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Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

Information about Form 990 and its instructions is at [www.IRS.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 10-01-2013, 2013, and ending 09-30-2014

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

NORTH EAST COMMUNITY ACTION CORPORATION

SUBSIDIARIES

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

16 N COURT PO BOX 470

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

BOWLING GREEN, MO 63334

F Name and address of principal officer

DONALD PATRICK

16 N COURT PO BOX 470

BOWLING GREEN, MO 63334

H(a) Is this a group return for subordinates?

☐ Yes☒ No

H(b) Are all subordinates included?

☐ Yes☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3)

☐ 501(c) ()

☐ (Insert no)

☐ 4947(a)(1) or

☐ 527

J Website: WWW.NECAC.ORG

K Form of organization

☒ Corporation☐ Trust☐ Association☐ Other

L Year of formation

1975

M State of legal domicile

MO

Part I	Summary																										
Activities & Governance	<div><div>1</div><div>Briefly describe the organization's mission or most significant activities</div><div>IMPROVE THE CONDITIONS UNDER WHICH PEOPLE LIVE, LEARN AND WORK</div></div>																										
	<div><div>2</div><div>Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</div></div>																										
Revenue	<table><tr><td>3</td><td>Number of voting members of the governing body (Part VI, line 1a)</td><td>34</td></tr><tr><td>4</td><td>Number of independent voting members of the governing body (Part VI, line 1b)</td><td>34</td></tr><tr><td>5</td><td>Total number of individuals employed in calendar year 2013 (Part V, line 2a)</td><td>332</td></tr><tr><td>6</td><td>Total number of volunteers (estimate if necessary)</td><td>42</td></tr><tr><td>7a</td><td>Total unrelated business revenue from Part VIII, column (C), line 12</td><td>0</td></tr><tr><td>7b</td><td>Net unrelated business taxable income from Form 990-T, line 34</td><td>0</td></tr></table>	3	Number of voting members of the governing body (Part VI, line 1a)	34	4	Number of independent voting members of the governing body (Part VI, line 1b)	34	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	332	6	Total number of volunteers (estimate if necessary)	42	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0	7b	Net unrelated business taxable income from Form 990-T, line 34	0								
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Part II

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer

2015-05-13

Date

DONALD PATRICK PRESIDENT AND CEO

Type or print name and title

Print/Type preparer's name

MICHELE A GRAHAM CPA

Preparer's signature

Date

Check ☐ if self-employed

PTIN

P00147104

Firm's name

☐ BOTZ DEAL & COMPANY PC

Firm's EIN

☐ 43-1064657

Firm's address

☐ TWO WESTBURY DRIVE

ST CHARLES, MO 63301

Phone no

(636) 946-2800

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

☒ Yes☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2013)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

☐ ☒

1

Briefly describe the organization's mission

TO ASSIST THE DISADVANTAGED WITHIN OUR SERVICE AREA IN THEIR EFFORTS TO RISE ABOVE POVERTY BY PROVIDING NEEDED SERVICES TO ENABLE EACH INDIVIDUAL TO FUNCITON AT HIS OR HER OWN IMPROVED FINANCIAL, PHYSICAL, MENTAL, AND SOCIAL LEVEL "EMPOWERING PEOPLE, CHANGING LIVES, AND BUILDING COMMUNITIES "

2

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

☐ Yes ☒ No

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

3

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

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 883,117 including grants of \$) (Revenue \$ 969,802)

LINCOLN COUNTY PUBLIC HOUSING ADMINISTRATION (LCPHA) - PROVIDES HOUSING AND UTILITY ASSISTANCE TO LOW INCOME HOUSEHOLDS THROUGH A SECTION 8 GRANT AWARDED FROM HUD

4b

(Code) (Expenses \$ 1,932,036 including grants of \$ 1,618,679) (Revenue \$)

ENERGY CRISIS INTERVENTION PROGRAM - PROVIDES UTILITY ASSISTANCE PAYMENTS TO FAMILIES IN JEOPRADY OF LOSING UTILITY SERVICE

4c

(Code) (Expenses \$ 2,040,896 including grants of \$) (Revenue \$ 1,944,317)

IN-HOME SERVICES - THIS PROGRAM PROVIDES NURSING CARE TO INDIVIDUAL UNABLE TO LEAVE THEIR HOME DUE TO CERTAIN TYPES OF MEDICAL CONDITIONS

See Additional Data Table

4d

Other program services (Describe in Schedule O)

(Expenses \$ 6,877,813 including grants of \$ 1,634,772) (Revenue \$ 2,547,618)

4e















Total program service expenses

11,733,862

Form 990 (2013)

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	No
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	No
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	No
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	No
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	No
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	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
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	No
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	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
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	No
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	No
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 Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
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 Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
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	No
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	No
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	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
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? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26		No
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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

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.	1,280	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
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.	332	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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 organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	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?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section 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		
	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		
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	No
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	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
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	No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	No
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
	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	No
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	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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 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 ▶VICKY PRITCHETT 16 N COURT PO BOX 470 BOWLING GREEN,MO 63334 (573)324-2231

Check if Schedule O contains a response or note to any line in this Part VII ☐

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

Form **990** (2013)

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	352,584	0	87,811

2 Total number of individuals (including but not limited to those l
\$100,000 of reportable compensation from the organization 0

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
FIVE STAR BUILDERS LLC 101 CREECH ST TROY MO 63379	HOME REPAIR CONTRACTOR	142,455
KARRENBROCK CONSTRUCTION PO BOX 279 NEW MELLE MO 63365	HOME REPAIR CONTRACTOR	126,175
HART CONSTRUCTION 16128 HAZEL AVE ATLANTA MO 63530	HOME REPAIR CONTRACTOR	114,090
SCHUTJER HEATING AND COOLING 2828 MARKET ST HANNIBAL MO 63401	HOME REPAIR CONTRACTOR	110,757

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶4

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in 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	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	6,036,839			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	878,619			
	g	Noncash contributions included in lines 1a-1f \$		20,060			
	h	Total. Add lines 1a-1f		6,915,458			
Program Service Revenue	2a	SERVICE AND PATIENT FEE	Business Code				
			624100	3,612,922	3,612,922		
	b	ADMINISTRATION FEE	561000	1,183,584	1,183,584		
	c	RENTAL INCOME	532000	665,231	665,231		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		5,461,737			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		6,711		6,711	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real	(ii) Personal			
		b	Less rental expenses				
		c	Rental income or (loss)				
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
				2,998			
		b	Less cost or other basis and sales expenses		0		
		c	Gain or (loss)		2,998		
	d	Net gain or (loss)		2,998		2,998	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
		b	Less direct expenses	b			
		c	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities See Part IV, line 19	a				
		b	Less direct expenses	b			
		c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances	a				
		b	Less cost of goods sold	b			
	c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code					
11a	MISCELLANEOUS INCOME	900099	49,217		49,217		
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		49,217				
12	Total revenue. See Instructions		12,436,121	5,461,737	0	58,926	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	3,253,451	3,253,451		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	452,150	202,396	238,914	10,840
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	4,172,798	3,888,362	284,436	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9	Other employee benefits.	1,269,608	1,171,109	98,499	
10	Payroll taxes.	415,060	371,585	42,655	820
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	23,679	21,994	1,685	
c	Accounting.	61,800	21,600	40,200	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	154,526	154,310	216	
12	Advertising and promotion.				
13	Office expenses.	399,150	369,900	29,250	
14	Information technology.				
15	Royalties.				
16	Occupancy.	485,433	460,376	25,057	
17	Travel.	286,821	280,512	6,309	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.				
20	Interest.	157,501	157,501		
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	398,517	398,517		
23	Insurance.	138,993	123,100	15,893	
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):				
a	MAINTENANCE AGREEMENT	288,848	282,976	5,872	
b	PROJECT DEVELOPMENT COS	137,963	137,963		
c	STIPENDS	127,280	127,280		
d	BAD DEBT	105,613	105,613		
e	All other expenses	212,537	205,317	7,220	
25	Total functional expenses. Add lines 1 through 24e.	12,541,728	11,733,862	796,206	11,660
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		252,425	1	-170,128
	2	Savings and temporary cash investments		333,977	2	334,403
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		1,009,806	4	1,278,284
	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	
	7	Notes and loans receivable, net		4,670,475	7	4,660,575
	8	Inventories for sale or use		90,098	8	74,965
	9	Prepaid expenses and deferred charges		75,056	9	70,596
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a13,566,613			
	b	Less accumulated depreciation	10b2,093,949	10,301,141	10c	11,472,664
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		1,399,322	15	1,440,367
	16	Total assets. Add lines 1 through 15 (must equal line 34)		18,132,300	16	19,161,726
Liabilities	17	Accounts payable and accrued expenses		601,997	17	546,297
	18	Grants payable			18	
	19	Deferred revenue		415,716	19	317,248
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	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		13,008,628	23	14,283,898
	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		403,681	25	417,612
	26	Total liabilities. Add lines 17 through 25		14,430,022	26	15,565,055
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		2,977,922	27	2,797,315
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets		724,356	29	799,356
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		3,702,278	33	3,596,671
	34	Total liabilities and net assets/fund balances		18,132,300	34	19,161,726

Part 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	12,436,121
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,541,728
3	Revenue less expenses Subtract line 2 from line 1	3	-105,607
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,702,278
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	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,596,671

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?	Yes	
3b	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	Yes	

Additional Data

Software ID:
Software Version:
EIN: 43-1017571
Name: NORTH EAST COMMUNITY ACTION CORPORATION
SUBSIDIARIES

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.				
(Code CSBG	(Expenses \$ 757,276	including grants of \$	(Revenue \$)
(Code HOUSING PRESERVATION	(Expenses \$ 33,815	including grants of \$ 26,027	(Revenue \$)

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code) (Expenses \$ 111,592 including grants of \$) (Revenue \$)
CAC NORTHEAST GRANT FUND
(Code) (Expenses \$ 216,338 including grants of \$ 196,639) (Revenue \$)
MHDC HOME REPAIR

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code) (Expenses \$ 2,151 including grants of \$ 1,385) (Revenue \$ 3,380)
ENERGY ENGINEERS
(Code) (Expenses \$ 20,587 including grants of \$ 14,436) (Revenue \$)
RAP

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.				
(Code)	(Expenses \$	278,861	including grants of \$	(Revenue \$)
CAC ST LOUIS METRO				
(Code)	(Expenses \$	3,625	including grants of \$	(Revenue \$)
NW MAKING HOMES AFFORDABLE				

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code) (Expenses \$ 184,748 including grants of \$ 165,178) (Revenue \$)
MISSOURI HOUSING TRUST FUND - WEATHERIZATION
(Code) (Expenses \$ 699,365 including grants of \$ 107,801) (Revenue \$ 263,509)
FAMILY PLANNING

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.				
(Code)	(Expenses \$	193,885	including grants of \$	(Revenue \$)
FOSTER GRANDPARENTS				
(Code)	(Expenses \$	12,142	including grants of \$	(Revenue \$)
RURAL LISC				

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code) (Expenses \$ 20,899 including grants of \$) (Revenue \$)
NEIGHBORWORKS FORECLOSURE ASSISTANCE
(Code) (Expenses \$ 85,439 including grants of \$ 84,284) (Revenue \$)
SHELTER CARE PLUS

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.				
(Code)	(Expenses \$	10,940	including grants of \$	10,420) (Revenue \$)
FEMA				
(Code)	(Expenses \$	159,951	including grants of \$) (Revenue \$)
NRC EXPENDABLE GRANT FUND				

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.				
(Code)	(Expenses \$	13,103	including grants of \$) (Revenue \$)
EMERGENCY HOME LOAN PROGRAM				
(Code)	(Expenses \$	2,032	including grants of \$) (Revenue \$)
REVERSE MORTGAGE				

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.				
(Code)	(Expenses \$	62,176	including grants of \$	26,700) (Revenue \$)
LIHEAP - WEATHERIZATION				
(Code)	(Expenses \$	14,295	including grants of \$	(Revenue \$)
NW HOUSING COUNSELING				

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.				
(Code)	(Expenses \$	191,195	including grants of \$	180,994) (Revenue \$)
MHDC HERO 2013				
(Code)	(Expenses \$	17,866	including grants of \$	9,680) (Revenue \$)
MHDC HERO 2014				

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code) (Expenses \$ 314,271 including grants of \$ 106,441) (Revenue \$)
WEATHERIZATION
(Code) (Expenses \$ 350,452 including grants of \$) (Revenue \$ 544,604)
ST CHARLES COUNTY PUBLIC HOUSING ADMINISTRATION

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code) (Expenses \$ 18,947 including grants of \$ 8,856) (Revenue \$)
LIBERTY - WEATHERIZATION
(Code) (Expenses \$ 69,311 including grants of \$ 21,715) (Revenue \$)
AMEREN ELECTRIC - WEATHERIZATION

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.				
(Code)	(Expenses \$	186,723	including grants of \$	84,433) (Revenue \$)
LACLEDE GAS- WEATHERIZATION				
(Code)	(Expenses \$	33,002	including grants of \$	5,725) (Revenue \$)
AMEREN GAS - WEATHERIZATION				

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.				
(Code)	(Expenses \$	25,359	including grants of \$	21,311) (Revenue \$)
MHDC-HTF EMERGENCY ASSISTANCE				
(Code)	(Expenses \$	1,231	including grants of \$) (Revenue \$)
KEEPING CURRENT AMEREN UE				

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.				
(Code)	(Expenses \$	160,191	including grants of \$	115,371) (Revenue \$)
FHLB PIKE/LINCOLN				
(Code)	(Expenses \$	321,506	including grants of \$	(Revenue \$ 25,576)
WOMEN, INFANTS, AND CHILDREN PROGRAM				

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.				
(Code)	(Expenses \$	15,969	including grants of \$	15,969) (Revenue \$)
ST CHARLES COUNTY HOMELESS/INDIGENT				
(Code)	(Expenses \$	94,618	including grants of \$	79,638) (Revenue \$)
FHLB ST CHARLES				

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.				
(Code)	(Expenses \$	23,957	including grants of \$	21,779) (Revenue \$)
MHDC DISASTER FUNDING				
(Code)	(Expenses \$	1,095	including grants of \$) (Revenue \$)
MHDC HTF OPERATING FUNDS				

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.				
(Code)	(Expenses \$	42,536	including grants of \$	35,722) (Revenue \$)
HOUSING FIRST				
(Code)	(Expenses \$	1,863,400	including grants of \$	294,268) (Revenue \$ 1,576,185)
OTHER PROGRAMS				

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code) (Expenses \$ 0 including grants of \$) (Revenue \$ 10,854)
NECAC AFFORDABLE HOUSING
(Code) (Expenses \$ 47,287 including grants of \$) (Revenue \$ 21,085)
NECAC FAIRVIEW ESTATES

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code) (Expenses \$ 79,180 including grants of \$) (Revenue \$ 31,204)
NECAC FAIRVIEW ESTATES 11-009 LLC
(Code) (Expenses \$ 31,369 including grants of \$) (Revenue \$ 15,099)
NECAC FAIRVIEW ESTATES 13-020

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.				
(Code) (Expenses \$	105,128	including grants of \$) (Revenue \$ 56,122)
NECAC TELLA JANE				

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PAUL KINNEY BOARD MEMBER	50	X						0	0	0
JOHN BRACEY BOARD MEMBER	5 00	X						0	0	0
JESSE ROBERTS BOARD MEMBER	1 00	X						0	0	0
LEROY BRAUNGARDT BOARD MEMBER	90	X						0	0	0
MATT BASS BOARD MEMBER	50	X						0	0	0
FRED LAYTON BOARD MEMBER	50	X						0	0	0
DREW BELT BOARD MEMBER	50	X						0	0	0
MICKY SHIPP BOARD MEMBER	1 50	X						0	0	0
JEAN JONES BOARD MEMBER	1 80	X						0	0	0
LYNDON BODE PRESIDENT	2 00	X		X				0	0	0
ROY HARK BOARD MEMBER	1 00	X						0	0	0
PAUL MADDOX BOARD MEMBER	1 60	X						0	0	0
MAXINE JONES BOARD MEMBER	1 40	X						0	0	0
TARA SHEFFIELD BOARD MEMBER	10 00	X						0	0	0
MIKE WHELAN BOARD MEMBER	30	X						0	0	0
CHERYL WISDOM BOARD MEMBER	50	X						0	0	0
RICH DANIELS BOARD MEMBER	1 00	X						0	0	0
JANE DORLAC BOARD MEMBER	50	X						0	0	0
CURT MITCHELL BOARD MEMBER	1 00	X						0	0	0
D RANDALL CONE SECRETARY/TREASURER	1 00	X		X				0	0	0
BETTE MAXWELL BOARD MEMBER	50	X						0	0	0
CHARLES STRODE BOARD MEMBER	50	X						0	0	0
JUDITH STATLER BOARD MEMBER	3 00	X						0	0	0
ROBERT SEE BOARD MEMBER	50	X						0	0	0
JERRY CRUTCHFIELD BOARD MEMBER	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM BARGER BOARD MEMBER	50	X						0	0	0
DELBERTA COONROD BOARD MEMBER	50	X						0	0	0
TROY DAWKINS BOARD MEMBER	1 00	X						0	0	0
GLENN EAGAN BOARD MEMBER	50	X						0	0	0
DIANE HILEMAN BOARD MEMBER	50	X						0	0	0
MIKE BRIDGINS BOARD MEMBER	1 00	X						0	0	0
JEFF THOMSEN BOARD MEMBER	50	X						0	0	0
ANGIE SCOTT BOARD MEMBER	1 00	X						0	0	0
FRED VAHLE VICE PRESIDENT	2 00	X		X				0	0	0
DONALD PATRICK PRESIDENT & CEO	40 00			X				83,460	0	16,597
CARLA POTTS DEPUTY DIRECTOR	40 00			X				62,004	0	15,332
BRENDA FUQUA DEPUTY DIRECTOR	40 00			X				48,140	0	13,056
DAN PAGE CHIEF DEPUTY DIRECTOR	40 00			X				51,624	0	13,161
VICKY PRITCHETT FINANCE DIRECTOR	40 00			X				52,340	0	14,752
JANICE ROBINSON DEPUTY DIRECTOR	40 00			X				55,016	0	14,913

SCHEDULE A

(Form 990 or 990EZ)

Department of the
Treasury
Internal Revenue Service

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.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization NORTH EAST COMMUNITY ACTION CORPORATION SUBSIDIARIES	Employer identification number 43-1017571
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Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2

☐

A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated

e

☐

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

f

☐

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

g

☐

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

(i)

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

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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.)

Section A. Public Support						
Calendar 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 ")	10,121,932	9,744,221	7,320,649	5,787,899	6,915,458	39,890,159
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	10,121,932	9,744,221	7,320,649	5,787,899	6,915,458	39,890,159
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						39,890,159

Section B. Total Support							
Calendar year (or fiscal year beginning in) ▶		(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	10,121,932	9,744,221	7,320,649	5,787,899	6,915,458	39,890,159
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	20,649	6,183	3,947	5,465	9,709	45,953
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)	593,816	529,474	32,649	37,233	49,217	1,242,389
11	Total support (Add lines 7 through 10)						41,178,501
12	Gross receipts from related activities, etc (see instructions)					12	27,836,727
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage			
14	Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	96 870 %
15	Public support percentage for 2012 Schedule A, Part II, line 14	15	95 990 %
16a	33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b	33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a	10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		
b	10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		

Part IIISupport 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.)

Section A. Public Support						
Calendar 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.")						
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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV

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).

Facts And Circumstances Test		
Return Reference	Explanation	

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization NORTH EAST COMMUNITY ACTION CORPORATION SUBSIDIARIES	Employer identification number 43-1017571
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Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2

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 Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

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

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part 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

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (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

▶ \$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

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

- 3 Using the organization’s acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other
- 4 Provide a description of the organization’s collections and explain how they further the organization’s exempt purpose in Part XIII
- 5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization’s collection?

☐ Yes ☐ No

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

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

☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII and complete the following table
- c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	
- 2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

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

- | | (a)Current year | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|--|-----------------|---------------|---------------------|---------------------|--------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |
- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Temporarily restricted endowment ▶
- The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		791,112		791,112
b Buildings		12,086,957	1,530,924	10,556,033
c Leasehold improvements				
d Equipment		688,544	563,025	125,519
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				11,472,664

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	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	

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	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 expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	

Part XIII

Supplemental Information

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.

Return Reference	Explanation
PART X, LINE 2	FASB ACCOUNTING STANDARDS CODIFICATION TOPIC 740, INCOME TAXES, PROVIDES FOR THE RECOGNITION OF TAX BENEFITS RELATED TO UNCERTAIN TAX POSITIONS. FOR THE YEAR ENDED SEPTEMBER 30, 2014, MANAGEMENT BELIEVES THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS. THE ORGANIZATION FILES FORM 990 RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX. RETURNS PRIOR TO 2010 ARE CLOSED.

[illegible]

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

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

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

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization
NORTH EAST COMMUNITY ACTION CORPORATION
SUBSIDIARIES

Employer identification number
43-1017571

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) UTILITY	5156	1,746,168			
(2) RENT	374	182,393			
(3) HOME REPAIR - WEATHERIZATION	119	1,065,687			
(4) MEDICAL	1767	107,801			
(5) DOWNPAYMENT	39	148,814			
(6) FOOD & PERSONAL CARE	11	2,588			

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	ALL ASSISTANCE PAYMENTS ARE SUBSTANTIATED BY CLIENT APPLICATION, INCOME DOCUMENTATION, AND ASSISTANCE PROVIDED ON BEHALF OF CLIENT ALL GRANTS ARE REVIEWED INTERNALLY AND EXTERNALLY FOR COMPLIANCE WITH GRANT REQUIREMENTS AGENCY STAFF CONDUCT QUALITY CONTROL REVIEWS AND FUNDING ENTITIES MONITOR REGULARLY FOR ADHERENCE TO PROGRAM GUIDELINES

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ 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.**

OMB No 1545-0047

2013

**Open to Public
Inspection**

Name of the organization
NORTH EAST COMMUNITY ACTION CORPORATION
SUBSIDIARIES

Employer identification number

43-1017571

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION RELIES ON REGULAR COMMUNICATION WITH THE BOARD MEMBERS AND SELF MONITORING CONFLICTS OR PERCEIVED CONFLICTS ARE DEALT WITH ON A CASE BY CASE BASIS
FORM 990, PART VI, SECTION B, LINE 15	THE PRESIDENT / CEO SALARY IS NEGOTIATED BY THE EXECUTIVE BOARD AND APPROVED BY THE FULL BOARD ALL OTHER MANAGEMENT AND KEY EMPLOYEE COMPENSATION IS RECOMMENDED TO THE BOARD BY THE PRESIDENT / CEO AND VOTED/APPROVED BY THE FULL BOARD
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST
FORM 990 PART XII, LINE 2C	NO CHANGE IN THE OVERSIGHT OR SELECTION PROCESS FROM PRIOR YEARS

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
NORTH EAST COMMUNITY ACTION CORPORATION
SUBSIDIARIES

Employer identification number

43-1017571

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) NECAC AFFORDABLE HOUSING LLC PO BOX 470 BOWLING GREEN, MO 63334 43-1017571	FOSTER LOW-INCOME HOUSING	MO	10,854	60,305	N/A
(2) NECAC FAIRVIEW ESTATES 09-017 LLC PO BOX 470 BOWLING GREEN, MO 63334 43-1017571	FOSTER LOW-INCOME HOUSING	MO	22,768	894,718	N/A
(3) NECAC FAIRVIEW ESTATES 11-009 LLC PO BOX 470 BOWLING GREEN, MO 63334 43-1017571	FOSTER LOW-INCOME HOUSING	MO	33,588	1,568,330	N/A
(4) NECAC FAIRVIEW ESTATES 13-020 LLC PO BOX 470 BOWLING GREEN, MO 63334 43-1017571	FOSTER LOW-INCOME HOUSING	MO	16,293	1,689,691	N/A
(5) NECAC TELLA JANE LLC PO BOX 470 BOWLING GREEN, MO 63334 43-1017571	FOSTER LOW-INCOME HOUSING	MO	191,917	853,866	N/A

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) NECAC SUPPORT INC PO BOX 470 BOWLING GREEN, MO 63334 43-1491144	PROVIDE FACILITIES AND OFFICE SPACE TO NOT FOR PROFIT ORGANIZATIONS	MO	501(C)(3)	9	N/A		No
(2) NSI-NEW LONDON PROJECT PO BOX 470 BOWLING GREEN, MO 63334 43-1763162	TO PROVIDE LOW INCOME HOUSING TO THE DISADVANTAGED	MO	501(C)(3)	9	N/A		No
(3) NSI-LOUISIANA PROJECT PO BOX 470 BOWLING GREEN, MO 63334 43-1784877	TO PROVIDE LOW INCOME HOUSING TO THE ELDERLY AND THE DISADVANTAGED	MO	501(C)(3)	9	N/A		No
(4) NSI-LINCOLN COUNTY PO BOX 470 BOWLING GREEN, MO 63334 36-4234104	TO PROVIDE AFFORDABLE HOUSING TO LOW INCOME INDIVIDUALS	MO	501(C)(3)	9	N/A		No
(5) NSI-HANNIBAL RIVERBLUFF PO BOX 470 BOWLING GREEN, MO 63334 43-1897165	TO PROVIDE AFFORDABLE HOUSING TO LOW INCOME INDIVIDUALS	MO	501(C)(3)	PF	N/A		No
(6) MILL POND DRIVE SENIOR HOUSING INC PO BOX 470 BOWLING GREEN, MO 63334 20-1939453	TO PROVIDE AFFORDABLE HOUSING TO LOW INCOME INDIVIDUALS	MO	501(C)(3)	9	N/A		No
(7) NECAC MILL POND SENIOR HOUSING GP INC PO BOX 470 BOWLING GREEN, MO 63334 20-4819420	TO PROVIDE AFFORDABLE HOUSING TO LOW INCOME INDIVIDUALS	MO	501(C)(3)	9	N/A		No

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
See Additional Data Table												

Part IV

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	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) NSI-CANTERBURY PARK ST PETERS PO BOX 470 BOWLING GREEN, MO 63334 43-1922676	TO PROVIDE AFFORDABLE HOUSING TO LOW-INCOME INDIVIDUALS	MO	N/A	C		7,674	100 000 %		No

Part V

Transactions With Related Organizations

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

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?		Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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.

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation
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Additional Data

Software ID:
Software Version:
EIN: 43-1017571
Name: NORTH EAST COMMUNITY ACTION CORPORATION
SUBSIDIARIES

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) NECAC SUPPORT INC PO BOX 470 BOWLING GREEN, MO 63334 43-1491144	PROVIDE FACILITIES AND OFFICE SPACE TO NOT FOR PROFIT ORGANIZATIONS	MO	501(C)(3)	9	N/A		No
(1) NSI-NEW LONDON PROJECT PO BOX 470 BOWLING GREEN, MO 63334 43-1763162	TO PROVIDE LOW INCOME HOUSING TO THE DISADVANTAGED	MO	501(C)(3)	9	N/A		No
(2) NSI-LOUISIANA PROJECT PO BOX 470 BOWLING GREEN, MO 63334 43-1784877	TO PROVIDE LOW INCOME HOUSING TO THE ELDERLY AND THE DISADVANTAGED	MO	501(C)(3)	9	N/A		No
(3) NSI-LINCOLN COUNTY PO BOX 470 BOWLING GREEN, MO 63334 36-4234104	TO PROVIDE AFFORDABLE HOUSING TO LOW INCOME INDIVIDUALS	MO	501(C)(3)	9	N/A		No
(4) NSI-HANNIBAL RIVERBLUFF PO BOX 470 BOWLING GREEN, MO 63334 43-1897165	TO PROVIDE AFFORDABLE HOUSING TO LOW INCOME INDIVIDUALS	MO	501(C)(3)	PF	N/A		No
(5) MILL POND DRIVE SENIOR HOUSING INC PO BOX 470 BOWLING GREEN, MO 63334 20-1939453	TO PROVIDE AFFORDABLE HOUSING TO LOW INCOME INDIVIDUALS	MO	501(C)(3)	9	N/A		No
(6) NECAC MILL POND SENIOR HOUSING GP INC PO BOX 470 BOWLING GREEN, MO 63334 20-4819420	TO PROVIDE AFFORDABLE HOUSING TO LOW INCOME INDIVIDUALS	MO	501(C)(3)	9	N/A		No

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
BOWLING GREEN HOUSING PARTNERS LP PO BOX 470 BOWLING GREEN, MO 63334 43-1783866	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS	MO	NECAC AFFORDABLE HOUSING LLC	RELATED	-5	217,259		No		Yes		0 010 %
LINCOLN VILLA LP PO BOX 470 BOWLING GREEN, MO 63334 43-1831963	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS	MO	NSI-LINCOLN COUNTY	RELATED				No			No	0 010 %
HANNIBAL PROPERTIES LP PO BOX 470 BOWLING GREEN, MO 63334 43-1865035	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS	MO	NSI- HANNIBAL RIVERBLUFF INC	RELATED				No			No	1 000 %
MOBERLY ASSOCIATES II LP PO BOX 470 BOWLING GREEN, MO 63334 20-2405182	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS	MO	NECAC AFFORDABLE HOUSING LLC	RELATED	-6	46,548		No		Yes		0 010 %
ANDERSON ESTATES LP PO BOX 470 BOWLING GREEN, MO 63334 20-4322982	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS	MO	NECAC AFFORDABLE HOUSING LLC	RELATED	-10	110,210		No		Yes		0 010 %
MILL POND SENIOR HOUSING LP PO BOX 470 BOWLING GREEN, MO 63334 20-4819611	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS	MO	NECAC MILL POND SENIOR HOUSING GP INC	RELATED				No			No	0 010 %
LEWIS COUNTY AFFORDABLE HOUSING LP PO BOX 470 BOWLING GREEN, MO 63334 20-8810226	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS	MO	NECAC AFFORDABLE HOUSING LLC	RELATED	-2	228,785		No		Yes		0 010 %
HANNIBAL AFFORDABLE HOUSING LP PO BOX 470 BOWLING GREEN, MO 63334 20-1765697	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS	MO	NECAC AFFORDABLE HOUSING LLC	RELATED	-17	494,573		No		Yes		0 010 %
BOWLING GREEN ASSOCIATES I LP PO BOX 470 BOWLING GREEN, MO 63334 43-1305436	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS	MO	NECAC AFFORDABLE HOUSING LLC	RELATED	211	17,217		No		Yes		0 010 %
CLARKSVILLE ESTATES LP PO BOX 470 BOWLING GREEN, MO 63334 93-1097513	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS	MO	NECAC AFFORDABLE HOUSING LLC	RELATED	-361	-36,981		No		Yes		49 990 %
JONESBURG PROPERTIES LP PO BOX 470 BOWLING GREEN, MO 63334 43-1348172	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS	MO	NECAC AFFORDABLE HOUSING LLC	RELATED	451	490		No		Yes		5 000 %
MONTGOMERY CITY PROPERTIES LP PO BOX 470 BOWLING GREEN, MO 63334 43-1348175	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS	MO	NECAC AFFORDABLE HOUSING LLC	RELATED	537	38,373		No		Yes		5 000 %
WELLSVILLE ASSOCIATES LP PO BOX 470 BOWLING GREEN, MO 63334 43-1305438	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS	MO	NECAC AFFORDABLE HOUSING LLC	RELATED	107	89,787		No		Yes		1 000 %
WRIGHT CITY NORTH APTS LP PO BOX 470 BOWLING GREEN, MO 63334 43-1516082	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS	MO	NECAC AFFORDABLE HOUSING LLC	RELATED	-107	65,439		No		Yes		4 900 %
WYNDHAM PARK LP PO BOX 7688 COLUMBIA, MO 65205 20-1101096	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS	MO	NECAC AFFORDABLE HOUSING LLC	RELATED	-10	786,128	Yes			Yes		0 010 %

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Dispropportionate allocations?		(i) Code V-UBI amount in Box 20 of K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
WYNDHAM PARK II LP PO BOX 7688 COLUMBIA, MO 65205 20-5085277	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS	MO	NECAC AFFORDABLE HOUSING LLC	RELATED	-11	152,438		No		Yes		0 010 %
CANTERBURY PARK LP PO BOX 7688 COLUMBIA, MO 65205 43-1914805	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS	MO	NSI- CANTERBURY PARK	RELATED			Yes				No	0 800 %
WOODCREST VILLAS LP PO BOX 7688 COLUMBIA, MO 65205 33-1000273	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS	MO	NSI-LINCOLN COUNTY	RELATED				No			No	45 900 %
HICKORY HOLLOW OF ST CHARLES COUNTY LP PO BOX 7688 COLUMBIA, MO 65205 20-2275469	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS	MO	NECAC AFFORDABLE HOUSING LLC	RELATED	-13	1,404,497	Yes			Yes		0 010 %
GENTEMANN MANOR LP PO BOX 7688 COLUMBIA, MO 65205 81-0602388	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS	MO	NECAC AFFORDABLE HOUSING LLC	RELATED	-10	25,282		No		Yes		0 010 %
GENTEMANN MANOR II LP PO BOX 7688 COLUMBIA, MO 65205 20-5085216	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS	MO	NECAC AFFORDABLE HOUSING LLC	RELATED	-14	366,254		No		Yes		0 010 %
KIRKSVILLE AFFORDABLE HOUSING LP PO BOX 470 BOWLING GREEN, MO 63334 26-3911165	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS	MO	NECAC AFFORDABLE HOUSING LLC	RELATED	3,189	654,620		No		Yes		50 000 %
OAKWOOD SENIOR APARTMENTS LP PO BOX 470 BOWLING GREEN, MO 63334 27-0887533	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS	MO	NECAC AFFORDABLE HOUSING LLC	RELATED	-6	169,150		No		Yes		50 000 %
BELLEFIELD ESTATES LP PO BOX 470 BOWLING GREEN, MO 63334 27-0887464	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS	MO	NECAC AFFORDABLE HOUSING LLC	RELATED	-4	273,599		No		Yes		0 010 %
CRAWFORD COUNTY AFFORDABLE HOUSING LP PO BOX 470 BOWLING GREEN, MO 63334 27-1203946	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS	MO	NECAC AFFORDABLE HOUSING LLC	RELATED	-8	394,482		No		Yes		0 010 %

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
MILL POND SENIOR HOUSING LP	L	20,706	SERVICES AGREEMENT
MILL POND SENIOR HOUSING LP	Q	46,911	ACTUAL COSTS
HANNIBAL AFORDABLE HOUSING LP	L	36,360	SERVICES AGREEMENT
HANNIBAL AFORDABLE HOUSING LP	Q	36,727	ACTUAL COSTS
MOBERLY ASSOCIATES II LP	A	2,750	LOAN DOCUMENTS
CRAWFORD COUNTY AFFORDABLE HOUSING LP	L	24,880	SERVICES AGREEMENT
CRAWFORD COUNTY AFFORDABLE HOUSING LP	Q	31,383	ACTUAL COSTS