i>	Also complete	

NEW CREATION FOUNDATION INC.

20-0151111

Schedule D (Form 990) 2009 Page 5						
Part XIV	Supplemental Information (continued)	_				
uit XII	Ouppellional Internation (commonly)					
		 .				
						
		 -				
		 .				
		- .				

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

2009

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number **NEW CREATION FOUNDATION INC.** 20-0151111 Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? 1 (a) Name of disqualified person (b) Description of transaction Yes No Enter the amount of tax imposed on the organization managers or disqualified persons during the year Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (d) Balance due (e) In default? (g) Written (a) Name of interested person and purpose (b) Loan to or from (c) Original (f) Approved the organization? principal amount agreement? by board or committee? To From Yes No Yes No Yes No 55,769 Х BISHOP CHARLES W PINK III SUPPORT Х Х Total 55,769 **Grants or Assistance Benefiting Interested Persons.** Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the (c) Amount of grant or type of assistance organization **Business Transactions Involving Interested Persons.** Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (c) Amount of (a) Name of interested person (d) Description of transaction (b) Relationship between (e) Shanng of transaction interested person and the organization's organization revenues? Yes Nο

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047
2009

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

Attach to Form 990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification number

NEW CREATION FOUNDATION INC.	20-0151111
Form 990 Part VI Section B Line 11 COPIES ARE AVAILABE TO BOARD MEMBERS AT THE	NEXT BOARD MEETING
AFTER THE FILING OF THE TAX RETURN.	
Form 990 Part VI Section C Line 19 THE RECORDS ARE AVAILABLE TO ANY INTERESTED	PARTY UPON REQUEST AT
THE OFFICES OF THE ORGANIZATION	

Form 4562

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

Attachment

Department of the Treasury Internal Revenue Service (99

► See separate instructions.

Attach to your tax return.

Sequence No 67

Name(s) shown on return NEW CREATION FOUNDATION INC.	1					Identifying number 20-0151111			
Part I Election To Expense Certa		ler Section 17	<u>a</u>		20-0131111				
Note: If you have any listed property,									
Maximum amount. See the instructions for						1	250,000		
						_	<u>230,000</u> 800		
2 Total cost of section 179 property placed3 Threshold cost of section 179 property be							800,000		
							800,000		
4 Reduction in limitation. Subtract line 3 fro						 			
5 Dollar limitation for tax year. Subtract line						_	250,000		
separately, see instructions						. 5	250,000		
6 (a) Description of property	<u>/</u>	(b) Cos	t (business use	e only)	(c) Elected co	JSI			
					-	 -			
The state of the second force in									
7 Listed property. Enter the amount from la						T .			
8 Total elected cost of section 179 property									
9 Tentative deduction Enter the smaller of									
10 Carryover of disallowed deduction from li									
11 Business income limitation. Enter the sm						11			
12 Section 179 expense deduction. Add line						12			
13 Carryover of disallowed deduction to 201				🕨 13					
Note: Do not use Part II or Part III below for				مامولوما م	ranartu \ (Can	in a true	otions \		
Part I Special Depreciation Allow					roperty.) (See	TISHU	suons.)		
14 Special depreciation allowance for qualifi									
during the tax year (see instructions)						14			
15 Property subject to section 168(f)(1) elec						15			
16 Other depreciation (including ACRS)	<u> </u>			- \		16			
Part III MACRS Depreciation (Do r	not include listed		e instruction	<u>s)</u>					
		Section A	0000			TATE	4.000		
17 MACRS deductions for assets placed in						17	1,636		
18 If you are electing to group any assets pl					. □	1			
general asset accounts, check here .									
Section B - Assets Placed	<u>d in Service Durin</u>	<u>ig 2009 Tax Ye</u>	ar Using the		reciation Syste	<u>m</u>			
	(b) Month and	(c) Basis for	(d) Recovery	(e)	(f)	1	(g)		
(a) Classification of property	year placed	depreciation	period	Convention	Method	Depre	ciation deduction		
	in service	(business/investment)		_		—			
19 a 3-year property						—			
b 5-year property						 			
c 7-year property						 			
d 10-year property						—			
e 15-year property						$oldsymbol{ol}}}}}}}}}}}}}}}}}}$			
f 20-year property						↓			
g 25-year property			25 yrs.		S/L	↓			
h Residential rental			27.5 yrs.	MM	S/L_	$oxed{oxed}$			
property			27.5 yrs.	MM	S/L	$oldsymbol{ol}}}}}}}}}}}}}}}}}$			
i Nonresidential real			39 yrs.	MM	S/L	<u> </u>			
property				MM	S/L_				
Section C - Assets Placed in	n Service During	2009 Tax Year	Using the Al	ternative Dep	preciation System	} m			
20 a Class life		800	7	HY	S/L	$oxed{oxed}$	57		
b 12-year			12 yrs.		S/L	<u> </u>			
c 40-year			40 yrs.	MM	S/L				
Part IV Summary (See instructions.)								
21 Listed property. Enter amount from line :						21			
22 Total. Add amounts from line 12, lines 14	4 through 17, lines	19 and 20 in co	olumn (g), and	l line 21.		[
Enter here and on the appropriate lines of	of your return. Part	nerships and S	corporations -	see instr <u>ucti</u>	ons	22	1,693		
23 For assets shown above and placed in se						T			
of the basis attributable to section 263A	costs	<u> </u>		23	<u></u>				
							1500 (0000)		