

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)

OMB No 1545-0047

Depa Inter	artment nal Reve	of the Treasury enue Service		► The organization may have to use	e a copy of this return to sa	atisfy state report	ting requirements.	Open	to Public in	spection.	
	For th	ne 2009 calenda	ar year, o	or tax year beginning		09, and endir					
В	Check III	f applicable	Please use IRS label or print or type. See specific Instruc- tions.	С	ATION, INC		D Emptoy 82 - E Telepho	05356 one numbe	ır	,187.	
	<u> </u>	<u> </u>	F Name a	I and address of principal officer			G Gross r			77	
	L] AP	, berrenig		As C Above			H(b) Are all affiliates incl		Yes Yes		
$\overline{}$	Tay	-exempt status			4947(a)(1) or	527	If 'No,' attach a list	(see instr	uctions)	□•	
÷				IANTFOUNDATION.ORG	4547 (a)(1) 01		H(s) C				
K		of organization	Corpora		Other▶	L Year of Forma	H(c) Group exemption n	State of leg	al damerala		
Pa		Summa		Ition Nasociacon	Ouler	L rear or Forma	uon III s	rate or leg	ar dorniche		
L <u> </u>				ganization's mission or most sig	gnificant activities:	CHARTTAR	LE - RELIGIO	US			
Activities & Governance	3 4 5 6	Number of vot Number of ind Total number of Total number of	ing memi ependen of employ of volunte	if the organization discontinued bers of the governing body (Pa it voting members of the govern yees (Part V, line 2a) eers (estimate if necessary) business revenue from Part VIII	art VI, line 1a) ning body (Part VI, lii	ne 1b)	re than 25% of its a	ssets 3 4 5 6 7a		6 5 0 0	
	ь	Net unrelated	business	taxable income from Form 990	0-T, line 34			7b		0.	
Revenue	9	Program servi	ce reveni	ts (Part VIII, line 1h) ue (Part VIII, line 2g)	Prior Year	.55.	Current Y 167	year , 993.			
æ				art VIII, column (A), lines 3, 4, ; II, column (A), lines 5, 6d, 8c,		2 3	316.	3	,607.		
				nes 8 through 11 (must equal F	·	line 12\	151,4			,007. ,187.	
				ounts paid (Part IX, column (A)		1116 12)	151,5			,016.	
				members (Part IX, column (A),	 			,010.			
			lr Ir	nsation (Entitle) (Pa	2,0	170		,920.			
es	ı		31	= 0 = -	es 3-10)	2,0	70.		, 320.		
Expenses	l		- 1	grees (Part IX, column (A) lin	<u> </u>	- -					
젌				ses (Antix (coning) (A), life		834.					
				X, column (A), lines 11a-11b			213,2			<u>,908.</u>	
				nes 13-17 (must equal Part X,			215,3			,844.	
	19	Revenue less	expenses	s. Subtract time 18 from line 12	<u> </u>		-63,8	39.	20	<u>,343.</u>	
200				_	•		Beginning of Y		End of Ye		
Net Asseto or Fund Balancoo		Total assets (F	•	•			38,7		59	,057.	
ad E	21	Total liabilities	(Part X,	line 26)			<u></u>	0.		0.	
				ances Subtract line 21 from line	e 20		38,7	<u>'14. </u>	59	<u>,057.</u>	
Sig He	irt II jn re	Signature of	of perjury, and complete	declare that I have examined this return beclaration of preparer (other than office than o	in		6-3c			f, it is	
		Type or prir	HAEL		<u> </u>	PRESID	En (
Pa Pro pa	er's	Preparer's signature	► WAYI	NE E VINSON, CPA ne E Vinson, CPA, P	25	Date	Check if self- employed ▷		arer's identifying instructions)	number	
Us		Firm's name (or yours if self-		2 W Northwest Blvd	<u> </u>		—————————————————————————————————————	20-2072766			
On	iy	employed), address, and		kane, WA 99205				(509)		52	
Max	the I	ZIP + 4		with the preparer shown above	? (see instructions)		Frione no		X Yes	No	
ivia)	, u C	in diacuss tills	, , <u>, , , , , , , , , , , , , , , , , </u>	alo pi sparor sitowii above:	. ,55556 65(0) (3)				1 163		

	990 (2009) NEW COVENANT FOUNDATION, INC	82-0	5356	92		Page 2
	t III Statement of Program Service Accomplishments					
1	Briefly describe the organization's mission:					
•	CHARITABLE - RELIGIOUS					
	<i></i>					
	1					
2	Did the organization undertake any significant program services during the year which were not listed on the	e prior				
	Form 990 or 990-EZ?			Yes	X	Νо
	If 'Yes,' describe these new services on Schedule O	• •	ப			
9	Did the organization cease conducting, or make significant changes in how it conducts, any program service	ne?		Yes	X	No
3	If 'Yes,' describe these changes on Schedule O.	35 ;	Ш	163	II.	140
	·			E01/	-> (2)	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and a	r expenses flocations t	o others	n Sorie	otal	
	expenses, and revenue, if any, for each program service reported.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,	- 10.7	
4:	(Code: 141, 434. including grants of \$)					
	See Schedule 0					
					_	
41	(Code:) (Expenses \$ including grants of \$)	Revenue	\$			١
٦,	/ (code:	(I to veriae	٧			—–′
	~					
40	: (Code) (Expenses \$ including grants of \$)	Revenue	\$)
			<u> </u>			
		-				
		_				
		_ _				
		_ _				
		_ _				
40	Other program services. (Describe in Schedule O.)					_
	(Expenses \$including grants of \$) (Revenue \$;)	
4	Total program service expenses ► 141, 434.					
	Total program outside expenses = 1741/707.					

•			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		Х
5	Section 501(c)(2), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any 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_		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? if 'Yes,' complete Schedule D, Part III	8_		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? <i>If 'Yes,' complete Schedule D, Part IV</i>	9		Х
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		Х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х	
•	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	3,27		
	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		,,	
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		X
12	A Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A X			` \
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		<u>X</u>
	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 1.	14b		X
5	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>
7	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		<u>X</u>
8	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		<u>X</u>
9	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		<u>X</u>

Part IV Checklist of Required Schedules (continued) Yes No 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 21 X 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 X 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 23 Х Schedule 1 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, and 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 Х b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? **d** Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?. 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part 25 a Х 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 Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L. Part III Х 27 Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions): Х a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L. Part IV 28a **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L. Part IV X 28b **c** 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 Х X 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 conservation X contributions? If 'Yes,' complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 31 Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N. Part II 32 32 Х 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 X 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, X 34 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 X 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 36 Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI 37 X 37

38 ____ BAA

Form **990** (2009)

38

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Note. All Form 990 filers are required to complete Schedule O

1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S.	\$, w	Yes	No
Information Returns. Enter -0- if not applicable 1a 1		10 m	```
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0		Ι, ,	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X.
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		***	ĺ
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
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?	За		Х
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3ь		
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	Х	
b If 'Yes,' enter the name of the foreign country: ► Ethiopia	j.		, ,
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		Х
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?	5с		
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 deductible?	6 b		
7 Organizations that may receive deductible contributions under section 170(c).		, ,	
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d	1		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
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 required?	7h		
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?			
9 Sponsoring organizations maintaining donor advised funds.	•		
a Did the organization make any taxable distributions under section 4966?	9a	`	
b Did the organization make any distribution to a donor, donor advisor, or related person?	9b		
Section 501(c)(7) organizations. Enter:	30		
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 10b	ľ	.	
1 Section 501(c)(12) organizations. Enter		.	
a Gross income from other members or shareholders.	1	`	•
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	`		
0.0.1	12a	1	**
b If 'Yes.' enter the amount of tax-exempt interest received or accrued during the year 12b	1		

BAA

Form **990** (2009)

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

Section A. Governing Body and Management

	Cuon A. Governing Body and Management		Yes	No					
	a Enter the number of voting members of the governing body	6		" ;					
	b Enter the number of voting members that are independent . 1b	5		``					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with ar officer, director, trustee or key employee?	ny other 2	2	X					
3	Did the organization delegate control over management duties customarily performed by or under the direct s of officers, directors or trustees, or key employees to a management company or other person?	upervision 3		X					
4 Did the organization make any significant changes to its organizational documents									
	since the prior Form 990 was filed?	_							
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		X					
7	a Does the organization have members, stockholders, or other persons who may elect one or more members o governing body?	f the 7a		Х					
	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 the following:	year by		7.7					
	a The governing body?	8a	X						
	b Each committee with authority to act on behalf of the governing body?	8b		Х					
	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O								
	ction B. Policies (This Section B requests information about policies not required by		L	<u> X</u>					
	venue Code)	ne memai							
, ,,,,,	3/100 0000 /		Yes	No					
10:	a Does the organization have local chapters, branches, or affiliates?	10 a	163	X					
	b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters,								
'	and branches to ensure their operations are consistent with those of the organization?	10b							
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the fo	orm? 11		X					
11	ADescribe in Schedule O the process, if any, used by the organization to review this Form 990. See Sche	dule 0	,						
12	a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х						
ı	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give ri to conflicts?	se 12b	Х						
(c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' des Schedule O how this is done See Schedule 0	cribe in 12c	х						
13	Does the organization have a written whistleblower policy?	13		X					
14	Does the organization have a written document retention and destruction policy?	14		Х					
15	Did the process for determining compensation of the following persons include a review and approval by indep persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	endent	, ,,	\$					
	a The organization's CEO, Executive Director, or top management official See Schedule 0	15a	Х						
	b Other officers of key employees of the organization	15b	- 1	Х					
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)	77.33	` .						
16	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with entity during the year?	a taxable		X					
ı	b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its particular venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	s exempt							
<u>Se</u>	status with respect to such arrangements?	16b							
<u> 17</u>									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3 inspection Indicate how you make these available Check all that apply.)s only) available f	or pub	lic					
	Own website Another's website X Upon request								
	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of i statements available to the public See Schedule O			ıal					
	State the name, physical address, and telephone number of the person who possesses the books and records MICHAEL STEMM 623 S GLENRIDGE RD LIBERTY LAKE WA 99019	of the organizatio	n: - –						
									

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 organizations'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 employees.'
- 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		_	_		hat app		Reportable compensation from	Reportable compensation from	Estimated amount of other		
	per week	Individual trustee or director	Institutional trust	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		
		dual	tton	"	gm	est co	<u> </u>			and related		
		trus	al tra		oyee	duc				organizations		
		66	ıstee	1	1	ensat						
MICHAEL STEMM	_	ļ		<u> </u>	_	8	<u> </u>					
President	30							8,920.	0.	0		
DOUG WIEBER	30	<u> </u>	-			-	-	0,920.	0.1	0.		
Vice President	5						Ì '	o.	0.	0.		
MARK MITROVICH					 -		_	0.	<u> </u>			
Director	5	l						0.	0.	0.		
CRAIG MEREDITH			_							<u> </u>		
Treasurer	5							0.	0.	0.		
MEKONNEN TESEMA												
Director	5					•		0.	0.	0.		
JAMES FRYMIER												
Director	10							0.	0.	<u> </u>		
			<u> </u>									
			_				<u> </u>					
				١,	ļ							
		 			\vdash							
		-	-									
		-	_									
]			ì			
				,								
					_							

(A)	(B)	Λ ε χ	<u> </u>		c)		, ai	(D)	(E)	(F	
Name and Title	Average	Posi	tion (-	-	hat a	pply)	1 ' '	Reportable	Estim	•
•	hours per week	or director	Institutional trustee	Officer	Key employee	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of comper from organizand re	of other isation the zation elated
									.,		
~_											
	-					-					
									-		
					-						
											
		-				_					-
1 b Total				1			-	8,920.	0.		0
Total number of individuals (including but not limited from the organization ► 0	I to thos	e lis	ted	abo	ve) v	who	rece		100,000 in reportat	ole compen	sation
 3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in 4 For any individual listed on line 1a, is the sum of repthe organization and related organizations greater thindividual 	ortable nan \$150	com 0,000	ipen)? //	satı f 'Ye	on a	ind (othe olete	r compensation fro Schedule J for su	om ich	3 4	X X
5 Did any person listed on line 1a receive or accrue correndered to the organization? If 'Yes,' complete Sch	mpensa ledule J	tion for s	froi such	m ar per	ny u rson	nrel	ated	l organization for s	services	5	<u> </u>
Section B. Independent Contractors 1 Complete this table for your five highest compensate	ed inden	end	ent 4	cont	ract	ors	that	received more tha	an \$100 000 of		
compensation from the organization.								T			
Name and business addres	s							Description of	f Services	(C) Compens	ation
		<u>-</u>									
2 Total number of independent contractors (including t \$100,000 in compensation from the organization ►		ımıte	ed to	tho	se I	ıste	d ab	ove) who received	d more than		

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
GIFTS, GRANTS LAR AMOUNTS	1	a Federated campaigns b Membership dues c Fundraising events d Related organizations	1 a 1 b 1 c 1 c					
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIRILAR AMOUNTS	1	Government grants (contribution of All other contributions, gifts, similar amounts not included in Noncash contribus included in Noncash contribution in Noncash contribu	grants, and above 1 f	167,993.				
PROGRAM SERVICE REVENUE	2 8			Business Code	167,993.			
PROGRAM		All other program services Total. Add lines 2a-2f		•				
	3 4 5	Investment income (incother similar amounts) Income from investmen Royalties	t of tax-exemp	t bond proceeds	587.			587.
	t c	Gross Rents Less: rental expenses Rental income or (loss) Net rental income or (lo	(i) Real	(II) Personal				
	7 a	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses	(i) Securities	(ii) Other				
ш	d	: Gain or (loss) I Net gain or (loss) I Gross income from fund	draising events	<u> </u>				
OTHER REVENUE		of contributions reported See Part IV, line 18 Less direct expenses. Net income or (loss) fro	·	a b events				
	9a b	Gross income from gam See Part IV, line 19 Less: direct expenses Net income or (loss) from	a b					
	b	Gross sales of inventory and allowances Less: cost of goods solo Net income or (loss) fro	I m sales of inve					
	11 a b	Miscellaneous Revenu		Business Code	3,607.	3,607.		
	e	All other revenue Total. Add lines 11a-11c Total revenue. See instr		>	3,607. 172,187.	3,607.	0.	587.

Statement of Functional Expenses

Form 990 (2009)

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). **(D)** Fundraising (A) Do not include amounts reported on lines Program service Total expenses Management and 6b, 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, 4 1/4 March V. ... Same and the same of line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 74,016 74,016 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 8,920. 7,136 1,784 0. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B) 0. 0 0. 0. 7 Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits. 10 Payroll taxes Fees for services (non-employees) a Management **b** Legal 187 187 959 c Accounting 959. **d** Lobbying e Prof fundraising svcs See Part IV, In 17 300 f Investment management fees g Other 12 Advertising and promotion 13 Office expenses 831 354 477 Information technology 15 Royalties 3,723. 16 Occupancy 607 3,116. 17 25,196. Travel 24,296. 900 Payments of travel or entertainment 18 expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 23 23 21 Payments to affiliates 22 Depreciation, depletion, and amortization 1,617 1,132. 323 162. 23 Insurance Other expenses Itemize expenses not Ġ. covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) a HEALTH CARE DEVELOPMENT - ET 15,726. 15,726. 6,420. 6,420. **b** ETHIOPIAN ADMIN FEE 5,700 3,990. c MARKETING INITIATIVE 1,140 570. 5,000. d ETHIOPIAN ASSISTANCE INITIATIV 5,000. 2,021 e EDUCATION & TRAINING 2,021 f All other expenses 1,505. 713. 690 102. 151,844. 141,434. 25 Total functional expenses Add lines 1 through 24f 9,576. 834. 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

BAA

campaign and fundraising solicitation

	Cash – non-interest-bearing				
i	· · · · · · · · · · · · · · · · · · ·		11,119.	1	7,342.
i	2 Savings and temporary cash investments		17,403.	2	48,390.
	Pledges and grants receivable, net.			3	
	Accounts receivable, net			4	
	Receivables from current and former officers, directors, trustees, key employend and highest compensated employees. Complete Part II of Schedule L.	yees,		5	
	Receivables from other disqualified persons (as defined under section 4958)	f)(1))			3 4 3 1 1 1 1 1 1
	and persons described in section 4958(c)(3)(B). Complete Part II of Schedu	e L		6	
Š	Notes and loans receivable, net		5,250.	7	
A S E T S	Inventories for sale or use			8	_
s	Prepaid expenses and deferred charges .			9	
1	Da Land, buildings, and equipment cost or other basis. 10a 24,	663.		1	A Comment
	Complete Part VI of Schedule D				Marie Barrell
	b Less ⁻ accumulated depreciation	338.	4,942.	10 c	3,325.
1	Investments – publicly-traded securities			11	
1	2 Investments – other securities. See Part IV, line 11			12	
1	Investments – program-related. See Part IV, line 11			13	
1	Intangible assets			14	
1	Other assets. See Part IV, line 11			15	
1	Total assets. Add lines 1 through 15 (must equal line 34)		38,714.	16	59,057.
1	Accounts payable and accrued expenses			17	
1	Grants payable		18		
1	Deferred revenue.			19	
2	Tax-exempt bond liabilities			20	
A 2	, ,			21	
2	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part i	i			
į	of Schedule L			22	
s 2	, ,			23	
2				24	
2				25	
2			0.	26	0.
Ĕ	Organizations that follow SFAS 117, check here ► X and complete line	S			
A .	27 through 29 and lines 33 and 34.		1 ' ' ' '	1	
\$ 2 \$ 2			38,714.	27	59,057.
Ĕ 2	· · · · · · · · · · · · · · · · · · ·			28	
s 2	, , , , , , , , , , , , , , , , , , , ,		, ,, , , , , , , , , , , , , , , , , ,	29	
Ŕ	Organizations that do not follow SFAS 117, check here	lete	N. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
N 3	lines 30 through 34.		,	- 1	
				30	
B 3	2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,			31	
k 3	· · · · · · · · · · · · · · · · · · ·		20 714	32	50.057
AZCES 3			38,714.	33	59,057.
S 3	Total liabilities and net assets/fund balances.		38,714.	34	59,057. Form 990 (2009)

Form 990 (2009) NEW COVENANT FOUNDATION, INC	82-0535692	Pa	age 12
Part XI Financial Statements and Reporting			
•		Yes	No
1 Accounting method used to prepare the Form 990: 🛛 Cash 🔲 Accrual 📗 Other			13 4, 1
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.	120	N 32	*,
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2	а	<u>X</u>
b Were the organization's financial statements audited by an independent accountant?	2	b	X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign review, or compilation of its financial statements and selection of an independent accountant?	ht of the audit,	С	
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 wer consolidated basis, separate basis, or both.	e issued on a	× .	
Separate basis Consolidated basis Both consolidated and separate basis	<u>t</u>		,
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	n the Single	a	Х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	e required audit	ь	

BAA

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Employer Identification number

NEW COVENANT FOUNDATION, INC 82-0535692 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is; (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described in section 170(bx1xAxi). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(bx1xAxiii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(bX1)(Complete Part II) 7 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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 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 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 11 describes the type of supporting organization and complete lines 11e through 11h. Type III - Functionally integrated Type I Type II C Type III- Other 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 If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No 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? (i) 11 g (i) a family member of a person described in (i) above? 11 g (ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organizations h (iii) Type of organization (described on lines 1-9 above or IRC section (i) Name of Supported Organization (ii) EIN (iv) Is the (v) Did you notify (vi) Is the (vii) Amount of Support organization in col (i) organized in the US? organization in col (i) listed in your the organization in col (i) of (see instructions)) governing document? your support? Yes No Yes No Yes No Total

ra	Support Schedule for)(b)(1)(A)(iv) a	nd 170(b)	Αχτχ	(vi)	
Sec	(Complete only if you check tion A. Public Support	ed nie box ou liue	J, /, or o or Part	1.)	<u>_</u>				
Cale	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200)9	(f) Tot	al
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants ')					-			
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf								
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge								-
4	Total. Add lines 1-through 3								
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)								
6	Public support. Subtract line 5 from line 4						, ; ;		
Sec	tion B. Total Support						-4-44		
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Tota	al
7	Amounts from line 4							_	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources								
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)								
11	Total support. Add lines 7 through 10								
12	Gross receipts from related activi	ties, etc (see ins	tructions)	-			12		
	First five years. If the Form 990 is organization, check this box and	stop here		l, third, fourth, or	fifth tax year as a	section 50	1(c)(3)		▶ □
	tion C. Computation of Pu								
	Public support percentage for 200			11, column (f)			14		%_
	Public support percentage from 2	·	·				15		<u> </u>
16 a	33-1/3 support test – 2009. If the and stop here. The organization of	organization did r qualifies as a publ	not check the box licly supported org	on line 13, and ti janization	ne line 14 is 33-1/3	3 % or more	e, chec	k this box	▶ 🗌
b	33-1/3 support test — 2008. If the and stop here . The organization of	organization did r qualifies as a publ	not check a box or icly supported org	n line 13, or 16a, a janization	and line 15 is 33-1	/3% or mor	e, che	ck this box	► □
17 a	10%-facts-and-circumstances tes or more, and if the organization in the organization meets the 'facts-	neets the facts ar	nd-circumstances'	test, check this b	ox and stop here.	Explain in E	Part I∖v	/ how	▶ 🗌
	10%-facts-and-circumstances tes or more, and if the organization norganization meets the 'facts-and	neets the 'facts-ar I-circumstances' t	nd-circumstances' est. The organiza	test, check this b ation qualifies as a	ox and stop here. a publicly supporte	Explain in f ed organizat	Part IV tion.	how the	▶ 🗌
	Private foundation. If the organiz	ation did not chec	k a box on line, 1.	3, 16a, 16b, 17a,					▶□
BAA					Sc	hedule A (F	orm 99	90 or 990-EZ	2009

Schedule A (Form 990 or 990-EZ) 2009 NEW COVENANT FOUNDATION, INC

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal yr 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 'unusual grants.')	34,320.	93,324.	110,232.	149,155.	167,99	
2	Gross receipts from	34,320.	33,324.	110,232.	140,100.	101,99	3. 333,024.
-	admissions, merchandise sold or services performed, or						
	facilities furnished in a activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that are						0.
Ĭ	not an unrelated trade or business under section 513						0.
4	Tax revenues levied for the organization's benefit and					-	
	either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a						
	governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	34,320.	93,324.	110,232.	149,155.	167,99	0. 3. 555,024.
	Amounts included on lines 1,	31/3201	30,021.	110,232.	140,100.	101,55	333,024.
	2, 3 received from disqualified persons	1,200.	30,748.	0.	0.	1	0 31,948.
Ł	Amounts included on lines 2 and 3 received from other than	, ,	•	-			<u> </u>
	disqualified persons that						
	exceed the greater of 1% of the amount on line 13 for the						
	year	0.	0.	0.	0.		0.
	Add lines 7a and 7b	1,200.	30,748.	0.	0.		0. 31,948.
8	Public support (Subtract line 7c from line 6.)			***************************************		: 	E22 076
Sec	tion B. Total Support		<u> </u>			, , , , , ,	523,076.
	ndar year (or fiscal yr beginning in)	(-) 2005	(h) 2006	(a) 2007	4-12-0000	4 > 0000	10711
		(a) 2005 34, 320.	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(1) Total
	Amounts from line 6 Gross income from interest,	34,320.	93,324.	110,232.	149,155.	167,99	3. 555,024.
	dividends, payments received						
	on securities loans, rents, royalties and income form						
	similar sources	174.	5,250.	5,250.		58	7. 11,261.
b	Unrelated business taxable income (less section 511		, , , , , , , , , , , , , , , , , , , ,	,		<u>~~</u>	11,201.
	taxes) from businesses		:				
_	acquired after June 30, 1975 Add lines 10a and 10b	174.	5,250.	5,250.	0.	58	0. 7. 11,261.
11	Net income from unrelated business	1/4.	3,230.	3,230.	0.	38	11,261.
	activities not included inline 10b, whether or not the business is						
	regularly carried on						0.
12	Other income Do not include gain or loss from the sale of				-		
	capital assets (Explain in Part IV)		992.	420.	2,316.	3,60	7. 7,335.
13	Total support. (add ins 9, 10c, 11, and 12)	(2)		120.	2,310.	3,00	573,620.
	First five years. If the Form 990	s for the organizat	ion's first, second	, third, fourth, or	fifth tax year as a	section 501(c)(3)
Sec	organization, check this box and tion C. Computation of Pu		Percentage			<u> </u>	···
	Public support percentage for 200			13 column (f)		1	E 01 2 m
16	Public support percentage from 2		-	15, column (1))		1	
	tion D. Computation of Inv			<u> </u>		<u></u>	0 0.3%
17	Investment income percentage for) (f))	1	7 2.0%
18	Investment income percentage fr		• • •	•	<i>、,,</i>	1	
19 a	33-1/3 support tests - 2009. If the	e organization did	not check the box	on line 14, and I	ine 15 is more tha	an 33-1/3%, ar	nd line 17 is not
h	more than 33-1/3%, check this bo						× X
O	33-1/3 support tests $-$ 2008. If the is not more than 33-1/3%, check	this box and stop	here. The organiza	ation qualifies as a	and line to is mor a publicly support	e man 33-1/39 ed organizatio	%, and line 18 n ►
20	Private foundation. If the organiz						
							

Schedule A (**om**990 or 990-E2) 2009 NEW COVENATION, INC Part IV Supplemental Information. Complete this part to provide the explanations required by Part III, Irine 17a or 17b; and Part IIII, Irine 12. Provide any other additional information. See instru	Page 4
	ne 10;
	- -

TEEA0404L 02/05/10

Schedule A (Form 990 or 990-EZ) 2009

BAA

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

➤ Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions

OMB No 1545-0047

Open to Public Inspection

Employer Identification number

NEW COVENANT FOUNDATION

1477.4	COVENANT FOUNDATION, INC	82-0535692
Pai	rt 🕒 Organizations Maintaining Donor Advised Funds or Other Similar Fun	
	the organization answered 'Yes' to Form 990, Part IV, line 6.	,
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year .	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year) .	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in dono funds are the organization's property, subject to the organization's exclusive legal control?	r advised Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds used only for charitable purposes and not for the benefit of the donor or donor advisor or for an purpose conferring impermissible private benefit??	Yes No
Pai	rt II Conservation Easements Complete if the organization answered 'Yes' t	o Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g , recreation or pleasure)	an historically important land area
	Protection of natural habitat Preservation of	certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the last day of the tax year	e form of a conservation easement on the
		Held at the End of the Year
	a Total number of conservation easements	2a
	Total acreage restricted by conservation easements	2b
	Number of conservation easements on a certified historic structure included in (a)	2c
•	Number of conservation easements included in (c) acquired after 8/17/06	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated	by the organization during the tax
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handle and enforcement of the conservation easement it holds?	ng of violations, Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easemeduring the year ▶	ents
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶	\$
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$?	Yes No
9	In Part XIV, describe how the organization reports conservation easements in its revenue and e include, if applicable, the text of the footnote to the organization's financial statements that described conservation easements.	cribes the organization's accounting for
Pai	Organizations Maintaining Collections of Art, Historical Treasures, or Complete if the organization answered 'Yes' to Form 990, Part IV, line is	Other Similar Assets 8.
1 a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement treasures, or other similar assets held for public exhibition, education, or research in furtherance the text of the footnote to its financial statements that describes these items	and balance sheet works of art, historical e of public service, provide, in Part XIV,
t	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and treasures, or other similar assets held for public exhibition, education, or research in furtherance amounts relating to these items.	e of public service, provide the following
	(i) Revenues included in Form 990, Part VIII, line 1	. ▶ \$
	(ii) Assets included in Form 990, Part X	
2	if the organization received or held works of art, historical treasures, or other similar assets for amounts required to be reported under SFAS 116 relating to these items	financial gain, provide the following
ε	Revenues included in Form 990, Part VIII, line 1	⊳\$
ŀ	Assets included in Form 990, Part X	* \$

	FOUNDATION, INC		82-053		Page 2
Part III Organizations Maintaining Co	llections of Art, Hist	orical Treasures, o	or Other Similar As	sets (con	itinued)
3 Using the organization's acquisition accession items (check all that apply):	n and other records, chec	ck any of the following th	at are a significant use	of its collec	tion
a Public exhibition	—	or exchange programs			
b Scholarly research	e [_] Other				
c Preservation for future generations					
4 Provide a description of the organization's or Part XIV.	·	-	, , ,	ın	
5 During the year, did the organization solicit of assets to be sold to raise funds rather than the	or receive donations of art to be maintained as part o	, historical treasures, or if the organization's colle	other similar ection?	Yes	No
Part IV Escrow and Custodial Arrange 9, or reported an amount on Fe	ements Complete if	organization answe		990, Part	IV, line
1a Is the organization an agent, trustee, custod included on Form 990, Part X?	ian, or other intermediary	for contributions or othe	er assets not	Yes	No
b If 'Yes,' explain the arrangement in Part XIV			'	-	
				Amount	
c Beginning balance		•	1c		
d Additions during the year			1 d		
e Distributions during the year	•		1e		
f Ending balance .		•			
2a Did the organization include an amount on F	orm 990, Part X, line 21?			Yes	No
b If 'Yes,' explain the arrangement in Part XIV					
Part V Endowment Funds Complete it	organization answe	red 'Yes' to Form 9	90, Part IV, line 10	<u>, </u>	
(a) Curro	ent year (b) Prior year	r (c) Two years back	(d) Three years back	(e) Four	years back
1 a Beginning of year balance		· · · · · · · · · · · · · · · · · · ·		1 1 1 1 1	
b Contributions					
c Net Investment earnings, gains, and losses					
d Grants or scholarships		3		8,3%	,, ,,,
Other expenditures for facilities and programs					
f Administrative expenses				:	` '
g End of year balance					····
2 Provide the estimated percentage of the year	r end balance held as:				
a Board designated or quasi-endowment 🕨 _					
b Permanent endowment ▶	. 8				
c Term endowment ►%					
3a Are there endowment funds not in the posse	ssion of the organization t	that are held and admini	stered for the		
organization by:				Ye	s No
(i) unrelated organizations				3a(i)	
(ii) related organizations			•	3a(ii)	
b If 'Yes' to 3a(II), are the related organization	·			3b	
4 Describe in Part XIV the intended uses of th			(l · 10		
Part VI Investments-Land, Buildings					
Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book	∢Value
1 a Land					
b Buildings		·			
c Leasehold improvements			105		
d Equipment		64 663	-125.		125.
e Other		24,663.	21,463.		3,200.
Total. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part X, co	olumn (B), line 10(c))			3,325.
BAA			Sched	dule D (Form	n 990) 2009

(a) Description of security or category (coulding name of security) Financial derivatives Coacey hard equally interests Other Total. Column (b) must equal from 990 Part X, col. (b) line 12) Fart VIII Investments - Program Related (See Form 990, Part X, line 13) N/A (b) Description of investment type (c) Book value (d) Method of valuation (e) Description of investment type (e) Book value (f) Book value (f) Method of valuation (g) Method of valuation Cost or end of year market value (e) Method of valuation Cost or end of year market value (f) Book value (g) Description of investment type (g) Book value (g) Description Cost or end of year market value (h) Description Cost or end of year market value (g) Description Cost or end of year market value (h) Book value (h) Description (h) Book value (h) Description (h) Book value (h) Description (h) Descr	Schedule D (Form 990) 2009 NEW COVENANT FOUN		82-0535692 Page 3
Financial derivatives Cottons (2) must equal form 939 Part X, col. (8) line 12) - Part VIII (Investments — Program Related (See Form 990, Part X, line 13) N/A (a) Description of investment type (b) Book value (c) Method of valuation Cost of end-of-year market value (c) Method of valuation Cost of end-of-year market value (d) Description (e) Description (g) Description (g			ne 12. N/A
Closery Politic equity interests Cliner Total. (Column (b) must equal Farm 20 Part X, cot. (b) time 12) Part VIII Investments—Program Related (See Form 990, Part X, line 13) (c) Book value (c) Method of valuation of emotion of investment type (b) Book value (c) Method of valuation of emotion of emotio	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal form 990 Part X, col. (8) line 12.) = Part VIII Investments — Program Related (See Form 990, Part X, Inne 15) N/A (c) Method of valuation Cost or end-of-year market value	· · · · · · · · · · · · · · · · · · ·		
Total. (Column (b) must equal form 990 Part X, col. (6) line 12) Part VIIII Investments — Program Related (See Form 990, Part X, line 13) N/A (a) Description of investment type (b) Book value (cost or end-of-year market value) Total. (Column (b) must equal form 990 Part X, Col. (B) line 13) Part IX Other Assets (See Form 990, Part X, line 15) N/A (a) Description (b) Book value Total. (Column (b) must equal form 990, Part X, col. (B) line 15) N/A (b) Description (b) Amount (c) Part X Other Liabilities (See Form 990, Part X, line 25) Part X Other Liabilities (See Form 990, Part X, line 25) (c) Description (b) Amount (c) Description of Liability (c) Description (c) Part X (c) Desc	Closely-held equity interests .		
Part Vili Investments - Program Related (See Form 990, Part X, line 13) N/A (a) Description of investment type (b) Book value Cost or end-oi-year market value Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13) Fart X Other Assets (See Form 990, Part X, line 15) N/A (a) Description (b) Book value Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) N/A (a) Description (b) Amount Federal Income Taxes Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) Federal Income Taxes	Other		
Part Vili Investments - Program Related (See Form 990, Part X, line 13) N/A (a) Description of investment type (b) Book value Cost or end-oi-year market value Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13) Fart X Other Assets (See Form 990, Part X, line 15) N/A (a) Description (b) Book value Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) N/A (a) Description (b) Amount Federal Income Taxes Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) Federal Income Taxes			
Part Vili Investments - Program Related (See Form 990, Part X, line 13) N/A (a) Description of investment type (b) Book value Cost or end-oi-year market value Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13) Fart X Other Assets (See Form 990, Part X, line 15) N/A (a) Description (b) Book value Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) N/A (a) Description (b) Amount Federal Income Taxes Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) Federal Income Taxes			· · - · - · - · · - · · · · · · · ·
Part Vili Investments - Program Related (See Form 990, Part X, line 13) N/A (a) Description of investment type (b) Book value Cost or end-oi-year market value Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13) Fart X Other Assets (See Form 990, Part X, line 15) N/A (a) Description (b) Book value Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) N/A (a) Description (b) Amount Federal Income Taxes Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) Federal Income Taxes			
Part Vili Investments - Program Related (See Form 990, Part X, line 13) N/A (a) Description of investment type (b) Book value Cost or end-oi-year market value Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13) Fart X Other Assets (See Form 990, Part X, line 15) N/A (a) Description (b) Book value Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) N/A (a) Description (b) Amount Federal Income Taxes Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) Federal Income Taxes			
Part Vili Investments - Program Related (See Form 990, Part X, line 13) N/A (a) Description of investment type (b) Book value Cost or end-oi-year market value Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13) Fart X Other Assets (See Form 990, Part X, line 15) N/A (a) Description (b) Book value Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) N/A (a) Description (b) Amount Federal Income Taxes Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) Federal Income Taxes			
Part Vili Investments - Program Related (See Form 990, Part X, line 13) N/A (a) Description of investment type (b) Book value Cost or end-oi-year market value Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13) Fart X Other Assets (See Form 990, Part X, line 15) N/A (a) Description (b) Book value Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) N/A (a) Description (b) Amount Federal Income Taxes Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) Federal Income Taxes		<u> </u>	
Part Vili Investments - Program Related (See Form 990, Part X, line 13) N/A (a) Description of investment type (b) Book value Cost or end-oi-year market value Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13) Fart X Other Assets (See Form 990, Part X, line 15) N/A (a) Description (b) Book value Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) N/A (a) Description (b) Amount Federal Income Taxes Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) Federal Income Taxes			
Part Vili Investments - Program Related (See Form 990, Part X, line 13) N/A (a) Description of investment type (b) Book value Cost or end-oi-year market value Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13) Fart X Other Assets (See Form 990, Part X, line 15) N/A (a) Description (b) Book value Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) N/A (a) Description (b) Amount Federal Income Taxes Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) Federal Income Taxes			
Part Vili Investments - Program Related (See Form 990, Part X, line 13) N/A (a) Description of investment type (b) Book value Cost or end-oi-year market value Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13) Fart X Other Assets (See Form 990, Part X, line 15) N/A (a) Description (b) Book value Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) N/A (a) Description (b) Amount Federal Income Taxes Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) Federal Income Taxes	Total (Column (b) must equal Form 990 Part Y col. (R) line 12.)		
(a) Description of investment type (b) Book value Cost or end-of-year market value Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13) Part IX Other Assets (See Form 990, Part X, line 15) N/A (a) Description (b) Book value Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities (See Form 990, Part X, line 25) (a) Description of Liability (b) Amount Federal Income Taxes		Form 990 Part X I	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) • Part IX Other Assets (See Form 990, Part X, line 15) N/A (e) Description		, <u> </u>	
Total. (Column (b) must equal Form 990, Part X, col (B), line 15) Part X Other Liabilities (See Form 990, Part X, line 25) (a) Description (b) Amount Federal Income Taxes Total. (Column (b) must equal Form 990, Part X, col (B), line 25) (b) Amount Federal Income Taxes		(a) Book value	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B), line 15) Part X Other Liabilities (See Form 990, Part X, line 25) (a) Description (b) Amount Federal Income Taxes Total. (Column (b) must equal Form 990, Part X, col (B), line 25) (b) Amount Federal Income Taxes			
Total. (Column (b) must equal Form 990, Part X, col (B), line 15) Part X Other Liabilities (See Form 990, Part X, line 25) (a) Description (b) Amount Federal Income Taxes Total. (Column (b) must equal Form 990, Part X, col (B), line 25) (b) Amount Federal Income Taxes			
Total. (Column (b) must equal Form 990, Part X, col (B), line 15) Part X Other Liabilities (See Form 990, Part X, line 25) (a) Description (b) Amount Federal Income Taxes Total. (Column (b) must equal Form 990, Part X, col (B), line 25) (b) Amount Federal Income Taxes			· · · · · · · · · · · · · · · · · · ·
Total. (Column (b) must equal Form 990, Part X, col (B), line 15) Part X Other Liabilities (See Form 990, Part X, line 25) (a) Description (b) Amount Federal Income Taxes Total. (Column (b) must equal Form 990, Part X, col (B), line 25) (b) Amount Federal Income Taxes			
Total. (Column (b) must equal Form 990, Part X, col (B), line 15) Part X Other Liabilities (See Form 990, Part X, line 25) (a) Description (b) Amount Federal Income Taxes Total. (Column (b) must equal Form 990, Part X, col (B), line 25) (b) Amount Federal Income Taxes			
Total. (Column (b) must equal Form 990, Part X, col (B), line 15) Part X Other Liabilities (See Form 990, Part X, line 25) (a) Description (b) Amount Federal Income Taxes Total. (Column (b) must equal Form 990, Part X, col (B), line 25) (b) Amount Federal Income Taxes		ļ — · · · · · · · · · · · · · · · · · ·	
Total. (Column (b) must equal Form 990, Part X, col (B), line 15) Part X Other Liabilities (See Form 990, Part X, line 25) (a) Description (b) Amount Federal Income Taxes Total. (Column (b) must equal Form 990, Part X, col (B), line 25) (b) Amount Federal Income Taxes			
Total. (Column (b) must equal Form 990, Part X, col (B), line 15) Part X Other Liabilities (See Form 990, Part X, line 25) (a) Description (b) Amount Federal Income Taxes Total. (Column (b) must equal Form 990, Part X, col (B), line 25) (b) Amount Federal Income Taxes			
Total. (Column (b) must equal Form 990, Part X, col (B), line 15) Part X Other Liabilities (See Form 990, Part X, line 25) (a) Description (b) Amount Federal Income Taxes Total. (Column (b) must equal Form 990, Part X, col (B), line 25) (b) Amount Federal Income Taxes		_	
Total. (Column (b) must equal Form 990, Part X, col (B), line 15) Part X Other Liabilities (See Form 990, Part X, line 25) (a) Description (b) Amount Federal Income Taxes Total. (Column (b) must equal Form 990, Part X, col (B), line 25) (b) Amount Federal Income Taxes	Total (Column (h) must equal Form 990 Part X Col (B) line 13)		
Total. (Column (b) must equal Form 990, Part X, col (B), line 15) Part X Other Liabilities (See Form 990, Part X, line 25) (a) Description of Liability (b) Amount Federal Income Taxes		line 15) N/A	
Total. (Column (b) must equal Form 990, Part X, col (B), line 15) [Part X Other Liabilities (See Form 990, Part X, line 25) (a) Description of Liability (b) Amount Federal Income Taxes Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) 2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's linancial statements that reports the organization's linancial statements that the organization's linancial stat			(b) Book value
Other Liabilities (See Form 990, Part X, line 25) (a) Description of Liability (b) Amount			
Other Liabilities (See Form 990, Part X, line 25) (a) Description of Liability (b) Amount			
Other Liabilities (See Form 990, Part X, line 25) (a) Description of Liability (b) Amount			
Other Liabilities (See Form 990, Part X, line 25) (a) Description of Liability (b) Amount			
Other Liabilities (See Form 990, Part X, line 25) (a) Description of Liability (b) Amount			
Other Liabilities (See Form 990, Part X, line 25) (a) Description of Liability (b) Amount			
Other Liabilities (See Form 990, Part X, line 25) (a) Description of Liability (b) Amount			
Other Liabilities (See Form 990, Part X, line 25) (a) Description of Liability (b) Amount			
Other Liabilities (See Form 990, Part X, line 25) (a) Description of Liability (b) Amount			
Other Liabilities (See Form 990, Part X, line 25) (a) Description of Liability (b) Amount		15	· · · · · · · · · · · · · · · · · · ·
(a) Description of Liability (b) Amount Federal Income Taxes Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) 2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability.			
Federal Income Taxes Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) 2. FIN 48 Footnote. In Part XIV. provide the text of the footnote to the organization's financial statements that reports the organization's liability.			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ► 2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability.		(b) Amount	
2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability.	rederal income taxes		
2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability.			
2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability.			
2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability.			
2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability			
2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability			
2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability			
2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability		 	
2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability			
2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability		1	
2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability	Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)		
		ote to the organization's	financial statements that reports the organization's liability

	edule D (Form 990) 2009 NEW COVENANT FOUNDATION, INC	82-05356	592 Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Sta	tements N/	/A
1 ·	Total revenue (Form 990, Part VIII, column (A), line 12)		
2	Total expenses (Form 990, Part IX, column (A), line 25)		
3	Excess or (deficit) for the year. Subtract line 2 from line 1		
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV).		
9	Total adjustments (net). Add lines 4 through 8) 	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	<u> </u>	
_	TXII Reconciliation of Revenue per Audited Financial Statements With Reve	nue per Return 1	N/A
1	Total revenue, gains, and other support per audited financial statements	1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12	7, 7,	
	Net unrealized gains on investments	\ \frac{1}{2}	
	Donated services and use of facilities 2b		
	Recoveries of prior year grants		
	1 Other (Describe in Part XIV)	 ,	
_	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.		
	Investments expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV).		
	: Add lines 4a and 4b	4c	<u>.</u>
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expense	es per Return	N/A
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
ā	Donated services and use of facilities 2a		
t	Prior year adjustments 2b		
	Other losses 2c		
•	Other (Describe in Part XIV).		
•	Add lines 2a through 2d		
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
ě	Investments expenses not included on Form 990, Part VIII, line 7b	,	
ŧ	Other (Describe in Part XIV).		
•	: Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)	5	
Pai	t XIV Supplemental Information		
line -	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also comp mation.	I 4; Part IV, lines 1b a lete this part to provid	nd 2b, Part V, le any additional
			
_			

TEEA3304L 02/02/10

Schedule **D** (Form 990) 2009

BAA

Schedule D	(Form 990) 2009	NEW COVENANT	FOUNDATION,	INC	 82-0535692	Page 5
Part XIV	Supplementa	I Information (co	ntinued)			
,						
•	•					
					 	
				~	 	
	-				 	
	· — — —	-	· — — -		 	

Schedule F (Form 990)

Name of the organization-

Statement of Activities Outside the United States

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16.
 ► Attach to Form 990.
 ► See separate instructions.

2009

Open to Public Inspection

Employer identification number

NEW COVENANT FOUNDAT	TION, INC	,,		82-05356	92
Part I General Information Form 990, Part	tion on Activit t IV line 14h	ies Outside th	ie United States . Comple	te if the organization	on answered 'Yes'
1 For grantmakers. Does the	e organization mail	ntain records to s ce, and the selec	ubstantiate the amount of the gition criteria used to award the g	rants or assistance, the rants or assistance?	X Yes No
2 For grantmakers. Describe	ın Part IV the org	anızatıon's proce	dures for monitoring the use of	grant funds outside the	United States.
3 Activities per Region (Use	Schedule F-1 (Fo	rm 990) if addition	nal space is needed.)		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
					<u></u>

		-			
				· · · · · · · · · · · · · · · · · · ·	
Totals ▷	اه ا	n			0.

Schedule F (Form 990) 2009 NEW COVENANT FOUNDATION, INC

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' to
Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000
Use Schedule F-1 (Form 990) if additional space is needed.

COMMUNITY
E
EDUCATION
ਪਲ
HUMANITARI
AN

grantee or counsel has provided a section 501(c)(3) equivalency letter

Schedule F (Form 990) 2009

3 Enter total number of other organizations or entities

BAA

(h) Method of valuation (book, FMV, appraisal, other) Page 3 Schedule F (Form 990) 2009 (g) Description of non-cash assistance Part III. Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' to Form 990, If additional space is needed. 82-0535692 (f) Amount of non cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients NEW COVENANT FOUNDATION, INC. (b) Region (a) Type of grant or assistance Schedule F (Form 990) 2009 BAA

TEEA3503L 07/06/09

Schedule F (Form 990) 2009 NEW COVENANT FOUNDATION, INC	82-0535692	Page 4
Part IV Supplemental Information	al information	
Complete this part to provide the information required in Part I, line 2, and any addition	ai iniormation.	
Part I, Line 2 - Grantmakers Explanation For Grants Outside US		
THE ORGANIZATION RECIEVES FINANCIAL AND NARRATIVE REPORTIN	G VERBALLY AND IN WRIT	ING
WITH REGARDS TO THE ACTIVITIES OF USE OF GRANT FUNDS. IN	ADDITION, PERSONAL VIS	ITS
TO THE SITE IN ETHIOPIA ARE MADE TWO TIMES PER YEAR TO OBS	ERVE THE ACTIVITIES BE	ING
CARRIED OUT BY ORGANIZATIONS AND OTHERS RECEIVING FUNDS.		
		
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 Attach to Form 990.

Related Organizations and Unrelated Partnerships

2009

OMB No 1545-0047

Open to Public ... Inspection

Employer identification number

Schedule R (Form 990) (2009) (F)
Direct controlling
entity (F)
Direct controlling
entity Part II Identification of Related Tax-Exempt Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) 82-0535692 (E)
Public charity status (if section 501(c)(3)) **(E)** End-of-year assets Part I Identification of Disregarded Entities (Complete of the organization answered 'Yes' to Form 990, Part IV, line 33.) **(D)** Exempt Code section **(D)** Total income TEEA5001L 02/05/10 (C) Legal domicile (state or foreign country) (C) Legal domicile (state or foreign country) BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (B) Primary activity (B) Primary activity (A) Name, address, and EIN of related organization (A) Name, address, and EIN of disregarded entity NEW COVENANT FOUNDATION,

82-0535692

Part III Identification of Related Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Schedule R (Form 990) 2009 NEW COVENANT FOUNDATION, INC

ئ ي قرر	ş					
(J) ' General or managing partner?	Yes	 		 <u></u>	, -	
Λω, ΩΕσ		 	 	 		
Code V-UBI amount in box 20 of Schedule K-1	(Form 1065)					
oor- te ons?	ş		 			
(H) Disproportonate allocations?	Yes					
(G) e of end-of-year assets						
dress, and EIN of Primary Activity Legal Direct Predominant Share of total income and EIN of Primary Activity Controlling entity income (related, excluded foreign foreign foreign foreign foreign controlling entity income (related, excluded foreign foreign foreign foreign controlling entity income (related, excluded foreign foreign foreign controlling entity income (related, excluded foreign foreign foreign controlling entity income (related, excluded foreign foreign foreign foreign foreign foreign controlling entity income (related, excluded foreign fo						
(E) Predominant income (related, unrelated, excluded from tax under	sections 512-514)					
(C) (D) Legal Direct domicile controlling entity (state or foreign						
(C) Legal domicile (state or	country)					
(B) Primary Activity						
(A) Name, address, and EIN of related organization						

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	axable as a Co	rporation or Trust treated as a corp	t (Complete	if the organ	ization answered "	Yes' to Form 990,	Part IV,
<b>(A)</b> Name, address, and EIN of related organization	Primary Activity Legal domicile (state or foreign country)	Legal domicile (state or foreign control)	( <b>D)</b> Direct Trolling entity (	Type of entity S corp, or trust)	Legal domicile Direct Type of entity (State or foreign controlling entity (C corp, S corp, country)  (C)	Share of end-of-year assets	(H) Percentage ownership

Schedule R (Form 990) (2009)

TEEA5002L 02/05/10

BAA

82-0535692

Part V Transactions With Related Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)	line 34, 35, or 36.)	•
Note Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes No
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV		The state of the s
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		na r
<b>b</b> Gift, grant, or capital contribution to other organization(s)		1 b
c Gift, grant, or capital contribution from other organization(s)		1c X
<b>d</b> Loans or loan guarantees to or for other organization(s)		X DI
e Loans or loan guarantees by other organization(s)		le X
f Sale of assets to other organization(s)		1f X
g Purchase of assets from other organization(s)		Ig X
h Exchange of assets		
i Lease of facilities, equipment, or other assets to other organization(s)		1i X
j Lease of facilities, equipment, or other assets from other organization(s)		1j X
k Performance of services or membership or fundraising solicitations for other organization(s)		1k X
l Performance of services or membership or fundraising solicitations by other organization(s)	÷	11 X
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets		1m X
n Sharing of paid employees		1n X
o Reimbursement paid to other organization for expenses		10 X
<b>p</b> Reimbursement paid by other organization for expenses		1p X
<b>q</b> Other transfer of cash or property to other organization(s)		
r Other transfer of cash or property from other organization(s)		1r X
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	nd transaction thresholds	
(A)	(B)	(2)
Name of other organization	ransaction type (a-r)	Amount involved
(2)		
		i
(3)		
(9)		
BAA	Schedule	Schedule R (Form 990) (2009)

Schedule R (Form 990) 2009 NEW COVENANT FOUNDATION, INC

Part VI Unrelated Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to Form 990, Part IV, line 37.)

(H)
General or
managing
partner? ž Yes Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total asset or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships. Code V-UBI amounit In box 20 of Schedule K-1 Form (1065) N/A (F)
Disproportionate
allocations? ₽ × Yes (E) Share of end-of-year assets ö Are all partners section 501(c)(3) organizations? Yes No × (C)
Legal domicile
(state or foreign country) ΜA (B)
Primary activity MARKETING & SALES (A) Name, address, and EIN of entity LIBERTY LAKE, WA 99019 DOMINION TRADING LLC 1111 PO BOX 751 68-0516362 1 1 1

×

1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
ВАА	TEEA5004L 02/05/10	Schedule <b>R</b> (Form 990) (2009)

1 1 1

# SCHEDULE O (Form 990)

### Supplemental Information to Form 990

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

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

NEW COVENANT FOUNDATION, INC	82-0535692
ACCOMPLISHMENTS	
[cont'd] enhancements through agricultural training	
7) <u>Marketing: The "Marketing Initiative" promotes the dev</u>	elopment of export
markets for local products. This is currently being done t	hrough the creation of
the Dominion Trading Co., an international sales and market	ing_coffee_company
Proceeds from Dominion Trading Co. are returned to New Cove	nant Foundation to
advance_the_ministry	
Form 990, Part III, Line 4a - Program Service Accomplishments	
Vision	
For years, helping countries in need has been driven by a m	odel based on "charity aid
assistance" - giving handouts to the needy. But this kind o	f aid creates a dependency
that cripples people. NCF brings a new and invigorating mod	el to missions: helping
people_to_become_self-sufficient	
Strategy	
NCF's strategy is to implement the principles of a "busines	s as missions"
organization. It focuses on partnering with people in development	oping nations to instill
sustainable business practices while meeting the core needs	of individuals and their
communities.	<del></del>
To enable the people of Ethiopia to be self-sufficient in a	ll areas of their lives,
NCF has created seven unique "Initiatives":	
Ohurch Planting, Health Care, Education and Personal Ass.	istance Initiatives
all help foster "Community Development".	
$\square^*$ The Finance, Innovation, and Marketing initiatives all he	elp promote

Schedule <b>0</b> (Form 990) 2009	Page 2
Name of the organization NEW COVENANT FOUNDATION, INC	Employer Identification number 82-0535692
Form 990, Part III, Line 4a - Program Service Accomplishments (continued)	
"Economic Development	
Mission	
The mission of the New Covenant Foundation is to:	
<pre>D* Proclaim the gospel of Jesus Christ</pre>	
<pre></pre>	individuals and
communities to be self-sufficient	
"DCreate a mutual partnership with people that enable long-term	 m sustainability
of their economy, their environment, and their community.	<u> </u>
or their commy, their environment, and their community.	
	<del></del>
Initiatives	
1) Church Planting: The focus of New Covenant Foundation is to	o reach people for
Jesus Christ. The Church Planting Initiative supports local ch	urch planters. Instead
of bringing in foreign missionaries, NCF believes that the mos	t effective way to
spread Christ's love is to enable people in their own country	to minister to their
own people.	
Currently NCF is supporting 40 church planters. In the past s	ix years these forty
church planters have shared the gospel with over 66,000 people	
have received Christ as their savior and 40 new churches have	
there are more than sixty additional trained church planters re	
as funding is available	
2) Worlth gare: The "Wealth Care Initiative's" initial focus	

Employer Identification number

NEW COVENANT FOUNDATION, INC	82-0535692
Form 990, Part III, Line 4a - Program Service Accomplisi	hments (continued)
"preventative" not "curative" process. This	is accomplished by providing basic
health information throughout rural community	ies. The training covers topics such as
water purification, sanitation, agriculture,	nutrition, maternal care and childcare,
home care, prevention of disease including H	IV/AIDS. Through 12-31-09, over 450
local community and church leaders had been	trained in Community Health Education.
They shared this information in 105 community	ies to over 400,000 people. Preliminary
results show and estimated 50% reduction in	the infant mortality rate and
malnutrition rate.	
3) Education: This Initiative is designed to	o empower communities by promoting
literacy, training teachers, building an educ	cational infrastructure, and providing
basic education in the areas of business and	health. To-date, tuition for seven
nursing students has been provided	
4) Assistance: The "Assistance Initiative"	looks directly at the needs of deeply
disadvantaged people. Although the New Covens	ant Foundation seeks to move beyond a
handout -based approach-the unique needs of v	widows, orphans and the homeless call for
unique solutions. NCF is currently providing	g financial support for two orphanages in
Soddo, Ethiopia.	
	~
5) Financial: NCF's "Finance Initiative" is	designed to provide short-term financial
assistance to Ethiopia through a variety of	loan programs and partnerships with
individuals and organizations. To-date this	includes a loan to local coffee
businessmen and farmers to purchase a coffee	washing plant and funding to begin a
food production facility	

Name of the organization  NEW COVENANT FOUNDATION, INC	Employer Identification number 82-0535692
Form 990, Part III, Line 4a - Program Service Accomplishments (continued)	
6) Innovation: Creative technology is the foundation for long-	term sustainability.
The "Innovation Initiative" helps communities learn skills to i	ncrease their
productivity and income levels and, more importantly, to sustai	n the long-term health
of their economy and their environment with creative solutions	that fit their needs.
Projects include coffee processing equipment upgrades, environm	ental remediation and
coffee yield	
Form 990, Part VI, Line 11 - Form 990 Review Process	
No review was or will be conducted.	
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Col	nflicts
ACTIVITIES AND TRANSACTIONS BETWEEEN THE ORGANIZATION AND THE B	OARD ARE CLOSELY
SCRUTINIZED. DISCUSSIONS AS MEETINGS AND INVOLVMENT BY THE BOA	RD IN THE ACTIVITIES
OF THE ORGANIZATION ENSURE COMMON KNOWLEDGE OF THE ACTIVITIES B	EING CARRIED OUT BY
BOARD MEMBERS AND OFFICERS.	
Form 990, Part VI, Line 15a - Compensation Review & Approval Process for CEO, Exc	ec. Dir., or Top Mgtment
MEMBERS OF THE BOARD OTHER THAN THE EXECUTIVE DIRECTOR DETERMIN	E COMPENSATION
LEVELS. AMOUNTS ARE BASED ON DUTIES PERFORMED, SKILLS OF THE WO	ORKER, AND EXPERIENCE
OF THE WORKER.	
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	
COPIES OF FORM 1023 AND FORM 990 AVAILABLE UPON REQUEST	
~	

Schedule <b>0</b> (Form 990) 2009  Name of the organization	Page 2
Name of the organization	Employer Identification number
NEW COVENANT FOUNDATION, INC	82-0535692
NEW COVERNME TOURDHILLON, THE	
•	
	<del>-</del>
	·

O09 Schedule A, Part IV - Supplemental Information					Page	
NEW COVENANT FOUNDATION, INC					82-0535692	
Part III, Line 12 -	Other Income					
Nature and Sou	urce	2009	2008	2007	2006	2005
REIMBURSED EX	PENSES Total <u>\$</u>	3,607. 3,607.	2,316. 2,316.	420. 420.	992. 992.	0.