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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047

2008Open to Public
Inspection**A For the 2008 calendar year, or tax year beginning** OCT 1, 2008 **and ending** SEP 30, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization		D Employer identification number
		NORTH EAST COMMUNITY ACTION CORPORATION		43-1017571
		Doing Business As		
		Number and street (or P O box if mail is not delivered to street address) Room/suite		E Telephone number
16 N. COURT, P.O. BOX 470			(573) 324-2231	
City or town, state or country, and ZIP + 4		G Gross receipts \$ 14,651,509.		
BOWLING GREEN, MO 63334		H(a) Is this a group return		
F Name and address of principal officer DONALD PATRICK		for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
SAME AS C ABOVE		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. (see instructions)		
J Website: ▶ N/A		H(c) Group exemption number ▶		
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1975 M State of legal domicile MO		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>IMPROVE THE CONDITIONS UNDER WHICH PEOPLE LIVE, LEARN AND WORK.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	36	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	36	
	5 Total number of employees (Part V, line 2a)	465	
	6 Total number of volunteers (estimate if necessary)	12	
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	0.	
7b Net unrelated business taxable income from Form 990-B, line 34	0.		
Revenue	8 Contributions and grants (Part VIII, line 1h)	9,042,376.	8,130,862.
	9 Program service revenue (Part VIII, line 2g)	2,294,138.	6,023,047.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	103,372.	12,581.
	11 Other revenue (Part VIII, column (A), lines 5, 6a, 8c, 9c, 10a, and 11e)	1,048,476.	482,033.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,488,362.	14,648,523.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,236,210.	3,672,748.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,020,726.	6,758,742.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 10,961.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	4,868,501.	3,451,271.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	13,125,437.	13,882,761.
	19 Revenue less expenses. Subtract line 18 from line 12	<637,075.>	765,762.
	Net Assets or Fund Balances	20 Total assets (Part X, line 16)	19,967,922.
21 Total liabilities (Part X, line 26)		15,388,710.	16,045,069.
22 Net assets or fund balances Subtract line 21 from line 20		4,579,212.	4,372,968.

Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	Signature of officer	Date 03/02/2012
Paid Preparer's Use Only	DONALD PATRICK, PRESIDENT & CEO	
	Type or print name and title	
Paid Preparer's Use Only	Preparer's signature	Date 3/1/12
	Firm's name (or yours if self-employed), address, and ZIP + 4	Check if self-employed <input type="checkbox"/>
BOTZ, DEAL & COMPANY, P.C.		Preparer's identifying number (see instructions)
TWO WESTBURY DRIVE		EIN ▶
ST. CHARLES, MISSOURI 63301-2599		Phone no ▶ 636-946-2800

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

SCANNED MAR 9 1 2012

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission.

TO IMPROVE THE CONDITIONS UNDER WHICH PEOPLE LIVE, LEARN, AND WORK.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes", describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes", describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses \$ 1,042,643. including grants of \$) (Revenue \$)
LCPHA (PROVIDES HOUSING AND UTILITY ASSISTANCE TO LOW INCOME HOUSEHOLDS
THROUGH A SECTION 8 GRANT AWARDED FROM HUD)

4b (Code) (Expenses \$ 2,435,228. including grants of \$) (Revenue \$)
ENERGY CRISIS INTERVENTION PROGRAM - PROVIDES UTILITY ASSISTANCE
PAYMENTS TO FAMILIES IN JEOPARDY OF LOSING UTILITY SERVICE.

4c (Code:) (Expenses \$ 2,831,023. including grants of \$) (Revenue \$)
IN-HOME SERVICES - THIS PROGRAM PROVIDES NURSING CARE TO INDIVIDUALS
UNABLE TO LEAVE THEIR HOME DUE TO CERTAIN TYPES OF MEDICAL CONDITIONS.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 6,696,851. including grants of \$) (Revenue \$)

4e Total program service expenses \$ 13,005,745. (Must equal Part IX, Line 25, column (B))

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1551		
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	465		
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			X
3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			X
4b If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
5c If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			
6a Did the organization solicit any contributions that were not tax deductible?			X
6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?			X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			X
d If "Yes," indicate the number of Forms 8282 filed during the year			
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			X
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			X
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?			
b Did the organization make a distribution to a donor, donor advisor, or related person?			
10 Section 501(c)(7) organizations. Enter: N/A			
a Initiation fees and capital contributions included on Part VIII, line 12			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11 Section 501(c)(12) organizations. Enter: N/A			
a Gross income from members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A			

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Yes	No
1a Enter the number of voting members of the governing body	36	
1b Enter the number of voting members that are independent	36	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11 Is there any officer, director or 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		X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13		X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
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:		
a The organization's CEO, Executive Director, or top management official?	X	
b Other officers or key employees of the organization?	X	
Describe the process in Schedule O. (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	X	
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	X	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **VICKY PRITCHETT - 573-324-2231**
16 N. COURT, P.O. BOX 470, BOWLING GREEN, MO 63334

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CHARLES WALTERS BOARD MEMBER	0.50	X						0.	0.	0.
JOHN BRACEY BOARD MEMBER	3.00	X						0.	0.	0.
JESSIE ROBERTS BOARD MEMBER	0.50	X						0.	0.	0.
LEROY BRAUNGARDT BOARD MEMBER	0.50	X						0.	0.	0.
FRED LAYTON BOARD MEMBER	0.50	X						0.	0.	0.
MATT BASS BOARD MEMBER	0.50	X						0.	0.	0.
MICKEY SHIPP BOARD MEMBER	0.50	X						0.	0.	0.
DREW BELT BOARD MEMBER	0.50	X						0.	0.	0.
ROY HARK BOARD MEMBER	0.50	X						0.	0.	0.
PAUL MADDOX BOARD MEMBER	0.50	X						0.	0.	0.
LYNDON BODE CHAIRMAN	3.00	X		X				0.	0.	0.
RON GREESON BOARD MEMBER	0.50	X						0.	0.	0.
CHERYL WISDOM BOARD MEMBER	0.50	X						0.	0.	0.
RICH DANIELS BOARD MEMBER	0.50	X						0.	0.	0.
SHEILA KEMP BOARD MEMBER	0.50	X						0.	0.	0.
CURT MITCHELL BOARD MEMBER	0.50	X						0.	0.	0.
D. RANDALL CONE SECRETARY	3.00	X		X				0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BETTE MAXWELL BOARD MEMBER	0.50	X						0.	0.	0.
DYAS KEITH BOARD MEMBER	0.50	X						0.	0.	0.
MIKE WHELAN BOARD MEMBER	0.50	X						0.	0.	0.
GEORGE LANE BOARD MEMBER	0.50	X						0.	0.	0.
DOUG GALASKE BOARD MEMBER	0.50	X						0.	0.	0.
TOM BRUMBAUGH BOARD MEMBER	0.50	X						0.	0.	0.
GILLIS LEONARD BOARD MEMBER	0.50	X						0.	0.	0.
DEBBIE CATLETT BOARD MEMBER	0.50	X						0.	0.	0.
GLENN EAGAN BOARD MEMBER	0.50	X						0.	0.	0.
TROY DAWKINS BOARD MEMBER	3.00	X						0.	0.	0.
1b Total								296,926.	0.	56,437.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization

0

- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
NATHAN TURNER, DBA TURNER CONSTRUCTION 1401 NORTH JEFFERSON, MEXICO, MO 65205	HOME REPAIR CONTRACTOR	366,689.
PREMIER BUILDER OF LOUISIANA 812 GEORGIA STREET, LOUISIANA, MO 63353	HOME REPAIR CONTRACTOR	125,135.
JESSE SHINN 508 WEST SUMMER, MONROE CITY, MO 63456	HOME REPAIR CONTRACTOR	106,696.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization

3

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Form 990 (2008)

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	6748462.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1382400.			
	g	Noncash contributions included in lines 1a-1f \$		992,896.			
	h	Total. Add lines 1a-1f		8,130,862.			
Program Service Revenue	2 a	SERVICE AND PATIENT FE	Business Code 624100	4,476,288.	4,476,288.		
	b	RENTAL INCOME	532000	988,119.	988,119.		
	c	ADMINISTRATION FEE	561000	558,640.	558,640.		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		6,023,047.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		6,422.	6,422.	
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6 a		Gross Rents	(i) Real (ii) Personal				
b		Less: rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)					
7 a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
b		Less: cost or other basis and sales expenses		9,145.			
c		Gain or (loss)		2,986.			
d		Net gain or (loss)		6,159.	6,159.		
8 a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
b		Less: direct expenses	b				
c		Net income or (loss) from fundraising events					
9 a		Gross income from gaming activities See Part IV, line 19	a				
b		Less: direct expenses	b				
c		Net income or (loss) from gaming activities					
10 a		Gross sales of inventory, less returns and allowances	a				
b		Less: cost of goods sold	b				
c		Net income or (loss) from sales of inventory					
Miscellaneous Revenue							
11 a	MISCELLANEOUS INCOME	Business Code 900099	482,033.	482,033.			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		482,033.				
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		14648523.	6,517,661.	0.	0.	

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	3,672,748.	3,672,748.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	305,855.	97,993.	199,367.	8,495.
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 Other salaries and wages	4,878,704.	4,530,941.	347,763.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	1,139,878.	987,512.	150,612.	1,754.
10 Payroll taxes	434,305.	389,467.	44,126.	712.
11 Fees for services (non-employees).				
a Management				
b Legal	17,202.	16,998.	204.	
c Accounting	28,086.		28,086.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	144,953.	138,358.	6,595.	
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	572,782.	547,856.	24,926.	
17 Travel	549,955.	540,020.	9,935.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	141,248.	141,248.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	406,264.	406,264.		
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>SUPPLIES</u>	409,102.	401,067.	8,035.	
b <u>MISCELLANEOUS</u>	190,174.	190,174.		
c <u>DUES AND SUBSCRIPTIONS</u>	188,911.	176,075.	12,836.	
d <u>MAINTENANCE AGREEMENT</u>	166,781.	162,976.	3,805.	
e <u>LIABILITY INSURANCE</u>	148,978.	127,356.	21,622.	
f All other expenses	486,835.	478,692.	8,143.	
25 Total functional expenses Add lines 1 through 24f	13,882,761.	13,005,745.	866,055.	10,961.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	155,472.	1	231,673.
	2 Savings and temporary cash investments	143,597.	2	146,916.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,675,319.	4	1,984,924.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	4,607,279.	7	4,689,400.
	8 Inventories for sale or use	62,627.	8	123,186.
	9 Prepaid expenses and deferred charges	126,638.	9	131,600.
	10a Land, buildings, and equipment: cost basis	10a 11,771,446.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 1,335,251.	10c	10,436,195.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,522,408.	15	2,674,143.
16 Total assets. Add lines 1 through 15 (must equal line 34)	19,967,922.	16	20,418,037.	
Liabilities	17 Accounts payable and accrued expenses	654,795.	17	745,736.
	18 Grants payable		18	
	19 Deferred revenue	132,122.	19	80,962.
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	12,695,684.	23	12,934,600.
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	1,906,109.	25	2,283,771.
	26 Total liabilities. Add lines 17 through 25	15,388,710.	26	16,045,069.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	4,504,212.	27	4,297,968.
	28 Temporarily restricted net assets	75,000.	28	75,000.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	4,579,212.	33	4,372,968.
34 Total liabilities and net assets/fund balances	19,967,922.	34	20,418,037.	

Part XI Financial Statements and Reporting

- 1 Accounting method used to prepare the Form 990. ☐ Cash ☒ Accrual ☐ Other
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits?

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

OMB No 1545-0047

2008
Open to Public Inspection

43-1017571

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete the Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the organizations the organization supports.

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

Schedule A (Form 990 or 990-EZ) 2008

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7472209.	6178585.	8411428.	9042376.	9087883.	40192481.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3	7472209.	6178585.	8411428.	9042376.	9087883.	40192481.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						40192481.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	7472209.	6178585.	8411428.	9042376.	9087883.	40192481.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,167.	29,300.	81,642.	103,372.	6,422.	230,903.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	125,907.	140,200.	390,012.	1113354.	482,033.	2251506.
11 Total support. Add lines 7 through 10						42674890.
12 Gross receipts from related activities, etc. (see instructions)					12	23,670,239.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	94.18	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	96.52	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>			
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2008

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

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

NORTH EAST COMMUNITY ACTION CORPORATION

Employer identification number

43-1017571

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ _____ %

b Permanent endowment ▶ _____ %

c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		701,027.		701,027.
b Buildings		9,977,994.	672,143.	9,305,851.
c Leasehold improvements				
d Equipment		1,047,980.	626,434.	421,546.
e Other		44,445.	36,674.	7,771.
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				10,436,195.

Schedule D (Form 990) 2008

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ►		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) ►		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
CONSTRUCTION IN PROGRESS	515,501.
PROJECT ESCROW	48,519.
REPLACEMENT RESERVE	1,550,293.
SECURITY DEPOSIT ESCROW	82,132.
FUNDS ADVANCE TO RELATED PROJECTS	477,698.
Total. (Column (b) should equal Form 990, Part X, col (B) line 15.) ►	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
ACCRUED VACATION	128,163.
ESCROW RESERVE	11,640.
ACCRUED INTEREST	60,298.
DUE TO OTHER AGENCY - LCPHA	2,083,670.
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.) ►	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	14,648,523.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	13,882,761.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	765,762.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	<972,006.>
9	Total adjustments (net). Add lines 4-8	9	<972,006.>
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	<206,244.>

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	14,678,813.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	30,290.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	30,290.
3	Subtract line 2e from line 1	3	14,648,523.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	14,648,523.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	13,913,051.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	30,290.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	30,290.
3	Subtract line 2e from line 1	3	13,882,761.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	13,882,761.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

TRANSFER OF PROPERTY TO ANOTHER ENTITY

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
► Attach to Form 990.

2008

**Open to Public
Inspection**

NORTH EAST COMMUNITY ACTION CORPORATION
Application for Grants and Assistance

Employer identification number
43-1017571

1 Does the organization maintain records to substantiate the criteria used to award the grants or assistance?

the selection

☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

[illegible]

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

Schedule I (Form 990) 2008

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Use Schedule I-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
UTILITY	19282	2,092,355.	0.		
RENT	584	502,235.	0.		
HOME REPAIR	629	878,755.	0.		
MEDICAL	4942	70,368.	0.		
DOWNPAYMENT	14	124,438.	0.		

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information

SCHEDULE I, PART I, LINE 2: ALL ASSISTANCE PAYMENTS ARE SUBSTANTIATED BY CLIENT APPLICATION, INCOME DOCUMENTATION, AND ASSISTANCE PROVIDED ON BEHALF OF THE CLIENT. THIS INFORMATION IS MAINTAINED IN INDIVIDUAL CLIENT FILES AND STORED WITH THE AGENCY. ALL GRANTS ARE REVIEWED INTERNALLY AND EXTERNALLY FOR COMPLIANCE WITH GRANT REQUIREMENTS. AGENCY STAFF CONDUCTS QUALITY CONTROL REVIEWS AND FUNDING ENTITIES MONITOR REGULARLY FOR ADHERENCE TO PROGRAM GUIDELINES.

Part II Continuation of Grants and Other Assistance to Individuals in the U.S. (Schedule I (Form 990), Part III)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
FOOD/PERSONAL CARE	143.	3,149.	0.		
TRANSPORTATION	18.	950.	0.		
LEGAL	1.	420.	0.		
PERSONAL RECORDS	3.	78.	0.		

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the Organization

NORTH EAST COMMUNITY ACTION CORPORATION

Employer Identification number
43-1017571

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN (JACK) ANDERSON BOARD MEMBER	0.50	X						0.	0.	0.
MIKE BRIDGINS BOARD MEMBER	3.00	X						0.	0.	0.
DEBBIE COONROD BOARD MEMBER	0.50	X						0.	0.	0.
DONALD HOLT BOARD MEMBER	0.50	X						0.	0.	0.
LELIA DARNELL BOARD MEMBER	0.50	X						0.	0.	0.
PAM MCCLEAVE BOARD MEMBER	0.50	X						0.	0.	0.
FRED VAHLE VICE-CHAIRMAN	3.00	X		X				0.	0.	0.
DARLA MCCLAIN BOARD MEMBER	0.50	X						0.	0.	0.
BETTE MAXWELL BOARD MEMBER	0.50	X						0.	0.	0.
DONALD PATRICK EXECUTIVE DIRECTOR	40.00			X				73,998.	0.	12,221.
ANN ELLISON DEPUTY DIRECTOR	40.00			X				60,752.	0.	11,404.
ROYAL (BUDDY) HARP DIRECTOR OF PERSONNEL	30.00			X				13,200.	0.	528.
VICKY PRITCHETT DIRECTOR OF FINANCES	40.00			X				45,672.	0.	10,523.
JANICE ROBINSON PROGRAM DIRECTOR	40.00			X				48,272.	0.	10,678.
CARLA POTTS PROGRAM DIRECTOR	40.00			X				55,032.	0.	11,083.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

NonCash Contributions

► To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No 1545-0047

2008
Open to Public
Inspection

Name of the organization

NORTH EAST COMMUNITY ACTION CORPORATION

Employer identification number

43-1017571

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications	X		18,243.	FAIR VALUE
5	Clothing and household goods	X		12,299.	FAIR VALUE
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution (historic structures)				
14	Qualified conservation contribution (other)				
15	Real estate - Residential	X	3	957,021.	FAIR VALUE
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ► (<u>STUDENT NURSE</u>)	X	2	23,140.	BASED ON COMPARABLE IN
26	Other ► (<u>DOCTOR WAGES</u>)	X	2	6,600.	BASED ON AVERAGE WAGES
27	Other ► (<u>SCHOOL LUNCHE</u>)	X	35	5,299.	THE NORMAL CHARGE BY T
28	Other ► (<u>SPACE RENTAL</u>)	X	1	550.	NORMAL CHARGE TO RENT

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part IV, Donee Acknowledgment

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for
at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for
the entire holding period?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,
describe in Part II

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) 2008

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33.
Also complete this part for any additional information.

PART I, OTHER TYPES OF PROPERTY:

MEDICAL SUPPLIES

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 34.

(D) METHOD OF DETERMINING REVENUE: FAIR VALUE

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

NORTH EAST COMMUNITY ACTION CORPORATION

Employer identification number
43-1017571

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

FAMILY PLANNING - PROVIDES PARENT-CHILD CLASSES, DRUG AND ALCOHOL ABUSE
EDUCATION, CONTRACEPTIVE SUPPLIES AND PRENATAL CARE FOR WOMEN

EXPENSES \$ 773297. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

HOMELESS CHALLENGE

EXPENSES \$ 40743. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

WEATHERIZATION

EXPENSES \$ 389846. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

WEATHERIZATION ARRA

EXPENSES \$ 207462. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

CSBG

EXPENSES \$ 559930. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

CSBG - ARRA

EXPENSES \$ 18537. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

ST. CHARLES HOMELESS

EXPENSES \$ 7257. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

LIHEAP WX

EXPENSES \$ 64117. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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Name of the organization

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Employer identification number
43-1017571

MHDC HOME REPAIR GRANT

EXPENSES \$ 359908. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

MHDC HOME REPAIR GRANT 2009

EXPENSES \$ 78400. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

CHDO OPERATING GRANT 07

EXPENSES \$ 9223. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

CHDO OPERATING GRANT 2008

EXPENSES \$ 6850. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

RAP

EXPENSES \$ 15025. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

MACA HOUSING TRUST

EXPENSES \$ 12602. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

HOUSING TRUST

EXPENSES \$ 11031. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

EMERGENCY SHELTER GRANT

EXPENSES \$ 5107. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FOSTER GRANDPARENTS

EXPENSES \$ 219985. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No 1545-0047

2008

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Name of the organization

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Employer identification number
43-1017571

RURAL LISC

EXPENSES \$ 37303. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

NEIGHBOR WORKS - FORECLOSURE ASSISTANCE

EXPENSES \$ 103983. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

NRC MULTI-FAMILY INITIATIVE

EXPENSES \$ 1342. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FEMA

EXPENSES \$ 50008. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

NRC EXPENDABLE GRANT FUND

EXPENSES \$ 157612. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

MHDC FORECLOSURE ASSISTANCE

EXPENSES \$ 50644. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

SHELTER CARE PLUS

EXPENSES \$ 111117. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

ST CHARLES COUNTY PUBLIC HOUSING ADMINISTRATION

EXPENSES \$ 323332. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

ATMOS WX

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No 1545-0047

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Inspection

Name of the organization

NORTH EAST COMMUNITY ACTION CORPORATION

Employer identification number
43-1017571

EXPENSES \$ 14771. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

AMEREN ELECTRIC WX

EXPENSES \$ 114912. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

LACLEDE GAS

EXPENSES \$ 134075. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

AMEREN GAS WX

EXPENSES \$ 39390. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

SUPPORTIVE HOUSING GRANTS

EXPENSES \$ 287071. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FHLB PIKE/LINCOLN

EXPENSES \$ 148274. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

WOMEN, INFANTS, AND CHILDREN

EXPENSES \$ 158967. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

OTHER PROGRAMS

EXPENSES \$ 2184730. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 10: THE FINANCE COMMITTEE REVIEWS,
APPROVES, AND RECOMMENDS TO THE BOARD OF DIRECTORS FOR BOARD APPROVAL PRIOR
TO FILING.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008
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Inspection

Name of the organization

NORTH EAST COMMUNITY ACTION CORPORATION

Employer identification number
43-1017571

FORM 990, PART VI, SECTION B, LINE 15: THE PRESIDENT/CEO SALARY IS
NEGOTIATED BY THE EXECUTIVE BOARD AND APPROVED BY THE FULL BOARD. ALL
OTHER MANAGEMENT AND KEY EMPLOYEE COMPENSATION IS RECOMMENDED TO THE BOARD
BY THE PRESIDENT/CEO AND VOTED/APPROVED BY THE THE FULL BOARD.

FORM 990, PART VI, SECTION C, LINE 18: THE 990 IS MADE AVAILABLE TO THE
PUBLIC UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.

990. PART XI, LINE 2C

RESPONSIBILITY FOR OVERSIGHT OF AUDIT

THE FINANCE COMMITTEE MEETS TO REVIEW THE AUDIT DRAFT, APPROVES, AND
RECOMMENDS TO THE BOARD OF DIRECTORS FOR APPROVAL, PRIOR TO ACCEPTANCE
OF FINAL AUDITED FINANCIAL STATEMENTS.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
► See separate instructions.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

NORTH EAST COMMUNITY ACTION CORPORATION

Employer identification number
43-1017571

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
NECAC AFFORDABLE HOUSING, LLC - 43-1017571 PO BOX 470	FOSTER LOW-INCOME HOUSING	MISSOURI	2,788.	4,154.	N/A
BOWLING GREEN, MO 63334					
NECAC FAIRVIEW ESTATES 09-017, LLC -					
43-1017571, PO BOX 470, BOWLING GREEN, MO					
63334	FOSTER LOW-INCOME HOUSING	MISSOURI	0.	352,893.	N/A

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
NECAC SUPPORT, INC. - 43-1491144 PO BOX 470	PROVIDE FACILITIES AND OFFICE SPACE TO NOT FOR PROFIT ORGANIZATIONS	MISSOURI	501(C)(3)	9	N/A
BOWLING GREEN, MO 63334					
NSI - NEW LONDON PROJECT - 43-1763162 PO BOX 470	TO PROVIDE LOW INCOME HOUSING TO THE DISADVANTAGED	MISSOURI	501(C)(3)	9	N/A
BOWLING GREEN, MO 63334					
NSI - LOUISIANA PROJECT - 43-1784877 PO BOX 470	TO PROVIDE LOW INCOME HOUSING TO THE ELDERLY AND THE DISADVANTAGED	MISSOURI	501(C)(3)	9	N/A
BOWLING GREEN, MO 63334					
NSI - LINCOLN COUNTY - 36-4234104 PO BOX 470	TO PROVIDE AFFORDABLE HOUSING TO LOW INCOME INDIVIDUALS	MISSOURI	501(C)(3)	9	N/A
BOWLING GREEN, MO 63334					

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

Schedule R (Form 990) 2008

Part V Transactions With Related Organizations**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to other organization(s)**c** Gift, grant, or capital contribution from other organization(s)**d** Loans or loan guarantees to or for other organization(s)**e** Loans or loan guarantees by other organization(s)**f** Sale of assets to other organization(s)**g** Purchase of assets from other organization(s)**h** Exchange of assets**i** Lease of facilities, equipment, or other assets to other organization(s)**j** Lease of facilities, equipment, or other assets from other organization(s)**k** Performance of services or membership or fundraising solicitations for other organization(s)**l** Performance of services or membership or fundraising solicitations by other organization(s)**m** Sharing of facilities, equipment, mailing lists, or other assets**n** Sharing of paid employees**o** Reimbursement paid to other organization for expenses**p** Reimbursement paid by other organization for expenses**q** Other transfer of cash or property to other organization(s)**r** Other transfer of cash or property from other organization(s)**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1) MILL POND DRIVE SENIOR HOUSING, INC	D	85,900.
(2) ANDERSON ESTATES, LP	K	27,425.
(3) ANDERSON ESTATES, LP	P	43,175.
(4) MILL POND SENIOR HOUSING, LP	K	25,942.
(5) MILL POND DRIVE SENIOR HOUSING, INC	P	33,120.
(6) HANNIBAL AFFORDABLE HOUSING, LP	F	972,006.

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportion- ate allocations?		(I) Code V-UBI amount on Box 20 of K-1	(J) General or managing partner?
							Yes	No		
MOBERLY ASSOCIATES II, LP - 20-2405182, PO BOX 470, BOWLING GREEN, MO 63334	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS	MO	NECAC AFFORDABLE HOUSING, LLC	RELATED	<6.>	43,211.		X	N/A	X
ANDERSON ESTATES, LP - 20-4322982, PO BOX 470, BOWLING GREEN, MO 63334	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS	MO	NECAC AFFORDABLE HOUSING, LLC	RELATED	<8.>	100,056.		X	N/A	X
MILL POND SENIOUR HOUSING, LP - 20-4819611, PO BOX 470, BOWLING GREEN, MO 63334	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS	MO	NECAC MILL POND SENIOR HOUSING GP, INC.	RELATED	<18.>	793,044.		X	N/A	X
LEWIS COUNTY AFFORDABLE HOUSING, LP - 20-8810226, PO BOX 470, BOWLING GREEN, MO 63334	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS	MO	NECAC AFFORDABLE HOUSING, LLC	RELATED	<1.>	284,554.		X	N/A	X
HANNIBAL AFFORDABLE HOUSING, LP - 20-1765697, PO BOX 470, BOWLING GREEN, MO 63334	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS	MO	NECAC AFFORDABLE HOUSING, LLC	RELATED	<1.>	339,290.		X	N/A	X
BOWLING GREEN ASSOCIATES I, LP - 43-1305436, PO BOX 470, BOWLING GREEN, MO 63334	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS	MO	NECAC AFFORDABLE HOUSING, LLC	RELATED	<156.>	13,348.		X	N/A	X
CLARKSVILLE ESTATES, LP - 93-1097513, PO BOX 470, BOWLING GREEN, MO 63334	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS	MO	NECAC AFFORDABLE HOUSING, LLC	RELATED	<17,643.>	<48,397.>		X	N/A	X
JONESBURG PROPERTIES, LP - 43-1348172, PO BOX 470, BOWLING GREEN, MO 63334	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS	MO	NECAC AFFORDABLE HOUSING, LLC	RELATED	42.	<1,122.>		X	N/A	X
MONTGOMERY CITY PROPERTIES, LP - 43-1348175, PO BOX 470, BOWLING GREEN, MO 63334	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS	MO	NECAC AFFORDABLE HOUSING, LLC	RELATED	185.	5,406.		X	N/A	X

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?		(I) Code V-UBI amount on Box 20 of K-1	(J) General or managing partner?
							Yes	No		Yes No
WELLSVILLE ASSOCIATES, LP - 43-1305438, PO BOX 470, BOWLING GREEN, MO 63334	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS	MO	NECAC AFFORDABLE HOUSING, LLC	RELATED	13.	63,477.		X	N/A	X
WRIGHT CITY NORTH APTS., LP - 43-1516082, PO BOX 470, BOWLING GREEN, MO 63334	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS	MO	NECAC AFFORDABLE HOUSING, LLC	RELATED	<122.>	13,039.		X	N/A	X
WYNDHAM PARK, LP - 20-1101096 PO BOX 7688 COLUMBIA, MO 65205	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS	MO	NECAC AFFORDABLE HOUSING, LLC	RELATED	<16.>	797,609.		X	N/A	X
WYNDHAM PARK II, LP - 20-5085277, PO BOX 7688, COLUMBIA, MO 65205	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS	MO	NECAC AFFORDABLE HOUSING, LLC	RELATED	<18.>	151,598.		X	N/A	X
CANTERBURY PARK, LP - 43-1914805, PO BOX 7688, COLUMBIA, MO 65205	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS	MO	NSI - CANTERBURY PARK RELATED		<6.>	200,244.		X	N/A	X
WOODCREST VILLAS, LP - 33-1000273, PO BOX 7688, COLUMBIA, MO 65205	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS	MO	NSI - LINCOLN COUNTY	RELATED	<5.>	74,442.		X	N/A	X
HICKORY HOLLOW OF ST. CHARLES, COUNTY, LP - 20-2275469, PO BOX 7688, COLUMBIA, MO 65205	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS	MO	NECAC AFFORDABLE HOUSING, LLC	RELATED	<19.>	139,710.		X	N/A	X
GENTEMARE MANOR, LP - 81-0602388, PO BOX 7688, COLUMBIA, MO 65205	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS	MO	NECAC AFFORDABLE HOUSING, LLC	RELATED	<9.>	23,860.		X	N/A	X
GENTEMARE MANOR II, LP - 20-5085216, PO BOX 7688, COLUMBIA, MO 65205	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS	MO	NECAC AFFORDABLE HOUSING, LLC	RELATED	<25.>	357,348.		X	N/A	X

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(A)	Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7)	HANNIBAL AFFORDABLE HOUSING, LP	K	47,800.
(8)	HANNIBAL AFFORDABLE HOUSING, LP	P	21,062.
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Schedule R-1 (Form 990) 2008