

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2015 calendar year, or tax year beginning **OCT 1, 2015** and ending **SEP 30, 2016**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> 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, P.O. BOX 470 City or town, state or province, country, and ZIP or foreign postal code BOWLING GREEN, MO 63334 F Name and address of principal officer: DONALD PATRICK SAME AS C ABOVE	D Employer identification number 43-1017571 E Telephone number (573) 324-2231 G Gross receipts \$ 11,164,560. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.NECAC.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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 <input type="checkbox"/> 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 2015 (Part V, line 2a)	5 304
6	Total number of volunteers (estimate if necessary)	6 42
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b 0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year 6,350,308. Current Year 6,579,288.
9	Program service revenue (Part VIII, line 2g)	4,674,869. 4,553,417.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,545. -17,954.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	35,589. 24,759.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,067,311. 11,139,510.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,043,766. 3,317,956.
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)	5,916,485. 5,662,762.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 13,446.	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,527,048. 2,652,394.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,487,299. 11,633,112.
19	Revenue less expenses. Subtract line 18 from line 12	-419,988. -493,602.
20	Total assets (Part X, line 16)	Beginning of Current Year 18,608,941. End of Year 18,117,325.
21	Total liabilities (Part X, line 26)	15,432,258. 15,203,583.
22	Net assets or fund balances. Subtract line 21 from line 20	3,176,683. 2,913,742.

Part II Signature Block

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

Sign Here	Signature of officer DONALD PATRICK, PRESIDENT AND CEO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name MICHELE A. GRAHAM, CPA	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN P00147104
	Firm's name ▶ BOTZ, DEAL & COMPANY, P.C. Firm's address ▶ TWO WESTBURY DRIVE ST. CHARLES, MI 63301	Firm's EIN ▶ 43-1064657 Phone no. 636-946-2800

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

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. NORTH EAST COMMUNITY ACTION CORPORATION SUBSIDIARIES	Employer identification number (EIN) or 43-1017571
	Number, street, and room or suite no. If a P.O. box, see instructions. 16 N. COURT, P.O. BOX 470	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BOWLING GREEN, MO 63334	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

VICKY PRITCHETT

• The books are in the care of **▶ 16 N. COURT, P.O. BOX 470 - BOWLING GREEN, MO 63334**

Telephone No. **▶ 573-324-2231**

Fax No. **▶**

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **▶** . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **AUGUST 15, 2017**

5 For calendar year **▶**, or other tax year beginning **OCT 1, 2015**, and ending **SEP 30, 2016**

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension

NEED ADDITION TIME TO GATHER INFORMATION TO FILE AN ACCURATE TAX RETURN

8a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c	Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete and that I am authorized to prepare this form.

Signature **▶ Vicki Arayan**

Title **▶ CPA**

Date **▶ 4/25/17**

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 FUNCTION AT HIS OR HER OWN IMPROVED FINANCIAL, PHYSICAL, MENTAL, AND SOCIAL LEVEL. "EMPOWERING PEOPLE, CHANGING LIVES, AND

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 \$ 872,655. including grants of \$ 2,668.) (Revenue \$)
COMMUNITY SERVICES BLOCK GRANT- PROVIDES INTAKE, ASSESSMENT AND REFERRAL; COMMUNITY DEVELOPMENT; AND LIFE SKILLS TO LOW INCOME INDIVIDUALS

4b (Code:) (Expenses \$ 2,008,097. including grants of \$ 1,700,032.) (Revenue \$)
ENERGY CRISIS INTERVENTION PROGRAM - PROVIDES UTILITY ASSISTANCE PAYMENTS TO FAMILIES IN JEOPARDY OF LOSING UTILITY SERVICE.

4c (Code:) (Expenses \$ 1,605,229. including grants of \$) (Revenue \$ 1,491,621.)
IN-HOME SERVICES - THIS PROGRAM PROVIDES NURSING CARE TO INDIVIDUAL UNABLE TO LEAVE THEIR HOME DUE TO CERTAIN TYPES OF MEDICAL CONDITIONS.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 6,292,013. including grants of \$ 1,615,256.) (Revenue \$ 3,061,798.)

4e Total program service expenses **10,777,994.**

**NORTH EAST COMMUNITY ACTION CORPORATION
SUBSIDIARIES**

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)? <i>If "Yes," complete Schedule A</i>	1	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		X
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? <i>If "Yes," complete Schedule D, Part VI</i>	11a	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		X

**NORTH EAST COMMUNITY ACTION CORPORATION
SUBSIDIARIES**

Part IV Checklist of Required Schedules *(continued)*

		Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		X
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? <i>If "Yes," complete Schedule L, Part I</i>	25a		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	X	

Note. All Form 990 filers are required to complete Schedule O

**NORTH EAST COMMUNITY ACTION CORPORATION
SUBSIDIARIES**

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	1209	
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	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	304	
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	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule 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		X
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		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
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		X
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		X
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		X
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		
9 Sponsoring organizations maintaining donor advised funds.			
a 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		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

**NORTH EAST COMMUNITY ACTION CORPORATION
SUBSIDIARIES**

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

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

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	36		
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			X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6			X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
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			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			X

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			X
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		X	
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		X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b			X
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		X	
13 Did the organization have a written whistleblower policy?	13		X	
14 Did the organization have a written document retention and destruction policy?	14		X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
a The organization's CEO, Executive Director, or top management official	15a		X	
b Other officers or key employees of the organization	15b		X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a			X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 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 - 573-324-2231
16 N. COURT, P.O. BOX 470, BOWLING GREEN, MO 63334

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

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

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

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

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

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

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 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			
(1) MATT BASS BOARD MEMBER	0.50	X					0.	0.	0.	
(2) JOHN BRACEY BOARD MEMBER	0.01	X					0.	0.	0.	
(3) MIKE BRIDGINS BOARD MEMBER	0.50	X					0.	0.	0.	
(4) RANDALL CONE SECRETARY-TREASURER	0.50	X		X			0.	0.	0.	
(5) TROY DAWKINS BOARD MEMBER	0.50	X					0.	0.	0.	
(6) JANE DORLAC BOARD MEMBER	1.00	X					0.	0.	0.	
(7) PEGGY HULTZ BOARD MEMBER	0.50	X					0.	0.	0.	
(8) JEAN JONES BOARD MEMBER	1.00	X					0.	0.	0.	
(9) PAUL MADDOX BOARD MEMBER	0.50	X					0.	0.	0.	
(10) CURT MITCHELL BOARD MEMBER	0.50	X					0.	0.	0.	
(11) JESSE ROBERTS BOARD MEMBER	0.50	X					0.	0.	0.	
(12) FRED VAHLE VICE CHAIRMAN	1.50	X		X			0.	0.	0.	
(13) CHERYL WISDOM BOARD MEMBER	0.50	X					0.	0.	0.	
(14) FRED LAYTON BOARD MEMBER	0.50	X					0.	0.	0.	
(15) PATRICIA DANNER BOARD MEMBER	0.50	X					0.	0.	0.	
(16) ANGIE SCOTT BOARD MEMBER	0.50	X					0.	0.	0.	
(17) LYNDON BODE CHAIRMAN	1.00	X		X			0.	0.	0.	

**NORTH EAST COMMUNITY ACTION CORPORATION
SUBSIDIARIES**

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 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			
(18) GLENN EAGAN BOARD MEMBER	0.50	X					0.	0.	0.	
(19) MAXINE JONES BOARD MEMBER	0.50	X					0.	0.	0.	
(20) BETTE MAXWELL BOARD MEMBER	1.00	X					0.	0.	0.	
(21) JERELYN BURKEMPER BOARD MEMBER	0.50	X					0.	0.	0.	
(22) LOWELL JACKSON BOARD MEMBER	1.00	X					0.	0.	0.	
(23) MICKEY SHIPP BOARD MEMBER	1.00	X					0.	0.	0.	
(24) DREW BELT BOARD MEMBER	0.70	X					0.	0.	0.	
(25) DEBBIE COONROD VANNOY BOARD MEMBER	3.00	X					0.	0.	0.	
(26) DIANE HILEMAN BOARD MEMBER	0.50	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							374,460.	0.	82,461.	
d Total (add lines 1b and 1c)							374,460.	0.	82,461.	

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	X
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	X
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	X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ANGLE RIDGE REMODELING 170 FAWN RIDGE DR, TROY, MO 63379	CONSTRUCTION	179,263.
HART CONSTRUCTION 16128 HAZEL AVE, ATLANTA, MO 63530	CONSTRUCTION	120,625.
GRAND OAKS 82 CLAIREN DRIVE, FORISTELL, MO 63348	HVAC	118,419.
CREECH CONSTRUCTION 14317 PIKE 132, BOWLING GREEN, MO 63334	CONSTRUCTION	112,471.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

NORTH EAST COMMUNITY ACTION CORPORATION
 SUBSIDIARIES

43-1017571

Form 990

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 line)	(C) Position (check all that apply)						(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			
(27) JUDITH STATLER BOARD MEMBER	0.02	X						0.	0.	0.
(28) ANITA TELKAMP BOARD MEMBER	0.50	X						0.	0.	0.
(29) JERRY CRUTCHFIELD BOARD MEMBER	1.00	X						0.	0.	0.
(30) WILEY HIBBARD BOARD MEMBER	0.50	X						0.	0.	0.
(31) JEFF THOMSEN BOARD MEMBER	0.50	X						0.	0.	0.
(32) MIKE WHELAN BOARD MEMBER	1.50	X						0.	0.	0.
(33) RICH DANIELS BOARD MEMBER	0.50	X						0.	0.	0.
(34) WILLIAM BARGER BOARD MEMBER	1.00	X						0.	0.	0.
(35) ROY HARK BOARD MEMBER	0.50	X						0.	0.	0.
(36) PAUL KINNEY BOARD MEMBER	0.50	X						0.	0.	0.
(37) DONALD PATRICK PRESIDENT & CEO	40.00			X				87,668.	0.	15,790.
(38) DAN PAGE CHIEF DEPUTY DIRECTOR	40.00			X				57,972.	0.	12,285.
(39) VICKY PRITCHETT FINANCE DIRECTOR	40.00			X				55,016.	0.	13,847.
(40) JANICE ROBINSON DEPUTY DIRECTOR	40.00			X				57,796.	0.	14,014.
(41) CARLA POTTS DEPUTY DIRECTOR	40.00			X				65,096.	0.	14,452.
(42) BRENDA FUQUA DEPUTY DIRECTOR	40.00			X				50,912.	0.	12,073.
Total to Part VII, Section A, line 1c								374,460.		82,461.

**NORTH EAST COMMUNITY ACTION CORPORATION
SUBSIDIARIES**

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	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	6,178,675.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	400,613.			
	g Noncash contributions included in lines 1a-1f: \$		10,007.			
	h Total. Add lines 1a-1f		6,579,288.			
Program Service Revenue	2 a SERVICE AND PATIENT FEE	Business Code 624100	3,005,500.	3,005,500.		
	b ADMINISTRATION FEE	561000	846,603.	846,603.		
	c RENTAL INCOME	532000	701,314.	701,314.		
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		4,553,417.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		7,096.			7,096.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses		25,050.		
		c Gain or (loss)		-25,050.		
	d Net gain or (loss)		-25,050.	-25,050.		
	8 a 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						
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a 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				
11 a MISCELLANEOUS INCOME	900099	24,759.			24,759.	
	b					
	c					
	d All other revenue					
e Total. Add lines 11a-11d		24,759.				
12 Total revenue. See instructions.		11,139,510.	4,528,367.	0.	31,855.	

NORTH EAST COMMUNITY ACTION CORPORATION

SUBSIDIARIES

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	3,317,956.	3,317,956.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	477,508.	210,718.	253,973.	12,817.
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	3,894,284.	3,566,582.	327,702.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	935,109.	853,041.	82,068.	
10 Payroll taxes	355,861.	311,739.	43,493.	629.
11 Fees for services (non-employees):				
a Management				
b Legal	21,361.	10,320.	11,041.	
c Accounting	59,950.	16,100.	43,850.	
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 Sch O.)	135,231.	134,886.	345.	
12 Advertising and promotion				
13 Office expenses	284,256.	264,128.	20,128.	
14 Information technology				
15 Royalties				
16 Occupancy	509,630.	484,502.	25,128.	
17 Travel	281,368.	274,177.	7,191.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	121,826.	121,826.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	405,580.	405,580.		
23 Insurance	150,178.	134,201.	15,977.	
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	243,034.	238,309.	4,725.	
b STIPENDS	117,843.	117,843.		
c DUES AND SUBSCRIPTIONS	92,840.	89,391.	3,449.	
d BAD DEBT	81,073.	81,073.		
e All other expenses	148,224.	145,622.	2,602.	
25 Total functional expenses. Add lines 1 through 24e	11,633,112.	10,777,994.	841,672.	13,446.
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)

**NORTH EAST COMMUNITY ACTION CORPORATION
SUBSIDIARIES**

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	-163,586.	1	-115,677.	
	2 Savings and temporary cash investments	343,070.	2	393,448.	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	873,434.	4	922,491.	
	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 instr). Complete Part II of Sch L			6	
	7 Notes and loans receivable, net	4,660,575.	7	4,588,370.	
	8 Inventories for sale or use	71,573.	8	87,304.	
	9 Prepaid expenses and deferred charges	78,911.	9	75,373.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 13,387,778.			
	b Less: accumulated depreciation	10b 2,871,606.	11,059,442.	10c	10,516,172.
	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	1,685,522.	15	1,649,844.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	18,608,941.	16	18,117,325.		
Liabilities	17 Accounts payable and accrued expenses	412,543.	17	338,982.	
	18 Grants payable		18		
	19 Deferred revenue	405,216.	19	365,327.	
	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	14,200,211.	23	14,100,471.	
	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	414,288.	25	398,803.	
	26 Total liabilities. Add lines 17 through 25	15,432,258.	26	15,203,583.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	2,377,327.	27	2,199,395.	
	28 Temporarily restricted net assets		28		
	29 Permanently restricted net assets	799,356.	29	714,347.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	3,176,683.	33	2,913,742.		
34 Total liabilities and net assets/fund balances	18,608,941.	34	18,117,325.		

Form **990** (2015)

**NORTH EAST COMMUNITY ACTION CORPORATION
SUBSIDIARIES**

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,139,510.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,633,112.
3	Revenue less expenses. Subtract line 2 from line 1	3	-493,602.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,176,683.
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	230,661.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,913,742.

Part XII Financial Statements and Reporting

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

		Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b Were the organization's financial statements audited by an independent accountant?	2b	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
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	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2015

Open to Public Inspection

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

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 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (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 organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - 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 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

NORTH EAST COMMUNITY ACTION CORPORATION

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7320649.	5787899.	6915458.	6350308.	6579288.	32953602.
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	7320649.	5787899.	6915458.	6350308.	6579288.	32953602.
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.						32953602.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	7320649.	5787899.	6915458.	6350308.	6579288.	32953602.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,947.	5,465.	9,709.	6,545.	7,096.	32,762.
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.)	32,649.	37,233.	49,217.	35,589.	24,759.	179,447.
11 Total support. Add lines 7 through 10						33165811.
12 Gross receipts from related activities, etc. (see instructions)					12	25,089,566.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	99.36 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	96.76 %
16a 33 1/3% support test - 2015. 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	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2014. 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	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2015. 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	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2014. 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	<input type="checkbox"/>	
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	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. 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 - 2014. 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 in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

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.		
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.		

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).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
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.		

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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
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.			
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.			
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 .			
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.			

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
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		(A) Prior Year	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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

NORTH EAST COMMUNITY ACTION CORPORATION

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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

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.

OMB No. 1545-0047

2015

Open to Public Inspection

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

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring details.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

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 on 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 line 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		11,920,242.	2,196,040.	9,724,202.
c Leasehold improvements				
d Equipment		782,424.	675,566.	106,858.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				10,516,172.

**NORTH EAST COMMUNITY ACTION CORPORATION
SUBSIDIARIES**

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. (Col. (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. (Col. (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	55,242.
(2) SECURITY DEPOSIT ESCROW	62,099.
(3) PROJECT ESCROW	84,080.
(4) REPLACEMENT RESERVE	1,362,397.
(5) FUTURE DEVELOPMENT PROJECTS	86,026.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	1,649,844.

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		
(2) ACCRUED VACATION	125,486.	
(3) ACCRUED INTEREST	146,874.	
(4) REAL ESTATE TAX PAYABLE	39,631.	
(5) SECURITY DEPOSITS PAYABLE	61,951.	
(6) LEASE PAYABLE	24,861.	
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	398,803.	

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	11,173,785.
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	9,225.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	25,050.
e	Add lines 2a through 2d	2e	34,275.
3	Subtract line 2e from line 1	3	11,139,510.
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	11,139,510.

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	11,642,337.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	9,225.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	9,225.
3	Subtract line 2e from line 1	3	11,633,112.
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	11,633,112.

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.

PART X, LINE 2:

FASB ACCOUNTING STANDARDS CODIFICATION TOPIC 740, INCOME TAXES, PROVIDES FOR THE RECOGNITION OF TAX BENEFITS RELATED TO UNCERTAIN TAX POSITIONS. FOR THE YEAR ENDED SEPTEMBER 30, 2016, MANAGEMENT BELIEVES THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS. THE ORGANIZATION FILES FORM 990 RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX. RETURNS PRIOR TO 2012 ARE CLOSED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON INVESTMENT DUE TO UNFORESEEN IMPAIRMENT AT

WELLSVILLE PROPERTY

25,050.

**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

2015

**Open to Public
Inspection**

Name of the organization **NORTH EAST COMMUNITY ACTION CORPORATION
SUBSIDIARIES**

**Employer identification number
43-1017571**

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to 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.

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

- 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 ▶ _____

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

Schedule I (Form 990) (2015)

NORTH EAST COMMUNITY ACTION CORPORATION
SUBSIDIARIES

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
UTILITY	3505	1,796,229.	0.		
RENT	131	103,205.	0.		
HOME REPAIR - WEATHERIZATION	230	1,105,405.	0.		
MEDICAL	2066	132,451.	0.		
DOWNPAYMENT	41	167,939.	0.		

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

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.

**NORTH EAST COMMUNITY ACTION CORPORATION
SUBSIDIARIES**

Schedule I (Form 990)

43-1017571

Page 2

Part III Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)

(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	70.	9,742.	0.		
PERSONAL RECORDS	10.	695.	0.		
TRANSPORTATION	44.	2,189.	0.		
OTHER GRANTS	2.	101.	0.		

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

2015

Open to Public
Inspection

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

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BUILDING COMMUNITIES."

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

HOUSING PRESERVATION

EXPENSES \$ 25,581. INCLUDING GRANTS OF \$ 23,223. REVENUE \$ 0.

MHDC-HTF EMERGENCY ASSISTANCE

EXPENSES \$ 32,339. INCLUDING GRANTS OF \$ 30,250. REVENUE \$ 0.

FAMILY HEALTH

EXPENSES \$ 23,147. INCLUDING GRANTS OF \$ 5,500. REVENUE \$ 17,597.

MISSOURI HOUSING TRUST FUND - WEATHERIZATION

EXPENSES \$ 65,579. INCLUDING GRANTS OF \$ 58,107. REVENUE \$ 0.

WOMEN, INFANT, CHILDREN

EXPENSES \$ 267,870. INCLUDING GRANTS OF \$ 0. REVENUE \$ 33,264.

PROJECT HOMELESS CONNECT

EXPENSES \$ 8,056. INCLUDING GRANTS OF \$ 7,471. REVENUE \$ 0.

CDBG ST. CHARLES

EXPENSES \$ 6,092. INCLUDING GRANTS OF \$ 6,092. REVENUE \$ 0.

ST. CHARLES CDBG HOMELESS PREVENTION

Name of the organization	NORTH EAST COMMUNITY ACTION CORPORATION SUBSIDIARIES	Employer identification number 43-1017571
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EXPENSES \$ 8,233. INCLUDING GRANTS OF \$ 8,233. REVENUE \$ 0.

UTILICARE-WEATHERIZATION

EXPENSES \$ 39,155. INCLUDING GRANTS OF \$ 24,090. REVENUE \$ 0.

LIBERTY-WEATHERIZATION

EXPENSES \$ 14,621. INCLUDING GRANTS OF \$ 4,818. REVENUE \$ 0.

LIHEAP-WEATHERIZATION

EXPENSES \$ 431,034. INCLUDING GRANTS OF \$ 206,867. REVENUE \$ 0.

LACLEDE GAS-WEATHERIZATION

EXPENSES \$ 88,075. INCLUDING GRANTS OF \$ 36,919. REVENUE \$ 0.

DNR-DED

EXPENSES \$ 270,670. INCLUDING GRANTS OF \$ 96,007. REVENUE \$ 0.

NEIGHBORWORKS HOUSING COUNSELING

EXPENSES \$ 15,845. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

RURAL LISC ENERGY TRAINING

EXPENSES \$ 15,185. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

DISASTER FUNDING MHDC

EXPENSES \$ 29,639. INCLUDING GRANTS OF \$ 27,000. REVENUE \$ 0.

FAMILY PLANNING

EXPENSES \$ 550,515. INCLUDING GRANTS OF \$ 126,951. REVENUE \$ 201,555.

Name of the organization	NORTH EAST COMMUNITY ACTION CORPORATION SUBSIDIARIES	Employer identification number	43-1017571
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FOSTER GRANDPARENTS PROGRAM

EXPENSES \$ 169,168. INCLUDING GRANTS OF \$ 20. REVENUE \$ 0.

RURAL LISC

EXPENSES \$ 17,474. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

NEIGHBORWORKS FORECLOSURE ASSISTANCE

EXPENSES \$ 2,509. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

CHDO

EXPENSES \$ 14,814. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

MHDC HERO 2014

EXPENSES \$ 242,759. INCLUDING GRANTS OF \$ 224,121. REVENUE \$ 0.

SUNTRUST

EXPENSES \$ 14,286. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FEMA

EXPENSES \$ 1,971. INCLUDING GRANTS OF \$ 2,016. REVENUE \$ 0.

NRC EXPENDABLE GRANT FUND

EXPENSES \$ 93,037. INCLUDING GRANTS OF \$ 375. REVENUE \$ 0.

NRC REVOLVING LOAN FUND

EXPENSES \$ 59,011. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

Name of the organization	NORTH EAST COMMUNITY ACTION CORPORATION SUBSIDIARIES	Employer identification number 43-1017571
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FEDERAL HOME LOAN MONROE

EXPENSES \$ 208,269. INCLUDING GRANTS OF \$ 189,387. REVENUE \$ 0.

FHLB ST. CHARLES

EXPENSES \$ 135,783. INCLUDING GRANTS OF \$ 119,589. REVENUE \$ 0.

NEIGHBORWORKS BUSINESS PILOT

EXPENSES \$ 22,464. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

NEIGHBORWORKS FAIRVIEW RESIDENT COUNCIL

EXPENSES \$ 4,768. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

LINCOLN COUNTY PUBLIC HOUSING ADMINISTRATION

EXPENSES \$ 873,111. INCLUDING GRANTS OF \$ 0. REVENUE \$ 952,009.

ST. CHARLES COUNTY PUBLIC HOUSING ADMINISTRATION

EXPENSES \$ 352,634. INCLUDING GRANTS OF \$ 0. REVENUE \$ 484,984.

KEEPING CURRENT AMEREN-UE

EXPENSES \$ 594. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

AMEREN ELECTRIC WEATHERIZATION

EXPENSES \$ 146,421. INCLUDING GRANTS OF \$ 58,259. REVENUE \$ 0.

ST. CHARLES COUNTY HOMELESS/INDIGENT

EXPENSES \$ 9,712. INCLUDING GRANTS OF \$ 6,288. REVENUE \$ 0.

AMEREN GAS WEATHERIZATION

Name of the organization	NORTH EAST COMMUNITY ACTION CORPORATION SUBSIDIARIES	Employer identification number 43-1017571
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EXPENSES \$ 54,336. INCLUDING GRANTS OF \$ 15,481. REVENUE \$ 0.

NEIGHBORWORKS RESIDENT COUNCIL FUNDS

EXPENSES \$ 6,048. INCLUDING GRANTS OF \$ 895. REVENUE \$ 0.

MHDC HTF OPERATING FUNDS

EXPENSES \$ 30,493. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

NEIGHBORWORKS REAL ESTATE FOR REHAB

EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

HOUSING FIRST

EXPENSES \$ 50,876. INCLUDING GRANTS OF \$ 41,095. REVENUE \$ 0.

OTHER PROGRAMS

EXPENSES \$ 1,602,357. INCL GRANTS OF \$ 296,202. REVENUE \$ 1,214,953.

NECAC FAIRVIEW ESTATES

EXPENSES \$ 43,808. INCLUDING GRANTS OF \$ 0. REVENUE \$ 19,153.

NECAC FAIRVIEW ESTATES II

EXPENSES \$ 62,768. INCLUDING GRANTS OF \$ 0. REVENUE \$ 37,782.

NECAC TELLA JANE

EXPENSES \$ 92,575. INCLUDING GRANTS OF \$ 0. REVENUE \$ 58,803.

NECAC FAIRVIEW ESTATES III

EXPENSES \$ 88,331. INCLUDING GRANTS OF \$ 0. REVENUE \$ 41,698.

Name of the organization	NORTH EAST COMMUNITY ACTION CORPORATION SUBSIDIARIES	Employer identification number	43-1017571
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FORM 990, PART VI, SECTION B, LINE 11:

THE FORM 990 WAS REVIEWED AND APPROVED BY THE FINANCE DIRECTOR AND FINANCE COMMITTEE, PRIOR TO FILING. THE 990 IS PRESENTED TO THE FULL BOARD AT THE NEXT REGULARLY SCHEDULED BOARD OF DIRECTORS MEETING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION RELIES ON SELF-MONITORING. OFFICERS, DIRECTORS, AND KEY EMPLOYEES ARE EXPECTED TO DISCLOSE ANY INTERESTS THAT COULD GIVE RISE TO CONFLICTS, AS THEY ARISE. CONFLICTS OR PERCEIVED CONFLICTS ARE DEALT WITH ON A CASE BY CASE BASIS.

FORM 990, PART VI, SECTION B, LINE 15:

THE PRESIDENT / CEO SALARY IS NEGOTIATED BY THE EXECUTIVE BOARD AND APPROVED BY THE FULL BOARD. ALL OTHER MANAGEMENT AND KEY EMPLOYEE COMPENSATION IS RECOMMENDED TO THE BOARD BY THE PRESIDENT / CEO AND VOTED/APPROVED BY THE FULL BOARD.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

NET GAIN FROM TRANSFER OF PARTNERSHIP 230,661.

FORM 990, PART XII, LINE 2C

NO CHANGE TO THE ORGANIZATION'S OVERSIGHT OR SELECTION PROCESSES.

**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

2015

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
NECAC AFFORDABLE HOUSING, LLC - 43-1017571 PO BOX 470 BOWLING GREEN, MO 63334	FOSTER LOW-INCOME HOUSING	MISSOURI	9,722.	77,849.	N/A
NECAC FAIRVIEW ESTATES 09-017, LLC - 43-1017571, PO BOX 470, BOWLING GREEN, MO 63334	FOSTER LOW-INCOME HOUSING	MISSOURI	20,921.	834,022.	N/A
NECAC FAIRVIEW ESTATES 11-009, LLC - 43-1017571, PO BOX 470, BOWLING GREEN, MO 63334	FOSTER LOW-INCOME HOUSING	MISSOURI	40,906.	1,502,557.	N/A
NECAC FAIRVIEW ESTATES 13-020, LLC - 43-1017571, PO BOX 470, BOWLING GREEN, MO 63334	FOSTER LOW-INCOME HOUSING	MISSOURI	44,977.	1,606,039.	N/A

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

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

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

Schedule R (Form 990) 2015

**NORTH EAST COMMUNITY ACTION CORPORATION
SUBSIDIARIES**

Schedule R (Form 990)

43-1017571

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN 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 TELLA JANE, LLC - 43-1017571 PO BOX 470 BOWLING GREEN, MO 63334	FOSTER LOW-INCOME HOUSING	MISSOURI	65,619.	808,769.	N/A

**NORTH EAST COMMUNITY ACTION CORPORATION
SUBSIDIARIES**

Schedule R (Form 990)

43-1017571

Part II Continuation of 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 organization?	
						Yes	No
NSI-HANNIBAL RIVERBLUFF - 43-1897165 PO BOX 470 BOWLING GREEN, MO 63334	TO PROVIDE AFFORDABLE HOUSING TO LOW INCOME INDIVIDUALS	MISSOURI	501(C)(3)	PF	N/A		X
MILL POND DRIVE SENIOR HOUSING, INC. - 20-1939453, PO BOX 470, BOWLING GREEN, MO 63334	TO PROVIDE AFFORDABLE HOUSING TO LOW INCOME INDIVIDUALS	MISSOURI	501(C)(3)	9	N/A		X
NECAC MILL POND SENIOR HOUSING GP, INC - 20-4819420, PO BOX 470, BOWLING GREEN, MO 63334	TO PROVIDE AFFORDABLE HOUSING TO LOW INCOME INDIVIDUALS	MISSOURI	501(C)(3)	9	N/A		X

NORTH EAST COMMUNITY ACTION CORPORATION

SUBSIDIARIES

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
BOWLING GREEN HOUSING PARTNERS, LP - 43-1783866, PO BOX 470, BOWLING GREEN, MO 63334	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	MO	NECAC AFFORDABLE HOUSING, LLC	RELATED	-3.	302,300.		X	N/A		X	.01%
LINCOLN VILLA, LP - 43-1831963, PO BOX 470, BOWLING GREEN, MO 63334	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	MO	NSI-LINCOLN COUNTY	RELATED	-2.	17,261.		X	N/A		X	.01%
HANNIBAL PROPERTIES, LP - 43-1865035, PO BOX 470, BOWLING GREEN, MO 63334	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	MO	NSI-HANNIBAL RIVERBLUFF, INC.	RELATED	-631.	24,770.		X	N/A		X	1.00%
MOBERLY ASSOCIATES II, LP - 20-2405182, PO BOX 470, BOWLING GREEN, MO 63334	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	MO	NECAC AFFORDABLE HOUSING, LLC	RELATED	-5.	66,855.		X	N/A		X	.01%

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
NSI-CANTERBURY PARK, ST. PETERS - 43-1922676 PO BOX 470 BOWLING GREEN, MO 63334	TO PROVIDE AFFORDABLE HOUSING TO LOW-INCOME INDIVIDUALS	MO	N/A	C CORP	0.	8,284.	100%		X

NORTH EAST COMMUNITY ACTION CORPORATION
SUBSIDIARIES

Schedule R (Form 990)

43-1017571

Part III Continuation of 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) Disproportion- ate 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	
ANDERSON ESTATES, LP - 20-4322982, PO BOX 470, BOWLING GREEN, MO 63334	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	MO	NECAC AFFORDABLE HOUSING, LLC	RELATED	-9.	132,882.		X	N/A	X		.01%
MILL POND SENIOR HOUSING, LP - 20-4322982, PO BOX 470, BOWLING GREEN, MO 63334	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	MO	NECAC MILL POND SENIOR HOUSING GP, INC.	RELATED	-268,099.	125,478.		X	N/A	X		.01%
LEWIS COUNTY AFFORDABLE HOUSING, LP - 20-8810226, PO BOX 470, BOWLING GREEN, MO 63334	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	MO	NECAC AFFORDABLE HOUSING, LLC	RELATED	-2.	241,801.		X	N/A	X		.01%
HANNIBAL AFFORDABLE HOUSING, LP - 20-1765697, PO BOX 470, BOWLING GREEN, MO 63334	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	MO	NECAC AFFORDABLE HOUSING, LLC	RELATED	-10.	529,415.		X	N/A	X		.01%
BOWLING GREEN ASSOCIATES I, LP - 43-1305436, PO BOX 470, BOWLING GREEN, MO 63334	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	MO	NECAC AFFORDABLE HOUSING, LLC	RELATED	184.	16,827.		X	N/A	X		.01%
CLARKSVILLE ESTATES, LP - 93-1097513, PO BOX 470, BOWLING GREEN, MO 63334	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	MO	NECAC AFFORDABLE HOUSING, LLC	RELATED	-422.	-15,311.		X	N/A	X		49.99%
JONESBURG PROPERTIES, LP - 43-1348172, PO BOX 470, BOWLING GREEN, MO 63334	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	MO	NECAC AFFORDABLE HOUSING, LLC	RELATED	344.	213.		X	N/A	X		5.00%
MONTGOMERY CITY PROPERTIES, LP - 43-1348175, PO BOX 470, BOWLING GREEN, MO 63334	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	MO	NECAC AFFORDABLE HOUSING, LLC	RELATED	261.	52,866.		X	N/A	X		5.00%
WELLSVILLE ASSOCIATES, LP - 43-1305438, PO BOX 470, BOWLING GREEN, MO 63334	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	MO	NECAC AFFORDABLE HOUSING, LLC	RELATED	-290.	127,589.		X	N/A	X		1.00%

**NORTH EAST COMMUNITY ACTION CORPORATION
SUBSIDIARIES**

Schedule R (Form 990)

43-1017571

Part III Continuation of 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) Disproportion- ate 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	
WRIGHT CITY NORTH APTS.. LP - 43-1516082, PO BOX 470, BOWLING GREEN, MO 63334	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	MO	NECAC AFFORDABLE HOUSING, LLC	RELATED	176.	50,723.		X	N/A	X		4.90%
WYNDHAM PARK, LP - 20-1101096 PO BOX 7688 COLUMBIA, MO 65205	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	MO	NECAC AFFORDABLE HOUSING, LLC	RELATED	-10.	787,455.		X	N/A	X		.01%
WYNDHAM PARK II, LP - 20-5085277, PO BOX 7688, COLUMBIA, MO 65205	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	MO	NECAC AFFORDABLE HOUSING, LLC	RELATED	-12.	153,397.		X	N/A	X		.01%
CANTERBURY PARK, LP - 43-1914805, PO BOX 7688, COLUMBIA, MO 65205	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	MO	NSI-CANTERBURY PARK	RELATED	-3.	15,960.		X	N/A	X		.80%
WOODCREST VILLAS, LP - 33-1000273, PO BOX 7688, COLUMBIA, MO 65205	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	MO	NSI-LINCOLN COUNTY	RELATED	-7.	19,581.		X	N/A	X		45.90%
HICKORY HOLLOW OF ST. CHARLES, COUNTY, LP - 20-2275469, PO BOX 7688, COLUMBIA, MO 65205	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	MO	NECAC AFFORDABLE HOUSING, LLC	RELATED	-12.	50,268.		X	N/A	X		.01%
GENTEMANN MANOR LP - 81-0602388, PO BOX 7688, COLUMBIA, MO 65205	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	MO	NECAC AFFORDABLE HOUSING, LLC	RELATED	-8.	25,705.		X	N/A	X		.01%
GENTEMANN MANOR II, LP - 20-5085216, PO BOX 7688, COLUMBIA, MO 65205	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	MO	NECAC AFFORDABLE HOUSING, LLC	RELATED	-12.	46,660.		X	N/A	X		.01%
KIRKSVILLE AFFORDABLE HOUSING, LP - 26-3911165, PO BOX 470, BOWLING GREEN, MO 63334	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	MO	NECAC AFFORDABLE HOUSING, LLC	RELATED	4,396.	649,401.		X	N/A	X		50.00%

NORTH EAST COMMUNITY ACTION CORPORATION
SUBSIDIARIES

Schedule R (Form 990)

43-1017571

Part III Continuation of 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) Disproportion- ate 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	
OAKWOOD SENIOR APARTMENTS, LP - 27-0887533, PO BOX 470, BOWLING GREEN, MO 63334	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	MO	NECAC AFFORDABLE HOUSING, LLC	RELATED	-5.	170,216.		X	N/A	X		50.00%
BELLEFIELD ESTATES, LP - 27-0887464, PO BOX 470, BOWLING GREEN, MO 63334	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	MO	NECAC AFFORDABLE HOUSING, LLC	RELATED	-5.	284,203.		X	N/A	X		.01%
CRAWFORD COUNTY AFFORDABLE HOUSING, LP - 27-1203946, PO BOX 470, BOWLING GREEN, MO 63334	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	MO	NECAC AFFORDABLE HOUSING, LLC	RELATED	-5.	405,068.		X	N/A	X		.01%
BERKSHIRE ESTATES LP - 47-2606107, PO BOX 470, BOWLING GREEN, MO 63334	TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME	MO	NECAC BERKSHIRE GP, LLC	RELATED	2.	1,112.		X	N/A	X		.01%

**NORTH EAST COMMUNITY ACTION CORPORATION
SUBSIDIARIES**

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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) MOBERLY ASSOCIATES II, LP	A	2,656.	LOAN DOCUMENTS
(2) BERKSHIRE ESTATES, LP	L	256,784.	SERVICES AGREEMENT
(3)			
(4)			
(5)			
(6)			

NORTH EAST COMMUNITY ACTION CORPORATION

SUBSIDIARIES

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 sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate 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).

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME OF RELATED ORGANIZATION:

BOWLING GREEN HOUSING PARTNERS, LP

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS

NAME OF RELATED ORGANIZATION:

LINCOLN VILLA, LP

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS

NAME OF RELATED ORGANIZATION:

HANNIBAL PROPERTIES, LP

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS

NAME OF RELATED ORGANIZATION:

MOBERLY ASSOCIATES II, LP

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS

NAME OF RELATED ORGANIZATION:

ANDERSON ESTATES, LP

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS

NAME OF RELATED ORGANIZATION:

MILL POND SENIOR HOUSING, LP

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS

DIRECT CONTROLLING ENTITY: NECAC MILL POND SENIOR HOUSING GP, INC.

NAME OF RELATED ORGANIZATION:

Part VII Supplemental Information

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

LEWIS COUNTY AFFORDABLE HOUSING, LP

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS

NAME OF RELATED ORGANIZATION:

HANNIBAL AFFORDABLE HOUSING, LP

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS

NAME OF RELATED ORGANIZATION:

BOWLING GREEN ASSOCIATES I, LP

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS

NAME OF RELATED ORGANIZATION:

CLARKSVILLE ESTATES, LP

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS

NAME OF RELATED ORGANIZATION:

JONESBURG PROPERTIES, LP

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS

NAME OF RELATED ORGANIZATION:

MONTGOMERY CITY PROPERTIES, LP

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS

NAME OF RELATED ORGANIZATION:

WELLSVILLE ASSOCIATES, LP

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS

NAME OF RELATED ORGANIZATION:

Part VII Supplemental Information

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

WRIGHT CITY NORTH APTS.. LP

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS

NAME OF RELATED ORGANIZATION:

WYNDHAM PARK, LP

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS

NAME OF RELATED ORGANIZATION:

WYNDHAM PARK II, LP

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS

NAME OF RELATED ORGANIZATION:

CANTERBURY PARK, LP

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS

NAME OF RELATED ORGANIZATION:

WOODCREST VILLAS, LP

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS

NAME OF RELATED ORGANIZATION:

HICKORY HOLLOW OF ST. CHARLES, COUNTY, LP

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS

NAME OF RELATED ORGANIZATION:

GENTEMANN MANOR LP

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS

NAME OF RELATED ORGANIZATION:

Part VII Supplemental Information

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

GENTEMANN MANOR II, LP

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS

NAME OF RELATED ORGANIZATION:

KIRKSVILLE AFFORDABLE HOUSING, LP

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS

NAME OF RELATED ORGANIZATION:

OAKWOOD SENIOR APARTMENTS, LP

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS

NAME OF RELATED ORGANIZATION:

BELLEFIELD ESTATES, LP

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS

NAME OF RELATED ORGANIZATION:

CRAWFORD COUNTY AFFORDABLE HOUSING, LP

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS

NAME OF RELATED ORGANIZATION:

BERKSHIRE ESTATES LP

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING FOR LOW INCOME INDIVIDUALS