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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www irs gov/form990.

2013 Open to Public Inspection

<u>A</u>	For the	e 2013 c	alendar year, or tax year beginning $07/01/13$, and ending $06/30/3$	14		
В	Check if a	inplicable	C Name of organization		D Employ	rer identification number
	Address c	change	RISING TIDE COMMUNITY LOAN FUND		<u> </u>	
	Name cha	ange	Doing Business As		23-	3079170
H			Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telepho	one number
\vdash	Initial retu	ırn	1337 EAST FIFTH STREET		610	-691-5620
	Terminate	ed	City or town, state or province, country, and ZIP or foreign postal code	_		
	Amended	return	BETHLEHEM PA 18015		G Gross rece	ipts\$ 425,457
$\overline{\Box}$	Application	n pondina	F Name and address of principal officer	· · · · · · · · · · · · · · · · · · ·		
L.J	Application	in pending	ALAN JENNINGS	H(a) is this a gi	oup return for su	bordinates? Yes X No
			1337 EAST FIFTH STREET	H(b) Are all su	bordinates inclu	ded? Yes No
			BETHLEHEM PA 18015	If "No	" attach a list (see instructions)
$\overline{}$	Tax-exen	mpt status	X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527	-		
J	Website		ACLV.ORG	H(c) Group ex	emption number	
ĸ		organization		ear of formation		M State of legal domicile
	art I		mmary	ou or torproduct		Clara or logar definition
			scribe the organization's mission or most significant activities			· · · · · · · · · · · · · · · · · · ·
ø		•	ORGANIZATION PROVIDES LOANS TO SMALL OR START-UP B	JSINESS V	ENTURES	3,
Š	}		MAY NOT QUALIFY TO BANK STANDARDS THEREBY IMPROVI			,
ī.			ESSED COMMUNITIES.			
Š	1 , (s box ▶ if the organization discontinued its operations or disposed of more than 25	% of its not as	eate	
Ö	3		of voting members of the governing body (Part VI, line 1a)	770 OF ItS FICE AS	3	13
တ			of independent voting members of the governing body (Part VI, line 1b)		4	13
iŧie	= ;				5	2
휹	6 7		ober of individuals employed in calendar year 2013 (Part V, line 2a)		6	13
χĕ	707		her of volunteers (estimate if necessary)		_ 	0
)	l /a i		elated business revenue from Part VIII, column (C), line 12		7a 7b	0
<u></u>	B I	Net unrei	ated business taxable income from Form 990-T, line 34	Prior Ye		Current Year
-	1 8 0	Contribut	ons and grants (Part VIII, line 1h)		6,328	314,997
j g	9 6	Drogram	service revenue (Part VIII line 2d)		8,699	110,303
Revenue Activities & Governance	10 1	nvestme	nt income (Part VIII, column (A), lines 3, 4, and 7d)		268	157
ř	11 (Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c 4D¢, and 11e)	 	939	0
U			enue – add lines 8 through 11 (must equal Part Will, column (4), find 1145	35	6,234	425,457
· ~			d similar amounts paid (Part IX, column (A), lines (1-3)		-7	0
>		Benefits r	paid to or for members (Part IX, column (A), line 4) OGDEN. UT			0
ž,	15.5		other compensation, employee benefits (Part IX, column (A), lines 5-10)	11	0,688	103,798
ንባተ ያ	16a F		nal fundraising fees (Part IX, column (A), line 11e)		0,000	0
Den	h 7		training expenses (Part IX, column (D), line 25) ► 6,894			<u>_</u>
Ä			enses (Part IX, column (A), lines 11a–11d, 11f–24e)	8	2,979	103,674
			enses Add lines 13–17 (must equal Part IX, column (A), line 25)		3,667	207,472
			less expenses Subtract line 18 from line 12		2,567	217,985
<u> </u>		revenue	less expenses Subtract line 18 from line 12	Beginning of Cu		End of Year
Net Assets or	20 7	Total ass	ets (Part X, line 16)		9,927	2,714,661
ASS	21 T		lities (Part X, line 26)		3,103	1,509,852
ig Se	22 1		s or fund balances Subtract line 21 from line 20		6,824	1,204,809
	art II		nature Block			
U	nder per	nalties of p	erjury, I declare that I have examined this return, including accompanying schedules and stateme	ents, and to the b	est of my kno	owledge and belief, it is
tr	ue, corre	ect, and co	ripplete Declaration of preparer (other than officer) is based on all information of which preparer h	as any knowled	ge	
		 	there's		,02	0615
Sig	gn	S VS	gnature of officer (Date	
He	re	N 🗸	ALAN L JENNINGS EXECUTIVE DIREC	TR		
		T	rpe or print name and title			
	_	Print/Type	preparer's name Preparer's signature	Date	Check	(f PTIN
Pai		ANTHON	Y J. BUCZEK Preparer's signature Whyth, Chr	01/23	3/15 self-emp	
	parer	Firm's nar		1	Firm's EIN	23-2426656
Use	e Only	}	645 HAMILTON ST SUITE 204			
		Firm's add	ress ALLENTOWN, PA 18101-2108		Phone no	610-821-8580
			s this return with the preparer shown above? (see instructions)			Yes No
For DAA		ork Redu	ction Act Notice, see the separate instructions.		^	Form 990 (2013)

Form 990 (2013)	RISING TIDE COMM	UNITY LOAN FUND 2	23-3079170	Page 2
•	Statement of Program Services		this Dort III	
1 Briefly desc THE ORG THAT MA	cribe the organization's mission ANIZATION PROVIDI		START-UP BUSINESS VENTUR BY IMPROVING ECONOMICALI	
prior Form	anization undertake any significan 990 or 990-EZ? scribe these new services on Sche	t program services during the year which w	ere not listed on the	Yes X No
3 Did the organizes?		ke significant changes in how it conducts, a	any program	Yes X No
4 Describe the expenses	e organization's program service a	accomplishments for each of its three large ganizations are required to report the amou	· ·	
THAT MA ECONOMI DONOR/I	ANIZATION PROVIDI AY NOT QUALIFY TO CALLY DEPRESSED (NVESTORS HAVE LO	BANK STANDARDS, TO I OR BLIGHTED NEIGHBORH ANED FUNDS FOR USE IN) (Revenue \$ START-UP BUSINESS VENTUE MPROVE THE SOCIAL WELFAE OODS OF THE COMMUNITY. PROGRAM LENDING AT NTEREST VALUE OF \$2,660.	RE OF
4b (Code) (Expenses \$	including grants of \$) (Revenue \$)
4c (Code) (Expenses \$	including grants of \$) (Revenue \$)
4d Other progr (Expenses	am services (Describe in Schedul	le O) luding grants of \$) (Revenue \$)	
	am service expenses	140,903		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	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		X
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,			37
	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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
•	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	<u> </u>		
•	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
0	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	
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
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	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	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	11f	X	
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	{	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			37
•	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate	1 1		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		
•	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
7	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
8	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
9	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		<u> </u>
0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
L	If "Voe" to line 200, did the expension attach a copy of its sudited financial eleterments to this return?	206	I	

_ <u>P</u> :	art IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government 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 or 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_	<u> </u>	X
24a	· · · · · · · · · · · · · · · · · · ·			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
_	through 24d and complete Schedule K. If "No," go to line 25a	24a		X_
b	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	1		
	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	ļ	
25a				-
	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			- v
	disqualified persons? If so, complete Schedule L, Part II	26	<u> </u>	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			1
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27	İ	x
28	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21	ļ	
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
_	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	204		
b	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)	200		 -
·	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	-20		
	conservation contributions? If "Yes," complete Schedule M	30		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		\mathbf{x}_{\perp}
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, Parts II, III,			
	or IV, and Part V, line 1	34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			1
	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			l
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			1
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			1
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	/					
						Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	2				
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and						ĺ
	reportable gaming (gambling) winnings to prize winners?				1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax						
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	2				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined	rns?			2b	X	L
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)					
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" to line 3b, provide an explanation in Schedule	0		ļ	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authori	ity				
	over, a financial account in a foreign country (such as a bank account, securities account, or other fir	nancial					1
	account)?				4a		X
b	If "Yes," enter the name of the foreign country ▶						ĺ
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial	Accou	nts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?			5b		X
С	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 \$100,000, and did the	ne			_		**
	organization solicit any contributions that were not tax deductible as charitable contributions?				6a_		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contribution of the contribution	ons or					
-	gifts were not tax deductible?				6b		
7	Organizations that may receive deductible contributions under section 170(c).						ĺ
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for and services provided to the payor?	goods			70		ĺ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?				7a 7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	26			7.0	_	
·	required to file Form 8282?	23			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr				7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		99 as req	uired?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			i i	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting						
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring						į
	organization, have excess business holdings at any time during the year?				8		
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the organization make any taxable distributions under section 4966?			ļ	9a		ļ
b	Did the organization make a distribution to a donor, donor advisor, or related person?				9b		
10	Section 501(c)(7) organizations. Enter	1 . 1	ı				ĺ
a	Initiation fees and capital contributions included on Part VIII, line 12	10a					į
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					ĺ
11	Section 501(c)(12) organizations. Enter	المدا	ľ				į
a	Gross income from members or shareholders	11a	-	·			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b					į
12a	- ·				12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	•		12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	[[40]	·				į
	Is the organization licensed to issue qualified health plans in more than one state?			ĺ	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O						
b	Enter the amount of reserves the organization is required to maintain by the states in which						İ
	the organization is licensed to issue qualified health plans	13b				į	į
С	Enter the amount of reserves on hand	13c					
14a	Did the organization receive any payments for indoor tanning services during the tax year?				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O			14b		

6

Forn	1 990 (2013) RISING TIDE COMMUNITY LOAN FUND 23-3079170		_ P	age
_	ift VI . Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and	for a '	No"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Sei	e instr	uction	าร
	Check if Schedule O contains a response or note to any line in this Part VI			X
<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 13			
	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			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct	}		
_	supervision of officers, directors, or trustees, or key employees to a management company or other person?	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		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_		٠.
	one or more members of the governing body?	7a		X
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members,	<u> </u>		٠,
_	stockholders, or persons other than the governing body?	7b		X
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 the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
500	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co			
<u> </u>	tion b. 1 divides (11113 decition b requests information about policies flot required by the lifternal Nevertue Co	ue)	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	162	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	IUa		
~	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10ь		
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				_
12a		12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
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?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	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)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed PA			
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			
40	Own website X Another's website X Upon request Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
20	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			
	organization y			

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 or note to any line 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

K 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		x, unle	Pos check ess pe	rson	than or is both a or/truste	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	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	NER	†			_	T				
	0.75									
BOARD MEMBER	0.00	X				1_1		0	0	0
(2) KEVIN GREENE									-	
	0.75	l								
BOARD MEMBER	0.00	X					!	0	0	0
(3) WAYNE BARZ						1				
	0.75	1								
PRESIDENT	0.00	X	_	X				0	0	0
(4) PALMER ZIGMUND		1								
	0.75	1			1	1	i		,	
TREASURER	0.00	X		X	<u> </u>			0	0	0
(5) TODD WATKINS	1	}		1	1	1 1	-		'	
	0.75					1				II.
BOARD MEMBER	0.00	X		X				0	0	0
(6) CHRIS SMITH		}	ŀ							
	0.75	1	1	1	1	} }				
SECRETARY	0.00	X	<u> </u>	X	<u>L</u> _			0	0	0
(7) CARLOS JARAMILLO		1			1	1 1				
	0.75					1	i			
BOARD MEMBER	0.00	X	<u> </u>		<u> </u>	\sqcup		0	0	0
(8) KENNETH BROWN		1								
	0.75	1				1		_		_
BOARD MEMBER	0.00	X	<u> </u>	<u> </u>	<u> </u>	\sqcup		0	0	0
(9) KIM EDWARDS				1	١	1 i				
	0.75					H			_ :	_
BOARD MEMBER	0.00	X		<u> </u>	<u> </u>	11		0	0	0
(10) JOSE ORTIZ										
	0.75					1 1				_
VICE PRESIDENT	0.00	X	<u> </u>	X		 		0	0	0
(11) THOMAS STINE						1 1				
	0.75							_ ا	.	•
BOARD MEMBER	0.00	X	L					0	0	990 (2013)

Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)			
(A) (B) Name and title Average hours processed (list and hours)		bo	x, unle	Pos check ess pe	rson	than costs both	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		(F) Estimated amount of other compensation	1
	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	
(12) BARBARA LAMPE	0.75			 								
BOARD MEMBER	0.00	x						0	0			0
(13) ANDREW STANTEN	0.75		 	i								
BOARD MEMBER	0.00	X		_				0	0			0
(14)ALAN JENNINGS	0.75		 					:				
EXECUTIVE DIRECTOR (15)	0.00	i		X				0	0			0
(16)												 -
(17)		 										
(18)		İ										
(19)												
1b Sub-total c Total from continuation shee d Total (add lines 1b and 1c) 2 Total number of individuals (in	cluding but not I	ımıte	d to		e lıs	ted a	bov	e) who received more than	\$100,000 in			
reportable compensation from 3 Did the organization list any for				truct	ا م	(AV 6	mnl	over or highest compensa	atod.		Ye	s No
employee on line 1a? If "Yes," For any individual listed on line organization and related organization.	complete Sche	dule of re	J for porta	suc able	h inc	lividu pens	ial satio	n and other compensation	from the		3	X
individual 5 Did any person listed on line 1									· ındıvıdual		4	<u> </u>
for services rendered to the or Section B. Independent Contracto		'es,"	com	plete	Sc	hedu	le J	for such person			5	<u> </u>
Complete this table for your fix compensation from the organic	e highest comp									ear		
	(A) business address								(B) tion of services		(C Comper) nsation
			-							-		
	<u>-</u>					-						
												
2 Total number of independent or received more than \$100,000.								se listed above) who	0			

ra	irt V	Check if Schedule	O contain	s a response or	note to any line ir	n this Part VIII		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns	1a			······································		
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
s, C Am	С	Fundraising events	1c					
3ift Iar,	d	Related organizations	1d	21,500				
is, (е	Government grants (contributions)	1e	265,529				
tior r S	f	All other contributions, gifts, grants,						
ibu		and similar amounts not included above	1f	27,968				
ntri d O	g	Noncash contributions included in lines 1a	-1f \$					
<u>30</u>	h	Total. Add lines 1a-1f		•	314,997			
Program Service Revenue				Busn. Code				
ven	2a	PROGRAM LOAN INTERE	ST		110,301			110,301
e Re	b	PROGRAM FEES			2			2
vice	С							
Ser	d							
am	е							·
ogr	f	All other program service reve	enue					
4	g	Total. Add lines 2a-2f		>	110,303	<u></u>		r
	3	Investment income (including	dıvıdends, ı	nterest,	ļ			
		and other similar amounts)		> _	157			157
	4	Income from investment of tax	k-exempt bo	nd proceeds ►				
	5	Royalties		<u> </u>				
		(ı) Real		(II) Personal				
	6a	Gross rents						
	b	Less rental exps						
	С	Rental inc or (loss)						
	d 7a	Net rental income or (loss) Gross amount from (1) Securities		<u> </u>				
	'a	sales of assets (i) Securities	·	(II) Other				
		other than inventory						
	b	Less cost or other						
		basis & sales exps						
	С	Gain or (loss)			•			
	d	Net gain or (loss)		<u> </u>				
ē	8a	Gross income from fundraising eve	ents					1
en		(not including \$						
Ze V		of contributions reported on line 1c	;)					
Other Revenue		See Part IV, line 18	a					
5	b	Less direct expenses	. p					•
	С	Net income or (loss) from fund		nts 🕨				<u> </u>
	9a	Gross income from gaming activities						
		See Part IV, line 19	. a					
		Less direct expenses	b [
		, ,		es 🕨				
	10a	Gross sales of inventory, less						
		returns and allowances	a					
		• • • • • • •	p					
	С.	Net income or (loss) from sale	es of invento					
	<u> </u>	Miscellaneous Revenue		Busn Code	į			
	11a							
	b							
	C	A.II. 44		 				
	d	All other revenue						
	42	Total. Add lines 11a-11d		!	425,457	0	0	110,460
	12	Total revenue. See instructio	IIS	-	420,407	<u> </u>		1 110,400

Part IX Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must Check if Schedule O contains a resp			plete column (A)	
Do 1	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and	Fundraising
1			expenses	general expenses	expenses
·	organizations in the U.S. See Part IV, line 21			[
2					
	the U S See Part IV, line 22				
3	· ·				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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	72,314	72,314		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	5,177	5,177		
9	Other employee benefits	17,918	17,918		<u></u>
10	Payroll taxes	8,389	8,389		 .
11	Fees for services (non-employees)				
a	•	59,779		52,885	6,894
b	•	2,750	2,750	4 050	
C	Accounting	4,950	-	4,950	
	Lobbying				
e	, , , , , , , , , , , , , , , , , , ,				
f ~	3				
g	-	185	185		
12	(A) amount, list line 11g expenses on Schedule O) Advertising and promotion	103	183		
13	Office expenses	656	656		
14	Information technology	050	030		
15	Royalties		·		
16	Occupancy		-		1-21-1
17	Travel	2,490	2,490		7-71-2-52-
18	Payments of travel or entertainment expenses				
_	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	802	802		
20	Interest	17,715	17,715		
21	Payments to affiliates		, , , , , , , , , , , , , , , , , , ,		····
22	Depreciation, depletion, and amortization	228	228		
23	Insurance	926	926		
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	LOAN LOSS RESERVE	6,068	6,068		
b	DUES AND SUBSCRIPTIONS	3,579	3,579		
C	PAYROLL PROCESSING	1,840		1,840	
đ	MISCELLANEOUS	1,084	1,084		
	All other expenses	622	622	FO 655	
25 26	Joint costs. Complete this line only if the	207,472	140,903	59,675	6,894
26	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here ►				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year Cash--non-interest bearing 1,082,152 1,633,677 1 Savings and temporary cash investments 2 Pledges and grants receivable, net 28,619 78,048 3 5,000 4 Accounts receivable, net 5,698 5 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 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 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or 4,664 other basis Complete Part VI of Schedule D 10a 4,535 358 b Less accumulated depreciation 10b 129 10c 11 Investments—publicly traded securities 11 12 Investments—other securities See Part IV, line 11 12 13 Investments—program-related See Part IV, line 11 13 14 Intangible assets 14 997,109 1,043,798 15 Other assets See Part IV, line 11 15 2,159,927 2,714,661 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 12,921 12,330 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 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 of Schedule D 1,160,182 25 1,497,522 1,173,103 Total liabilities. Add lines 17 through 25 1,509,852 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 971,869 1,204,809 27 14,955 Temporarily restricted net assets 28 Permanently restricted net assets 29 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 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 986,824 1,204,809 33 Total net assets or fund balances 33 2,714,661 2,159,927 Total liabilities and net assets/fund balances 34

Form	990 (2013) RISING TIDE COMMUNITY LOAN FUND 23-3079170				Pa	ge 12					
Pa	rt XI Reconciliation of Net Assets										
	Check if Schedule O contains a response or note to any line in this Part XI		,								
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u>457</u>					
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u> </u>		207,472						
3	Revenue less expenses Subtract line 2 from line 1	3	ļ		217,98						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		9	824						
5											
6	6 Donated services and use of facilities 6										
7	Investment expenses	7	<u> </u>								
8	Prior period adjustments	8	L								
9	Other changes in net assets or fund balances (explain in Schedule O)	9	<u> </u>								
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line										
*******	33, column (B))	10	<u> </u>	1,2	04,	<u>809</u>					
Pa	rt XII Financial Statements and Reporting										
	Check if Schedule O contains a response or note to any line in this Part XII					\perp					
					Yes	No					
1	Accounting method used to prepare the Form 990 Cash X Accrual Other										
	If the organization changed its method of accounting from a prior year or checked "Other," explain in										
	Schedule O										
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.										
	Separate basis Consolidated basis Both consolidated and separate basis										
b	Were the organization's financial statements audited by an independent accountant?			2b	<u>x</u>						
	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										
	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										
	Schedule O										
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					1					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		<u> </u>					
				For	m 990) (2013)					

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.

ZU13
Open to Public

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

			RISING	TIDE	COMMUNITY	LOAN	FUND				23-	<u>-307</u>	9170		
P	art l	Reas	on for Public	Charity	Status (All orga	anızatıon	s must co	mplete	this pa	art.) Se	e inst	ruction	ns		
The	orga	nization is not	a private founda	tion becaus	se it is (For lines 1	through 11,	, check onl	y one box	()						
1		A church, co	nvention of churc	ches, or ass	sociation of churche	es described	d in section	170(b)(1)(A)(i).						
2	П	A school des	cribed in section	n 170(b)(1)	(A)(ii). (Attach Sche	edule E)									
3		A hospital or	a cooperative ho	ospital servi	ice organization des	scribed in s	ection 170	(b)(1)(A)((iii).						
4					d in conjunction wit)(1)(A)(i	ii). Ente	er the he	ospital's nam	e,	
		city, and stat	=	•	•	•			·		·		•		
5				the benefit	of a college or unive	ersity owne	d or operat	ed by a g	overnme	ental uni	t descri	bed in			
		=	(b)(1)(A)(iv). (Co					, ,							
6					governmental unit d	escribed in	section 17	'0(Б)(1)(А	ω(v).						
7	X		_	_	substantial part of					from the	genera	oldug I	;		
					Complete Part II)		Ŭ				•	•			
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)													
9					1) more than 33 1/3			contributi	ons, me	mbershi	p fees,	and gro	oss		
					npt functions—subj										
		support from	gross investmen	nt income a	nd unrelated busine	ess taxable	ıncome (le	ss section	n 511 tax	c) from t	usines	ses			
		acquired by t	he organization	after June 3	30, 1975 See secti	on 509(a)(2	2). (Comple	te Part III	1)						
10		An organizat	ion organized an	d operated	exclusively to test f	or public sa	afety. See s	ection 5	09(a)(4).						
11		An organizat	ion organized an	d operated	exclusively for the I	benefit of, to	o perform t	he functio	ons of, o	to carry	out the	9			
		purposes of	one or more publ	licly suppor	ted organizations d	escribed in	section 50	9(a)(1) or	section	509(a)(2	2) See	section	1		
		509(a)(3). Ch	neck the box that	describes	the type of supporti	ng organiza	ation and co	mplete li	nes 11e	through	11h				
		a 🗌 Type	el b	Type II	c 🗌 Type	III-Functio	nally integr	ated	d	Тур	e III–No	n-funct	tionally integra	ated	
е		By checking	this box, I certify	that the org	ganization is not co	ntrolled dire	ctly or indi	ectly by	one or m	ore disc	ualified	person	ıs		
		other than fo	undation manage	ers and oth	er than one or more	publicly su	ipported or	ganızatıoı	ns descr	ibed in s	ection	509(a)(1)		
		or section 50	9(a)(2)												
f		=		written dete	ermination from the	IRS that it	ıs a Type I,	Type II,	or Type	III suppo	orting				
		•	check this box												
g		Since Augus	t 17, 2006, has t	he organiza	ition accepted any	gift or contri	ibution fron	any of the	he						
		following per												_	1
					ontrols, either alone		r with pers	ons descr	ribed in (ıı) and			<u> </u>	Yes	No
				-	supported organiz	ation?							11g(i)	 	
					bed in (i) above?								11g(ii)	1	-
					described in (i) or (i								[11g(ii)!	1
<u>h</u>					the supported organ		/		I (4) D.4.		6.3		4	-1	
(e of supported ganization	(n) Eth	N .	(iii) Type of org (described on i		1 ' '	organization sted in your		rou notify nization in	organizai	s the ion in col	(vii) Amount sup		tary
		,			above or IRC		, ,,	document?		of your		zed in the	,		
					(see instruct	tions))	Yes	No	Yes	nort?	Yes	No			
							162	NO	163		162	140			
(A)															
(B)															
(υ,															
(C)															
(D)															
— (E)		-									1				
									ļ						
_			1												

23-3079170

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	64,888	423,969	121,259	236,328	314,997	1,161,441
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	64,888	423,969	121,259	236,328	314,997	1,161,441
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)						181,754
6	Public support. Subtract line 5 from line 4 tion B. Total Support				1	<u> </u>	979,687
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	64,888	423,969	121,259	236,328	314,997	1,161,441
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	395	896	845	268	157	2,561
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	2	3,343
11	Total support. Add lines 7 through 10						1,167,345
12 13	Gross receipts from related activities, etc First five years. If the Form 990 is for the		, second, third, fou	ırth, or fifth tax yea	r as a section 501((c)(3)	
	organization, check this box and stop her						•
	tion C. Computation of Public St						
14	Public support percentage for 2013 (line 6		•	n (f))		14	83.92%
15	Public support percentage from 2012 Sch				0.44004	15	99.01%
16a	33 1/3% support test—2013. If the organ				3 1/3% or more, cr	neck this	► X
h	box and stop here. The organization qual		• • •		5 is 22 1/2% or ma	uro.	<u> </u>
D	33 1/3% support test—2012. If the organicheck this box and stop here. The organic				5 IS 33 1/3% OF 1110	ile,	▶ [
172	10%-facts-and-circumstances test—20°				a or 16h and line	1 <i>1</i> ic	_
174	10% or more, and if the organization mee						
	Part IV how the organization meets the "fa						
	organization		iloob (ook Tillo org	amzanon quamico	ao a pabiloly supp	01100	▶ □
b	10%-facts-and-circumstances test—20°	12. If the organizati	on did not check a	box on line 13, 16	a. 16b. or 17a. and	lline	
	15 is 10% or more, and if the organization	-					
	Explain in Part IV how the organization me					blicly	
	supported organization			-	·	-	▶ [
18	Private foundation. If the organization di	d not check a box o	on line 13, 16a, 16l	o, 17a, or 17b, che	ck this box and see	е	
	instructions						▶ [

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.)

Sac	tion A. Public Support	quality under ti	ie tests listed i	below, please c	ompiete i ait i		
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	(a) 2003	(b) 2010	(6) 2011	(u) 2012	(6) 2013	(I) Total
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	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support		1		T	T	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6				ļ		
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						
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)					<u> </u>	
14	First five years. If the Form 990 is for the	•	t, second, third, fo	ourth, or fifth tax ye	ar as a section 50)1(c)(3)	. —
	organization, check this box and stop her		4		· ·-		▶
	tion C. Computation of Public Su						
15	Public support percentage for 2013 (line 8			nn (f))		15	%
16	Public support percentage from 2012 Sch					16	%
	tion D. Computation of Investme			andriman (5)			0/
17 40	Investment income percentage for 2013 (I		•	o, column (t))		17	<u>%</u> %
18 19a	Investment income percentage from 2012 33 1/3% support tests—2013. If the orga			e 14 and line 15 ii	more than 33 1/3	——————————————————————————————————————	
174	17 is not more than 33 1/3%, check this be						▶ □
b	33 1/3% support tests—2012. If the orga						
~	line 18 is not more than 33 1/3%, check th						▶ [

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

Schedule A (Form 990 or 990-EZ) 2013 RISING TIDE COMMUNITY LOAN FUND

23-3079170

Page /

Supplemental Information. 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

\$

3,343

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.

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

Open to Public Inspection

OMB No 1545-0047

Name	e of the organization		Employer identificati	on number
_R	ISING TIDE COMMUNITY LOAN FUND		23-30791	70
Pa	art I Organizations Maintaining Donor Advised Complete if the organization answered "Yes"		or Accounts.	
		(a) Donor advised funds	(b) Funds an	d 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 writin	g that the assets held in donor advised		
	funds are the organization's property, subject to the organization's	s exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisor	ors in writing that grant funds can be used		
	only for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpose		
	conferring impermissible private benefit?	·		Yes No
Pa	art II Conservation Easements. Complete if the organization answered "Yes"	to Form 990. Part IV. line 7.		
1	Purpose(s) of conservation easements held by the organization (c	······································		
•	Preservation of land for public use (e.g., recreation or education		/ important land area	
	Protection of natural habitat	Preservation of a certified his		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified c	conservation contribution in the form of a co	nservation	
	easement on the last day of the tax year		············	ne End of the Tax Yea
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
	Number of conservation easements on a certified historic structure	e included in (a)	2c	
	Number of conservation easements included in (c) acquired after			
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, release	ed, extinguished, or terminated by the organ	nization during the	
	tax year ▶			
4	Number of states where property subject to conservation easeme	nt is located ▶		
5	Does the organization have a written policy regarding the periodic	monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it hold	ls?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and e	enforcing conservation easements during th	ne year	
	•			
7	Amount of expenses incurred in monitoring, inspecting, and enforce	cing conservation easements during the ye	ar	
	▶ \$			
8	Does each conservation easement reported on line 2(d) above sa	tisfy the requirements of section 170(h)(4)(B)	
_	(i) and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation ea	•	•	
	balance sheet, and include, if applicable, the text of the footnote to organization's accounting for conservation easements	o the organization's financial statements the	at describes the	
Pa	art III Organizations Maintaining Collections of	Art Historical Treasures or Othe	er Similar Assets	
	Complete if the organization answered "Yes"			
1a	If the organization elected, as permitted under SFAS 116 (ASC 95	58), not to report in its revenue statement a	nd balance sheet	
	works of art, historical treasures, or other similar assets held for p	ublic exhibition, education, or research in fu	urtherance of	
	public service, provide, in Part XIII, the text of the footnote to its fir	nancial statements that describes these ite	ms.	
b	If the organization elected, as permitted under SFAS 116 (ASC 95	58), to report in its revenue statement and b	palance sheet	
	works of art, historical treasures, or other similar assets held for pro-		urtherance of	
	public service, provide the following amounts relating to these item	ns		
	(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 treasure	_	, provide the	
	following amounts required to be reported under SFAS 116 (ASC	958) relating to these items	_	
а	Revenues included in Form 990, Part VIII, line 1		> \$	
b	Assets included in Form 990, Part X		> \$	

	2
Jane.	_

Part III Organizations Maintain			reasures,	or Other	Similar A	ssets (c	continue	d)	
Using the organization's acquisition, acce collection items (check all that apply)									
a Public exhibition	d 🗍	Loan or exchange pro	ograms						
b Scholarly research	е 🔲	Other							
c Preservation for future generations									
4 Provide a description of the organization's	collections and explai	n how they further the	organization	's exempt pu	urpose in Par	t			
XIII									
5 During the year, did the organization solic									
assets to be sold to raise funds rather tha		part of the organizatio	n's collection	?			Yes		No
Part IV Escrow and Custodial A Complete if the organizat 990, Part X, line 21.		s" to Form 990, Pa	art IV, line 9	9, or repor	ted an am	ount on	Form		
1a Is the organization an agent, trustee, cust	odian or other intermed	diary for contributions	or other asse	ets not					
included on Form 990, Part X?							Yes		No
b If "Yes," explain the arrangement in Part >	(III and complete the fo	ollowing table							
							Amount		
c Beginning balance					1c				
d Additions during the year					1d				
e Distributions during the year					1e	 			
f Ending balance	. F 202 D. 4 V. I.	- 040			1f	L			<u> </u>
2a Did the organization include an amount of b If "Yes," explain the arrangement in Part >			rovided in D	art VIII			Yes	-	No
Part V Endowment Funds.	dir Check here ii the e	xpianation has been t	olovided ill Fa	ait Aili					
Complete if the organizat	ion answered "Yes	" to Form 990. Pa	rt IV. line 1	10.					
omplete with organization	(a) Current year	(b) Prior year	(c) Two ye		(d) Three year	's back	(e) Four ye	ars ba	ack
1a Beginning of year balance			1						_
b Contributions									
c Net investment earnings, gains, and									
losses								_	
d Grants or scholarships									
e Other expenditures for facilities and								-	
programs	<u></u>								
f Administrative expenses			<u> </u>						
g End of year balance	L		.L			L			
2 Provide the estimated percentage of the o	current year end balanc	ce (line 1g, column (a)) held as						
a Board designated or quasi-endowment ▶	%								
	%								
c Temporarily restricted endowment ▶	%								
The percentages in lines 2a, 2b, and 2c s	•								
3a Are there endowment funds not in the pos	session of the organiz	ation that are held and	d administere	d for the			<u></u>	\neg	
organization by							$\overline{}$	es	No
(i) unrelated organizations							3a(i)		<u>X</u>
(ii) related organizations		0.4.4.500					3a(ii)		X
b If "Yes" to 3a(II), are the related organizati	•						3b_[_		
4 Describe in Part XIII the intended uses of Part VI Land, Buildings, and Ed		owment tunas							
Complete if the organizat	•	" to Form 990 Pa	rt IV line 1	112 See F	Form 990	Part Y	line 10		
Description of property	(a) Cost or other		other basis		cumulated	-11	(d) Book valu	ue.	
Description of property	(investment)	1 ' '	her)	1	eciation	1	(a) Dook vall		
1a Land	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-		 		+			
b Buildings		-		 		1			
c Leasehold improvements				 		+			
d Equipment			4,664		4,53	5			29
e Other			<u> </u>			1			
Total. Add lines 1a through 1e (Column (d) mu	st equal Form 990, Par	rt X, column (B), line 1	0(c))	·		<u> </u>		1	29
					<u>_</u>		o D /Eorm		

Part VII	Investments—Other Securities.	
----------	-------------------------------	--

Luit All	Complete if the organization answered "Yes" to	Form 990. Part IV. line	11b See Form 990 Part	X. line 12
•	(a) Description of security or category	(b) Book value	(c) Method of value	
	(including name of security)		Cost or end-of-year ma	arket value
(1) Financial of				
	eld equity interests		<u> </u>	
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments—Program Related.	. Farm 000 Dark IV I.m.	44- 0 F 000 D-+	V 1 - 40
	Complete if the organization answered "Yes" to			
	(a) Description of investment	(b) Book value	(c) Method of value	
			Cost or end-of-year ma	arket value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)		 		
(9)	n (b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets.	<u></u> <u>_</u>		
raitix	Complete if the organization answered "Yes" to	Form 900 Part IV line	11d See Form 990 Part	Y line 15
	(a) Description	or Omi 330, Part IV, line	Tid. See Foili 990, Part	(b) Book value
(1)	PROGRAM LOANS RECEIVAN	RT.E		997,109
(2)	THOUGHT DOING TEACHTVIE			
(3)				
(4)				
(5)				
(6)				
(7)				
(8)	······································			
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 15.)			997,109
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" to	Form 990. Part IV. line	11e or 11f. See Form 990) Part X
	line 25.			-,
1.	(a) Description of liability	(b) Book value		······
	ncome taxes			
	PAYABLE	1,485,000		
	O AFFILIATE	8,741		
	NSATED ABSENCES	3,781		
(5)				
(6)				
(7)				
(8)				
(9)		 		
	(b) must equal Form 990, Part X, col (B) line 25) ▶	1,497,522		
			<u></u>	

۲۶	iff XI Reconciliation of Revenue per Audited Financial Statemer	ents with Revenue per Re	turn.	•
	Complete if the organization answered "Yes" to Form 990, P.	art IV, line 12a		
1	Total revenue, gains, and other support per audited financial statements		1	427,934
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 2,477		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	2,477
3	Subtract line 2e from line 1		3_	425,457
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		
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	425,457
₽ŧ	art XII Reconciliation of Expenses per Audited Financial Staten	nents With Expenses per F	Retui	rn.
	Complete if the organization answered "Yes" to Form 990, P	art IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	209,949
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a 2,477		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d		

Part XIII Supplemental Information

4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

e Add lines 2a through 2d

3 Subtract line 2e from line 1

b Other (Describe in Part XIII)

c Add lines 4a and 4b

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 EXCEMPT FROM INCOME TAX ANNUALLY. THE ORGANIZATION'S RETURSN FOR 2011, 2012, AND 2013 ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY THREE YEARS AFTER THEY WERE FILED.

4a

4b

2e

3

4c

5

207.472

207,472

23-3079170

Schedule D (Form 990) 2013

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

2013

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public

Name of the organization

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.

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" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. ▶ See separate instructions. ► Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Employer identification number 23-3079170

	RISING TIDE COMMUNITY LOAN FUND					23-3079170	170
Part !	Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, line 33	yanization answ	ered "Yes" on For	n 990, Part IV, II	ne 33		
	(a) Name, address and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	ome	(e) End-of-year assets	(f) Direct controlling
(1)							
(2)							
(3)							
(4)					-		
(5)							
Part II	Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year	mplete if the org	Janization answere	d "Yes" on Form	1 990, Part	IV, line 34 becaus	1 1
		-		-		•	9

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state	(d) Exempt Code section	(e) Public chanty status	(f) Direct controlling	(g) Section 512(b)(13) controlled entity?) 12(b)(13) 1 entity?
			or foreign country)		(if section 501(c)(3))	entity	Yes	No
(1) COMMUNITY ACTION COMMITTEE								
1337 E. 5TH STREET 23.	23-1669589							
BETHLEHEM PA 18015		COMMUNITY	PA	501C	7	N/A		×
(2) COMMUNITY ACTION DEVELOPMENT								
1337 E. 5TH STREET 23.	23-2735252							
BETHLEHEM PA 18015		NEIGHBORHO	PA	501C	7	N/A		×
(3) COMMUNITY ACTION DEVELOPMENT								
1337 E. 5TH STREET 23.	23-2934547							
BETHLEHEM PA 18015		NEIGHBORHO	PA	501C	7	N/A		×
(4) LEHIGH VALLEY COMMUNITY LAND TRUST								
1337 E. 5TH STREET 26.	26-4840272							
BETHLEHEM PA 18015		HOUSING	PA	501C	7	N/A		×
(5)								
	_							

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

Schedule R (Form 990) 2013

Page 2	(k) Percentage ownership						(i) Section 512(b)(13) controlled entity?	Yes No					Schedule R (Form 990) 2013
	General or managing partner?	Les No				art IV,	(h) Percentage ownership						lo D /Ear
on Form 990, Part IV, line 34	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)					n Form 990, F	Perc ssets own						Podos
Form 96	Disproportionate alloc?	000				Yes" or	(g) Share of end-of-year assets						
"Yes"	(g) Share of end-of- year assets					anization answered tax year.	(f) Share of total Income						
organization a tax year	(f) Share of total Income					olete of the organistics of the	(e) Type of entity (C corp, S corp, or trust)						
23-3079170 rship Complete if the arthership during the	Predominant income (related, unrelated, excluded from tax under sections 512-514)					or Trust Comp	(d) Direct controlling entity						
Partnership of as a partner	(a) Direct controlling entity					Corporation streated as a	(c) Legal domicile (state or foreign country)						
ITY LOAN FUND INS Taxable as a lanizations treated	Primary activity (c) Gomicile (state or (state or foreign foreign)					ins Taxable as a	(b) Primary activity						
Schedule R (Form 990) 2013 RISING TIDE COMMUTIT LOAN FUND 23–3079170 Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered because it had one or more related organizations treated as a partnership during the tax year.	(4) Name, address, and EIN of related organization					Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	(a) Name, address, and EiN of related organization						
Schedule R (F		(E)	(2)	(3)	(4)	Part IV		9	Ē	(2)	(3)	(4)	DAA

Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

Schedule R (Form 990) 2013			
			(9)
			(5)
			(4)
	59,779	×	(3) COMMUNITY ACTION COMMITTEE OF THE
	23,250	υ	(2) COMMUNITY ACTION COMMITTEE OF THE
	8,741	Ø	(1) COMMUNITY ACTOIN COMMITTEE OF THE
Method of determining amount involved	Amount involved	Transaction type (a-s)	Name of related organization
thresholds (d)	who must complete this line, including covered relationships and transaction thresholds (b) (c)	line, including covered re	 If the answer to any of the above is "Yes," see the instructions for information on who must complete this.
11 st			r Other transfer of cash or property to related organization(s) S Other transfer of cash or property from related organization(s)
1 1 M			 Reimbursement paid by related organization(s) for expenses
t 0			 Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Sharing of paid employees with related organization(s)
			m Performance of services or membership or fundraising solicitations by related organization(s)
* ;			k Lease of facilities, equipment, or other assets from related organization(s)
			j Lease of facilities, equipment, or other assets to related organization(s)
			n Pulchase or assets from related organization(s) i Exchange of assets with related organization(s)
19 X			
# X			f Dividends from related organization(s)
1e X			e Loans or loan guarantees by related organization(s)
10 T			c Gift, grant, or capital contribution from related organization(s)
			b Gift, grant, or capital contribution to related organization(s)
1a	n Pans II-IV	ted organizations listed li	 During the tax year, did the organization engage in any or the following transactions with one or more related organizations listed in Parts II-107. Receipt of (i) interest (iii) annuities (iiii) royalties or (iv) rent from a controlled entity.
Yes No	= -		Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

23-3079170

Schedule R (Form 990) 2013 RISING TIDE COMMUNITY LOAN FUND

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

(k)
Percentage
ownership å (J) General or managing partner? Yes Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) 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 (h)
Disproportionate
allocations? ŝ Yes (g) Share of end-of-year assets (f) Share of total income (e)
Are all partners section 501(c)(3) organizations? Yes No unrelated, excluded sections 512-514) (d) Predominant income (related, from tax under (c) Legal domicile (state or foreign country) Primary activity (a)
Name, address, and EIN of entity (11) (£) Ξ 4 (2) 9 3 (8) (6) (2) (3)

Schedule R (Form 990) 2013

23-3079170

Page 5

Part VII

. . .

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Department of the Treasury

Application for Extension of Time To File an

Exempt Organization Return OMB No. 1545-1709 (Rev January 2014) File a separate application for each return. Information about Form 8868 and its instructions is at www.irs.gov/form8868. Internal Revenue Service If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box |X| If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868 Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits. Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number, see instructions Type or Employer identification number (EIN) or Name of exempt organization or other filer, see instructions. print 23-3079170 RISING TIDE COMMUNITY LOAN FUND Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) File by the due date for 1337 EAST FIFTH STREET filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return See BETHLEHEM PA 18015 01 Enter the Return code for the return that this application is for (file a separate application for each return) Application Return Application Return Code is For Code Is For Form 990 or Form 990-EZ Form 990-T (corporation) 01 07 80 Form 990-BL Form 1041-A 02 Form 4720 (individual) Form 4720 (other than individual) 03 09 10 Form 990-PF 04 Form 5227 11 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 Form 990-T (trust other than above) 06 Form 8870 12 MOLLY HOWER 1337 EAST FIFTH STREET 18105 The books are in the care of ▶ BETHLEHEM Telephone No. FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box . If this is If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) I if it is for part of the group, check this box for the whole group, check this box a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/17/15, to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year _____ or \blacktriangleright X tax year beginning 07/01/13, and ending 06/30/14 If the tax year entered in line 1 is for less than 12 months, check reason Initial return Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

EFTPS (Electronic Federal Tax Payment System). See instructions

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