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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

**Open to Public
Inspection**

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)
▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning 04/01, 2009, **and ending** 03/31/2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization CONGREGATIONAL FOUNDATION INC AGENCY		D Employer identification number 41-2091039
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite PO BOX 12800		E Telephone number (414) 283-2349
		City or town, state or country, and ZIP + 4 GREEN BAY, WI 54307-2800		F Group Exemption Number . . . ▶

● Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) ▶

I Website: ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

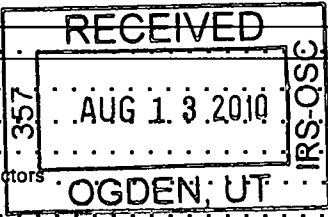
J Tax-exempt status (check only one) - 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ . . . ▶ \$ 170,219.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

		Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	89,829.				
2	Program service revenue including government fees and contracts	2					
3	Membership dues and assessments	3					
4	Investment income	4	24,292.				
5 a	Gross amount from sale of assets other than inventory	5a	56,098.				
b	Less: cost or other basis and sales expenses	5b	64,363.				
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	-8,265.				
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here						
a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a					
b	Less: direct expenses other than fundraising expenses	6b					
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c					
7 a	Gross sales of inventory, less returns and allowances	7a					
b	Less: cost of goods sold	7b					
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c					
8	Other revenue (describe ▶ _____)	8					
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	105,856.				
10	Grants and similar amounts paid (attach schedule)	10					
11	Benefits paid to or for members	11					
12	Salaries, other compensation, and employee benefits	12					
13	Professional fees and other payments to independent contractors	13					
14	Occupancy, rent, utilities, and maintenance	14					
15	Printing, publications, postage, and shipping	15					
16	Other expenses (describe ▶ _____)	16	4,826.				
17	Total expenses. Add lines 10 through 16	17	4,826.				
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	101,030.				
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	995,067.				
20	Other changes in net assets or fund balances (attach explanation)	20	-1.				
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	1,096,096.				



Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	995,067.	1,096,096.
23	Land and buildings		
24	Other assets (describe ▶ _____)		
25	Total assets	995,067.	1,096,096.
26	Total liabilities (describe ▶ _____)		
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	995,067.	1,096,096.

JSA 9E1008 1 000

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

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Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved. 38b		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. ▶ _____ STMT 10		
42a	The organization's books are in care of ▶ ASSOCIATED TRUST COMPANY, N Telephone no. ▶ (414) 283-2349 Located at ▶ P.O. BOX 12800, GREEN BAY, WI ZIP + 4 ▶ 54307		
b	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)?		X
	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.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
	If "Yes," enter the name of the foreign country: ▶ _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here. ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- | | Yes | No |
|---|-----|----|
| 46 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 | | X |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | | X |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | X |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | | X |
| b If "Yes," was the related organization a section 527 organization? | | |
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 ► NONE

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors receiving over \$100,000 ► NONE

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: *Gary Zaiser* Date: 8/10/2010

Type or print name and title: Gary Zaiser - Board of Directors

Paid Preparer's Use Only

Preparer's signature: *Wesley Haidley* Date: 06/23/2010 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: THOMSON REUTERS TAX & ACCOUNTING ONE NORTH DEARBORN, 5TH FLOOR, CHICAGO, IL 60602

EIN: Phone no: 312-873-6900

May the IRS discuss this return with the preparer shown above? See instructions ► Yes No

CHICAGO, IL 60602

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization CONGREGATIONAL FOUNDATION INC AGENCY	Employer identification number 41-2091039
---	---

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.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
 - 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
 - 3 A hospital or a 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(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
 - 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
 - 6 A federal, state, or local government or governmental unit described in section 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.)
 - 8 A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)
 - 9 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).
 - 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 I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	X
(ii) A family member of a person described in (i) above?	11g(ii)	X
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	X

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
SEE STATEMENT 11									
Total									

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

N/A

Section A. Public Support

Calendar 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.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 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						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from 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 activities, etc (see instructions)					12	
13 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) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 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 and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 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 box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 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		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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.)

N/A

Section A. Public Support

Calendar 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.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ►

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

FORM 990EZ, PART I - INVESTMENT INCOME

=====

DESCRIPTION

DIVIDEND INCOME

24,292.

TOTAL

24,292.

=====

FORM 990EZ, PART I - OTHER EXPENSES

=====

CUSTODIAN & MANAGEMENT FEES (ALLOCABLE)	4,637.
FOREIGN TAXES ON QUALIFIED FOREIGN DIVIDENDS	182.
FOREIGN TAXES ON NONQUALIFIED FOREIGN DIVIDENDS	7.

TOTAL	4,826.
	=====

FORM 990EZ, PART I - OTHER DECREASES IN FUND BALANCES
=====

ROUNDING	1.

TOTAL	1.
	=====

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

=====

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
-----	-----	-----
INVESTMENTS - OTHER	995,067.	1,096,096.
TOTALS	995,067.	1,096,096.
	=====	=====

CONGREGATIONAL FOUNDATION, INC.

61-C058-00-7

Investment Review Settlement Date Positions

Frozen Date: 03/31/2010

<u>Par / Shares</u>	<u>Description</u> <u>CUSIP Number</u>	<u>Price</u> <u>Price Date</u>	<u>Tax Cost</u> <u>Carrying Value</u>	<u>Market Value</u> <u>Accrual</u>
Cash & Equivalents				
	INCOME CASH	0.000000	44,590.10 0.00	44,590.10 0.00000
	PRINCIPAL CASH	0.000000	- 44,590.10 0.00	- 44,590.10 0.00000
41,065.370	GOLDMAN SACHS FINANCIAL SQUARE PRIME OBLIGATIONS FUND 38141W-36-4	1.000000 07/16/1999	41,065.37 41,065.37	41,065.37 2.86000
Total Cash & Equivalents			41,065.37 41,065.37	41,065.37 2.86000

CONGREGATIONAL FOUNDATION, INC.

61-C058-00-7

Investment Review Settlement Date Positions

Frozen Date: 03/31/2010

<u>Par / Shares</u>	<u>Description</u>	<u>Price</u>	<u>Tax Cost</u>	<u>Market Value</u>
	<u>CUSIP Number</u>	<u>Price Date</u>	<u>Carrying Value</u>	<u>Accrual</u>
Fixed Income				
Bonds				
Treasuries				
25,000.000	US TREASURY NOTE 2.375 08/31/2010 912828-JJ-0	100.918000 03/31/2010	25,465.82 25,465.82	25,229.50 51.63000
Total Treasuries			25,465.82 25,465.82	25,229.50 51.63000
Corporate Bonds				
25,000.000	WACHOVIA MTG CD 4.250 09/13/2010 929781-GW-6	100.906000 03/31/2010	25,000.00 25,000.00	25,226.50 53.12000
Total Corporate Bonds			25,000.00 25,000.00	25,226.50 53.12000
Total Bonds			50,465.82 50,465.82	50,456.00 104.75000
Fixed Income Mutual Funds				
15,546.719	*VANGUARD TOT BOND MKT INDEX SIGNAL 921937-86-8	10.430000 03/31/2010	154,153.06 154,153.06	162,152.28 507.05000
20,283.292	* VANGUARD FIXED INC SHORT TERM CORP ADMIRAL SHARES 922031-83-6	10.710000 03/31/2010	205,118.97 205,118.97	217,234.06 659.07000
Total Fixed Income Mutual Funds			359,272.03 359,272.03	379,386.34 1,166.12000
Total Fixed Income			409,737.85 409,737.85	429,842.34 1,270.87000

CONGREGATIONAL FOUNDATION, INC.

61-C058-00-7

Investment Review Settlement Date Positions

Frozen Date: 03/31/2010

<u>Par / Shares</u>	<u>Description</u> <u>CUSIP Number</u>	<u>Price</u> <u>Price Date</u>	<u>Tax Cost</u> <u>Carrying Value</u>	<u>Market Value</u> <u>Accrual</u>
Equities				
Common Stocks				
ETF				
466.000	ISHARES TR MSCI EAFE IDX 464287-46-5	55.980000 03/31/2010	26,210.16 26,210.16	26,086.68 0.00000
Total ETF			26,210.16 26,210.16	26,086.68 0.00000
Total Common Stocks			26,210.16 26,210.16	26,086.68 0.00000
Mutual Funds				
1,684.558	* ASTON/MONTAG & CALDWELL GROWTH CL N 00078H-29-9	23.160000 03/31/2010	35,025.00 35,025.00	39,014.36 0.00000
748.543	* EUROPACIFIC GROWTH FD CL F2 29875E-10-0	38.620000 03/31/2010	23,900.00 23,900.00	28,908.73 0.00000
1,791.120	* FAIRHOLME FUND 304871-10-6	33.960000 03/31/2010	48,965.02 48,965.02	60,826.44 0.00000
2,145.231	* PERKINS SMALL CAP VALUE CL L 471023-56-4	22.640000 03/31/2010	37,900.00 37,900.00	48,568.03 0.00000
1,526.808	* JENSEN PORTFOLIO INC COM 476313-10-1	25.470000 03/31/2010	34,500.00 34,500.00	38,887.80 0.00000
1,092.854	* LONGLEAF PARTNERS 543069-10-8	25.750000 03/31/2010	25,579.51 25,579.51	28,140.99 0.00000
1,004.256	NAKOMA ABSOLUTE RETURN FD 629842-10-5	19.530000 03/31/2010	21,950.00 21,950.00	19,613.12 0.00000
142.861	AMERICAN NEW WORLD FUND F-2 649280-82-3	48.800000 03/31/2010	6,400.00 6,400.00	6,971.62 0.00000
517.664	* RAJNIEP MIDCAP EQUITY INST 750869-87-7	33.780000 03/31/2010	15,850.00 15,850.00	17,486.69 0.00000
812.737	* T ROWE PRICE MID CAP GROWTH FD 779556-10-9	51.460000 03/31/2010	35,250.00 35,250.00	41,823.45 0.00000

CONGREGATIONAL FOUNDATION, INC.

61-C058-00-7

Investment Review Settlement Date Positions

Frozen Date: 03/31/2010

<u>Par / Shares</u>	<u>Description</u> <u>CUSIP Number</u>	<u>Price</u> <u>Price Date</u>	<u>Tax Cost</u> <u>Carrying Value</u>	<u>Market Value</u> <u>Accrual</u>
1,327.802	* TEMPLETON INSTITUTIONAL FDS INC FOREIGN EQUITY SER - PRIMARY SHARES 880210-50-5	19.180000 03/31/2010	25,655.68 25,655.68	25,467.24 0.00000
3,146.491	*VANGUARD 500 INDEX FUND SIGNAL 922908-49-6	88.990000 03/31/2010	262,046.43 262,046.43	280,006.23 0.00000
1,714.721	* WASATCH SMALL CAP GROWTH FD 936772-10-2	32.250000 03/31/2010	46,061.21 46,061.21	55,299.75 0.00000
Total Mutual Funds			619,082.85 619,082.85	691,014.45 0.00000
Total Equities			645,293.01 645,293.01	717,101.13 0.00000
Total Settlement Date Position			1,096,096.23 1,096,096.23	1,188,008.84 1,273.73000

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE
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TO SUPPORT THE ACTIVITIES AND AFFILIATED CHURCHES OF THE CORPORATION
FOR THE NATIONAL ASSOCIATION OF CONGREGATIONAL CHRISTIAN CHURCHES OF
THE UNITED STATES (THE "NATIONAL ASSOCIATION")

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS
=====

DESCRIPTION

FUNDRAISING TO SUPPORT THE ACTIVITIES AND AFFILIATED CHURCHES
OF THE CORPORATION FOR THE NATIONAL ASSOCIATION OF
CONGREGATIONAL CHRISTIAN CHURCHES OF THE UNITED STATES

TOTAL

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

OFFICER NAME:

Grant Stannard

ADDRESS:

P.O. Box 4064
Wichita, KS 67204-0064

TITLE:

Treasurer

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

Carolyn Sundquist

ADDRESS:

2510 E. 6th Street
Duluth, MN 55812

TITLE:

Vice President

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

Harry Holz

ADDRESS:

1720 Village Green Ct.
Elm Grove, WI 53122-1163

TITLE:

Executive Committee Liaison

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

Rev. Richard Hotchkin

ADDRESS:

102 Standish Ave.
Braintree, MA 02184-8022

TITLE:

Board of Governors Member

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

OFFICER NAME:

James Hopkins

ADDRESS:

260 Division St.
East Greenwich, RI 02818-4045

TITLE:

President

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

Pamela Smith

ADDRESS:

318 E. Acacia Rd.
Fox Point, WI 53217

TITLE:

Secretary

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

Diana David

ADDRESS:

P.O. Box 288
Oak Creek, WI 53154

TITLE:

Director of Development

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

Rev. Dr. Thomas Richard

ADDRESS:

361 East Arbor Circle West
Oak Creek, WI 53154

TITLE:

Executive Director

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

OFFICER NAME:

Gary Zaiser

ADDRESS:

5768 Pheasant Dr.
Nashotah, WI 53058

TITLE:

Investment Advisory Committee Liaison

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

Daniel Evans

ADDRESS:

1427 Monterey Rd.
South Pasadena, CA 91030

TITLE:

Board of Governors Member

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

Mitchell Abbott

ADDRESS:

Los Angeles, CA

TITLE:

Board of Governors Member

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

Thomas King, Jr

ADDRESS:

Los Angeles, CA

TITLE:

Board of Governors Member

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OTHER STATES WHERE FORM 990EZ IS FILED

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WI

SCHEDULE A, PART I (h) - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

NAME OF SUPPORTED ORGANIZATION:

N.A.C.C.C.

EIN: unknown

TYPE OF ORGANIZATION FROM PART I: Section 170(b)(1)(A)(i)

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

TOTAL SUPPORT:

NONE
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