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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 10-01-2017 , and ending 09-30-2018

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) | Room/suite
16 N COURT PO BOX 470

City or town, state or province, country, and ZIP or foreign postal code
BOWLING GREEN, MO 63334

D Employer identification number
43-1017571

E Telephone number
(573) 324-2231

G Gross receipts $ 11,684,598

F Name and address of principal officer
DONALD PATRICK
16 N COURT PO BOX 470
BOWLING GREEN, MO 63334

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW NECAC ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1975

M State of legal domicile MO

Part I Summary

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)	**3**	36
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	36
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	**5**	261
6	Total number of volunteers (estimate if necessary)	**6**	41
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	6,642,716	6,797,312
9	Program service revenue (Part VIII, line 2g)	4,618,872	4,750,064
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-95,622	21,010
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	30,116	111,795
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,196,082	11,680,181
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,132,245	3,112,316
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)	5,839,294	5,993,816
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶14,002		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,509,677	2,804,658
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	11,481,216	11,910,790
19	Revenue less expenses Subtract line 18 from line 12	-285,134	-230,609

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	18,900,324	19,929,642
21	Total liabilities (Part X, line 26)	16,271,716	17,531,643
22	Net assets or fund balances Subtract line 21 from line 20	2,628,608	2,397,999

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

****** 2019-07-31
Signature of officer Date

DONALD PATRICK PRESIDENT AND CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
MICHELE A GRAHAM CPA	MICHELE A GRAHAM CPA			P00147104

Firm's name ▶ BOTZ DEAL & COMPANY PC — Firm's EIN ▶ 43-1064657

Firm's address ▶ TWO WESTBURY DRIVE
ST CHARLES, MO 63303 — Phone no (636) 946-2800

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 1,121,022 including grants of $ 3,245) (Revenue $)

See Additional Data

4b (Code) (Expenses $ 2,226,229 including grants of $ 1,928,020) (Revenue $)

See Additional Data

4c (Code) (Expenses $ 1,349,096 including grants of $ 110) (Revenue $ 1,035,821)

See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O)

(Expenses $ 6,262,254 including grants of $ 1,180,941) (Revenue $ 3,714,243)

4e Total program service expenses ▶ 10,958,601

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? *If "Yes," complete Schedule H*	**20a**		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**		
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? *If "Yes," complete Schedule I, Parts I and II*	**21**		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? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		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? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		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? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	1,103		
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**	261		
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

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(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										

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) ▶								417,990	0	71,466

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? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ANGLE RIDGE 170 FAWN RIDGE DR TROY, MO 63379	CONSTRUCTION	175,001
BUDGET HEATING COOLING & PLUMBING 325 MID RIVERS MALL DR ST PETERS, MO 63376	HVAC	158,993
HART CONSTRUCTION 16128 HAZEL AVE ATLANTA, MO 63530	CONSTRUCTION	122,950

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 . . . . . ☐

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . .	1a			
	b Membership dues . .	1b			
	c Fundraising events . .	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e	6,297,747		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	499,565		
	g Noncash contributions included in lines 1a-1f $ 171,885				
	h **Total.** Add lines 1a-1f . . . . . ▶		6,797,312		

Program Service Revenue	Business Code				
2a SERVICE AND PATIENT FEE	624100	2,718,915	2,718,915		
b ADMINISTRATION FEE	561000	1,218,907	1,218,907		
c RENTAL INCOME	532000	812,242	812,242		
d					
e					
f All other program service revenue					
g **Total.** Add lines 2a–2f . . . . ▶		4,750,064			

Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		13,598			13,598
4 Income from investment of tax-exempt bond proceeds ▶					
5 Royalties . . . . . ▶					
	(i) Real / (ii) Personal				
6a Gross rents					
b Less rental expenses					
c Rental income or (loss)					
d Net rental income or (loss) . . . . . ▶					
	(i) Securities / (ii) Other				
7a Gross amount from sales of assets other than inventory	11,829				
b Less cost or other basis and sales expenses	4,417				
c Gain or (loss)	7,412				
d Net gain or (loss) . . . . . ▶		7,412			7,412
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	111,795			111,795
b					
c					
d All other revenue					
e **Total.** Add lines 11a–11d . . . . . ▶		111,795			
12 **Total revenue.** See Instructions . . . . . ▶		11,680,181	4,750,064	0	132,805

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
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	3,112,316	3,112,316		
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	515,039	234,252	266,785	14,002
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	3,937,313	3,556,095	381,218	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	1,201,761	1,092,316	109,445	
10 Payroll taxes	339,703	292,595	47,108	
11 Fees for services (non-employees)				
a Management				
b Legal	21,095	18,504	2,591	
c Accounting	71,100	23,150	47,950	
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)	102,346	97,810	4,536	
12 Advertising and promotion				
13 Office expenses	74,806	66,619	8,187	
14 Information technology				
15 Royalties . .				
16 Occupancy	483,626	465,430	18,196	
17 Travel	219,808	214,790	5,018	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings				
20 Interest	278,714	278,714		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .	438,274	438,274		
23 Insurance . . .	173,730	156,844	16,886	
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	342,954	335,432	7,522	
b PROGRAM SUPPLIES	148,136	137,905	10,231	
c BAD DEBT	134,054	134,054		
d STIPENDS	80,405	80,405		
e All other expenses	235,610	223,096	12,514	
25 **Total functional expenses.** Add lines 1 through 24e	11,910,790	10,958,601	938,187	14,002
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 Sheet

Check 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			1	
	2	Savings and temporary cash investments		312,369	2	312,852
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		1,131,023	4	1,203,991
	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		5,488,770	7	5,482,870
	8	Inventories for sale or use		35,984	8	62,829
	9	Prepaid expenses and deferred charges		77,512	9	83,053
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 15,092,315			
	b	Less accumulated depreciation	10b 4,376,065	10,128,230	10c	10,716,250
	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		1,726,436	15	2,067,797
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		18,900,324	16	19,929,642
Liabilities	17	Accounts payable and accrued expenses		321,352	17	936,384
	18	Grants payable			18	
	19	Deferred revenue		389,785	19	338,407
	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		14,889,003	23	15,377,167
	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		671,576	25	879,685
	26	**Total liabilities.** Add lines 17 through 25		16,271,716	26	17,531,643
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		1,970,866	27	1,690,256
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets		657,742	29	707,743
		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		2,628,608	33	2,397,999
	34	Total liabilities and net assets/fund balances		18,900,324	34	19,929,642

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,680,181
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,910,790
3	Revenue less expenses Subtract line 2 from line 1	3	-230,609
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,628,608
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	2,397,999

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ 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?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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			
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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	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	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 43-1017571

Name: NORTH EAST COMMUNITY ACTION CORPORATION SUBSIDIARIES

Form 990 (2017)

Form 990, Part III, Line 4a:

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

Form 990, Part III, Line 4b:

ENERGY CRISIS INTERVENTION PROGRAM - PROVIDES UTILITY ASSISTANCE PAYMENTS TO FAMILIES IN JEOPRADY 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 $	44,957	including grants of $	41,090)	(Revenue $)
HOUSING PRESERVATION					
(Code)	(Expenses $	35,029	including grants of $	30,849)	(Revenue $)
MHDC-HTF EMERGENCY ASSISTANCE					

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

(Code	) (Expenses $	24,358	including grants of $	306	) (Revenue $	4,947)
FAMILY HEALTH						
(Code	) (Expenses $	113,090	including grants of $	100,800	) (Revenue $	)
MISSOURI HOUSING TRUST FUND - WEATHERIZATION						

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

(Code	) (Expenses $	298,354	including grants of $	0) (Revenue $	30,346)	
WOMEN, INFANT, CHILDREN						
(Code	) (Expenses $	255	including grants of $	0) (Revenue $	0)	
REVERSE MORTGAGE						

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

(Code	) (Expenses $	12,775	including grants of $	0	) (Revenue $	0	)
LISC BREATHE EASY HOMES							
(Code	) (Expenses $	6,823	including grants of $	6,823	) (Revenue $		)
ST CHARLES, COMMUNITY DEVELOPMEMNT BLOCK GRANT, HOMELESS PREVENTION							

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

(Code	) (Expenses $	20,668	including grants of $	18,034) (Revenue $	)
MO HIP					
(Code	) (Expenses $	15,040	including grants of $	5,033) (Revenue $	)
LIBERTY WEATHERIZATION					

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

(Code)	(Expenses $	424,938	including grants of $	201,332)	(Revenue $)
LIHEAP WEATHERIZATION					
(Code)	(Expenses $	84,168	including grants of $	43,264)	(Revenue $)
LACLEDCE GAS WEATHERIZATION					

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

(Code) (Expenses $	292,562	including grants of $	48,973) (Revenue $	)	
DNR - DED					
(Code) (Expenses $	10,599	including grants of $	) (Revenue $	)	
NW HOUSING COUNSELING					

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

(Code	) (Expenses $	504,025	including grants of $	80,790	) (Revenue $	169,969)
FAMILY PLANNING						
(Code	) (Expenses $	131,868	including grants of $		) (Revenue $	)
FOSTER GRANDPARENTS						

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

(Code)	(Expenses $	25,312	including grants of $	) (Revenue $	)
RURAL LISC					
(Code)	(Expenses $	50,161	including grants of $	) (Revenue $	)
SELF HELP					

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

(Code)	(Expenses $	20,404	including grants of $	)	(Revenue $)
CHDO					
(Code)	(Expenses $	353,699	including grants of $	288,698	(Revenue $)
MHDC HERO					

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

(Code)	(Expenses $	3,018	including grants of $	)	(Revenue $)
SUNTRUST					
(Code)	(Expenses $	13,032	including grants of $	13,032	(Revenue $)
FEMA					

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

(Code	) (Expenses $	131,912	including grants of $	90) (Revenue $	)
NRC EXPENDABLE GRANT FUND					
(Code	) (Expenses $	36,183	including grants of $	10,970) (Revenue $	)
SAFE AND SOUND NW					

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

(Code	) (Expenses $	144	including grants of $	) (Revenue $	)
NW FAIRVIEW RESIDENT COUNCIL					
(Code	) (Expenses $	904,409	including grants of $	) (Revenue $	1,003,458)
LINCOLN COUNTY PUBLIC HOUSING AUTHORITY					

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

(Code	) (Expenses $	344,205	including grants of $	) (Revenue $	646,352)
ST CHARLES COUNTY PUBLIC HOUSING ADMINISTRATION					
(Code	) (Expenses $	463	including grants of $	) (Revenue $	)
KEEPING CURRENT					

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

(Code	) (Expenses $	96,161	including grants of $	35,246) (Revenue $	)
AMEREN ELECTRIC WEATHERIZATION					
(Code	) (Expenses $	12,757	including grants of $	7,679) (Revenue $	)
ST CHARLES COUNTY HOMELESS / INDIGENT					

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

(Code	) (Expenses $	38,259	including grants of $	5,818) (Revenue $	)
AMEREN GAS WEATHERIZATION					
(Code	) (Expenses $	5,587	including grants of $	427) (Revenue $	)
NEIGHBORWORKS RESIDENT COUNCIL FUNDS					

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

(Code)	(Expenses $	10,449	including grants of $	) (Revenue $)
MHDC HTF OPERATING FUNDS				
(Code)	(Expenses $	3,263	including grants of $	) (Revenue $)
WELLS FARGO				

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

(Code	) (Expenses $	1,736,351	including grants of $	241,687)	(Revenue $	1,583,625)
OTHER PROGRAMS						
(Code	) (Expenses $	39,773	including grants of $	)	(Revenue $	27,841)
NECAC FAIRVIEW ESTATES						

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

(Code	) (Expenses $	74,968	including grants of $	) (Revenue $	37,329)
NECAC FAIRVIEW ESTATES II (11-009)					
(Code	) (Expenses $	88,278	including grants of $	) (Revenue $	67,296)
NECAC TELLA JANE					

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

(Code	) (Expenses $	93,758	including grants of $	) (Revenue $	46,210)
NECAC FAIRVIEW ESTATES III (13-020)					
(Code	) (Expenses $	160,199	including grants of $	) (Revenue $	96,870)
CREEKSIDE APARTMENTS					

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			
BILL ALLEN BOARD MEMBER	0 38	X						0	0	0
WILLIAM BARGER BOARD MEMBER	0 50	X						0	0	0
MATT BASS BOARD MEMBER	0 50	X						0	0	0
LYNDON BODE CHAIRMAN	2 00	X		X				0	0	0
MIKE BRIDGINS BOARD MEMBER	0 50	X						0	0	0
JERELYN BURKEMPER BOARD MEMBER	0 50	X						0	0	0
RANDALL CONE SECRETARY	1 00	X		X				0	0	0
JERRY CRUTCHFIELD BOARD MEMBER	1 50	X						0	0	0
RICH DANIELS BOARD MEMBER	1 00	X						0	0	0
TROY DAWKINS 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			
TINA DEUTSCHMANN BOARD MEMBER	0 10	X						0	0	0
JANE DORLAC BOARD MEMBER	0 50	X						0	0	0
GLENN EAGAN BOARD MEMBER	0 75	X						0	0	0
TRAVIS FLEER BOARD MEMBER	1 00	X						0	0	0
ROY HARK BOARD MEMBER	1 00	X						0	0	0
DIANE HILEMAN BOARD MEMBER	1 00	X						0	0	0
PEGGY HULTZ BOARD MEMBER	0 80	X						0	0	0
CURTISSA HUNTER BOARD MEMBER	0 54	X						0	0	0
MARY HUTCHISON BOARD MEMBER	0 50	X						0	0	0
LOWELL JACKSON BOARD MEMBER	0 40	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			
JEAN JONES BOARD MEMBER	1 00	X						0	0	0
MAXINE JONES BOARD MEMBER	1 00	X						0	0	0
PAUL KINNEY BOARD MEMBER	0 50	X						0	0	0
MARY KRAICHEHY BOARD MEMBER	0 10	X						0	0	0
JOHN LAKE BOARD MEMBER	5 00	X						0	0	0
ANGIE SCOTT BOARD MEMBER	0 80	X						0	0	0
MICKEY SHIPP BOARD MEMBER	0 50	X						0	0	0
JUDITH STATLER BOARD MEMBER	0 02	X						0	0	0
FRED VAHLE VICE CHAIR	1 00	X		X				0	0	0
CLARENCE WALKER 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			
MIKE WHELAN BOARD MEMBER	0 40	X						0	0	0
JOSH WILSON BOARD MEMBER	0 67	X						0	0	0
CHERYL WISDOM BOARD MEMBER	0 50	X						0	0	0
DONALD PATRICK PRESIDENT & CEO	40 00			X				93,600	0	15,354
VICKY PRITCHETT FINANCE DIRECTOR	40 00			X				61,200	0	13,427
JANICE ROBINSON DEPUTY DIRECTOR	40 00			X				62,552	0	13,506
CARLA POTTS DEPUTY DIRECTOR	40 00			X				70,392	0	13,979
BRENDA FUQUA DEPUTY DIRECTOR	40 00			X				55,128	0	11,960
DAN PAGE CHIEF DEPUTY DIRECTOR	40 00			X				75,118	0	3,240

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2017

Open to Public Inspection

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

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170 (b)(1)(A)(ix)**

(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	6,915,458	6,350,308	6,579,288	6,642,716	6,797,312	33,285,082
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	6,915,458	6,350,308	6,579,288	6,642,716	6,797,312	33,285,082
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						33,285,082

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7 Amounts from line 4	6,915,458	6,350,308	6,579,288	6,642,716	6,797,312	33,285,082
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,709	6,545	7,096	9,882	13,598	46,830
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)	49,217	35,589	24,759	30,116	111,795	251,476
11 **Total support.** Add lines 7 through 10						33,583,388

12 Gross receipts from related activities, etc (see instructions)	12	24,058,959

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 2017 (line 6, column (f) divided by line 11, column (f))	14	99 110 %
15 Public support percentage for 2016 Schedule A, Part II, line 14	15	99 340 %

16a **33 1/3% support test—2017.** 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—2016.** 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—2017.** 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—2016.** 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2016** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2017.** 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—2016.** 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? *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*	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)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	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)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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*	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)? *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*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *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)*	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? *If "Yes," provide detail in* ***Part VI.***	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? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	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))? *If "Yes," provide detail in* ***Part VI.***	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? *If "Yes," provide detail in* ***Part VI.***	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? *If "Yes," provide detail in* ***Part VI.***	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)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	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?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	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? *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*	1		
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? *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*	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)? *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)*	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?	1		
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? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
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? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	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)

			Yes	No
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? *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*	2a		
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? *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*	2b		
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? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	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 (explain in Part VI) **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 2017 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-2017**	**(iii) Distributable Amount for 2017**
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2018.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 43-1017571

Name: NORTH EAST COMMUNITY ACTION CORPORATION SUBSIDIARIES

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

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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

2017

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 ▶ $ _____

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	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

	Yes	No
(i) unrelated organizations . . . . . 3a(i)		
(ii) related organizations . . . . . 3a(ii)		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 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		13,609,980	3,639,927	9,970,053
c Leasehold improvements				
d Equipment		797,223	736,138	61,085
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				10,716,250

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 - WEATHERIZATION	99,548
(2) SECURITY DEPOSIT ESCROW	66,656
(3) PROJECT ESCROW	139,009
(4) REPLACEMENT RESERVE	1,540,862
(5) FUTURE DEVELOPMENT PROJECTS	135,001
(6) DEFERRED DEVELOPER FEES	86,721
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	2,067,797

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	128,087
ACCRUED INTEREST	261,188
REAL ESTATE TAX PAYABLE	47,672
SECURITY DEPOSITS PAYABLE	66,330
PAYABLE TO LCPHA	376,408
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	879,685

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	11,691,746
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	11,565		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	11,565
3	Subtract line **2e** from line **1**			3	11,680,181
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	11,680,181

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	11,922,355
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	11,565		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	11,565
3	Subtract line **2e** from line **1**			3	11,910,790
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	11,910,790

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 RECOGNITI ON OF TAX BENEFITS RELATED TO UNCERTAIN TAX POSITIONS FOR THE YEAR ENDED SEPTEMBER 30, 20 18, MANAGEMENT BELIEVES THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THE ORGANIZATION FI LES FORM 990 RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX RETURNS PRIOR TO 2014 ARE CLOS ED

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," 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

2017

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Name of the organization
NORTH EAST COMMUNITY ACTION CORPORATION
SUBSIDIARIES

Employer identification number
43-1017571

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to 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 noncash 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) UTILITY	5895	1,983,553			
(2) RENT	146	74,292			
(3) HOME REPAIR - WEATHERIZATION	81	813,649			
(4) MEDICAL	1552	81,130			
(5) DOWNPAYMENT	38	146,679			
(6) FOOD & PERSONAL CARE	46	10,846			
(7) TRANSPORTATION	5	2,167			
(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	5895	1,983,553			
RENT	146	74,292			
HOME REPAIR - WEATHERIZATION	81	813,649			
MEDICAL	1552	81,130			
DOWNPAYMENT	38	146,679			

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	46	10,846			
TRANSPORTATION	5	2,167			

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
NORTH EAST COMMUNITY ACTION CORPORATION SUBSIDIARIES

Employer identification number
43-1017571

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		40	FAIR VALUE
5 Clothing and household goods	X		40	FAIR VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (INTEREST SUBSIDIES)	X	9	160,585	INTEREST CREDIT AGRE
26 Other ▶ (SCHOOL LUNCHES)	X	3,215	9,645	THE NORMAL CHARGE BY
27 Other ▶ (MISCELLANEOUS SUPPLIES)	X	5	1,575	FAIR VALUE
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — 29

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b	If "Yes," describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b	If "Yes," describe in Part II		
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 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

2017

Open to Public Inspection

Name of the organization
NORTH EAST COMMUNITY ACTION CORPORATION
SUBSIDIARIES

Employer identification number
43-1017571

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 WAS REVIEWED AND APPROVED BY THE FINANCE DIRECTOR AND FINANCE COMMITTEE, PRIO R TO FILING THE FINANCE COMMITTEE THEN PRESENTS TO THE FULL BOARD AT THE NEXT REGULARLY S CHEDULED 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 EXP ECTED TO DISCLOSE ANY INTERESTS THAT COULD GIVE RISE TO CONFLICTS, AS THEY ARISE CONFLICT S 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 B OARD ALL OTHER MANAGEMENT AND KEY EMPLOYEE COMPENSATION IS RECOMMENDED TO THE BOARD BY TH E 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

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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

2017

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	6,984	92,123	NECAC
(2) NECAC FAIRVIEW ESTATES 09-017 LLC PO BOX 470 BOWLING GREEN, MO 63334 43-1017571	FOSTER LOW-INCOME HOUSING	MO	29,991	802,907	NECAC
(3) NECAC FAIRVIEW ESTATES 11-009 LLC PO BOX 470 BOWLING GREEN, MO 63334 43-1017571	FOSTER LOW-INCOME HOUSING	MO	40,148	1,418,095	NECAC
(4) NECAC FAIRVIEW ESTATES 13-020 LLC PO BOX 470 BOWLING GREEN, MO 63334 43-1017571	FOSTER LOW-INCOME HOUSING	MO	49,579	1,503,424	NECAC
(5) NECAC TELLA JANE LLC PO BOX 470 BOWLING GREEN, MO 63334 43-1017571	FOSTER LOW-INCOME HOUSING	MO	74,830	763,055	NECAC
(6) NECAC CREEKSIDE LLC PO BOX 470 BOWLING GREEN, MO 63334 43-1017571	FOSTER LOW-INCOME HOUSING	MO	0	25,100	NECAC

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	(g) 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-LOUISANA 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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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	(i) 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

			Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or**(iv)** rent from a controlled entity	1a	Yes	
b	Gift, grant, or capital contribution to related organization(s)	1b		No
c	Gift, grant, or capital contribution from related organization(s)	1c		No
d	Loans or loan guarantees to or for related organization(s)	1d		No
e	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o	Sharing of paid employees with related organization(s)	1o		No
p	Reimbursement paid to related organization(s) for expenses	1p		No
q	Reimbursement paid by related organization(s) for expenses	1q	Yes	
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1s		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)BERKSHIRE ESTATES LP	L	173,014	SERVICES AGREEMENT
(2)FAIRGROUNDS VILLA SP	L	20,022	SERVICES AGREEMENT
(3)MOBERLY ASSOCIATES II LP	A	2,750	SERVICES AGREEMENT
(4)FAIRGROUNDS VILLA SP	Q	65,861	SERVICES AGREEMENT

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

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	

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
NECAC AFFORDABLE HOUSING LLC PO BOX 470 BOWLING GREEN, MO 63334 43-1017571	FOSTER LOW-INCOME HOUSING	MO	6,984	92,123	NECAC
NECAC FAIRVIEW ESTATES 09-017 LLC PO BOX 470 BOWLING GREEN, MO 63334 43-1017571	FOSTER LOW-INCOME HOUSING	MO	29,991	802,907	NECAC
NECAC FAIRVIEW ESTATES 11-009 LLC PO BOX 470 BOWLING GREEN, MO 63334 43-1017571	FOSTER LOW-INCOME HOUSING	MO	40,148	1,418,095	NECAC
NECAC FAIRVIEW ESTATES 13-020 LLC PO BOX 470 BOWLING GREEN, MO 63334 43-1017571	FOSTER LOW-INCOME HOUSING	MO	49,579	1,503,424	NECAC
NECAC TELLA JANE LLC PO BOX 470 BOWLING GREEN, MO 63334 43-1017571	FOSTER LOW-INCOME HOUSING	MO	74,830	763,055	NECAC
NECAC CREEKSIDE LLC PO BOX 470 BOWLING GREEN, MO 63334 43-1017571	FOSTER LOW-INCOME HOUSING	MO	0	25,100	NECAC

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
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
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
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
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
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
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
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	
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				No		Yes		0 010 %
LINCOLN VILLA LP PO BOX 470 BOWLING GREEN, MO 63334 43-1831963	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS	MO	NSI-LINCOLN COUNTY	RELATED	1	81,282		No			No	0 010 %
HANNIBAL PROPERTIES LP PO BOX 470 BOWLING GREEN, MO 63334 43-1865035	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS	MO	NSI-HANNIBAL RIVERBLUFF INC	RELATED	-699	10,297		No			No	1 000 %
MOBERLY ASSOCIATES II LP PO BOX 470 BOWLING GREEN, MO 63334 20-2405182	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS	MO	NECAC AFFORDABLE HOUSING LLC	RELATED	-4	49,329		No		Yes		0 010 %
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	106	74,546		No			No	4 900 %
ANDERSON ESTATES LP PO BOX 470 BOWLING GREEN, MO 63334 20-4322982	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS	MO	NECAC AFFORDABLE HOUSING LLC	RELATED	-10	96,688		No		Yes		0 010 %
MILL POND SENIOR HOUSING LP PO BOX 470 BOWLING GREEN, MO 63334 20-4819611	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS	MO	NECAC MILL POND SENIOR HOUSING GP INC	RELATED	-252,632	-305,183		No			No	0 010 %
LEWIS COUNTY AFFORDABLE HOUSING LP PO BOX 470 BOWLING GREEN, MO 63334 20-8810226	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS	MO	NECAC AFFORDABLE HOUSING LLC	RELATED	-2	293,859		No		Yes		0 010 %
HANNIBAL AFFORDABLE HOUSING LP PO BOX 470 BOWLING GREEN, MO 63334 20-1765697	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS	MO	NECAC AFFORDABLE HOUSING LLC	RELATED	-9	561,391		No		Yes		0 010 %
BOWLING GREEN ASSOCIATES I LP PO BOX 470 BOWLING GREEN, MO 63334 43-1305436	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS	MO	NECAC AFFORDABLE HOUSING LLC	RELATED	245	24,283		No		Yes		0 010 %
CLARKSVILLE ESTATES LP PO BOX 470 BOWLING GREEN, MO 63334 93-1097513	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS	MO	NECAC AFFORDABLE HOUSING LLC	RELATED	-469	73,958		No		Yes		49 990 %
JONESBURG PROPERTIES LP PO BOX 470 BOWLING GREEN, MO 63334 43-1348172	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS	MO	NECAC AFFORDABLE HOUSING LLC	RELATED	531	1,404		No		Yes		5 000 %
MONTGOMERY CITY PROPERTIES LP PO BOX 470 BOWLING GREEN, MO 63334 43-1348175	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS	MO	NECAC AFFORDABLE HOUSING LLC	RELATED	-257	65,158		No		Yes		5 000 %
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	-12	787,758		No		Yes		0 010 %
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	-13	156,276		No		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) 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	
CANTERBURY PARK LP PO BOX 7688 COLUMBIA, MO 65205 43-1914805	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS	MO	NSI - CANTERBURY PARK	RELATED	-1	152,332	Yes				No	0 800 %
WOODCREST VILLAS LP PO BOX 7688 COLUMBIA, MO 65205 33-1000273	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS	MO	NSI - LINCOLN COUNTY	RELATED	-2	17,159		No			No	45 900 %
HICKORY HOLLOW OF ST CHARLES COUNTY LP PO BOX 7688 COLUMBIA, MO 65205 20-2275469	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS	MO	NECAC AFFORDABLE HOUSING LLC	RELATED	-11	1,390,402	Yes			Yes		0 010 %
GENTEMANN MANOR LP PO BOX 7688 COLUMBIA, MO 65205 81-0602388	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS	MO	NECAC AFFORDABLE HOUSING LLC	RELATED	-3	23,033		No		Yes		0 010 %
GENTEMANN MANOR II LP PO BOX 7688 COLUMBIA, MO 65205 20-5085216	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS	MO	NECAC AFFORDABLE HOUSING LLC	RELATED	-9	371,942		No		Yes		0 010 %
KIRKSVILLE AFFORDABLE HOUSING LP PO BOX 470 BOWLING GREEN, MO 63334 26-3911165	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS	MO	NECAC AFFORDABLE HOUSING LLC	RELATED	4,694	668,583		No		Yes		50 000 %
OAKWOOD SENIOR APARTMENTS LP PO BOX 470 BOWLING GREEN, MO 63334 27-0887533	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS	MO	NECAC AFFORDABLE HOUSING LLC	RELATED	-5	169,990		No		Yes		50 000 %
BELLEFIELD ESTATES LP PO BOX 470 BOWLING GREEN, MO 63334 27-0887464	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS	MO	NECAC AFFORDABLE HOUSING LLC	RELATED	-4	304,015		No		Yes		0 010 %
CRAWFORD COUNTY AFFORDABLE HOUSING LP PO BOX 470 BOWLING GREEN, MO 63334 27-1203946	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS	MO	NECAC AFFORDABLE HOUSING LLC	RELATED	-6	417,423		No		Yes		0 010 %
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	-20	75,335		No		Yes		0 010 %
FAIRGROUNDS VILLA LP PO BOX 470 BOWLING GREEN, MO 63334 47-4818484	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS	MO	NECAC FAIRGROUNDS VILLA GP LLC	RELATED	-16	4,569,712		No		Yes		0 010 %