Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

inter		nue Service	► Go to www.irs.gov/Form990 for instructions and the la	itest inforn	nation. /()	$\mathcal{L}\mathcal{L}$	Inspec	tion			
<u>A</u>	For the	e 2017 cale	ndar year, or tax year beginning January , 2017, and e C Name of organization_New Covenant Community Development Corporation		June		, 20 18				
В	Check i	f applicable	DE	D Employer identification number							
	Address	s change	Doing business as		_	13-4167577					
	Name c	hange	ET	elephon	e number						
	Initial re	turn	1175 Boston Road				718-328-6072				
	Final retu	um/terminated	City or town, state or province, country, and ZIP or foreign postal code								
√	Amende	ed return	Bronx, NY 10456		G G	iross red	ceipts \$	710,932			
	Applicat	tion pending	F Name and address of principal officer	H(a) Is this a group re	etum for s	ubordinates? DYe	s 🗌 No			
			b) Are all subo	rdinates	ıncluded? 🗌 Ye	s 🗌 No					
ī	Tax-exe	empt status	√ 501(c)(3)	27	If "No," a	ttach a	list (see instructi	ons)			
J	Website	e: ▶ new	covenantdevelopmentcorp org	H(d	c) Group exer	nption i	number >				
K	Form of	organization	✓ Corporation Trust Association Other ► L Year of f	formation	2000 N	State	of legal domicile	NY			
P	art I	Summ	ary				- <u>-</u>				
	1	Briefly de	escribe the organization's mission or most significant activities: Fo	or this tax y	ear, most si	gnıfica	nt activity was	food pantry			
9		Mission in	cludes- services in housing assistance, job training/development, counseling	g/guidance	, educationa	l facili	ties, educationa	l support			
Activities & Governance		in bilingua	Il classes/GED, Homelessness Prevention, and home-buying/selling & mana	agement							
er	2	Check th	is box ▶ ☐ if the organization discontinued its operations or dispos	sed of mo	re than 25	% of ı	ts net assets.				
õ	3	Number o	of voting members of the governing body (Part VI, line 1a)			3		5			
ઍ	4	Number of	of independent voting members of the governing body (Part VI, line	3 ₁ 1b)	[4		3			
es	5		nber of individuals employed in calendar year 2007 (Partivine 2a)		1	5		1			
ž	6		nber of volunteers (estimate if necessary)	1	1	6		12			
Act	7a	Total unre	elated business revenue from Part VIII column (C), line 12	1		7a	·	0			
	b	Net unrel	ated business taxable income from Form 99007 life 842019.	1	†	7b		0			
			<u> </u>		Prior Year		Current Y	'ear			
•	8	Contribut	tions and grants (Part VIII, line 1h) OGDEN, UT.			0		701701			
Ž	9		service revenue (Part VIII, line 2g)	— ا		0	_	0			
Revenue	10	-	ent income (Part VIII, column (A), lines 3, 4, and 7d)			0	-	0			
æ	11		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	·		0		0			
	12		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12	2)		0		701701			
	13		nd similar amounts paid (Part IX, column (A), lines 1–3)	-/		0		10500			
	14		paid to or for members (Part IX, column (A), line 4)		0		0				
w	15		other compensation, employee benefits (Part IX, column (A), lines 5-10	n		ol		28624			
Expenses	16a		onal fundraising fees (Part IX, column (A), line 11e)	"		ol		0			
per	b		draising expenses (Part IX, column (D), line 25) ▶	·							
Ä	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)			0		597458			
	18		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)			0		636582			
	19		less expenses. Subtract line 18 from line 12	•		0		65119			
re S		110101100	Todo deportados dabatados into 10 fforminto 12	Beginn	ing of Current	t Year	End of Y				
ets o	20	Total ass	ets (Part X, line 16)			6712		87577			
Ass. Bal	21		olities (Part X, line 26)	·		0		15746			
Net Assets Fund Baland	22		ts or fund balances. Subtract line 21 from line 20	·		6712		71831			
_	art II		ture Block	<u> </u>							
			ry, V declare that I have examined this return, including accompanying schedules and	statements	and to the be	est of m	ny knowledge an	d belief, it is			
tru	e, correc	and compl	lete Declaration of preparer (other than officer) is based on all information of which pro	eparer has a	ny knowledge	•	1 1				
	-	}\				10	14/19				
Sig	n :	₹ sign	ature of officer		Date		 				
He		ZK	Kachel Maranthy Board S	ecret	Lan a		•				
		Type	or print name and title		will						
_	· · ·	<u> </u>	pe preparer's name Preparer's signature	Date	 		PTIN	<u></u>			
Pa	-	a <u>r</u> '	' -			heck (elf-emp					
	epar				Firm's E						
US	e On		address >		Phone n						
Ma	v the f		s this return with the preparer shown above? (see instructions)				<u>Y</u> e	s 🗌 No			
_				 Cat No 112	9824	···		990 (2017)			

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 99	0 (2017)		Page 2
Part	Statement of Program Service Accomp Check if Schedule O contains a response		
1	Briefly describe the organization's mission: We exist to combat poverty and deprivation by encoura and by promoting housing development and ownership of low and moderate income, and otherwise to combat	aging and expanding oppor tunities for ecoi	nomic and community development eations, including the Corporation, and for personal control of the corporation and the corpor
2	Did the organization undertake any significant pr prior Form 990 or 990-EZ?		were not listed on the
3	If "Yes," describe these new services on Schedu Did the organization cease conducting, or maservices?		onducts, any program
4	If "Yes," describe these changes on Schedule O Describe the organization's program service acc expenses. Section 501(c)(3) and 501(c)(4) organithe total expenses, and revenue, if any, for each	izations are required to report the am	rgest program services, as measured by ount of grants and allocations to others,
4a	(Code:) (Expenses \$ 636582 This tax year, we received a large capital improvement we were able to double our operating hours from once are now able to record collection data electronically through the control of the	grant from a government partner that enab a week to twice a week with a morning and	evening distribution schedule. Lastly, we
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O. (Expenses \$ including grants of S)
4e	Total program service expenses ▶	636582	

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	√	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		√
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		√
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		✓
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		√
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		√
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		√
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	/	
b	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	11b		1
С	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	11c		1
d	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	11d		✓
	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11e		✓
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	√	-
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	1	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a		14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1

Part	V Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	✓ -	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	120		_
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	204		<u> </u>
	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		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		√
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A 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			1
	Schedule L, Part IV	28b		_
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	✓	ļ <u>.</u> .
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			١.
04	conservation contributions? If "Yes," complete Schedule M	30		-
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		+
-	complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			ļ ,
	or IV, and Part V, line 1	34	1	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		T	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<u> </u>		1
	19? Note. All Form 990 filers are required to complete Schedule O.	38		✓

Part	V Statements Regarding Other IRS Filings and Tax Compliance		<u>.</u>	-3				
	Check if Schedule O contains a response or note to any line in this Part V							
			Yes	No				
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0							
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Let b 0							
C	Did the organization comply with backup withholding rules for reportable payments to vendors and							
•	reportable gaming (gambling) winnings to prize winners?	1c		-				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax							
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	<u></u>		-				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		•				
За	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). Did the organization have unrelated business gross income of \$1,000 or more during the year?	—— За		-				
_	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.							
4a	right and the contract of the							
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial							
	account)?	4a		✓				
b	If "Yes," enter the name of the foreign country. ▶ 0							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts							
	(FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		>				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		✓				
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 as charitable contributions?	6a		✓				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	0 1.		,				
-	gifts were not tax deductible?	6b		\				
7 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?	—— 7а	—					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>				
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			Ť				
	required to file Form 8282?	7c		✓				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		>				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		>				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		>				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		✓				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?	8		~				
9	Sponsoring organizations maintaining donor advised funds.							
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		✓ ✓				
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9b		•				
10 a	Initiation fees and capital contributions included on Part VIII, line 12 10a 0							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b 0							
11	Section 501(c)(12) organizations. Enter.							
а	Gross income from members or shareholders							
b	Gross income from other sources (Do not net amounts due or paid to other sources							
	against amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		✓				
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			L				
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		✓				
	Note. See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans							
_	100							
C 140		140						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		1				
b	ii res, has a nicula romi rzo to report mese payments? Il rivo, provide an explanation in schedule o .	עדיו		_ •				

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, a						
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	See ins	structi	ions.		
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>	<u> </u>	<u> </u>		
Sect	on A. Governing Body and Management			-		
		·	Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5	1				
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			1		
	committee, explain in Schedule O.					
ь						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1				
_	any other officer, director, trustee, or key employee?	2	7			
3	Did the organization delegate control over management duties customarily performed by or under the direct		<u> </u>			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3		-		
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		√		
6	Did the organization have members or stockholders?	6		✓		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
	one or more members of the governing body?	7a		✓		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
_	stockholders, or persons other than the governing body?	7b		✓		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during					
	the year by the following:					
a	The governing body?	8a	<u> </u>			
ь 9	Each committee with authority to act on behalf of the governing body?	8b		<u> </u>		
3	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			,		
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	9	odo l	✓		
	on Division (This desirent Brieddesia information about policies not required by the internal riever	ue C	Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?	10a		/		
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		_		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		✓		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	√			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			1		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	√			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe in Schedule O how this was done	12c		\		
13	Did the organization have a written whistleblower policy?	13	✓			
14 15	Did the organization have a written document retention and destruction policy?	14	✓			
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	'				
а	The approximate OFO Franchis Development (fig.)	15-		-		
b	Other officers or key employees of the organization	15a 15b		-		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	· '				
	with a taxable entity during the year?	16a		7		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	1.55		Ť		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?	16b		>		
Secti	on C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ► New York					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 1024 if applicable), 990, 990, 990, 990, 990, 990, 990, 99	า 501(c)(3)s	only)		
	available for public inspection. Indicate how you made these available. Check all that apply.					
40	Own website Another's website Upon request Other (explain in Schedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	, and		
20	financial statements available to the public during the tax year	_	_			
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	: ▶			

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□ Observation to the third the

Part VII	Compensation of Officers,	Directors, 1	Trustees,	Key Employees,	Highest Comp	ensated Empl	oyees,	and
	Independent Contractors							

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- 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, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(a) Name and Title Average hours per week (list any hours for related organizations below dotted line) (1) Joseph Alexander Board Chairman (A) (B) Average hours per week (list any hours for related organizations below dotted line) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (D) Reportable compensation from the organization (W-2/1099-MISC) (The position (do not check more than one box, unless person is both an officer and a director/trustee) (To) Reportable compensation from the organization (W-2/1099-MISC) (W-2/1099-MISC) (A) (B) Reportable compensation from the organization (W-2/1099-MISC) (W-2/1099-MISC) (A) (B) Reportable compensation from the organization (W-2/1099-MISC) (W-2/1099-MISC)	other compensation
Name and Title Average hours per week (list any hours for related organizations below dotted line) (1) Joseph Alexander 1 Board Chairman Average hours per week (list any hours for related organizations and a director/trustee) Average hours per week (list any hours for related organizations below dotted line) 1 Joseph Alexander 1 Joseph Alexander 39 (do not check more than one box, unless person is both an officer and a director/trustee) (rome mploye e mplo	Estimated amount of other compensation from the organization and related
Name and Title Average hours per week (list any hours for related organizations below dotted line) Average hours per week (list any hours for related organizations below dotted line) (1) Joseph Alexander Average hours per week (list any hours for related organizations below dotted line) Average hours per week (list any hours for related organizations below dotted line) Average hours per week (list any hours for related organizations below dotted line) Average hours per week (list any hours for related organizations below dotted line) Average hours per week (list any hours for related organization line) Average hours per week (list any hours for related organization line) Average hours per week (list any hours for related organization line) Average hours per week (list any hours for related organization line) To not release more train one box, unless person is both an officer and a director/trustee) To not release more train one box, unless person is both an officer and a director/trustee) To not release more train one box, unless person is both an officer and a director/trustee) To not release more train one box, unless person is both an officer and a director/trustee) To not release more train one box, unless person is both an officer and a director/trustee) To not release more train one box, unless person is both an officer and a director/trustee) To not release more train one box, unless person is both an officer and a director/trustee) To not release train one box, unless person is both an officer and a director/trustee) To not release train one box, unless person is both an officer and a director/trustee) To not release train one train one from the employee e	Estimated amount of other compensation from the organization and related
hours per week (list any hours for related organizations below dotted line) Office and a director/trustee) Compensation from the organizations organizations below dotted line) Office and a director/trustee) Compensation from the organization (W-2/1099-MISC) Office and a director/trustee) Compensation from the organization (W-2/1099-MISC) Office and a director/trustee) Office and a director/trustee	other compensation from the organization and related
week (list any hours for related organizations below dotted line) Week (list any hours for related organizations) The related organizations below dotted line) Week (list any hours for related organizations) The related organization organization (W-2/1099-MISC) W-2/1099-MISC) W-2/1099-MISC) W-2/1099-MISC) W-2/1099-MISC) The related organization (W-2/1099-MISC) W-2/1099-MISC) W-2/1099-MISC)	compensation C) from the organization and related
Compensated	from the organization and related
Compensated	organization and related
(1) Joseph Alexander 1 Board Chairman 39 ✓ 0 24,5	
(1) Joseph Alexander 1 Board Chairman 39 ✓ 0 24,5	organizations
(1) Joseph Alexander 1 Board Chairman 39 ✓ 0 24,5	
Board Chairman 39 ✓ 0 24,5	
Board Chairman 39 ✓ 0 24,5	
	[
(2) Levi Cleare 1 1	991
Board Vice Chairman 39 ✓ 0 454	55
(3) Rachel Macarthy 3	
Board Secretary 37 ✓ 0 540	91
(4) Jim Kusi 1	
Member 0 ✓ 0	0
(5) Garth Allen	
Member 39 ✓ 0 275	34
(6) Juan Santana 38	
Pantry Director 2 0 174	00
(8)	
(9)	
(10)	
(11)	
(12)	
(13)	
(14)	

Par	Section A. Officers, Directors, Trus	tees, Key E	mploy	yees	s, ar	nd F	lighes	st C	ompensated E	mployees (continu	ed)		
	(A) Name and title	(B) Average hours per	box,	unles	Pos neck is pe	rson	than on the thick the thic	an	(D) Reportable compensation	(E) Reportab compensation		am	(F) imated ount of	
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizatio (W-2/1099-A		comp fro orga and	other pensation om the nization related nization	n t
(15)							4							
(16)														
(17)											+	•••		
(18)						_								
(19)								_		<u> </u>				
(20)														
(21)														
(22)														
(23)													_	
(24)											_			
(25)														
1b c	Sub-total	VII, Sectio		 ·			•	A • •			0 9479 9479			
2	Total number of individuals (including but reportable compensation from the organi	not limited					above	e) w	ho received mo			of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete to	ficer, direc	tor, o	r tr	uste	ee, I	key e	emp	loyee, or high	est compe	nsated		Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of rep greater tha	oortab an \$1	ole (50,	com 000	per	satio	n a	nd other comp	ensation fro edule J fo	om the			
5	Did any person listed on line 1a receive of for services rendered to the organization	r accrue co	mper	nsat	ion	fror	n any			ation or inc		5		__\
Section	on B. Independent Contractors			•										<u> </u>
1	Complete this table for your five highest compensation from the organization. Repyear.													ax
	(A) Name and business add	ress							(B) Description of si	ervices		(C) Compens		
0								0						0
			_											
									·					
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who				

Part	VIII	Statement of Revenue	lima in Abia	Dowt VIII		
		Check if Schedule O contains a response or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns 1a				
Grants nounts	b	Membership dues 1b	1			
	С	Fundraising events 1c	1			
Sift lar,	d	Related organizations 1d 91341	İ			
Contributions, Gifts, and Other Similar Ar	е	Government grants (contributions) 1e 610,360	Ì			
it is	f	All other contributions, gifts, grants,	}			
혈美		and similar amounts not included above 1f			•	
혈	g	Noncash contributions included in lines 1a-1f. \$ 523,673				
	h	Total. Add lines 1a–1f	701,701			
ã.		Business Code	 		·	\ <u></u>
e	2a				 	-
ě	b					
ڲٙ	C d					
လို	e					
Program Service Revenue	f	All other program service revenue .				
P.	g g	Total. Add lines 2a–2f				
	3	Investment income (including dividends, interest,				
		and other similar amounts) ▶				
	4	Income from investment of tax-exempt bond proceeds ▶				
	5	Royalties				
		(i) Real (ii) Personal				
	6a	Gross rents				
	b	Less: rental expenses				
	С	Rental income or (loss)				
1	d	Net rental income or (loss)				
	7a	Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory				
	b	Less cost or other basis				
	_	and sales expenses .				
	C	Gain or (loss)			· 	
	d	Net gain or (loss)			 	
Jue	8a	Gross income from fundraising				
	- Oa	events (not including \$				
Other Reve		of contributions reported on line 1c).				
r H		See Part IV, line 18 a				
Ę	ь	Less: direct expenses b				
O	1	Net income or (loss) from fundraising events . ▶				
	9a	Gross income from gaming activities.				
		See Part IV, line 19 a			1	
		Less: direct expenses b				_
		Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less				
		returns and allowances a				
		Less: cost of goods sold b			-	-
	<u>c</u>	Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code			+	-
	44-	IVIISCEIIdHEOUS NEVERIUE BUSINESS CODE			-	-
	11a				-	
	b				 	+
	d	All other revenue		. <u>-</u> I	 	
	e	Total. Add lines 11a-11d	-			-
	12	Total revenue. See instructions.	701,701			<u> </u>

(2017)			Page II
Part IX Statement	of Functional Expenses		

Section	on 501(c)(3) and 501(c)(4) organizations must com			s must complete c	olumn (A).
	Check if Schedule O contains a respons			<u> </u>	🗆
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			<u>.</u>	
2	Grants and other assistance to domestic individuals. See Part IV, line 22	10500	10500		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	26100	26100		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9	Other employee benefits				
10	Payroll taxes	2524	2524		
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting	375	375		
d	Lobbying				
e f	Professional fundraising services. See Part IV, line 17				
g	Investment management fees				
12	Advertising and promotion	300	300		
13	Office expenses	4295	4295		
14	Information technology	1200	1200		· · · · · · · · · · · · · · · · · · ·
15	Royalties				
16	Occupancy	57050	57050		
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	250	250		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	11539	11539		
23	Insurance	6510	6510		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				,
а	Volunteer Stipend	4500	4500		,
b	Food- for food pantry distribution	512639	512639		
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	636582	636582		
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Par	tX		🗆
	_		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	6712	1	18338
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	_4	0
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees			
		Complete Part II of Schedule L	0	5	0
ts	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
Assets	7	Notes and loans receivable, net	0	7	0
As	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 83485	· · · · · · · · · · · · · · · · · · ·		
	b	Less: accumulated depreciation 10b 14246		10c	69239
	11	Investments—publicly traded securities	0		0
	12	Investments—other securities. See Part IV, line 11	0		0
	13	Investments—program-related. See Part IV, line 11	0		0
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	0	15	87577
_	16	Total assets. Add lines 1 through 15 (must equal line 34)	6712		15746
	17	Accounts payable and accrued expenses	0		13740
	18	Grants payable			0
	19	Deferred revenue	0		0
	20 21	Tax-exempt bond liabilities	0		0
'n	22	Loans and other payables to current and former officers, directors,			1
Liabilities	22	trustees, key employees, highest compensated employees, and			
þili		disqualified persons. Complete Part II of Schedule L		22	0
Lia	23	Secured mortgages and notes payable to unrelated third parties	0		0
	24	Unsecured notes and loans payable to unrelated third parties	0		0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	0		15746
es –		Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34.			
JE C	27	Unrestricted net assets	0	27	71831
3ak	28	Temporarily restricted net assets	0	28	0
d E	29	Permanently restricted net assets	0	29	0
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
9	30	Capital stock or trust principal, or current funds	0	30	0
set	31	Paid-in or capital surplus, or land, building, or equipment fund	0	31	0
As	32	Retained earnings, endowment, accumulated income, or other funds	0	32	0
É	33	Total net assets or fund balances	6712	33	71831
_	34_	Total liabilities and net assets/fund balances	6712	34	87577
					Form QQ () (2017)

Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			01701
2	Total expenses (must equal Part IX, column (A), line 25)	2		6	36582
3	Revenue less expenses. Subtract line 2 from line 1	3			65119
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			6712
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses ,	7			0
8	Prior period adjustments	8			0
9		9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
		10		•	71831
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		. !		
	If the organization changed its method of accounting from a prior year or checked "Other," explisions of schedule O	aın in			
_					
2a	The same of the sa	٠. ٠	2a	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were compil reviewed on a separate basis, consolidated basis, or both:	ed or			
	·		ľ		
L	Separate basis Consolidated basis Both consolidated and separate basis		<u> </u>	 -	
D	Were the organization's financial statements audited by an independent accountant?	• •	_2b	✓	 ,
	If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both:	on a			1
	✓ Separate basis ☐ Consolidated basis ✓ Both consolidated and separate basis				- 1
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	roiobt			
·	of the audit, review, or compilation of its financial statements and selection of an independent account		2c	1	
-	If the organization changed either its oversight process or selection process during the tax year, expl			<u> </u>	
	Schedule O.	a 111 111			ľ
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in			
	the Single Audit Act and OMB Circular A-133?		3a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audit		3ь		
			Forn	990	(2017)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

New Covenant Community Development Corporation

Employer identification number 13-4167577

Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, 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 (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) ☑ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33½% 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 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (iii) Type of organization (v) Amount of monetary (vi) Amount of (i) Name of supported organization (ii) EIN (iv) is the organization (described on lines 1-10 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes (A) (B) (C) (D) (E)

Part							
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	te Part III.)	
	on A. Public Support			F		7	
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not		_			222.425	0.10000
_	include any "unusual grants")	0	0	0	227875	382485	610360
2	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf	o				ا	0
•	The value of services or facilities	ļ - '	. 0	0	0	0	0
3	furnished by a governmental unit to the						
	organization without charge	اه	0	0	o	o	0
4	Total. Add lines 1 through 3	0	0	0	227875	382485	610360
_	_			·	, 22/0/3	302403	010000
5	The portion of total contributions by						
	each person (other than a governmental unit or publicly						
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						0
6	Public support. Subtract line 5 from line 4						610360
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	0	0	0	227875	382485	610360
8	Gross income from interest, dividends,						
	payments received on securities loans,						
•	rents, royalties, and income from						
	similar sources	0	0	0	0	0	0
9	Net income from unrelated business						•
	activities, whether or not the business						
	is regularly carried on	0	0	0	0	0	0
10	Other income Do not include gain or						
	loss from the sale of capital assets	_ '	1	_	_		_
	(Explain in Part VI.)	0	0	0	0	0	0
11	Total support. Add lines 7 through 10	(2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.		<u> </u>			· 610360
12	Gross receipts from related activities, etc	•	-			12	0
13	First five years. If the Form 990 is for the organization, check this box and stop he	_			_		
Sacti	on C. Computation of Public Suppor						▶ _
14	Public support percentage for 2018 (line			11 column (fl)		14	100 %
15	Public support percentage for 2017 (inter-					15	0 %
16a	331/3% support test—2018. If the organ						
	box and stop here . The organization qua						
b	331/3% support test—2017. If the organi	•	•	_			_
	this box and stop here. The organization						
17a	10%-facts-and-circumstances test2	•		_			_
	10% or more, and if the organization me						
	Part VI how the organization meets the						
	organization						▶′□
b	10%-facts-and-circumstances test—2	017. If the org	anization did r	not check a bo	x on line 13 1	6a. 16b. or 17	a. and line
-	15 is 10% or more, and if the organization	_					
	Explain in Part VI how the organization i						
	supported organization				_		

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.) If the organization fails to qualify under the tests listed below, please complete Part II.)

A	A D II' O						
	on A. Public Support	1 20014	4 2 0045	(-) 0040	(-1) 004.7	(-) 0040	46 Total
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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			1			
	organization's benefit and either paid to or expended on its behalf						
_						-	
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						,
	•	-			_		
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3				-,		
1 a	received from disqualified persons .						
•-				-			
b	Amounts included on lines 2 and 3 received from other than disqualified	1					
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	1					
_	Add lines 7a and 7b	-					
с 8	Public support. (Subtract line 7c from						
0	line 6.)		1			, ,	
Secti	on B. Total Support	<u>.</u>	· · · · · · · · · · · · · · · · · · ·	l			
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	(4) 2011	(2) 2010	(0) 20.0	(4) = 0	(0, =====	(7)
10a	Gross income from interest, dividends,	-					
	payments received on securities loans, rents,				ļ		
	royalties, and income from similar sources.	•					
ь	Unrelated business taxable income (less			,	-		
	section 511 taxes) from businesses	1		ì			
	acquired after June 30, 1975						
С	Add lines 10a and 10b	1			-		
11	Net income from unrelated business						
	activities not included in line 10b, whether			ļ			
	or not the business is regularly carried on		1				
12	Other income. Do not include gain or				1		
	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)		<u> </u>				
14	First five years. If the Form 990 is for t						
	organization, check this box and stop he				<u></u>	· · · · ·	<u>▶ </u>
Secti	on C. Computation of Public Suppo					· · · · · · · · · · · · · · · · · · ·	
15	Public support percentage for 2018 (line						<u>%</u>
16	Public support percentage from 2017 Sc			<u> </u>	· · · · ·	16	%
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2018						
18	Investment income percentage from 201						%
19a	331/3% support tests—2018. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2017. If the organi						
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization of	lid not check a	box on line 14	1, 19a, or 19b,	check this box	and see instru	ıctions ▶ 🔲

Yes No

Part IV Supporting Organizations

organization was described in section 509(a)(1) or (2).

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Secti	ion A	. A	II S	upp	orting Organi	zations									
								•							
1	Are	all	of	the	organization's	supported	organizations	listed	by	name	ın th	e	organization's	governing	

- documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1		
2		
3a		
3b		
3c		
4b		
4c		
5a		
5b		
5c		
6	—	
<u> </u>		1
7		<u> </u>
8	—	
9a		
9b		
9с		
10a		'
		1

10b

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			<u> </u>
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	116		<u> </u>
<u>Jectin</u>	on b. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	Г	103	1
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		ļ	
	controlled the organization's activities. If the organization had more than one supported organization,]
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
	organizations and what conditions of restrictions, if any, applied to such powers during the tax year.	1		<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization			
Saction		2		L
Secul	on C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	ſ ⁻	res	1 10
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		<u> </u>
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			 _
•		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			<u> </u>
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	<u> </u>		1
_	significant voice in the organization's investment policies and in directing the use of the organization's			l]
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ction	s).
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		1	
	those supported organizations and explain how these activities directly furthered their exempt purposes,			i
	how the organization was responsive to those supported organizations, and how the organization determined	1		
	that these activities constituted substantially all of its activities.	2a	_	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these		 	
	activities but for the organization's involvement.	2b	<u> </u>	ļ
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	-		لــــا
	trustees of each of the supported organizations? Provide details in Part VI.	3a		<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	,	
5 Depreciation and depletion .	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year).			
a Average monthly value of securities	1a		
' b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	·	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	•	
6 Multiply line 5 by .035.	6		·-
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionall instructions.	y in	egrated Type III support	ing organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Sect	ion D—Distributions	•		Current Year
1	Amounts paid to supported organizations to accomplish	_	<u> </u>	
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.	<u> </u>		<u></u>
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.	,		
3	Excess distributions carryover, if any, to 2018			
a	From 2013 .	;		1
b	From 2014	ı	•	
С	From 2015			
d	From 2016			
e	From 2017	ı		
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years	, ,		
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
<u>j</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7:			1
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			·
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.	:		
7	Excess distributions carryover to 2019. Add lines 3 _j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014 .			
b	Excess from 2015	1		
c	Excess from 2016			
<u>d</u>	Excess from 2017			
<u>e</u>	Excess from 2018			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	······································
	······································
	•
•••••	•
	•••••••••••••••••••••••••••••••••••••••
	······································

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

New C	ovenant Community Development Corporation		13-4167577
Par	Organizations Maintaining Donor Ad	vised Funds or Other Similar Fur	ds or Accounts.
	Complete if the organization answered		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4 5	Aggregate value at end of year Did the organization inform all donors and dono	r advisors in writing that the assets h	old in donor advised
,	funds are the organization's property, subject to t		
6	Did the organization inform all grantees, donors,	_	
	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?		
Par	Conservation Easements.		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the	- · · · · · · · · · · · · · · · · · · ·	
	Preservation of land for public use (e.g., recrea	·	•
	Protection of natural habitat	☐ Preservation o	f a certified historic structure
2	Preservation of open space Complete lines 2a through 2d if the organization h	and a qualified concentation contribution	on in the form of a concentation
2	easement on the last day of the tax year.	ielu a quaimed conservation contributio	Held at the End of the Tax Year
а	Total number of conservation easements .		2a
b	Total acreage restricted by conservation easemer	nts	. 2b
c	Number of conservation easements on a certified		. 2c
d	Number of conservation easements included in		on a
	historic structure listed in the National Register		· · 2d
3	Number of conservation easements modified, trans	nsferred, released, extinguished, or ter	minated by the organization during the
	tax year >		
4	Number of states where property subject to conse		
5	Does the organization have a written policy reviolations, and enforcement of the conservation e		
6	Staff and volunteer hours devoted to monitoring, inspe		
U	Starr and voidnicer riours devoted to monitoring, inspe	ecting, handling of violations, and emorcin	g conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecti	no, handling of violations, and enforcing	conservation easements during the year
-	▶\$		•
8	Does each conservation easement reported on line	e 2(d) above satisfy the requirements o	f section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		· · · · · ·
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text		nancial statements that describes the
D-1	organization's accounting for conservation easem		Other Similar Accets
Par	Organizations Maintaining Collection Complete if the organization answered		
1a	If the organization elected, as permitted under S		
14	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the		
b	If the organization elected, as permitted under	SFAS 116 (ASC 958), to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other similar	ar assets held for public exhibition, e	ducation, or research in furtherance of
	public service, provide the following amounts rela		
	(i) Revenue included on Form 990, Part VIII, line(ii) Assets included in Form 990, Part X	1	▶ \$
_	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of ar		
	following amounts required to be reported under		
a	Revenue included on Form 990, Part VIII, line 1		

Par	Organizations Maintaining	Collections of	Art, His	storical	Treasures,	or Othe	r Similar Ass	ets (conti	nued)
3	Using the organization's acquisition, a collection items (check all that apply):								
а	☐ Public exhibition		d	☐ Loai	n or exchang	e program	าร		
b	☐ Scholarly research		е						
С	☐ Preservation for future generations								
4	Provide a description of the organization XIII.	on's collections a	and exp	laın how	they further	the organi	ization's exem	ot purpose	ın Part
5	During the year, did the organization sassets to be sold to raise funds rather t	solicit or receive han to be mainta	donatio iined as	ns of art part of th	, historical tra ne organization	easures, c on's collec	or other similar		☐ No
Part	Escrow and Custodial Arrar Complete if the organization a 990, Part X, line 21.		" on Fo	rm 990,	Part IV, line	9, or rep	oorted an amo	ount on Fo	orm
1a	Is the organization an agent, trustee, included on Form 990, Part X?	custodian or oth	er inter	mediary	for contributi	ons or ot	her assets not		
b	If "Yes," explain the arrangement in Pai							□ 163	NO
_	and and an englishment and an	comple	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	onowing	labic.		Arr	ount	
С	Beginning balance					1c			
ď	Additions during the year					1d		_	
е	Distributions during the year					1e	•		
f	Ending balance					1f			
2a	Did the organization include an amount						count liability?	☐ Yes	□No
b	If "Yes," explain the arrangement in Par								\Box
	V Endowment Funds.		_				<u> </u>	<u> </u>	
	Complete if the organization a	answered "Yes"	on Fo	rm 990.	Part IV. line	10.			
		(a) Current year		or year	(c) Two years		Three years back	(e) Four year	rs back
1a	Beginning of year balance						-		<u>-</u>
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships	-			1	<u> </u>			
	Other expenditures for facilities and programs				_				
f	Administrative expenses				†				
g	End of year balance				†				
2	Provide the estimated percentage of th	e current vear en	d balan	ce (line 1	g column (a)) held as:			
а	Board designated or quasi-endowment				g, 00.0 (a)	, noia ao			
b	Permanent endowment ▶		^*						
С	Temporarily restricted endowment ▶	⁷⁰							
	The percentages on lines 2a, 2b, and 2		20%.						
За	Are there endowment funds not in the			ization th	at are held a	and admin	ustered for the		
	organization by:	•	Ŭ					Yes	s No
	(i) unrelated organizations							3a(i)	1
	(ii) related organizations							3a(ii)	+-
b	If "Yes" on line 3a(ii), are the related org							3b	
4	Describe in Part XIII the intended uses							00	
Part									
	Complete if the organization a		on Fo	rm 990.	Part IV. line	11a Se	e Form 990 F	Part X line	10
	Description of property	(a) Cost or ot	her basis	(b) Cost	or other basis other)	(c) Accı	umulated ciation	(d) Book val	
1a	Land								
b	Buildings			1					
c	Leasehold improvements		· · · · ·	1					
d	Equipment			†	83,485		14,246		69,239
e	Other			1 -			,2.10		30,200
	Add lines 1a through 1e. (Column (d) mu	⊥ ust equal Form 9!	90 Part	X colum	n (B) line 10	<u> </u>			69,239

Part VII	Investments—Other Securities. Complete if the organization answer.		m 990. Part IV. li	ine 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book value	(c) Met	nod of valuation of-year market value
(1) Financial	derivatives				
(3) Other					
(~)					
(B)					
(C)					
(D)					
(E) (F)					
(G)					
(H)					
	b) must equal Form 990, Part X, col (B) line 12) ▶				
Part VIII	Investments—Program Related	<u>. </u>	-	ı	
	Complete if the organization answ		m 990, Part IV, I	ine 11c. See Form	990, Part X, line 13.
	(a) Description of investment	· <u>-</u>	(b) Book value		hod of valuation -of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)				<u> </u>	
(7)	· · · · · · · · · · · · · · · · · · ·	· -		<u> </u>	·-
(8)					
	b) must equal Form 990, Part X, col. (B) line 13)	· · ·			
Part IX	Other Assets.			I	
	Complete if the organization answ	wered "Yes" on For	m 990, Part IV, li	ine 11d. See Form	990, Part X, line 15.
	(a	i) Description	_		(b) Book value
<u>(1)</u>			_		
(2)					
(3)					
(4)					
(5)					
(6)					
<u>(7)</u> <u>(8)</u>					
(9)					· · · · · · · · · · · · · · · · · · ·
Total. (Colu	mn (b) must equal Form 990, Part X, co	ol. (B) line 15.)		. •	
Part X	Other Liabilities.				
	Complete if the organization ansi	wered "Yes" on For	m 990, Part IV, I	ine 11e or 11f. See	e Form 990, Part X,
	line 25.		· · · · · · · · · · · · · · · · · · ·		
1.	(a) Description of liability	(b) Book value			
(1) Federal III	ncome taxes				
(3)					
(4)					
(5)					
(6)	 				
(7)					
(8)					
(9)					
	(b) must equal Form 990, Part X, col (B) line 25) ▶	1			
2. Liability fo	r uncertain tax positions. In Part XIII, provi	ide the text of the footn	ote to the organizat	ion's financial stateme	ents that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Pari	Reconciliation of Revenue per Audited Financial Statemers Complete if the organization answered "Yes" on Form 990,	-	r Return.	
1	Total revenue, gains, and other support per audited financial statements		T1	701701
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		-	
-	Net unrealized gains (losses) on investments	2a	1 1	
b	Donated services and use of facilities		-	
c	Recoveries of prior year grants		-	
d	Other (Describe in Part XIII.)		-	
e	Add lines 2a through 2d		2e	701701
3	Subtract line 2e from line 1		3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	701701
Part	XII Reconciliation of Expenses per Audited Financial Statem	nents With Expenses	per Return.	
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.		
1	—		1	636582
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			<u>-</u>
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	636582
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)	5	636582
	XIII Supplemental Information.	d 4. David IV 1	0b : D=+1/ 1	A. Dead V. line
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part			4; Part X, line
Z, 1 W	. Al, into 2d and 45, and 1 are All, into 2d and 45 7 los complete this pare	to provide any additional	inormation.	
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Schedule D (Fo	rm 990) 2018	Page 5
Part XIII	Supplemental Information (continued)	
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

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OMB No 1545-0047

Open to Public Inspection

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, % □ (h) Purpose of grant or assistance **Employer identification number** ✓ Yes 13-4167577 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of noncash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) . Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of noncash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section (if applicable) the selection criteria used to award the grants or assistance? General Information on Grants and Assistance (p) EIN New Covenant Community Development Corporation 1 (a) Name and address of organization or government Name of the organization Part Part II Ø <u>ල</u> € 3 9 **©** (12)N Ξ 8 9 Ξ 9

Schedule I (Form 990) (2018)

Cat No 50055P

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

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Emergency Shelter	7	0	10,500 00	10,500 00 fair market value	temporary physical shelter
2					·
3				•	
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				•	
9					•
7					٠
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	the information i	equired in Part I, lin	e 2; Part III, column	(b); and any other addit	ional information.
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					Schedule I (Form 990) (2018)

SCHEDULE M (Form 990)

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Employer identification number

OMB No 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

New C	Covenant Community Development Corp	oration				13-416757	77		
Part	Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash cont amounts repo	rted on	Method o			-
1 2 3 4 5	Art — Works of art Art — Historical treasures Art — Fractional interests Books and publications Clothing and household								
6 7 8 9 10 11	goods								
12 13	Securities – Miscellaneous Qualified conservation contribution – Historic structures								
14	Qualified conservation contribution—Other								
15 16 17 18	Real estate — Residential Real estate — Commercial	/	0			market value			
19 20 21 22 23 24	Food inventory	✓	115		473,892	market value			
25 26 27	Other ► (computer) Other ► () Other ► ()	-	1		\$500 00	market value			
28	Other ► () Number of Forms 8283 received which the organization completed					29	0	Yes	No
30a	During the year, did the organizate 28, that it must hold for at least the tobe used for exempt purposes to the second se	nree years f	from the date of the initial o	ontribution, and	which is n	ot required	30a		
b 31	If "Yes," describe the arrangement Does the organization have a contributions?	gift accep					31	-	
32a	Does the organization hire or use contributions?						32a		1
33	If "Yes," describe in Part II. If the organization did not report at describe in Part II.	n amount ır	n column (c) for a type of pro	perty for which	column (a)	is checked,			

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Employer identification number

13-4167577

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

New Covenant Community Development Corporation

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Form 990, Part VI, Section B, Line 11b- The completed forms and schedules were given to the board members for review at the next board meeting Line 12c- This is the first year our corporation had this much activity. We will revise our management practices to ensure this is carried out next year Line 15a- We do not have a paid CEO, Eecutive Director, or top management official Line 19- The governing documents, conflict of interest polocy, and financial statements are available to the public upon request. A sign stating so is posted in the lobby of our facility Section A, Line 2- Joseph Alexander is related to Rachel Macarthy Line 8b- There are no other committees authorized to act on the board's behalf

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990.

Open to Public	Inspection	ployer identification number
		Employ

OMB No 1545-0047 2014

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2014 (f)
Direct controlling
entity ŝ > Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Yes 13-4167577 (f)
Direct controlling entity (e) End-of-year assets on on (e)
Public chanty status
(if section 501(c)(3)) (d) Total income Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. 50103 (d) Exempt Code section (c)
Legal domicile (state
or foreign country) Cat. No 50135Y (c)
Legal domicile (state lor foreign country) (b) Primary activity ż (b) Primary activity church For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a) Name, address, and EIN (if applicable) of disregarded entity (a) Name, address, and EIN of related organization New Covenant Community Development Corporation 1175 Boston Road, Bronx, NY 10456- 13-3904826 (1) New Covenant Faith and Miracle Arena, Inc Name of the organization Part Part II € 9 3 <u>(S</u> 9 ଷ ପ € Ε 2 <u>ල</u>

Page 2		(k) Percentage ownership										(i) Section 512(b)(13) controlled entity?	Š								Schedule R (Form 990) 2014
	le 34		N _O				-				Part IV	(i) Section 512(i controlle entity?	Yes			ļ					orm 99
	t IV, lir	(I) General or managing partner?	Yes								990,	(h) Percentage ownership									ule R (F
	on Form 990, Part IV, line 34	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)									Identification of Related Organizations Taxable as a Corporation or Trust Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	(9) Share of Perc end-of-year assets own								Ļ	Sched
	on Fc		No					<u>}</u>			red ")	Sh end-of-)								*	
	"Yes'	(h) Disproportionate allocations?	Yes								answe r.	(f) Share of total income									
	wered										ation ax yea										ļ,
	tion ans	(g) Share of end-of- year assets									e organizing the ta	(e) Type of entity (C corp, S corp, or trust)						·			
	organıza tax year	(f) Share of total income		;							ete if the	Type (C corp, S									
	if the	_								-	Compl on or t	(d) Direct controlling entity				i					
	mplete ip duri	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)									Trust rporati	(d) Direct contr entity									
	hip Co tnersh	Predomonic unicomic exclud tax									i <mark>on or</mark> as a co	icile country)									
	irtners is a par	ntrolling ty									rporat eated	(c) Legal domicile (state or foreign country)									
	as a Pa eated a	(d) Direct controlling entity									as a Co	(stal									
	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" because it had one or more related organizations treated as a partnership during the tax year.	(c) Legal domicile (state or foreign country)									Taxable d organiza	(b) Primary activity									
	ations organ										ations relate	ڇ									
	rganiz related	(b) Primary activity									rganiz r more										
	slated O	Римаг									ad one o	(a) Name, address, and EIN of related organization									
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rm 990) 2	Identi becau	(a) Name, address, and EIN of related organization									Identi line 34	address,									
Schedule R (Form 990) 2014	PartIII	Name, s		(1)	(2)	(3)	(4)	(5)	(9)	(7)	Part IV	Nате,		(1)	(2)	(3)	(4)	(2)	(9)	(2)	

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7	Yes								1							>			> \	>	>	>	>				1040	If the answer to any of the above is "Yes," see the instructions for information off who must complete this line, including covered relationships and transaction thresholds.	(d) Method of determining amount involved							Schedule R (Form 990) 201
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	/ of this schedule. of the following transactions with one or more related organizations listed in Parts II-IV?															•	solicitations for related organization(s)	• •	solicitations by related organization(s)								1									
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	. Complete line 1 if any entity is listed in Parts II, III, or IV	, ,	Receipt of (i) interest, (ii) annuities, (iii) royaities, or (iv) rent from a controlled entity	Giff, grant, or capital contribution to related organization(s)	Gift, grant, or capital contribution from related organization(s)	l pans or loan quarantees to or for related organization(s)	l pans or loan guarantees by related organization(s)	5	Dividends from related organization(s)	5	Sale of assets to related organization(s)	Purchase of assets from related organization(s)	Exchange of assets with related organization(s)	Lease of facilities, equipment, or other assets to related organization(s)		Lease of facilities, equipment, or other assets from related organization(s)	Performance of services or membership or fundraising		Performance of services of membership of fundralshing	Snaring of facilities, equipment, mailing lists, or other assets with related organization(s)	Sharing of paid employees with related organization(s)	Reimbursement paid to related organization(s) for expenses	Reimbursement paid by related organization(s) for expenses		Other transfer of cash or property to related organization(s)	Other transfer of cash or property from related organization(s)		2								
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Part VII Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

or gross revenue) that was not a related organization, see instructions regarding exclusion of certain investment particles inpo-	ganization, set	IIISITUCIIOIIS FE	garding exclusi		all livestiller p	altiersings.	3			(1)
(a) Name, address, and EIN of entry	(b) Primary activity	(c) Legal domicile	(d) Predominant	¥	(n) Share of	(g) Share of	(n) Disproportionate	te Code V—UBI	U) General or	Percentage
		(state or foreign country)	income (related, unrelated, excluded from tax under	section 501(c)(3) organizations?			aliocations	of Schedule K-1 (Form 1065)	managing partner?	
	·		sections 512-514)	Yes No			Yes No	1	Yes No	
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Schedule R (Form 999) 2014	65
Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions)	l
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