

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasury Internal Revenue Service

B Check if applicable C Name of organization

For the 2012 calendar year, or tax year beginning

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

For Paperwork Reduction Act Notice, see the separate instructions. DAA

Return of Organization Exempt From Income Tax

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

06/30/13

benefit trust or private foundation)

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

, and ending

07/01/12

2012
Open to Public Inspection

Yes No

Form **990** (2012)

Employer identification number

	Address change	RISING TIDE COMMUNITY LOAN FUND			
Ħ	Name change	Doing Business As			3079170
H	•	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephon	
片	Initial return	1337 EAST FIFTH STREET	<u> </u>	610-	-691-5620
	Terminated	City, town or post office, state, and ZIP code			
	Amended return	BETHLEHEM PA 18015		G Gross receip	ts\$ 356,234
	Application pending	F Name and address of principal officer	H(a) Is this a gi	roup return for aff	iliates? Yes X No
		ALAN JENNINGS			
		1337 EAST FIFTH STREET	H(b) Are all aff		
_		BETHLEHEM PA 18015	IT "NO	," attach a list (	see instructions)
<u></u>	Tax-exempt status	X 501(c)(3) 501(c) ( ) ◀ (insert no ) 4947(a)(1) or 527	_		_
<u>1</u>	Website >	CACLV . ORG	H(c) Group ex		
_	Form of organization		Year of formation	<u>N</u>	State of legal domicile
F	<del></del>	ummary			
	1	escribe the organization's mission or most significant activities			
9	THE	ORGANIZATION PROVIDES LOANS TO SMALL OR START-UP			<i>'</i>
Jan	THAT	MAY NOT QUALIFY TO BANK STANDARDS THEREBY IMPROV	ING ECONOM	ICALLY	
Governance	DEPE	RESSED COMMUNITIES.			
Ó	2 Check th	is box  if the organization discontinued its operations or disposed of more than	25% of its net ass	1 1	10
∞ಶ	3 Number	of voting members of the governing body (Part VI, line 1a)		3	13
ijes	4 Number	of independent voting members of the governing body (Part VI, line 1b)		4	13
Activities &	5 Total nu	mber of individuals employed in calendar year 2012 (Part V, line 2a)		5	2
Act		mber of volunteers (estimate if necessary)		6	13
	1	related business revenue from Part VIII, column (C), line 12		7a	939
	b Net unre	lated business taxable income from Form 990-T, line 34	Prior Yea	7b	Current Year
	0.00	tions and grants (Part VIII, line 1h)  RECEIVED		1,259	236,328
ë	8 Contribu	tone and grante (can tru)		4,642	118,699
Revenue	9 Program	ent income (Part VIII, line 2g)  ent income (Part VIII, column (A), lines 3, 4, and d) MAP % 5 2014  venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12	845	268
Ŗ	10 investme	ent income (Part VIII, column (A), lines 3, 4, and Vd) MAP 9, 5, 2014		125	939
		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c,410c, and 11e)	24	6,871	356,234
_	12 Total rev	and similar amounts paid (Part IX, column (A), lines 133GDEN, U		0,0,1	0
		paid to or for members (Part IX, column (A), line 4)			0
	1	, other compensation, employee benefits (Part IX, column (A), lines 5–10)	10	9,171	110,688
Expenses	15 Salaries	onal fundraising fees (Part IX, column (A), line 11e)			0
en	h Total fur	ndraising expenses (Part IX, column (A), line 25) ► 5,188			
ă	47 Other ex	expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	13	8,923	82,979
		penses Add lines 13–17 (must equal Part IX, column (A), line 25)		8,094	193,667
		e less expenses Subtract line 18 from line 12		1,223	162,567
<u>~</u>	S TO TOVETION	s leas expenses outstack line to from line 12	Beginning of Cur		End of Year
Net Assets or	20 Total as	sets (Part X, line 16)	1,93	5,096	2,159,927
Ass	21 Total lial	bilities (Part X, line 26)	1,11	0,839	1,173,103
, se	E 22 Net asse	ets or fund balances Subtract line 21 from line 20	82	4,257	986,824
;		ignature Block			
,	Inder penalties of	perjuy, I declare that I have examined this return, including accompanying schedules and state	ments, and to the b	est of my kno	wjedge and belief, it is
, t	rue, correct, and	complete Declaration of preparer (other than officer) is based on all information of which prepare	er has any knowledg	je /	
, —		Acti			2211
⊵ Si	gn 🖊	Signature of officer		Date	
	ere	· · · · · · · · · · · · · · · · · · ·			
		Type or print name and title			
_	Print/Ty	pe preparer's name Preparer's signature	Date	Check	ıf PTIN
Pa	id ANTHO	NY J. BUCZEK	02/18	/14 self-empl	oyed P00045742
Pr	eparer Firm's n	DUCKNO TISTOKY S COMPANY P C	F	ım's EIN	23-2426656
Us	e Only	1524 W LINDEN ST			
	Firm's a	ddress ALLENTOWN, PA 18102-4251	F	hone no	610-821-8580

Form	990 (2012) RISING TIDE COMMUNITY LOAN FUND 23-3079170		P	age 3
Pê	art IV Checklist of Required Schedules	<del></del>		
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1	x	
_	complete Schedule A	2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		-22	
3	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)			
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
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		X
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		X
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		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	X	ļ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			l
	VII, VIII, IX, or X as applicable			l
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	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	1		37
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	44-		x
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	444	x	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	X	
e	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	116		<del> </del>
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
42-	The state of the s	<b></b>		$\vdash$
12a	Schedule D, Parts XI and XII	12a		X
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	to the third Order O	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	ĺ		
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	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? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	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_	<u> </u>	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	<b>├</b>	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	<b>└</b>	X

20a

20b

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

*********	1 990 (2012) RISING TIDE COMMUNITY LOAN FUND 23-3079170		Pa	ge <b>4</b>
Pa	art IV Checklist of Required Schedules (continued)	<del></del>	v T	NI-
04			Yes	No_
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization	21		x
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			x
	on Part IX, column (A), line 2? If "Yes," complete Schedule i, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			₹.
	employees? If "Yes," complete Schedule J	23		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			37
	through 24d and complete Schedule K. If "No," go to line 25	24a	$\dashv$	X
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction		}	
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or	i i		
	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,	- 1	1	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)		- 1	
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X

- Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29
- Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 conservation contributions? If "Yes," complete Schedule M
- 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I
- Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 complete Schedule N, Part II
- 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
- Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1
- 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
- If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2
- Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2
- Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,
- Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38 19? Note. All Form 990 filers are required to complete Schedule O

X Form 990 (2012)

29

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35a

35b

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37

38

X

X

X

X

X

X

DAA

a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b 11 Section 501(c)(12) organizations. Enter 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	Pa	art V Statements Regarding Other IRS Filings and Tax Compliance		_	
15 Enter the number reported in Box 3 of Form 1098 Enter -0- into applicable  16 Inter the number of Forms W-26 included in line 12 Enter-0-1 that applicable  17 Interest the number of Forms W-26 included in line 12 Enter-0-1 that applicable  18 Interest the number of Forms W-26 included in line 12 Enter-0-1 that applicable  19 Interest the number of enters W-26 included in line 12 Enter-0-1 that applicable  19 Interest the number of enterployees reported on Form W-3. Transmitted of Wage and Tax  10 Interest the number of enterployees reported on Form W-3. Transmitted of Wage and Tax  11 Interest the number of enterployees reported on Form W-3. Transmitted of Wage and Tax  12 Interest the number of enterployees reported on Form W-3. Transmitted of Wage and Tax  13 Interest the number of enterployees reported on Form W-3. Transmitted of Wage and Tax  14 Interest the number of enterployees reported on Form W-3. Transmitted of Wage and Tax  15 Interest the number of enterployees reported on Interest that application in the number of enterployees reported to the number of the number of enterployees reported to the number of the number of enterployees reported to the number of the number of enterployees and the number of enterployees reported to the number of enterployees and the numbe		Check if Schedule O contains a response to any question in this Part V			
be Enter the number of Forms W-2G micladed in line 1 at Enter 0-1 not applicable   15   0	-	1 1 -		Yes	No
to the organization comply with backup withholding rules for reportable payments to veindors and reportable gaining (gambling) winnings to prize winners?  2 Enter the number of employees exported on Form W-3. Transmittal of Wige and Tax Slatements, Red for the calendar year ending with or within the year covered by this return.  2 If all least one is reported on the 2,3 did the organization file all required federal employment tax returns?  Note. If the sum of lines Is and 2.8 is greater than 250, you may be required federal employment tax returns?  Note. If the sum of lines Is and 2.8 is greater than 250, you may be required federal employment tax returns?  Note. If the sum of lines Is and 2.8 is greater than 250, you may be required federal employment tax returns?  Note. If the sum of lines Is and 2.8 is greater than 250, you may be required federal employment tax returns?  Note. If the sum of lines Is and 2.8 is greater than 250, you may be required federal employment tax returns?  At any time during the calendar year did the organization have an interest in, or a significant up over a financial account in a froegin country level as a bank account, securities account, or other financial account in a froegin country level as a bank account, securities account, or other financial accounts  3 if the contractions for filing requirements for Form TDF 90-22 1, Report of Foreign Bank and Financial Accounts  3 if the contractions for filing requirements for Form TDF 90-22 1, Report of Foreign Bank and Financial Accounts  4 if the 3 if the contraction of filing requirements for Form TDF 90-22 1, Report of Foreign Bank and Financial Accounts  5 if the 3 if the contraction of filing requirements for Form TDF 90-22 1, Report of Foreign Bank and Financial Accounts  5 if the 3 if the contraction of filing requirements for Form TDF 90-22 1, Report of Foreign Bank and Financial Accounts  5 if the 3 if the second accounts of the foreign Bank and Financial Accounts  5 if the 4 if	1a	· · · · · · · · · · · · · · · · · · ·		1	!
reportable gaming gambing) winnings to prize winners?  Enter the number of employees reported on Form W3. Transmittal of Wage and Tax  Statements, Red for the calendar year ending with or within the year covered by this return  Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions)  10 bit at least one is reported on line 2s, did the organization file all required federal employment tax returns?  20 bit If we's, "hast filed a Form 990-7 for this year? If No. Provide an explanation in Schedule O  31 bit If Yes," in this filed a Form 990-7 for this year? If No. Provide an explanation in Schedule O  32 bit If Yes, "hast filed a Form 990-7 for this year? If No. Provide an explanation in Schedule O  33 bit If Yes, "hast filed a Form 990-7 for this year? If No. Provide an explanation in Schedule O  34 A vary time during the calendar year, and the organization have an interest in, or a signature or other authority over, a financial account in 5 organization that is as bank account, securities account, or other financial accounts  35 bit If Yes, "the interest in a financial account in 5 organization for Form TDF 90-22 1, Report of Foreign Bank and Financial Accounts  36 Was the organization approximation that was or its a party to a prohibited tax shelter transaction?  37 bit If Yes, "I did the organization file Form 8886-7?  38 bit If Yes," did the organization in Form 8886-7?  39 bit Yes," did the organization in Form 886-7 from 886-7.  30 bit organization should any organization that we very solicitation an express statement that such contributions or gifts were not tax deductables or account that accounts are such as a contribution or a party organization should be organization in the very solicitation an express statement that such contributions or gifts were not tax deductables.  39 bit Yes," did the organization received a contribution of the value of the goods or services provided?  40 bit organization statement organization in the cases of 375 made patity as a	b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0		}	
2a Etter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, file for the calendary pare anding with or whith the year cowered by this sturm 2 2 2 3 3  3a List least one a reported on line 2a, did the organization file all required federal employment tax returns? 3b If Yes, has it field a Form 90-7 for this year? If Yes, provide an explanation of the year? 3a List least one a reported on line 2a, did the organization 2b, our may be required to e-file centractions) 3b If Yes, has it field a Form 90-7 for this year? If Yes, provide an explanation in Schedulo 0 3c List lead on the calendary year, did the organization have an interest in, or a significant or other financial account; over a financial account in a foreign country lead as bank account, securities account, or other financial account in a foreign country lead of the provided and the control of the financial account of the financial account in a foreign country lead of the provided and the control of file in grequirements for Form TDF 90-22.1, Report of Foreign Bank and Financial Accounts 5c list the understanding the part of the foreign country leads account, or other financial accountry leads the organization file Form 8888-17 5c list the provided party northy the organization line Form 8888-17 6c list of the solid list of the organization line Form 8888-17 7c list of the organization account gross receptive that are normally greater than \$10,000, and did the organization value and understanding organization that was not the organization was accountable or the organization organization are express statement that such contributions or gittle were not tax deductible? 7c Organization state and provided the the page of the organization and partly for goods and services provided to the page of the organization and partly for goods and services provided to the page of the organization and partly for goods and services provided to the page of the organization organization and page of the goods or services provided? 7c list th	С	Did the organization comply with backup withholding rules for reportable payments to vendors and		1	
Statements, filed for the calendar year ending with or within the year covered by this return  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  Did the organization have unrised to sunses gross income of \$1,000 or more dumpt the year?  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 foveign country (such as a bank account, securities account, or other financial account in a foveign country (such as a bank account, securities account, or other financial account in a foveign country (such as a bank account, securities account, or other financial account in a foveign country (such as a bank account, securities account, or other financial account in a foveign country (such as a bank account, securities account, or other financial account in a foveign country (such as a bank account, securities account, or other financial accountry)  Was the organization filing requirements for Form TD F90-22 1, Report of Foreign Bank and Financial Accounts  See instructions for filing requirements for Form TD F90-22 1, Report of Foreign Bank and Financial Accounts  Was the organization for organization that it was or is a party to a prohibited tax shelfer transaction?  See the state of the organization that it was or is a party to a prohibited tax shelfer transaction?  See the organization have annual gross necepts that are normally greater than \$100,000, and did the organization should not evaluate the second prohibition and services provided to the payor?  To granizations that may receive deductible contributions under section 170(c).  Did the organization that way receive deductible contributions under section 170(c).  Did the organization received a contribution of the value of the goods or services provided?  If 'Yes,' indicate the number of Forms 2822 filed during the		reportable gaming (gambling) winnings to prize winners?	1c		<u>X</u>
If I least one is reported on line 2a, did the organization file all required federal employment tax inturns?   2b   X	2a		•	]	
a Dut the organization have unrelated business gross income of \$1,000 or more during the year?    A I arry time during the calendar year, did the organization in Schedule O   A I arry 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 type that a brank account, eccurity over, a financial account in a foreign country type that a brank account, eccurity over, a financial account in a foreign country type that are not fining requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts   See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts   See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts   See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts   See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts   See instructions for Filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts   Was the organization to the organization for Form B86-17   See   S. X.					
3a Dut the organization have unrelated business gross income of \$1,000 or more during the year?  3b If "Yes," in at field a Form 980-7 for the year? I "No," provide an explanation in Schedule O  4a Al any time during the catendar 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, or other financial account in a foreign country   ▼  5b If "Yes," enter the name of the foreign country ▼  5ce netructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  5ce netructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  5ce netructions of filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  5ce netructions of filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  5ce netructions of filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  5ce netructions of filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  5ce No Did any txastella party notify the organization file Form 886-7?  5c	b		<u>2b</u>		
b If "Yes," has at filled a Form 990-T for this year? If "No," provide an explanation in Schedule O At any time during the calendar year, did the origanization have an interest in. or a signature or other authority over, a financial account in a foreign country year, as a bank account, securities account, or other financial account in a foreign country year. If "Yes," enter the name of the foreign country year of Foreign Bank and Financial Accounts See enstructions for filling requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts Was the origanization for the origanization fill for Foreign Bank and Financial Accounts Was the origanization to a prohibited tax shelter transaction? See Was the origanization have annual gross receipts that are normally greater than \$100,000, and did the origanization fill form 888-67. See Does the origanization have annual gross receipts that are normally greater than \$100,000, and did the origanization include with every solicitation an express statement that such contributions? See See Tyes, "If yes," did the origanization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Origanizations that may receive deductible contributions under section 170(c). Did the origanization inceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? Tyes," did the origanization notify the donor of the value of the goods or services provided? Did the origanization inceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? Tyes," did the origanization notify the donor of the value of the goods or services provided? Tyes," did the origanization notify the donor of the value of the goods or services provided? Tyes," did the origanization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Tyes," different payments of the payor or the origination file for	_	· · · · · · · · · · · · · · · · · · ·		1	v
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secounty?  See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  National See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  Wash the originarization aparty to a prohibited tax shelter transaction?  See in 17'es' to line 5e or 5b, did the originarization that twas or is a party to a prohibited tax shelter transaction?  See in 17'es' to line 5e or 5b, did the originarization file Form 8886-T?  Boes the originarization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 179(c).  Did the originarization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  If 17'es, 1'did the originarization ontify the donor of the value of the goods or services provided?  If 17'es, 1'did the originarization notify the donor of the value of the goods or services provided?  If 17'es, 1'did the originarization seel, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  If 17'es, 1'did the originarization seel, exchange, or otherwise dispose of tangible personal benefit contract?  If 10 bid the originarization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If 10 bid the originarization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If 10 bid the originarization seceived a contribution of case, boats, anglines, or other vehicles, did the originarization file Form 8899 as required?  If 10 bid the originarization maintaining donor advised funds and section 509(a)(3) supporting originarizations. Did the supporting originarization, or a donor advised funds and section 509(a)(3) support	4a				
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See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  By Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  So Did the organization shelt are annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor?  To granization shelt may receive deductible contributions under section 170(c).  Did the organization notify the donor of the value of the goods or services provided?  The organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to life Form 8282?  If Y'es' indicate the number of Forms 8282 filed during the year  Did the organization received an contribution of qualified intellectual property, did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, arplaines, or other vehicles, did the organization file Form 8899 as required?  Sponsoring organizations maintaining donor advised funds and section 599(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds and section 599(a)(3) supporting organizations. Did the organizations maintaining donor advised funds and section 599(a)(3) supporting organizations. Did the organizations maintaining donor advised funds and section 599(a)(3) supporting organ	h	•	<del>- 1</del>		
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  7g		in 100; included the national of a state of the state of	7e	1	
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	C				<b>.</b>
F QQD (2042)	_				<u>_v</u>
		If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		<u>99</u> 0	(2012)

	990 (2012) RISING TIDE COMMUNITY LOAN FUND 23-30/91/0			age <b>6</b>
Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Sec	e instri	uction	
	Check if Schedule O contains a response to any question in this Part VI			_X_
Sec	tion A. Governing Body and Management	—т	\ <u></u>	N
	Enter the number of voting members of the governing body at the end of the tax year   1a   13	F	Yes	No
1a	Zino the heriotic verify members of the grant of the gran	- 1	-	
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O  Enter the number of voting members included in line 1a, above, who are independent  1b 13			
b	Enter the name of the second	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			<b></b>
	any other officer, director, trustee, or key employee?	2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct			v
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	-	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			x
	one or more members of the governing body?	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			x
	stockholders, or persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		v	
a	The governing body?	8a	X	<u> </u>
ь	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			v
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	ue)		
	The state of the s	400	Yes	No X
10a	Did the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	401		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v	_
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	_
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	1	v	Ī
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	_
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	<del> </del> -
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		x	
	describe in Schedule O how this was done	12c		<del> </del>
13	Did the organization have a written whistleblower policy?	13	X	<del> </del>
14	Did the organization have a written document retention and destruction policy?	14	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?	45-		₹.
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, 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	40.		v
	with a taxable entity during the year?	16a	···	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			1
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	466		Ī
<u></u>	organization's exempt status with respect to such arrangements?	16b		<u> </u>
	List the states with which a conv of this Form 990 is required to be filed PA			
17	List the states with which a copy of this form cos is required to be med t			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply			
4.5	Own website X Another's website X Upon request Upon request Upon request Upon request Upon request Polyter (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest 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 books and records of the			
	organization ▶ MOLLY HOWER 1337 EAST FIFTH STREET			

PA 18105

BETHLEHEM

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

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

X Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any	bo	x, unle	Pos check ess pe	rson i	than or is both a ir/truste	an	(D) Reportable compensation from the	Reportable Reportable Est compensation compensation from related the organizations com	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) SYLVIA BETZ GARI										
	0.75							_	_	_
BOARD MEMBER	0.00	X	ļ	X		$\vdash$		0	0	0
(2) KEVIN GREENE				İ						
	0.75							_	^	
BOARD MEMBER	0.00	X		X		$\vdash$		0	0	0
(3) WAYNE BARZ	0.75									
III CE DDECTDENM	0.75	x		x				0	0	o
VICE PRESIDENT (4) PALMER ZIGMUND	0.00	^	-		$\vdash$	$\vdash$			<u> </u>	<u> </u>
(4) PAINER ZIGNORD	0.75				ŀ					
TREASURER	0.00	x		x		1		0	0	0
(5) TODD WATKINS	0.00	+								
(0, 1011	0.75									
PRESIDENT	0.00	X		X				0	0	0
(6) CHRIS SMITH										
	0.75									
SECRETARY	0.00	X		X				0	0	0
(7) CARLOS JARAMILLO										
	0.75							_	_	_
BOARD MEMBER	0.00	X		X				0	0	0
(8) KENNETH BROWN										
	0.75								_	
BOARD MEMBER	0.00	X		_		-		0	0	0
(9) KIM EDWARDS	0.75					.				
20122 107000	0.75	x						o	0	0
BOARD MEMBER	0.00	^		-		$\vdash$			<u>_</u>	
(10) JOSE ORTIZ	0.75									
BOARD MEMBER	0.00	x						o	0	0
(11) THOMAS STINE		† <u></u>							<u> </u>	
(1.1) 22102220 02212	0.75									
BOARD MEMBER	0.00	x						0	0	0
DAA			_							Form 990 (2012)

Form 990 (2012) RISING T	DE COMM	<u>INI</u>	TY	L	OA	<u>N ]</u>	<u>FU</u>	ND 23-307				Pa	age (
Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)				
(A) Name and title	(B) Average hours per week (list any hours for	off	Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	c	(F) Estimated amount of other compensation from the		
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		]	organiza and rela organizat	ted	
(12)BARBARA LAMPE	0.75							, , , , , , , , , , , , , , , , , , , ,					
BOARD MEMBER	0.75	x						0	o				C
(13) IRENE WOODWARD													
	0.75	-						o	o				_
BOARD MEMBER (14) ALAN JENNINGS	0.00	X											
(,	0.75												_
EXECUTIVE DIRECTOR	0.00			X				0	0	<del> </del>			
(15)													
(16)													
(17)													
(18)						-							
(19)													
1b Sub-total	ata ta Dant VIII.						<b>&gt;</b>						
c Total from continuation she d Total (add lines 1b and 1c)	ets to Part VII,	secu	011 )	`			<b>&gt;</b>						
Total number of individuals (ir reportable compensation from	ncluding but not line the organization	ımıte	d to 0	thos	e lis	sted a	bov	e) who received more than	\$100,000 in				
3 Did the organization list any fo	ormer officer, du	ecto	r. or	trust	tee.	kev e	lam	ovee, or highest compensa	ated	1		Yes	No
employee on line 1a? If "Yes,"	" complete Sche	dule	J for	suc	h inc	dividu	ıal				3		X
4 For any individual listed on lin organization and related organ	e 1a, is the sum nizations greater	thar	:port 1	able 50,00	)0?	ipens If "Ye	sauo s," c	complete Schedule J for su	ch				37
individual  5 Did any person listed on line	1a receive or acc	rue (	comi	oens	atio	n fron	n an	ıv unrelated organization oi	r ındıvıdual		4		X
for services rendered to the o	rganization? If "\	es,"	com	plete	e Sc	hedu	le J	for such person			_5		X
<ul><li>Section B. Independent Contractor</li><li>1 Complete this table for your fit</li></ul>		ensa	ted	ındeı	pend	dent o	conti	ractors that received more	than \$100,000 of				
compensation from the organ	ization Report c	omp	ensa	tion	for t	he ca	lend	<u>dar year ending with or with</u>	<u>iin the organization's tax y</u>	ear		(C)	
Name and	(A) I business address		<del>.,.</del>					Descrip	(B) stron of services		Cor	(C) npensat	tion
			-	-			-						
							<del> </del>		<del></del>			_	
2 Total number of independent	contractors (incl	uding	j but	not	limit	ted to	tho	se listed above) who	0		:		
received more than \$100,000	or compensation	1101	410	e urg	ailli	augn					Eore	. 990	(201

Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (D) Revenue (C) Total revenue Unrelated exempt function business excluded from tax under sections revenue revenue 512 513, or 514 1a Federated campaigns 1a b Membership dues 1b 1c c Fundraising events 25,500 d Related organizations 1d 172,828 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 1f 38,000 g Noncash contributions included in lines 1a-1f 236,328 h Total. Add lines 1a-1f Program Service Revenue Busn Code 102,826 102,826 PROGRAM LOAN INTEREST PROGRAM FEES 15,873 15,873 h f All other program service revenue g Total. Add lines 2a-2f 118,699 Investment income (including dividends, interest, 268 and other similar amounts) 268 Income from investment of tax-exempt bond proceeds Royalties (II) Personal (i) Real 6a Gross rents **b** Less rental exps c Rental inc or (loss) d Net rental income or (loss) Gross amount from (ı) Securities (II) Other sales of assets other than inventory b Less cost or other basis & sales exps c Gain or (loss) ▶ d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) See Part IV. line 18 а b Less direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities ▶ 10a Gross sales of inventory, less returns and allowances а b b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Busn Code** 900099 939 939 11a MISCELLANEOUS b С d All other revenue 939 Total. Add lines 11a-11d 356,234 0 939 118,967 Total revenue. See instructions

Form 990 (2012)

### Part IX Statement of Functional Expenses

DAA

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) Check if Schedule O contains a response to any question in this Part IX (A) (B) (C) (D) Do not include amounts reported on lines 6b, Total expenses Program service Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the US See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 79,427 79,427 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 31,261 31,261 9 Other employee benefits 10 Payroll taxes Fees for services (non-employees) 26,704 21,516 5,188 Management Legal b 17,684 23,384 5,700 Accounting Lobbying Professional fundraising services See Part IV, line 17 Investment management fees Other (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion **374** 374 13 Office expenses 14 Information technology 15 Royalties Occupancy 16 2,584 2,584 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20,449 20,449 20 21 Payments to affiliates 226 226 Depreciation, depletion, and amortization 572 572 23 Insurance 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.) 3,143 3,143 DUES AND SUBSCRIPTIONS а 2,945 2,945 b MAINTENANCE AND REPAIRS  $2,\overline{796}$ 2,796 TELEPHONE c 1,840 1,840 PAYROLL PROCESSING -2,038 -2,038 e All other expenses 159,423 29,056 5,188 193,667 25 Total functional expenses. Add lines 1 through 24e 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 ▶ following SOP 98-2 (ASC 958-720)

**Balance Sheet** Part X Check if Schedule O contains a response to any question in this Part X (B) (A) End of year Beginning of year 508,075 834,717 Cash-non-interest bearing 257,272 247,435 2 Savings and temporary cash investments 4,510 28,619 3 3 Pledges and grants receivable, net 5,000 5,000 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 4,664 other basis Complete Part VI of Schedule D 10a 4,306 584 358 10b b Less accumulated depreciation 11 Investments—publicly traded securities 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 14 14 Intangible assets 1,043,798 1,159,655 15 Other assets See Part IV, line 11 15 2,159,927 1,935,096 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 7,141 12,921 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 1,103,698 1,160,182 of Schedule D 1,110,839 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ Balances complete lines 27 through 29, and lines 33 and 34. 725,693 971,869 27 Unrestricted net assets 98,564 14,955 28 Temporarily restricted net assets Net Assets or Fund 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 824,257 986,824 33 Total net assets or fund balances 2,159,927 1,935,096 Total liabilities and net assets/fund balances

Form	990 (2012) RISING TIDE COMMUNITY LOAN FUND 23-3079170			Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	· Check if Schedule O contains a response to any question in this Part XI	· · · · · · · · · · · · · · · · · · ·			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			234
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>667</u>
3	Revenue less expenses Subtract line 2 from line 1	3			<u>567</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	82	4,	<u> 257</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	98	6,	824
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				<u></u>
			<u></u>	Yes	No
1	Accounting method used to prepare the Form 990		_	:	1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				•
	Schedule O				1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				1
	Separate basis Consolidated basis Both consolidated and separate basis				‡
b	Were the organization's financial statements audited by an independent accountant?		2b	X	ļ
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis			:	
С	If "Yes" to line 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?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in				1
	Schedule O				1
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?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	, 990	0 (2012)

# SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

RISING TIDE COMMUNITY LOAN FUND

Employer identification number 23-3079170

P	art I	Reas	on for Public Charity	Status (All organizations	must co	mplete	this pa	art ) Šē	e inst	ruction	ns _		
The	orga	nization is not	a private foundation becaus	e it is (For lines 1 through 11,	check only	one box	)						
1		A church, cor	vention of churches, or ass	ociation of churches described	ın sectior	170(b)(1	I)(A)(i).						
2		A school des	cribed in section 170(b)(1)(	A)(ii). (Attach Schedule E )									
3	П	A hospital or	a cooperative hospital service	ce organization described in se	ction 170	(b)(1)(A)(	iii).						
4	П	•	·	d in conjunction with a hospital				)(1)(A)(i	ii). Ente	er the h	ospital's name	<b>}</b> ,	
	city, and state												
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in												
•													
6	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).												
7	X		•	substantial part of its support fro				from the	genera	al public			
′	42	•	section 170(b)(1)(A)(vi). (C	·	om a gove	, i i i i i i i i i i i i i i i i i i i	unit or	iioiii tiie	genera	ai public	•		
				•	+ II \								
8	H	•		70(b)(1)(A)(vi). (Complete Part		o o nězi bi i ti	.n. m.	mborobi	n food	and are			
9	لــا			l) more than 33 1/3% of its sup							)55		
				npt functions—subject to certain									
				nd unrelated business taxable in				() HOIII L	usines	ses			
	$\Box$	•	•	0, 1975 See section 509(a)(2)									
10				exclusively to test for public safe					4 4 15 .	_			
11	Ш			exclusively for the benefit of, to									
				ed organizations described in s						Section	ı		
				he type of supporting organizati			1						
		a Type		c Type III-Function			d				tionally integra	itea	
е				anization is not controlled direc									
				er than one or more publicly sup	pportea or	gariizatior	is desci	ibea in s	ection	509(a)(	1)		
_		or section 50	* * * *	form the IDO Abot do	T I	Torre II .	<b></b>						
f				rmination from the IRS that it is	saiypei,	rype ii, i	or Type	III suppo	orting				[]
		_	check this box				_						
g				tion accepted any gift or contrib	ution from	i any or tr	ie						
		following per											Τ
				ontrols, either alone or together	with perso	ons aescr	ibea in (	II) and			( <del></del>	Yes	No
		` '	w, the governing body of the	· · · · · · · · · · · · · · · · · · ·							11g(ı)	├	-
		• •	member of a person describ								11g(ii)	—	-
			•	described in (i) or (ii) above?							11g(iii)	<u> </u>	
h		Provide the		he supported organization(s)	T				1		<u></u>		
(		e of supported	(II) EIN	(iii) Type of organization (described on lines 1~9		organization sted in your		ou notify	(VI) organizat	Is the ion in col	(vii) Amount o supp		tary
	Oit	ganization	•	above or IRC section		document?	col (i)	of your	(i) organi	zed in the		•••	
				(see instructions))		<del> </del>		oort?		Ş ? Γ			
					Yes	No	Yes	No	Yes	No			
(A)													
					<del> </del>								
(B)					Ì								
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(C)					1								
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (F	orm 990 or 990-EZ) 2012 _	RISING	TIDE	COMMUNITY	LOAN	FUND	23-3079170
Part II	Support Schedule	for Organiz	ations [	Described in Sec	ctions 1	70(b)(1)(	A)(iv) and 170(b)(1)(A)(vi)
•	(Complete only if yo	u checked th	ne box o	n line 5, 7, or 8 o	f Part I c	or if the o	ganization failed to qualify under
	Part III If the organiz	zation fails to	o qualify	under the tests I	isted bel	ow, pleas	se complete Part III )

Sec	tion A. Public Support						
Caler	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")	78,324	64,888	423,969	121,259	236,328	924,768
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	78,324	64,888	423,969	121,259	236,328	924,768
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)						2,750
6	Public support. Subtract line 5 from line 4						922,018
Sec	tion B. Total Support	l		1			322,010
	idar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	78,324	64,888	423,969	121,259	236,328	924,768
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	75,324	395	896	845	268	3,155
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)			2,277	125	939	3,341
11	Total support. Add lines 7 through 10					<u> </u>	931,264
12	Gross receipts from related activities, etc	(see instructions)				12	
13	First five years. If the Form 990 is for the	organization's first	, second, third, for	irth, or fifth tax yea	ir as a section 501(	c)(3)	
	organization, check this box and stop her	e					<b>&gt;</b>
Sec	tion C. Computation of Public Su	ipport Percent	tage				
14	Public support percentage for 2012 (line 6	, column (f) divided	by line 11, colum	n (f))		14	99.01%
15	Public support percentage from 2011 Scho	edule A, Part II, line	e 14			15	99.23%
16a	33 1/3% support test-2012. If the organ	ization did not ched	ck the box on line	13, and line 14 is 3	3 1/3% or more, ch	neck this	_
	box and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			► X
b	33 1/3% support test—2011. If the organ	ization did not che	ck a box on line 13	or 16a, and line 1	5 is 33 1/3% or mo	re,	
	check this box and stop here. The organiz	zation qualifies as a	a publicly supporte	d organization			<b>▶</b> [_
17a	10%-facts-and-circumstances test—201						
	10% or more, and if the organization meet	ts the "facts-and-ci	rcumstances" test,	check this box and	d <b>stop here</b> . Expla	in in	
	Part IV how the organization meets the "fa organization	acts-and-circumstai	nces" test The org	anization qualifies	as a publicly supp	orted	<b>&gt;</b>
b	10%-facts-and-circumstances test—201	-				line	
	15 is 10% or more, and if the organization						
	Explain in Part IV how the organization me supported organization	eets the "facts-and-	-circumstances" te	st The organizatio	n qualifies as a pul	olicly	<b>&gt;</b>
18	<b>Private foundation</b> . If the organization disinstructions	d not check a box o	on line 13, 16a, 16l	o, 17a, or 17b, che	ck this box and see	•	<b>&gt;</b>

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 or if the organization failed to qualify under Part II
If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	quality arrabit		olow, ploaco c		.,	
	ndar 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")						
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						<u>-</u>
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	Add lines 7a and 7b					<u> </u>	
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support		<del>,</del>		·		- w .
Cale	ndar 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, 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						
С	Add lines 10a and 10b						<u>.</u>
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, check this box and stop here	_	st, second, third, fo	urth, or fifth tax ye	ar as a section 50	1(c)(3)	
Sec	ction C. Computation of Public Su		itage			<del></del>	
15	Public support percentage for 2012 (line 8			nn (fl)	· · · · · · · · · · · · · · · · · · ·	15	%
16	Public support percentage from 2011 Scho			(///		16	%
	ction D. Computation of Investme						
17	Investment income percentage for 2012 (li			3, column (f))		17	%
18	Investment income percentage from 2011					18	%
19a	33 1/3% support tests—2012. If the orga			e 14, and line 15 is	more than 33 1/3	%, and line	
	17 is not more than 33 1/3%, check this be						▶ □
b	33 1/3% support tests—2011. If the orga						
	line 18 is not more than 33 1/3%, check th						▶ □
20	Private foundation If the organization did	d not check a box	on line 14, 19a, or	19b, check this bo	x and see instruct	ions	▶ □

Schedule A (Form 990 or 990-EZ) 2012 RISING TIDE COMMUNITY LOAN FUND

23-3079170

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)

PART II, LINE 10 - OTHER INCOME DETAIL

\$ 3,341

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

 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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization 23-3079170 RISING TIDE COMMUNITY LOAN FUND Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) 4 Aggregate value at end of year 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of an historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 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 Tax Year 2a a Total number of conservation easements 2b b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) Yes (i) and section 170(h)(4)(B)(ii)? In Part XIII, 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar 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 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 (ASC 958) relating to these items \$ a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Pa	rt III Organizations Maintainin						(continued)	
3	Using the organization's acquisition, access collection items (check all that apply)	sion, and other record	s, check any of the	e following that ar	re a significant u	se of its		
а	Public exhibition	d 🗌	Loan or exchange	programs				
b	Scholarly research	е 🗌	Other					
С	Preservation for future generations							
4	Provide a description of the organization's of	collections and explain	n how they further	the organization's	s exempt purpos	e in Part		
	XIII							
5	During the year, did the organization solicit	or receive donations	of art, historical tre	asures, or other:	sımılar			
	assets to be sold to raise funds rather than						Yes No	
Pa	ert IV Escrow and Custodial Ar	rangements. Co	mplete if the or	ganization an	swered "Yes"	to Form 99	0, Part IV,	
	line 9, or reported an amou	int on Form 990,	Part X, line 21		·	<del></del>	_ <u>.</u>	
1a	Is the organization an agent, trustee, custoo	dian or other intermed	liary for contributio	ns or other asset	ts not			
	included on Form 990, Part X?						Yes No	
b	If "Yes," explain the arrangement in Part XII	I and complete the fo	llowing table					
							Amount	
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year	1e						
f	Ending balance	1f						
2a	Did the organization include an amount on I		Yes No					
b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII								
Pa	ert V Endowment Funds. Com	plete if the organi	zation answere	d "Yes" to Fo	rm 990, Part l	IV, line 10		
		(a) Current year	(b) Prior year	(c) Two yea	ars back (d) 1	Three years back	(e) Four years back	
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and							
	losses							
d	Grants or scholarships							
е	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance		<u> </u>					
2	Provide the estimated percentage of the cu	rrent year end balanc	e (line 1g, column	(a)) held as				
а	Board designated or quasi-endowment	%						
b	Permanent endowment ► %							
C	Temporarily restricted endowment ▶	%						
	The percentages in lines 2a, 2b, and 2c sho							
3а	Are there endowment funds not in the poss	ession of the organiza	ation that are held	and administered	d for the			
	organization by						Yes No	
organization by (i) unrelated organizations								
(i) unrelated organizations (ii) related organizations								
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?								
4	Describe in Part XIII the intended uses of the							
Pá	art VI Land, Buildings, and Equ		1			. 1		
	Description of property	(a) Cost or other	''	st or other basis	(c) Accumula		(d) Book value	
		(investment)	<u> </u>	(other)	depreciation	on i		
1a	Land						<u>-</u>	
	Buildings							
С	Leasehold improvements			1 664		4 205		
d	Equipment	-		4,664		4,306	358	
	Other		1 2 2	- 40(-) )			252	
i ota	I. Add lines 1a through 1e (Column (d) must	: equal Form 990, Par	τλ, column (Β), lin	le (U(C) )		▶	358	

Schedule D (F	form 990) 2012 RISING TIDE COMMUNI	TY LOAN FUND	23-3079170	Page 3
Part VII	Investments-Other Securities. See Form			
•	(a) Description of security or category	(b) Book value	(c) Method of va	luation
	(including name of security)		Cost or end-of-year n	narket value
(1) Financial of	derivatives			
	eld equity interests			
(3) Other	• •			
(A)				
(B)				
(C)			<del></del>	
(D)				-
(E)				
(F)				
(G)			-	
(H)				
(I)			+	<del></del>
	n (b) must equal Form 990, Part X, col (B) line 12)	<b>•</b>	·	
Part VIII	Investments—Program Related. See Form	· · · · · · · · · · · · · · · · · · ·		
1 011 4111	(a) Description of investment type	(b) Book value	(c) Method of va	luation
	(a) Description of investment type	(b) book value	Cost or end-of-year n	
(1)				
(1)			-	
(2)			<del></del>	· · · · · · · · · · · · · · · · · · ·
(3)				<del> </del>
(4)			+	
(5)			<del></del>	
(6)			+	
			+	<del></del>
			<u> </u>	
_(9)				
(10)			<del> </del>	<del> </del>
	n (b) must equal Form 990, Part X, col (B) line 13)	<u> </u>	<u> </u>	
Part IX	Other Assets. See Form 990, Part X, line 1			
	(a) Description			(b) Book value
(1)	PROGRAM LOANS RECEIV	ABLE		1,043,798
(2)				
(3)				
(4)				····
(5)			··· - · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
(6)				
(7)				
(8)				
(9)				
(10)				
	in (b) must equal Form 990, Part X, col. (B) line 15.)		<b></b>	1,043,798
Part X	Other Liabilities. See Form 990, Part X, line	e 25		
1.	(a) Description of liability	(b) Book value		
(1) Federal	income taxes			
(2) <b>NOTE</b>	S PAYABLE	1,145,000		
(3) <b>DUE</b> !	TO AFFILIATE	11,698		
(4) COMPI	ENSATED ABSENCES	3,484	4	
(5)			_}	
(6)			_}	
(7)			_}	
(8)			_}	
(9)				
(10)			7	
(11)			7	
	nn (b) must equal Form 990, Part X, col (B) line 25)	▶ 1,160,182	2	
	SC 740) Footpote In Part XIII, provide the text of the footp			roanization'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

DAA

Sche	dule D (Form 990) 2012 RISING TIDE COMMUNITY LOAN F	UND	23-307917	0	Page <b>4</b>
Pa	rt XI Rèconciliation of Revenue per Audited Financial Statem	ents With	Revenue per Ret	turn	
1	Total revenue, gains, and other support per audited financial statements			1	358,894
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b	2,660		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII )	2d			
е	Add lines 2a through 2d			2e	2,660
3	Subtract line 2e from line 1			3	356,234
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII )	4b			
С	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	356,234
Pa	art XII Reconciliation of Expenses per Audited Financial Stater	nents Wit	<u>h Expenses per F</u>	Return	
1	Total expenses and losses per audited financial statements			1	196,327
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a	2,660		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII )	2d			
e	Add lines 2a through 2d			2e	2,660
3	Subtract line 2e from line 1			3	193,667
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII )	4b			
С	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	193,667
Pa	et 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 X - FIN 48 FOOTNOTE

THE ORGANIZATION CONTINUALLY EVALUATES EXPIRING STATUTES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW, AND NEW AUTHORITATIVE RULINGS IN DETERMINING ANY UNCERTAIN TAX POSITIONS. THE ORGANIZATION WOULD RECOGNIZE ACCRUED INTEREST AND PENALTIES ASSOCIATED WITH ANY UNCERTAIN TAX POSITIONS AS PART OF THE INCOME TAX PROVISION. THE ORGANIZATION FILES A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX ANNUALLY. THE ORGANIZATION'S RETURNS FOR 2010, 2011, AND 2012 ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY THREE YEARS AFTER THEY WERE FILED.

Part XIII Supplemental Information (continued)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012 Open to Public Inspection

OMB No 1545-0047

RISING TIDE COMMUNITY LOAN FUND

Employer identification number 23-3079170

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE FORM 990 IS FIRST REVIEWED BY THE DIRECTOR OF FINANCE, THEN THE
GOVERNING BOARD IS GIVEN A COPY OF THE 990 FOR THEIR REVIEW. AFTER ALL
NECESSARY CHANGES ARE MADE, IF ANY, THE GOVERNING BOARD FILES THE FORM 990.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

THE ORGANIZATION REGULARLY INQUIRES IF ANYONE FROM THE BOARD HAS A CONFLICT

OF INTEREST IN ANY VENDORS, IF A CONFLICT IS IDENTIFIED, THE MEMBER WITH

THE CONFLICT OF INTEREST IS NOT ALLOWED TO VOTE ON ANY DECISION REGARDING

THE VENDOR.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
THE ORGANIZATION MAKES THEIR GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC, UPON REQUEST AT
ITS ADMINISTRATIVE OFFICE.

649200

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

RISING TIDE COMMUNITY LOAN FUND

▶ See separate instructions.

2012

OMB No 1545-0047

Open to Public Inspection

Employer identification number ' 23-3079170

Part !	ī	Identification of Disregarded Entities (Complete of the organization answered "Yes" to Form 990, Part IV, line 33	(Complete if the o	rganization ansv	vered "Yes" to F	orm 990, Part IV	, line 33 )	:		
		(a) Name, address, and EIN (if applicable) of disregarded entity	Á	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	Bul
Ξ										
(2)										
(3)										
(4)										
(2)										
Pa	Part II	Identification of Related Tax-Exempt Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	Organizations (Cations transmissions during the transmission	complete if the oax year)	rganization ansv	vered "Yes" to F	orm 990, Part IV	, line 34 because	it had	
		(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state	(d) Exempt Code section	(e) Public charity status	(f) Direct controlling	(g) Section 512(b)(13) controlled entity?	(b)(13) intitly?
					or foreign country)		(if section 501(c)(3))	entity	Yes	N <sub>o</sub>
Ĵ	1337 E.	COMMUNITY ACTION COMMITTEE 1337 E. STH STREET	23-1669589							
	BETHI	ветніенем РА 18015		COMMUNITY	PA	501C	7	N/A		×
(2)	COMIM									
	1337 E. BETHLEHI	1337 Е. 5тн STREET ВЕТНІЕНЕМ	23-2735252	NEIGHBORHO	PA	501C	7	N/A		×
9	RISING	TIDE COMMUNITY L								
	1337	E. STH STREET	23-3079170							
	BETHI	BETHLEHEM PA 18015		LOAN START	PA	501C	7	N/A		M
(4)	1337 E.	GH VALLEY COMMUNITY LAND TRUST E. 5TH STREET	26-4840272				i			
	BETHI	EM		HOUSING	PA	501C	7	N/A		×
(2)										

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

Schedule R (Form 990) 2012

23-3079170

RISING TIDE COMMUNITY LOAN FUND

Schedule R (Form 990) 2012

Schedule R (Form 990) 2012 (i) Section 512(b)(13) controlled entity? ž Percentage ownership 3 (J) General or managing partner? Yes No Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Percentage ownership £ (i)
Code V—UBI
amount in box 20
of Schedule K-1 (Form 1065) end-of-year assets Share of (h)
Disproportionate
alloc ? Yes No 9 (g) Share of end-of-year assets Share of total income (f) Share of total (C corp, S corp, Type of entity Income or trust) <u>e</u> (e)
Predominant
income (related
unrelated,
excluded from
tax under
sections 512-514) (d) Direct controlling (d) Direct controlling foreign country) Legal domicile (state or <u>©</u> (c) Legal domicile (state or foreign country) Primary activity Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization Part IV Part III DAA Ε 4 3 <u>ල</u> 3 E <u>@</u> 6

Yes No

# Transactions With Related Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36) 23-3079170 Schedule R (Form 990) 2012 RISING TIDE COMMUNITY LOAN FUND Part V

2012	n 990	For	Schedule R (Form 990) 2012			
						(9)
						(5)
						(4)
						(3)
				28,899	υ	(2) COMMUNITY ACTION DEVELOPMENT
				5,558	O	(1) COMMUNITY ACTION DEVELOPMENT
					type (a-s)	
	70	nt involv	(d) Method of determining amount involved	(c) Amount involved	(b) Transaction	(a) Name of other organization
			ion thresholds	relationships and transac	s line, including covered	
<b> </b>		- 1				<ul> <li>Under transfer of cash or property from related organization(s)</li> <li>Other transfer of cash or property from related organization(s)</li> </ul>
ŀ						
4	×	<del>-</del> <del>-</del>				<ul> <li>P Reimbursement paid to related organization(s) for expenses</li> <li>Reimbursement paid by related organization(s) for expenses</li> </ul>
ł						
	M	9				
	×	Ę	1			n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
×		Ę	•			m Derformance of services of membership of fundraising solucitations by related organization(s)
×		=	•			
×	-	<del>*</del>				k lease of facilities equipment or other assets from related organization(s)
×		F	1.			j Lease of facilities, equipment, or other assets to related organization(s)
×		1i				
×		1h				
×		19				q Sale of assets to related organization(s)
×		1				f Dividends from related organization(s)
×		<b>Je</b>	•			e Loans or loan guarantees by related organization(s)
×		19				d Loans or loan guarantees to or for related organization(s)
×		4				c Gift, grant, or capital contribution from related organization(s)
×		9				<b>b</b> Gift, grant, or capital contribution to related organization(s)
×		19				a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
	+		المست	in Parts II–IV?	ated organizations listed	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?
٤	Yes	$\exists$				Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

23-3079170

Schedule R (Form 990) 2012 RISING TIDE COMMUNITY LOAN FUND

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

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

(k) Percentage ownership											001 2012	30) 2012
ral or aging	I										0	Schedule K (Form 990) 2012
Gene mans part						<del></del>						gnie
(1) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)											odeo	90116
rtionate ions?					_							
(h) Disproportionate allocations?												
(g) Share of end-of-year assets												
(f) Share of total income												
artners ion (3)(3)		::										
Are all partners section 501(c)(3) organizations?												
(d) Predominant income (related, unrelated, excluded from tax under section 512-514)												
(c) Legal domicile (state or foreign												
(b) Primary activity (()												
(a) (b) (c) (d) (e) (e) (d) (e) (e) (d) (e) (e) (d) (e) (e) (e) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	(1)	(2)	(3)	(4)	(5)	(9)	(2)	(8)	(6)	(10)	(11)	

Schedule R (Form 990) 2012 RISING TIDE COMMUNITY LOAN FUND
Part VII Supplemental Information

23-3079170

Page 5

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

649200 RISING TIDE COMMUNITY LOAN FUND **Federal Statements** 23-3079170 FYE: 6/30/2013 **CD'S FROM BALANCE SHEET** Description Amount \$ 257,272 \$ 257,272 TOTAL