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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

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

Do not enter social security numbers on this form as it may be made public

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

A For the 2016 calendar year, or tax year beginning 10-01-2016 , and ending 09-30-2017

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final

☐ 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 ▶

D Employer identification number

43-1017571

E Telephone number

(573) 324-2231

G Gross receipts \$ 11,301,586

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

1 Briefly describe the organization's mission or most significant activities

IMPROVE THE CONDITIONS UNDER WHICH PEOPLE LIVE, LEARN AND WORK

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

36

4 Number of independent voting members of the governing body (Part VI, line 1b)

36

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)

263

6 Total number of volunteers (estimate if necessary)

41

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

Revenue

8 Contributions and grants (Part VIII, line 1h)

6,579,288

9 Program service revenue (Part VIII, line 2g)

4,553,417

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

-17,954

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

24,759

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

11,139,510

11,196,082

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

3,317,956

3,132,245

14 Benefits paid to or for members (Part IX, column (A), line 4)

0

0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

5,662,762

5,839,294

16a Professional fundraising fees (Part IX, column (A), line 11e)

0

0

b Total fundraising expenses (Part IX, column (D), line 25) ▶13,851

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

2,652,394

2,509,677

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

11,633,112

11,481,216

19 Revenue less expenses Subtract line 18 from line 12

-493,602

-285,134

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

18,117,325

18,638,779

21 Total liabilities (Part X, line 26)

15,203,583

16,010,171

22 Net assets or fund balances Subtract line 21 from line 20

2,913,742

2,628,608

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

2018-07-26

Date

DONALD PATRICK PRESIDENT AND CEO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

MICHELE A GRAHAM CPA

Preparer's signature

MICHELE A GRAHAM CPA

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

Phone no (636) 946-2800

ST CHARLES, MI 63301

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 (2016)

Part III Statement of Program Service AccomplishmentsCheck 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 FUNCTION 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 \$ 1,013,292 including grants of \$ 801) (Revenue \$)
See Additional Data

4b (Code) (Expenses \$ 2,119,443 including grants of \$ 1,807,922) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ 1,453,381 including grants of \$ 0) (Revenue \$ 1,325,952)
See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O)
(Expenses \$ 6,022,060 including grants of \$ 1,323,522) (Revenue \$ 3,292,920)

4e Total program service expenses ► 10,608,176

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 Yes	
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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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>		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>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) 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>		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>		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 "Yes," complete Schedule L, Part II</i>		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>		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>		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>		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>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		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>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>	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>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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>		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>		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>		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	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	1,106
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	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	2a	263
b	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)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
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?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	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?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	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	13a	
b	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	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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	1a 36		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 36		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	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. ☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)	
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	
20 State the name, address, and telephone number of the person who possesses the organization's books and records. 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** (2016)

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

(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			
See Additional Data Table										

1b Sub-Total	▶			
c Total from continuation sheets to Part VII, Section A	▶			
d Total (add lines 1b and 1c)	▶	397,733	0	70,620

2 Total number of individuals (including but not limited to those listed above) who received more than \$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>		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>		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>		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
ANGLE RIDGE REMODELING 170 FAWN RIDGE DR TROY, MO 63379	CONSTRUCTION	197,507
HART CONSTRUCTION COMPANY 16128 HAZEL AVE ATLANTA, MO 63530	CONSTRUCTION	147,841
BUDGET AIR CONDITIONING HEATING & PLUMB 310 MAIN ST ST PETERS, MO 63376	HVAC	136,804

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 ▶ 3

Part VIII **Statement of Revenue**

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

Contributions, Gifts, Grants
and Other Similar Amounts

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1a Federated campaigns	1a			
b Membership dues	1b			
c Fundraising events	1c			
d Related organizations	1d			
e Government grants (contributions)	1e	6,181,578		
f All other contributions, gifts, grants, and similar amounts not included above	1f	461,138		
g Noncash contributions included in lines 1a-1f \$		15,007		
h Total. Add lines 1a-1f		6,642,716		

Program Service Revenue

	Business Code				
2a SERVICE AND PATIENT FEE	624100	2,601,624	2,601,624		
b ADMINISTRATION FEE	561000	1,313,280	1,313,280		
c RENTAL INCOME	532000	703,968	703,968		
d					
e					
f All other program service revenue					
g Total. Add lines 2a-2f		4,618,872			

Other Revenue

3 Investment income (including dividends, interest, and other similar amounts)		9,882			9,882
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			
b Less cost or other basis and sales expenses		105,504			
c Gain or (loss)		-105,504			
d Net gain or (loss)		-105,504	-105,504		
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	30,116			30,116
b					
c					
d All other revenue					
e Total. Add lines 11a-11d		30,116			
12 Total revenue. See Instructions		11,196,082	4,513,368	0	39,998

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 ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	3,132,245	3,132,245		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	485,342	212,295	259,196	13,851
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.	3,967,436	3,624,832	342,604	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).				
9 Other employee benefits.	1,038,311	953,287	85,024	
10 Payroll taxes.	348,205	303,663	44,542	
11 Fees for services (non-employees):				
a Management.				
b Legal.	12,031	8,583	3,448	
c Accounting.	62,050	16,250	45,800	
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).	82,231	79,976	2,255	
12 Advertising and promotion.				
13 Office expenses.	275,795	256,848	18,947	
14 Information technology.				
15 Royalties.				
16 Occupancy.	497,048	473,679	23,369	
17 Travel.	262,901	258,706	4,195	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.	125,692	125,692		
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	406,974	406,974		
23 Insurance.	157,785	141,086	16,699	
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	254,351	247,632	6,719	
b STIPENDS	90,435	90,435		
c BAD DEBT	76,962	76,962		
d DUES AND SUBSCRIPTIONS	68,954	64,692	4,262	
e All other expenses	136,468	134,339	2,129	
25 Total functional expenses. Add lines 1 through 24e.	11,481,216	10,608,176	859,189	13,851
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		-115,677	1	-261,545
	2	Savings and temporary cash investments		393,448	2	312,369
	3	Pledges and grants receivable, net		922,491	3	1,131,023
	4	Accounts receivable, net			4	
	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		4,588,370	7	5,488,770
	8	Inventories for sale or use		87,304	8	35,984
	9	Prepaid expenses and deferred charges		75,373	9	77,512
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	13,391,808		
	b	Less: accumulated depreciation	10b	3,263,578		
				10,516,172	10c	10,128,230
	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		1,649,844	15	1,726,436	
16	Total assets. Add lines 1 through 15 (must equal line 34)		18,117,325	16	18,638,779	
Liabilities	17	Accounts payable and accrued expenses		338,982	17	321,352
	18	Grants payable			18	
	19	Deferred revenue		365,327	19	389,785
	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		14,100,471	23	14,889,003
	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.		398,803	25	410,031
	26	Total liabilities. Add lines 17 through 25		15,203,583	26	16,010,171
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		2,199,395	27	1,970,866
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets		714,347	29	657,742
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ 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		2,913,742	33	2,628,608
34	Total liabilities and net assets/fund balances		18,117,325	34	18,638,779	

Part XI Reconciliation of Net AssetsCheck 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	11,196,082
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,481,216
3	Revenue less expenses Subtract line 2 from line 1	3	-285,134
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,913,742
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	2,628,608

Part XII Financial Statements and ReportingCheck 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 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
b 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 ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
c 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	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Additional Data

Software ID:

Software Version:

EIN: 43-1017571

Name: NORTH EAST COMMUNITY ACTION CORPORATION
SUBSIDIARIES

Form 990 (2016)

Form 990, Part III, Line 4a:

COMMUNITY SERVICES BLOCK GRANT- PROVIDES INTAKE, ASSESSMENT AND REFERRAL, COMMUNITY DEVELOPMENT, AND LIFE SKILLS TO LOW INCOME INDIVIDUALS

Form 990, Part III, Line 4b:

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

Form 990, Part III, Line 4c:

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

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)				
(Code)	(Expenses \$	38,001	including grants of \$	34,289) (Revenue \$)
HOUSING PRESERVATION				
(Code)	(Expenses \$	52,428	including grants of \$	47,914) (Revenue \$)
MHDC-HTF EMERGENCY ASSISTANCE				

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

(Code) (Expenses \$ 30,920 including grants of \$ 301) (Revenue \$ 5,845) FAMILY HEALTH
(Code) (Expenses \$ 119,770 including grants of \$ 105,342) (Revenue \$) MISSOURI HOUSING TRUST FUND - WEATHERIZATION

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

(Code) (Expenses \$ 275,720 including grants of \$ 0) (Revenue \$ 34,893) WOMEN INFANT CHILDREN (WIC)
(Code) (Expenses \$ 4,546 including grants of \$ 0) (Revenue \$ 0) REVERSE MORTGAGE

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

(Code) (Expenses \$ 6,980 including grants of \$ 6,980) (Revenue \$ 0)
CDBG ST CHARLES
(Code) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
ST CHARLES CDGB HOMELESS PREVENTION

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

(Code UTILICARE WX	) (Expenses \$ 10,229	including grants of \$ 3,965	) (Revenue \$ 0
(Code LIBERTY WX	) (Expenses \$ 14,986	including grants of \$ 5,028	) (Revenue \$ 0

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

(Code) (Expenses \$ 430,377 including grants of \$ 199,606) (Revenue \$)
LIHEAP WX
(Code) (Expenses \$ 119,740 including grants of \$ 32,541) (Revenue \$)
LACLEDE GAS WX

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

(Code	) (Expenses \$	330,372	including grants of \$	108,628	) (Revenue \$	0
DNR - DED						

(Code	) (Expenses \$	23,657	including grants of \$	0) (Revenue \$	0)
NW HOUSING COUNSELING					

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

(Code) (Expenses \$ 468,826 including grants of \$ 87,126) (Revenue \$ 194,141)
FAMILY PLANNING
(Code) (Expenses \$ 154,089 including grants of \$ 0) (Revenue \$ 0)
FOSTER GRANDPARENTS PROGRAM

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

(Code) (Expenses \$ 13,033 including grants of \$ 0) (Revenue \$ 0) RURAL LISC
(Code) (Expenses \$ 23,167 including grants of \$ 0) (Revenue \$ 0) CHDO

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

(Code	) (Expenses \$	309,060	including grants of \$	272,955	) (Revenue \$	0
MHDC HERO						

(Code	) (Expenses \$	8,709	including grants of \$	0	) (Revenue \$	0
SUNTRUST						

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

(Code) (Expenses \$ 13,208 including grants of \$ 13,208) (Revenue \$)
FEMA
(Code) (Expenses \$ 128,310 including grants of \$ 2,028) (Revenue \$ 0)
NRC EXPENDABLE GRANT FUND

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

(Code) (Expenses \$ 43,905 including grants of \$ 43,905) (Revenue \$)
FEDERAL HOME LOAN MONROE
(Code) (Expenses \$ 847,955 including grants of \$) (Revenue \$ 939,820)
LINCOLN COUNTY PUBLIC HOUSING ADMINISTRATION

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

(Code) (Expenses \$ 327,884 including grants of \$) (Revenue \$ 290,206)
ST CHARLES COUNTY PUBLIC HOUSING ADMINISTRATION
(Code) (Expenses \$ 652 including grants of \$) (Revenue \$)
KEEPING CURRENT AMEREN UE

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

(Code) (Expenses \$ 201,632 including grants of \$ 84,080) (Revenue \$)
AMEREN ELECTRIC WX
(Code) (Expenses \$ 16,534 including grants of \$ 14,886) (Revenue \$)
ST CHARLES COUNTY HOMELESS/INDIGENT

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

(Code)	(Expenses \$ 38,264	including grants of \$ 18,853	(Revenue \$)
AMEREN GAS WX			

(Code)	(Expenses \$ 7,148	including grants of \$ 690	(Revenue \$)
NEIGHBORWORKS RESIDENT COUNCIL FUNDS			

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)				
(Code)	(Expenses \$	13,258	including grants of \$	(Revenue \$)
MHDC HTF OPERATING FUNDS				
(Code)	(Expenses \$		including grants of \$	(Revenue \$)
NEIGHBORWORK REAL ESTATE FOR REHAB				

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

(Code) (Expenses \$ 24,368 including grants of \$ 24,312) (Revenue \$)
HOUSING FIRST
(Code) (Expenses \$ 1,614,420 including grants of \$ 216,885) (Revenue \$ 1,661,724)
OTHER PROGRAMS

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

(Code) (Expenses \$ 43,616 including grants of \$) (Revenue \$ 23,503)
NECAC FAIRVIEW ESTATES
(Code) (Expenses \$ 82,842 including grants of \$) (Revenue \$ 36,604)
NECAC FAIRVIEW ESTATES 11-009

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

(Code) (Expenses \$ 85,576 including grants of \$) (Revenue \$ 65,637)
NECAC TELLA JANE
(Code) (Expenses \$ 97,878 including grants of \$) (Revenue \$ 40,547)
NECAC FAIRVIEW ESTATES III

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										(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
(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)										
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former					
BILL ALLEN BOARD MEMBER	0 50	X							0	0	0	
WILLIAM BARGER BOARD MEMBER	0 20	X							0	0	0	
MATT BASS BOARD MEMBER	0 50	X							0	0	0	
DREW BELT BOARD MEMBER	0 70	X							0	0	0	
LYNDON BODE CHAIRMAN	2 00	X		X					0	0	0	
JOHN BRACEY BOARD MEMBER	0 30	X							0	0	0	
MIKE BRIDGINS BOARD MEMBER	1 00	X							0	0	0	
JERELYN BURKEMPER BOARD MEMBER	0 60	X							0	0	0	
RANDALL CONE SECRETARY-TREASURER	2 00	X		X					0	0	0	
JERRY CRUTCHFIELD BOARD MEMBER	0 70	X							0	0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										(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
(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)										
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former					
RICH DANIELS BOARD MEMBER	0 50	X							0	0	0	
PATRICIA DANNER BOARD MEMBER	1 00	X							0	0	0	
TROY DAWKINS BOARD MEMBER	1 00	X							0	0	0	
JANE DORLAC BOARD MEMBER	2 00	X							0	0	0	
GLENN EAGAN BOARD MEMBER	1 00	X							0	0	0	
TRAVIS FLEER BOARD MEMBER	0 50	X							0	0	0	
ROY HARK BOARD MEMBER	0 50	X							0	0	0	
WILEY HIBBARD BOARD MEMBER	0 50	X							0	0	0	
DIANE HILEMAN BOARD MEMBER	1 00	X							0	0	0	
PEGGY HULTZ 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			
LOWELL JACKSON BOARD MEMBER	1 00	X						0	0	0
JEAN JONES BOARD MEMBER	1 20	X						0	0	0
MAXINE JONES BOARD MEMBER	1 00	X						0	0	0
PAUL KINNEY BOARD MEMBER	0 50	X						0	0	0
JOHN LAKE BOARD MEMBER	0 50	X						0	0	0
FRED LAYTON BOARD MEMBER	3 00	X						0	0	0
PAUL MADDOX BOARD MEMBER	0 25	X						0	0	0
BETTE MAXWELL BOARD MEMBER	1 00	X						0	0	0
CURT MITCHELL BOARD MEMBER	1 00	X						0	0	0
JESSE ROBERTS BOARD MEMBER	0 50	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			
ANGIE SCOTT BOARD MEMBER	1 00	X						0	0	0
MICKEY SHIPP BOARD MEMBER	0 50	X						0	0	0
JUDITH STATLER BOARD MEMBER	0 02	X						0	0	0
ANITA TELKAMP BOARD MEMBER	1 35	X						0	0	0
JEFF THOMSEN BOARD MEMBER	1 50	X						0	0	0
FRED VAHLE VICE CHAIR	2 50	X		X				0	0	0
DEBBIE VANNOY BOARD MEMBER	1 00	X						0	0	0
CLARENCE WALKER BOARD MEMBER	1 50	X						0	0	0
MIKE WHELAN BOARD MEMBER	1 00	X						0	0	0
JOSH WILSON BOARD MEMBER	0 50	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			
CHERYL WISDOM BOARD MEMBER	0 50	X						0	0	0
DONALD PATRICK PRESIDENT & CEO	40 00			X				89,828	0	14,477
VICKY PRITCHETT FINANCE DIRECTOR	40 00			X				59,024	0	12,645
JANICE ROBINSON DEPUTY DIRECTOR	40 00			X				60,424	0	12,729
CARLA POTTS DEPUTY DIRECTOR	40 00			X				68,024	0	13,185
BRENDA FUQUA DEPUTY DIRECTOR	40 00			X				53,240	0	11,233
DAN PAGE CHIEF DEPUTY DIRECTOR	40 00			X				67,193	0	6,351

SCHEDULE A (Form 990 or 990-EZ)	Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .	OMB No 1545-0047
		2016 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization NORTH EAST COMMUNITY ACTION CORPORATION SUBSIDIARIES	Employer identification number 43-1017571
--	---

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 12, 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 (Form 990 or 990-EZ))
- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12

☐

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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations _____
- g

Provide the following information about the supported organization(s) _____

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	5,787,899	6,915,458	6,350,308	6,579,288	6,642,716	32,275,669
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	5,787,899	6,915,458	6,350,308	6,579,288	6,642,716	32,275,669
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						32,275,669

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7	Amounts from line 4	5,787,899	6,915,458	6,350,308	6,579,288	6,642,716	32,275,669
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,465	9,709	6,545	7,096	9,882	38,697
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 VI)	37,233	49,217	35,589	24,759	30,116	176,914
11	Total support. Add lines 7 through 10						32,491,280
12	Gross receipts from related activities, etc (see instructions)					12	24,079,150
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14 99.340 %
15	Public support percentage for 2015 Schedule A, Part II, line 14	15 99.360 %
16a	33 1/3% support test—2016. 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—2015. 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—2016. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐	
b	10%-facts-and-circumstances test—2015. 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 VI 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 III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2016. 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—2015. 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 Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a ☐ The organization satisfied the Activities Test. Complete line 2 below.		
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI)		
2 Acquisition indebtedness applicable to non-exempt use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by .035	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493211007498	
SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service		Supplemental Financial Statements ► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.			OMB No 1545-0047 2016 Open to Public Inspection
Name of the organization NORTH EAST COMMUNITY ACTION CORPORATION SUBSIDIARIES				Employer identification number 43-1017571	
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.					
		(a) Donor advised funds		(b) Funds and other accounts	
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of 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?					
☐ Yes ☐ No					
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?					
☐ Yes ☐ No					
Part II Conservation Easements. Complete if the organization answered "Yes" on 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				2a	
b Total acreage restricted by conservation easements				2b	
c Number of conservation easements on a certified historic structure included in (a)				2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register				2d	
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, handling of violations, and enforcing conservation easements during the year ►					
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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) Revenue included on 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 Revenue included on Form 990, Part VIII, line 1 ► \$					
b Assets included in Form 990, Part X ► \$					
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
		Cat No 52283D		Schedule D (Form 990) 2016	

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" on 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, for escrow or custodial account liability?

☐ 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" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c 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 on 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

b

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

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

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' on 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		685,112		685,112
b Buildings		11,920,242	2,549,674	9,370,568
c Leasehold improvements				
d Equipment		786,454	713,904	72,550
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				10,128,230

Part VII

Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c.
See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) WORK IN PROGRESS - WEATHERIZATITON	67,235
(2) SECURITY DEPOSIT ESCROW	64,111
(3) PROJECT ESCROW	96,446
(4) REPLACEMENT RESERVE	1,462,077
(5) FUTURE DEVELOPMENT PROJECTS	36,567
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	1,726,436

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
ACCRUED VACATION	131,881
ACCRUED INTEREST	171,578
REAL ESTATE TAX PAYABLE	42,641
SECURITY DEPOSITS PAYABLE	63,931
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	410,031

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☒

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

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

1	Total revenue, gains, and other support per audited financial statements	1	11,207,767
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	11,685
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	11,685
3	Subtract line 2e from line 1	3	11,196,082
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	0
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	11,196,082

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

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

1	Total expenses and losses per audited financial statements	1	11,492,901
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	11,685
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	11,685
3	Subtract line 2e from line 1	3	11,481,216
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	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	11,481,216

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental 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, 2017, MANAGEMENT BELIEVES THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THE ORGANIZATION FILES FORM 990 RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX RETURNS PRIOR TO 2013 ARE CLOSED

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
NORTH EAST COMMUNITY ACTION CORPORATION
SUBSIDIARIES

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

Complete if the organization answered "Yes," on 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

2016

Open to Public Inspection

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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 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
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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 Domestic Individuals.** Complete if the organization answered "Yes" on 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	5193	1,868,079			
(2) RENT	175	107,460			
(3) HOME REPAIR - WEATHERIZATION	338	911,706			
(4) MEDICAL	1394	87,501			
(5) DOWNPAYMENT	36	143,696			
(6) FOOD & PERSONAL CARE	76	11,653			
(7) TRANSPORTATION	3	2,150			
(7)					

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

Additional Data

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

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
UTILITY	5193	1,868,079			
RENT	175	107,460			
HOME REPAIR - WEATHERIZATION	338	911,706			
MEDICAL	1394	87,501			
DOWNPAYMENT	36	143,696			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.					
(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
FOOD & PERSONAL CARE	76	11,653			
TRANSPORTATION	3	2,150			

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
NORTH EAST COMMUNITY ACTION CORPORATION
SUBSIDIARIES

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

43-1017571

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 WAS REVIEWED AND APPROVED BY THE FINANCE DIRECTOR AND FINANCE COMMITTEE, PRIOR TO FILING THE 990 IS PRESENTED TO THE FULL BOARD AT THE NEXT REGULARLY SCHEDULED BOARD OF DIRECTORS MEETING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION RELIES ON SELF-MONITORING OFFICERS, DIRECTORS, AND KEY EMPLOYEES ARE EXPECTED TO DISCLOSE ANY INTERESTS THAT COULD GIVE RISE TO CONFLICTS, AS THEY ARISE CONFLICTS OR PERCEIVED CONFLICTS ARE DEALT WITH ON A CASE BY CASE BASIS

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	NO CHANGE TO THE ORGANIZATION'S OVERSIGHT OR SELECTION PROCESS

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493211007498

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

OMB No 1545-0047

2016

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	7,290	85,139	N/A
(2) NECAC FAIRVIEW ESTATES 09-017 LLC PO BOX 470 BOWLING GREEN, MO 63334 43-1017571	FOSTER LOW-INCOME HOUSING	MO	25,551	814,343	N/A
(3) NECAC FAIRVIEW ESTATES 11-009 LLC PO BOX 470 BOWLING GREEN, MO 63334 43-1017571	FOSTER LOW-INCOME HOUSING	MO	39,497	1,457,719	N/A
(4) NECAC FAIRVIEW ESTATES 13-020 LLC PO BOX 470 BOWLING GREEN, MO 63334 43-1017871	FOSTER LOW-INCOME HOUSING	MO	43,767	1,550,141	N/A
(5) NECAC TELLA JANE LLC PO BOX 470 BOWLING GREEN, MO 63334 43-1017571	FOSTER LOW-INCOME HOUSING	MO	73,260	781,684	N/A
(6) NECAC CREEKSIDE LLC PO BOX 470 BOWLING GREEN, MO 63334 43-1017571	FOSTER LOW-INCOME HOUSING	MO	0	25,100	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.

See Additional Data Table

(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	

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		10,318	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 Yes	
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
(1)BERKSHIRE ESTATES LP	L	94,306	SERVICES AGREEMENT
(2)FAIRGROUNDS VILLA LP	L	298,976	SERVICES AGREEMENT

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)

Additional Data

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

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(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	7,290	85,139	N/A
(1) NECAC FAIRVIEW ESTATES 09-017 LLC PO BOX 470 BOWLING GREEN, MO 63334 43-1017571	FOSTER LOW-INCOME HOUSING	MO	25,551	814,343	N/A
(2) NECAC FAIRVIEW ESTATES 11-009 LLC PO BOX 470 BOWLING GREEN, MO 63334 43-1017571	FOSTER LOW-INCOME HOUSING	MO	39,497	1,457,719	N/A
(3) NECAC FAIRVIEW ESTATES 13-020 LLC PO BOX 470 BOWLING GREEN, MO 63334 43-1017871	FOSTER LOW-INCOME HOUSING	MO	43,767	1,550,141	N/A
(4) NECAC TELLA JANE LLC PO BOX 470 BOWLING GREEN, MO 63334 43-1017571	FOSTER LOW-INCOME HOUSING	MO	73,260	781,684	N/A
(5) NECAC CREEKSIDE LLC PO BOX 470 BOWLING GREEN, MO 63334 43-1017571	FOSTER LOW-INCOME HOUSING	MO	0	25,100	N/A

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) 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) 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) 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) 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) 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) 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) 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) Disproprtionate 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	
(1) 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	4	180,060		No		Yes		0 010 %
(1) 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	-1			No			No	0 010 %
(2) 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	-888	11,066		No			No	1 000 %
(3) 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	-7	48,901		No		Yes		0 010 %
(4) 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	-11	96,697		No		Yes		0 010 %
(5) 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	-292,447	-104,787		No			No	0 010 %
(6) 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	268,105		No		Yes		0 010 %
(7) 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	-9	547,996		No		Yes		0 010 %
(8) 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	60	25,364		No		Yes		0 010 %
(9) 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	-492	47,471		No		Yes		49 990 %
(10) 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	434	-7,487		No		Yes		5 000 %
(11) 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	104	54,776		No		Yes		5 000 %
(12) 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	6,148	87,489		No		Yes		1 000 %
(13) 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	116	79,104		No		Yes		4 900 %
(14) 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	-11	795,920	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) 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	
(16) 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	-12	162,217		No		Yes		0 010 %
(1) CANTERBURY PARK LP PO BOX 7688 COLUMBIA, MO 65205 43-1914805	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS	MO	NSI- CANTERBURY PARK	RELATED	2	26,188	Yes				No	0 800 %
(2) WOODCREST VILLAS LP PO BOX 7688 COLUMBIA, MO 65205 33-1000273	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS	MO	NSI-LINCOLN COUNTY	RELATED	-1	24,835		No			No	45 900 %
(3) 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	-9	1,365,835	Yes			Yes		0 010 %
(4) 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	-2	24,183		No		Yes		0 010 %
(5) 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	-8	380,958		No		Yes		0 010 %
(6) 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	5,205	662,410		No		Yes		50 000 %
(7) 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	-5	171,521		No		Yes		50 000 %
(8) 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	-5	293,265		No		Yes		0 010 %
(9) 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	-4	412,415		No		Yes		0 010 %
(10) BERKSHIRE ESTATES LP PO BOX 470 BOWLING GREEN, MO 63334 47-2606107	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS	MO	NECAC BERKSHIRE GP LLC	RELATED	-12	3,010,809		No		Yes		0 010 %
(11) FAIRGROUNDS VILLA LP PO BOX 470 BOWLING GREEN, MO 63334 47-4818484	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS	MO	NECAC AFFORDABLE HOUSING LLC	RELATED		20		No		Yes		0 010 %