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Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

20**12**

Department of the Treasury Internal Revenue Service

Open to Public

Form 990 (2012)

Cat No. 11282V

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection APRIL 31 For the 2012 calendar year, or tax year beginning 2012, and ending , 20/3 D Employer identification number C Name of organization NORTHEAST COMMUNITY Check if applicable: FUND 37-0912488 Doing Business As Address change Number and street (or P.O. box if mail is not delivered to street address) Boom/suite E Telephone number Name change Ν. WATER 825 Initial return City, town or post office, state, and ZIP code Terminated DECATUR 62523 Amended return H(a) Is this a group return for affiliates? Yes No F Name and address of principal officer Application pending H(b) Are all affiliates included? X Yes No If "No," attach a list. (see instructions) 501(c)(3) Tax-exempt status: ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 Website: ▶ H(c) Group exemption number ▶ Form of organization: Corporation Trust Association ☐ Other ▶ M State of legal domicite: ILUNOS L Year of formation. 1969 Part I Summary 1 Briefly describe the organization's mission or most significant activities: FOOD AND CLOTHING FOR THE NEEDY. ASSISTANCE FOR UTILITIES, MEDICAL EXPENSE, Governance RENT, TRANSPORTATION, AND OTHER. 2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) Activities & Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 8 Total number of volunteers (estimate if necessary) 6 10 Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34 **Current Year** 8 Contributions and grants (Part VIII, line 1h) . 413,347 509,159 Revenue Ω Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 10 9.583 18,422 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 518.742 13 Grants and similar amounts paid (Part 1X, column (A), lines 1-3) . Benefits paid to or for members (Part De column (A) line 4) 14 Salaries, other compensation, employee benefits (Part IX, chunh (A), lines 5-10) 15 177, 938 Professional fundraising fees (Rart) (splumin (A), line 1 a)
Total fundraising expenses (Parl IX, column (D), tine 25) 16a ь 77.049 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 57, 263 452,913 18 Total expenses. Add lines 18-17 (rhust equal Part IX, column (A), line 25) 541,838 19 Revenue less expenses. Subtract line 18 from line 12 23,096 21.144 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 577 602,434 21 Total liabilities (Part X, line 26) . 0 -0-22 Net assets or fund balances. Subtract line 21 from line 20 623577 602,434 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign signature of officer Date Here TREASURER FRANK R WHITEHEAD Type or print name and title Print/Type preparer's name Preparer's signature Date Paid Check [] if self-employed Preparer Firm's EIN > Firm's name **Use Only** Firm's address Phone no. May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

O THE DEWINDS

For Panerwork Reduction Act Notice see the senarate instructions

Form **990** (2012)

Form 99	0 (2012)		,	Page 3
Part I	V Checklist of Required Schedules			
1	In the appropriate denominad in postion E01/a/2) or 4047/a/11 /athor there a private favorable and 40/a #		Yes	No
•	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X	
2	is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Χ
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		χ
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Y
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, 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	i	X
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	χ	
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.	न्दी हिंदू	2 5 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1, 2, 4, 2
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		X
C	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	X	
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		χ
e f	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		X
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		X
Ь	···	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	†···	X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		χ
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
Ь	If "Yes" to line 20a, did the organization attach a conv of its audited financial statements to this return?	201	1	

Part I	Checklist of Required Schedules (continued)			
~ 4	Did the engainstics upget more than \$5,000 of greats and attended to any any appropriation.	-	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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		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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		Χ
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		χ
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Χ
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
C	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	,	γ
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		X,
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		X
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	 	X
			n 99 0	(2012

Form 99	0 (2012)				-
Part				<u>'</u>	age
· Gr c	Check if Schedule O contains a response to any question in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a -0-			All IN
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b -0-			
C	Did the organization comply with backup withholding rules for reportable payments t	o vendors and			200
_	reportable gaming (gambling) winnings to prize winners?		1c	X	-2 <u>6,75</u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		12 m		1.400
_	Statements, filed for the calendar year ending with or within the year covered by this return	2a 8	4		1
b	If at least one is reported on line 2a, did the organization file all required federal employment t		2b	X	# N/ 1
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see insti			域化	- 🖑
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		├—
4a	At any time during the calendar year, did the organization have an interest in, or a signature of a signature of the calendar year, a fine point of the calendar year, and the calendar year.				
	over, a financial account in a foreign country (such as a bank account, securities account, caccount)?	or other imancial	₄₋		LΧ
_	If "Yes," enter the name of the foreign country:		4a	1/2 13/4) >	कुलङ
þ	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	ial Assaunts		1	3
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax		5a		Y
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelte	•	5b		Ŷ
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		- <u>^</u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,0		- Sc		
	organization solicit any contributions that were not tax deductible as charitable contributions'		6a		X
ь	If "Yes," did the organization include with every solicitation an express statement that such				
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	• • • • •	(A)	, Land 798	او اقر آنو ج امران المراز
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and	partly for goods		15	
	and services provided to the payor?		7a	ASSO,	* \
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property f	or which it was			
	required to file Form 8282?		7c		ΙX
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	1. S.	و الرساطية الرساطية الرساطية	?
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal b	enefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene	fit contract? .	7 †		X
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 and section 509(a)				を紹介 い方に
	organizations. Did the supporting organization, or a donor advised fund maintained by	y a sponsoring			建筑
_	organization, have excess business holdings at any time during the year?		8	7050	X
9	Sponsoring organizations maintaining donor advised funds.		1.55		
a	Did the organization make any taxable distributions under section 4966?		9a		I X
10	Did the organization make a distribution to a donor, donor advisor, or related person?		9b	284	A
10	Section 501(c)(7) organizations. Enter:	احدا		. 7:32	榜款
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	美国	410, 7	
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . Section 501(c)(12) organizations. Enter:	10b			
ıı a	Gross income from members or shareholders	اععما		原制	
b	Gross income from other sources (Do not net amounts due or paid to other sources	11a	153		7.00
_	against amounts due or received from them.)	115	議議	翻發	E. C.
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu	11b	12a	42.00	TO THE
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		Lagran .	A
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1411			國語
a	Is the organization licensed to issue qualified health plans in more than one state?		13a	METAL S	
-	Note. See the instructions for additional information the organization must report on Schedul	 e О.	200	A SEC	
b	Enter the amount of reserves the organization is required to maintain by the states in which		N.W	类型	
	the organization is licensed to issue qualified health plans	13b	遊戲		100 to 1

13c

14a

14h

c Enter the amount of reserves on hand . . .

14a Did the organization receive any payments for indoor tanning services during the tax year?

h If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O

Form 89	0 (2012)			F	ege 6
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 the response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change.				
_	Check if Schedule O contains a response to any question in this Part VI				
Secti	on A. Governing Body and Management				
		1	(2000)	Yes	No
1a		1a ~/		197	
	If there are material differences in voting rights among members of the governing body, or		197		£
	if the governing body delegated broad authority to an executive committee or similar		177	1	
	committee, explain in Schedule O.	41.	7,3		ر اند
Ъ	Enter the number of voting members included in line 1a, above, who are independent .	1b 3		3	100
2	Did any officer, director, trustee, or key employee have a family relationship or a business any other officer, director, trustee, or key employee?	relationship with	1 1 2	- 1	X
3	Did the organization delegate control over management duties customarily performed by or	under the direct	2		 ^
•	supervision of officers, directors, or trustees, or key employees to a management company or other	er person? .	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9		4		X
5	Did the organization become aware during the year of a significant diversion of the organization		5		Ϋ́
6	Did the organization have members or stockholders?		6		X
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	l .	X
b	Are any governance decisions of the organization reserved to (or subject to approva				
	stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions ur	dertaken during		* - 1	
	the year by the following:		58,		
a _	The governing body?		8a	<u> </u>	
9 9	Each committee with authority to act on behalf of the governing body?	ot he reached at	8b	<u>-x</u> _	
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule (9		X
Secti	on B. Policies (This Section B requests information about policies not required by the			ode.)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of				
	affiliates, and branches to ensure their operations are consistent with the organization's exem	pt purposes?	10b	L	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	_	11a	X	
Ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			~~	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		X
р	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		12b	<u> </u>	}
C	Did the organization regularly and consistently monitor and enforce compliance with the describe in Schedule O how this was done.	policy? If "Yes,"	10-	,	ł
13	Did the organization have a written whistleblower policy?		12c		V
14	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		la, s	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation		200	37.5	150
а	The organization's CEO, Executive Director, or top management official		15a	X	
ь	Other officers or key employees of the organization		15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		1.0		3
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or sim	ilar arrangement	٠,٠٠	,±	,
	with a taxable entity during the year?		16a		X.
b	If "Yes," did the organization follow a written policy or procedure requiring the organization				
	participation in joint venture arrangements under applicable federal tax law, and take steps		F: 15.	· .	▎ .
Cast	organization's exempt status with respect to such arrangements?	 	16b	<u> </u>	١
<u>Sect</u>	ion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a	and 990-T (Section	n 501	(c)(3)s	s only
	available for public inspection. Indicate how you made these available. Check all that apply.			,-/,U/C	y
	☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in So	:hedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing doc		of inte	rest e	policy
	and financial statements available to the public during the tax year.	•			
20	State the name, physical address, and telephone number of the person who possesses the t	ooks and records	of th	e	
	organization: FRANK WHITEHEAD, TREASURER 3654 PLOUER D	R, DECATUA	5, Z		

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employee	s, and
	Independent Contractors	
	Observative Control to Constitution and a servation of the Control to Control	

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.

	eck this box if neither the organization no	r any related	d orga	<u>aniz</u>			ompe	nsa	ited any curren	t officer, director	, or trustee.
					•	C)					
	(A)	(B)	(do n	ot dr		more	than c	ne	(D)	(E)	(F)
	Name and Title	Average	box,	untes	s pe	rson	is both	an	Reportable	Reportable	Estimated
		hours per week (list arry	officer and a director/trustee)					<u> </u>	compensation from	compensation from related	amount of other
		nours for	Individual trustee or director	ng	Officer	Key employee		Former	the	organizations	compensation
		related organizations	8 5	럁	eq.	9	Hoy	ายา	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		below dotted	of E	9		믕	8 6		(VV-2/1095-WIGC)		and related
		line)	S.	출		è	npe				organizations
			8	Institutional trustee			Highest compensated employee				
	150 15 0517				-	.	8				
(1)	JEROME PELZ						, ,				
	FRANK WHITE HEAD TREASURER DIRECTOR	40	•		V	~	\		31,900	- 0-	- 0-
(2)	FRANK WHITEHEAD				. /	}				-e-	-0-
	TREASURER / DIRECTOR	0	V	ļ	~	<u> </u>	 		-0-		
(3)	PASTOR RUSSELL WEISE	0	1						-0-	-0-	-0-
74	DIRECTOR	 	<u> </u>	_	-	 					
(4)	GENE STELZ REIDE DIRECTOR	0	~						-0-	-o ^	-0-
(5)											
(6)											
(7)		†			-	-	-	-			
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(11)											
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(13)											
(14)		 		├	├-	\vdash	 	\vdash	 	<u> </u>	
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Part	Section A. Officers, Directors, Trust	ees, key E	mplo	yees			lighes	st C	ompensated E	mployees (continue	ed)	
	(A) Name and title	(B) Average hours per	box,	unles	Pos neck ss pe	rson	than o	an	(D) Reportable	(E) Reportab compensation		(F) Estimat amount	
		week (list any hours for related organizations below dotted line)	Individua or directo		a Officer		Highest compensated employee	ee) Former	from the organization (W-2/1099-MISC)	related organizatic (W-2/1099-N	ons	other compens from the organization and relations	ation ne ton ted
(15)													
(16)								-					
17)								-					
(18)					-	-		-			_		
(19)			-	-	-	-		-					
(20)			-	-	-			-		-	- -		
(21)			ļ					-					
(22)					-			-			-		
(23)						-			<u> </u>				
(24)								_					
(25)					-						+		
1b	Sub-total	<u> </u>	<u> </u>	<u> </u>	Ļ	<u>L</u>	L	<u> </u>	31,900	-0-) -
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)			•	•			>	- o-	-0-		- 6	
2	Total number of individuals (including bur reportable compensation from the organi	t not limited	to th			ed	above	e) w	ho received m				<u>-</u>
3	Did the organization list any former of employee on line 1a? If "Yes," complete	fficer, direc	tor, c				-	emp	oloyee, or high	nest compe	ensated		es No
4	For any individual listed on line 1a, is the organization and related organizations individual												X
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or inc	dividual 	5	X
Section	on B. Independent Contractors	4											
1	Complete this table for your five highest compensation from the organization. Repyear.												s tax
	(A) Name and business add	tress							(B) Description of s	services		(C) Compensation	on
												-	
2	Total number of independent contractor received more than \$100,000 of compen	ors (includi	ng bi	ut n	ot	limi	ted to	o th	nose listed ab	ove) who	Proclas	1,5	13 p 1 m

Part	VIII	Statement of Rever	nue					
		Check if Schedule O co	ontains a respo	nse to any ques			<u> </u>	<u> </u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business ravenue	(D) Revenue excluded from tax under sections 512, 513, or 514
at at	1a	Federated campaigns	ta					经验的
Contributions, Giffs, Grants and Other Similar Amounts	b	Membership dues .	1b			re single single		
A,	C	Fundraising events .	<u>1c</u>					
音音	d	Related organizations						
5 E	е	Government grants (contr		ļ				
월	f	All other contributions, gift and similar amounts not inclu		1112 242				
들통	_	Noncash contributions include		413,347				
No.	9 h	Total. Add lines 1a-1f		_	4/3347			
	 "	Total Add lines 18 11		Business Code			A CONTRACTOR	THE THE REAL PROPERTY.
Program Service Revenue	2a				Security Services 45 altho	er mer har et au en	Add and when a train	SERVICE SERVICE AND ASSESSMENT OF THE
æ	ь					<u> </u>	<u> </u>	
ş	C							
Se .	d							
Ë	e							
ğ	f	All other program servi		L				
<u>-</u>	g	Total. Add lines 2a-2f		<u> ▶</u>				
	3	Investment income (in and other similar amou		ends, interest,	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		İ	
		Income from investment	•		18,422	<u> </u>		
	5	Royalties	or tax-exempt b	ona proceeas	<u> </u>	 	<u> </u>	
	•	noyaues	(i) Real	(ii) Personal	and the second			
	6a	Gross rents						
	b	Less: rental expenses						
	G	Rental income or (loss)						
	d	Net rental income or (lo	oss)	>	TO RESIDENCE OF THE COSTS	es water rath, who was	SAME TO SELECT STEEL STEEL STEEL STEEL	A AND CONTRACTOR ASSESSMENT
	7a	Gross amount from sales of	(i) Securities	(ii) Other			是特殊的	
	İ	assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses .						
	C	Gain or (loss)		L	为为是这种企	The Trees	HAT DATE OF	
	d	Net gain or (loss) .		<u> </u>	2014 40 7 8 2 4 15 1 50 2 7 1 50	e asath a sa at at a Ceim	1127 - 12 to	PERMITTER AND THE SERVE
9	0-	Green innows from fur	desision		4.4. (a) 4.4.			
enne	8a	Gross income from fun events (not including \$	idraising		MANAGEM			
-		of contributions reported	d on line 1c)		201			
F	Ì	See Part IV, line 18 .	a				Line of the Control	
Other Re	Ь	Less: direct expenses	i					
O	G	Net income or (loss) fro		events . >	The Mary was The Carry and the		1 400-100-100-100-100-100-100-100-100-100-	x 120% a Trade to ke a version of the
	9a	Gross income from gar					学家教育等的	
		See Part IV, line 19 .		· [
	b	Less: direct expenses		·		【图题题题	LE SERVICE	
	C	Net income or (loss) from		i <u>vities ▶</u>				
	10a							
	1 .	returns and allowances		·}				
	b	Less: cost of goods so		l	1000年11日1日	THE PERSON NAMED IN		MARKET MARKET
	<u>c</u>	Net income or (loss) from Miscellaneous Re		entory > Business Code	りはゆきではなかん	1 1998 14 3000 0 WAY 440	A CASCASTAN CARRY CA	Mark Charles and and on a
	11a	MISUGIBIIOUUS NO		20001000 COU6	PRODUCTION	The sale of the sale of	LEAN AMERICAN	REPORT TO THE SERVICE OF A
	b			 	 -	 	1	
	6			<u> </u>	 	 	 	
	d	All other revenue .		 	 	 	 	
		Total. Add lines 11a-1	 !1d .		 	PER MARKETA	THE WAY TO	The state of the s
	ا مد ا	T-A-L			101 010	G3 3 5 X 4 5 5 4 4	and the first that the second of the second of	the same of the contraction

Form 99 Part	IX Statement of Functional Expenses				Page 10
Section	n 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon	se to any question			
8b, 9b	t include amounts reported on lines 6b, 7b, , 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 United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	232, <i>195</i>	232, 195		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16		,		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	31,900		31,900	
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	105,985	105,985		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	15,022		15,022	
10	Payroll taxes	10, 548	8,708	5,440	
11	Fees for services (non-employees):	'			
a	Management			 	
Þ	Legal			 	
ď	Lobbying			 	
8	Professional fundraising services. See Part IV, line 17			PERFECT OF	
f	Investment management fees		AND THE VIEW	2016 % 20 A. 2. C. L C. M. C. M.	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	13,775		13,715	
14	Information technology	2,346	1,173	1,173	
15	Royalties			 	
16	Occupancy	29013	5,145	14, 868	
17 18	Travel			 	
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates			<u> </u>	
22	Depreciation, depletion, and amortization .	13,265	10	/3,265	
23	Insurance	7,864	4.584	3,280	
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		200 10 00 10 00 00 00 00 00 00 00 00 00 0	SEC TO HOUSE IN SECURITY SECURITY	P. C. S. T. Dr. B.C. AND S. C. AND A. S.	And the state of t
ь					
c					
d					
е	All other expenses				ļ
25	Total functional expenses. Add lines 1 through 24e	452,913	357,190	95,723	<u> </u>
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)				

Pa	irt X	Balance Sheet			_			
		Check if Schedule O contains a response to	any c	uestion i	n this Par	tX	•	
						(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing				200	1	200
- {	2	Savings and temporary cash investments				281,262	2	272, 964
ł	3	Pledges and grants receivable, net		3				
l	4	Accounts receivable, net					4	
	5	Loans and other receivables from current and trustees, key employees, and highest complete Part II of Schedule L	5					
Assets	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), as sponsoring organizations of section 501(c)(9) volus organizations (see instructions). Complete Part II of Scho		6				
8	7	Notes and loans receivable, net					7	
₹	8	Inventories for sale or use					8	
- 1	9	Prepaid expenses and deferred charges					9	
ı	10a	Land, buildings, and equipment: cost or						
- }		other basis. Complete Part VI of Schedule D	10a	224	364		接送	
ł	b	Less: accumulated depreciation	10b	<u> 51</u> ,	849	183, 846	10c	172,515
ļ	11	Investments—publicly traded securities		'		`	11	
l	12	Investments-other securities. See Part IV, line				158,269	12	156, 755
	13	Investments-program-related. See Part IV, line					13	
Ì	14	Intangible assets					14	
1	15	Other assets. See Part IV, line 11				,	15	
	16	Total assets. Add lines 1 through 15 (must equ				623,577	16	602,434
	17	Accounts payable and accrued expenses					17	
-	18	Grants payable					18	
	19	Deferred revenue					19	
- {	20	Tax-exempt bond liabilities					20	
- 1	21	Escrow or custodial account liability. Complete					21	
8	22	Loans and other payables to current and f		-	•		19	
Labilities		trustees, key employees, highest comper disqualified persons. Complete Part II of Sched		employ	ees, and		22	
7	23	Secured mortgages and notes payable to unrela	ated th	ird parties	.		23	
- 1	24	Unsecured notes and loans payable to unrelate	d third	parties			24	
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on line of Schedule D					25	
- {	26	Total liabilities. Add lines 17 through 25					26	
800		Organizations that follow SFAS 117 (ASC 958 complete lines 27 through 29, and lines 33 and), che			d		
Ē	27	Unrestricted net assets					27	
Sal	28	Temporarily restricted net assets				620,724	28	602,080
<u></u>	29	Permanently restricted net assets				2,853	29	354
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 9 complete lines 30 through 34.	158), ch	eck here l	► 🗌 and	1		
9	30	Capital stock or trust principal, or current funds				A MANAGE PROPERTY OF A LEGICIES CONTRACTOR OF A STATE OF	30	The second section and second to
86	31	Paid-in or capital surplus, or land, building, or e					31	
A	32	Retained earnings, endowment, accumulated in					32	
5	33	Total net assets or fund balances				623,577	33	602, 434
Z '		Total liabilities and net assets/fund balances .				623,577	34	602,434

Page	12

Form	000	1201	2
+om	HMU	(2U I	Z

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Form 89	0 (2012)			Page	e 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1 2 3 4	Total revenue (must equal Part VIII, column (A), line 12)	1 2 3 4	43 45.	3, 769 3, 913 1, 144	
5 6 7 8	Net unrealized gains (losses) on investments	5 6 7 8		, 2 ./A	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	602	, 434	 /
Part	XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII	1		••••••••••••••••••••••••••••••••••••••	□ 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," ex Schedule O.	olain in			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both:	 piled or	2a		X
b	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both:	 ed on a	2 b		X
c	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for organization of the audit, review, or compilation of its financial statements and selection of an independent account the organization changed either its oversight process or selection process during the tax year, ex	ntant?	2c		
3a	Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set				X
b	the Single Audit Act and OMB Circular A-133?		3a 3b		
				n 990 (2	2012)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

0MB No. 1545-0047 2012

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

Open to Public

Department of the Treasury Internal Revenue Service 4947(a)(1) nonexempt charitable trust.

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

Name of the organization Employer identification number 37-0912488 COMMUNITY Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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.) 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.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An organization that normally receives: (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. b Type II c Type III-Functionally integrated **d** Type III-Non-functionally integrated e D 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). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting 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 No (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s). (iv) Is the organization (ii) EIN (iii) Type of organization (i) Name of supported (v) Did you notify (VI) is the (vii) Amount of monetary organization in col. organization (described on lines 1-9) in col. (i) listed in your the organization in support col. (i) of your above or IRC section governing document? (i) organized in the support? (see instructions)) Yes Yes (A) (B) (C) (D) (E) Total

Part	Support Schedule for Organiz	ations Descr	ibed in Sect	ions 170(b)(1	\(A\(iv) and 1	70Љ)(1)(A)(v	n Page 2
	(Complete only if you checked t						
	Part III. If the organization fails to						
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	362,606		669,035	509,159	413,347	2,377,063
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	362, 808	722,176	807,033	301,73 7	713,377	4,377,063
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	362,606	422,916	669,035	509,159	413,347	2,377,063
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.		The state of the s	W-0.1902	为一种·西亚克·克	18 18 T 18 18 1 18 1 18 1 18 1 18 1 18	2,377,063
	on B. Total Support	1 10 2 100	1 12 250 12 55	The state with the section	ger Great 10 - 7 - 7	12.32.3 x. 5 x. 10.1. x.	1 2/21/1003
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	362,606	422,916	669.035	507,159	413,347	2,377,063
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,440	2,294	2,276	9,583	18,422	35,0/5
9	Net income from unrelated business activities, whether or not the business is regularly carried on					,	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10					Hamilton Branch Comment	2,412,078
12	Gross receipts from related activities, etc.					12	504 () (D)
13	First five years. If the Form 990 is for to organization, check this box and stop he ion C. Computation of Public Suppo	ere	<u> </u>				
14	Public support percentage for 2012 (line			11 column (f)		14	98.5 %
15 16a	Public support percentage from 2011 Sc 331/s% support test—2012. If the organ	chedule A, Part lization did not	II, line 14 . check the box	on line 13, an	 d line 14 is 33	15 1/3% or more, o	99. 2 % check this
L	box and stop here. The organization qua	-	- • •	_			
b	check this box and stop here. The organ	nization qualifie	s as a publicly	supported or	ganization .		. • 🗖
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part IV how the organization meets the " organization	eets the "facts-	and-circumsta	ances" test, ch	eck this box a	nd stop here.	Explain in
b	•	ation meets the meets the "fact	e "facts-and-c s-and-circums	elrcumstances" stances" test.	test, check to The organization	his box and son qualifies as	top here. a publicly ► □
18	Private foundation. If the organization of	did not check a	box on line 13	3, 16a, 16b, 17	a, or 17b, ched	ck this box and	i see

Schedul	le A (Form 990 or 990-EZ) 2012						Page 3
Part				, , , ,	7 ' '		
	(Complete only if you checked the						er Part II.
	If the organization fails to qualify	under the te	ests listed belo	ow, please co	omplete Part	II.)	
	on A. Public Support	4 3 2 2 2 2	T			T 4 3 2012 T	
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		1				
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b				THE STATE		
	line 6.)			West State		4.4	
Secti	on B. Total Support	-					
Calen	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,			1			
	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				T		
	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	-	n's first, secon	id, third, fourth	n, or fifth tax y	ear as a section	n 501(c)(3)
	organization, check this box and stop he				· · · · ·	<u> </u>	🕨 🗀
	ion C. Computation of Public Suppo						
15	Public support percentage for 2012 (liné						%
16	Public support percentage from 2011 Sc					16	%
	ion D. Computation of Investment In				- (0)	1491	
17 18	Investment income percentage for 2012 (Investment income percentage from 201)					17	% %
18 19a	331/2% support tests—2012. If the organ						
134	17 is not more than 331/3%, check this box						
ь							
_	line 18 is not more than 331,8%, check this						
20	Private foundation. If the organization d	lid not check a	a box on line 14	l. 19a. or 19b.	check this box	and see instru	ctions 🕨 🗀

Schedule A (Form 990 or 990-EZ) 2012		Page 4	
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).		
	·		

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

	NORTHEAST COMMUNITY FUND	b 37-09/2488
Par	Organizations Maintaining Donor Advised Funds or	Other Similar Funds or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	6. N/A
	(a) Donor advis	sed 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	
_	funds are the organization's property, subject to the organization's e	
6	Did the organization inform all grantees, donors, and donor advisor	
	only for charitable purposes and not for the benefit of the donor or conferring impermissible private benefit?	_ · · · · · · · · · · · · · · · · · · ·
Pari		Yes No
1		
•	Purpose(s) of conservation easements held by the organization (che Preservation of land for public use (e.g., recreation or education)	
	Protection of natural habitat	
	Preservation of open space	☐ Preservation of a certified historic structure
2	Complete lines 2a through 2d if the organization held a qualified con	ncentation contribution in the form of a concentation
•	easement on the last day of the tax year.	riservation contribution in the form of a conservation
		Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	
C	Number of conservation easements on a certified historic structure	
d	Number of conservation easements included in (c) acquired after	
		2d
3	Number of conservation easements modified, transferred, released,	
	tax year ▶	
4	Number of states where property subject to conservation easement	t is located ▶
5	Does the organization have a written policy regarding the period	
	violations, and enforcement of the conservation easements it holds?	i? 🗀 Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspecting, and ent	nforcing conservation easements during the year
	>	
7	Amount of expenses incurred in monitoring, inspecting, and enforcir	ing conservation easements during the year
	▶ \$	
8	Does each conservation easement reported on line 2(d) above satisf	
	(i) and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation ease	
	balance sheet, and include, if applicable, the text of the footnote to	the organization's financial statements that describes the
D-1	organization's accounting for conservation easements.	
Part	Organizations Maintaining Collections of Art, Histor	· • • • • • • • • • • • • • • • • • • •
-	Complete if the organization answered "Yes" to Form 9	
18	If the organization elected, as permitted under SFAS 116 (ASC 958 works of art, historical treasures, or other similar assets held for	
	public service, provide, in Part XIII, the text of the footnote to its fina	
ь	If the organization elected, as permitted under SFAS 116 (ASC 9	
U	works of art, historical treasures, or other similar assets held for	
	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 treasu	· · · · · · · · · · · · · · · · · · ·
-	following amounts required to be reported under SFAS 116 (ASC 95	
а	Revenues included in Form 990, Part VIII, line 1	
	Assets included in Form 990. Part X	.

Part	Organizations Maintaining	Collections of	Art, Histo	rical T	reasures, o	r Ot	her Similar Ass	ets (contin	nued)
3	Using the organization's acquisition, collection items (check all that apply):	accession, and ot							
а	☐ Public exhibition		d 🔲	Loan	or exchange	progr	ams		
b	☐ Scholarly research		e 🗌	Other	•				
C	☐ Preservation for future generation	S							
4	Provide a description of the organiza XIII.	tion's collections a	and explain	how th	ney further th	e org	anization's exem	pt purpose i	in Part
5	During the year, did the organization assets to be sold to raise funds rather							Yes [□ No
Part	line 9, or reported an amount				anization an	swer	red "Yes" to For		
1a	Is the organization an agent, trustee included on Form 990, Part X?							Yes [□ No
Ь	If "Yes," explain the arrangement in P	art XIII and comple	ete the follo	wing ta	able:		An	nount	_
c	Beginning balance					16			
d	Additions during the year					1d			 ,
e	Distributions during the year					1e			
f	Ending balance					11			
2a	Did the organization include an amou	nt on Form 990, P	art X, line 2	17 .		· ·		☐ Yes	No
b	If "Yes," explain the arrangement in P				n has been pr			i	\exists
Par								10.	
		(a) Current year	(b) Prior		(c) Two years b		(d) Three years back	(e) Four year	s back
1a	Beginning of year balance	158,269	-0-				· · · · · · · · · · · · · · · · · · ·		-
ь	Contributions	7-7-	153,4	87				· · · · · · · · · · · · · · · · · · ·	
c	Net investment earnings, gains, and		- 120, 1	,					
	losses	16.486	4,78	,	-	1			
d	Grants or scholarships	10,100							
е	Other expenditures for facilities and						· · · · · · · · · · · · · · · · · · ·		
	programs	18,000							
f	Administrative expenses	10,000							
g	End of year balance	156,755	158,20	.9		\neg			
2	Provide the estimated percentage of				column (a))	held a	as:	·	•
_ a	Board designated or quasi-endowme	_	%		, (-,,				
b	Permanent endowment ▶	%							
C	Temporarily restricted endowment ▶								
	The percentages in lines 2a, 2b, and		00%.						
3a	Are there endowment funds not in th			tion tha	at are held an	nd adı	ministered for the	;	
	organization by:	•	•					Yes	No
	(i) unrelated organizations							3a(i) X	
	(ii) related organizations							3a(ii)	X
b	If "Yes" to 3a(ii), are the related organ	izations listed as r	equired on	Sched	ule R?			3b	1
4	Describe in Part XIII the intended use								
Pari									
	Description of property	(a) Cost or o	ther basis () Cost o	or other basis ther)		Accumulated apreciation	(d) Book val	ue
	Land								
þ	Buildings	74, 5	ro2				18,456	56,127	7
c	Leasehold improvements	/38,0					26,993	111.080	
di	Equipment	11, 7					6,400	5,308	
e	Other	:	00				9,700	-/508	
	Add lines 1a through 1e (Column (d)	must equal Form 0	90 Part Y	column	(R) line 10/0	11		172515	,

Part VII	Investments-Other Securitie	s. See Form 990, Part X, I	line 12. N/A	
(a	Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year r	
(1) Financia	l derivatives			
(2) Closely-	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(f)				
	(b) must equal Form 990, Part X, col. (B) line 12.)	10.5.000.5.1	10 4//0	
Part VIII	Investments-Program Relate			· · · · · · · · · · · · · · · · · · ·
	(a) Description of investment type	(b) Book value	(c) Method of va Cost or end-of-year	
<i>(</i> 4)			Cost of Cita-or-year i	TIZIKET VIZIGE
(1)				
(2)		 		
(3)				···· · · · · · · · · · · · · · · · · ·
(4)				
<u>(5)</u> <u>(6)</u>			<u> </u>	
_(7)			· · · · · · · · · · · · · · · · · · ·	
(8)				
(9)				
(10)				
	(b) must equal Form 990, Part X, col. (B) line 13.)	•		
Part IX	Other Assets. See Form 990, F			
		(a) Description		(b) Book value
(1)		,		
(2)		_		
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
_(8)				
(9)				
(10)				
	umn (b) must equal Form 990, Part X,		<u> </u>	<u> </u>
Part X	Other Liabilities. See Form 99		7	
1. (1) Federa	(a) Description of flability I income taxes	(b) Book value	-	*
	income taxes			,
(3)				, , , , , , , , , , , , , , , , , , , ,
(4)			· ·	
(5)	······································		1	· ·
(6)			1	
(7)			1	*, *-
(8)			1	
(9)			1	
(10)			,	
(11)		 	· ' '	,
	(b) must equal Form 990, Part X, col. (B) line 25)	S	1	
	SC 740) Footpote In Part XIII. provide th		lanization's financial statements the	t roporta the erganization'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

SCHEGO	ie D (Forn 880) 2012		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Retu	m N/A
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments		
b	Donated services and use of facilities	1	
C	Recoveries of prior year grants]	
đ	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a]	
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Re	turn <i>N/A</i>
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities]	
b	Prior year adjustments	J	
C	Other losses]	
đ	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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.)	1	
C	Add lines 4a and 4b	4c_	
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Dart	XIII 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, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XIII	Sup	plemental Inform	n ation (co	ntinued)						
PART	<i>V</i> ,	QUESTION	4 -	HELD	FOR	FUTURE	PROGRAM	NEEDS	OR	
CAPIT	AL_	IMPROVE	MENTS	<u>.</u>						
										

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047 2012

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

• Attach to Form 990 or 990-EZ.

Open to Public

Name of the organization

NORTHEAST COMMUNITY

FUND

Employer identification number 37-09/2488

PART VI SECTION B POLICIES QUESTION IS

THE LAY MINISTRY OF ST. JOHNS LUTHERAN CHURCH, DECATUR, IL
DETERMINES THE SALARY OF THE EXECUTIVE DIRECTOR OF THE
NORTHEAST COMMUNITY FUND BECAUSE SOME OF HIS DUTIES
ARE PERFORMED FOR THE CHURCH. SINCE HIS SALARY IS PAID
BY THE CHURCH, THE COMMUNITY FUND BOARD DECIDES WHAT
PORTION OF THE EXECUTIVE DIRECTORS SALARY WILL BE
REIMBURSED TO THE CHURCH. THE WAGES OF OTHER EMPLOYEES
OF THE COMMUNITY FUND ARE DETERMINED BY THE EXECUTIVE
DIRECTOR AND THE BOARD.

PART VI, SECTION C, DISCLOSURE, QUESTION 19

ALL DOCUMENTS ARE AVAILABLE TO THE PUBLIC ON SITE.