990-EZ

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

2017

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

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-1150

Charme of organizations Northeast Missouri Community Development Corporation Northeast Missouri Corporation Northeast Missouri Community Development Corporation Northeast Missouri Corporation Northeast Missou	A	For the	2017 calend	ar year, or tax year beginning	, 2017, and	ending		-	, 20
Number and street (or P.C. box, if mail is not delivered to street address) Room/aute Telephone number Standard	В	Check if ag	pplicable	C Name of organization 21	· · · · · · · · · · · · · · · · · · ·		D Emplo	yer i	dentification number ?
Institute from the product with the p		Address o	change	Northeast Missouri Community Development Corporation				431898400	
Phat rehunteministed Amended rehun. data or prowince, country, and 2IP or foreign postal code College		Name cha	ange	Number and street (or P O, box, if mail is not delivered to street address)	?; Roo	m/suite	E Teleph	one i	number
Group Exemption City of town, state or prowince, country, and 2IP or foreign postal code F Group Exemption Reinchison perading Reinchison perad	Н	Final return/terminated		215 N Elson	1	Î		6	60-665-9855
Aepitation perioning Kirksville, MO 63501 Number ▶	H			City or town, state or province, country, and ZIP or foreign postal code	9	\mathbf{u}	F Group	Exe	emption
Website:	ŏ			Kirksville, MO 63501	O	1	•		·
Website: ▶ Tax-exempt status (check only one) — S01(c)(3) \$\]\$501(c) \$\] (insert no.) 4947(a)(1) or 527 From 909, 990-EZ, or 990-PP).	G	Account	ting Method	☐ Cash ☐ Accrual Other (specify) ▶		H (Check ▶	V	if the organization is not
Tax-exempt status (check only one)	1	Website	e: ▶						
K Form of organization: Corporation Triust Adal ines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets	J.	Tax-exen	npt status (che	eck only one) — 501(c)(3) \$\sqrt{501(c)}\$ (insert no.) 4947	7(a)(1) or		•		
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20 Other changes in net assets or fund balances (explain in Schedule O)	ě	20		-			⊢		
21 Net assets or fund balances at end of year. Combine lines 18 through 20	_	21		 		<u> </u>	. 🏲 📗	21	5 900 57 100-

	990-EZ (2017)		··· -			Page 2
Pai	Balance Sheets (see the instruction					_
	. Check if the organization used Sched	ule O to respond to any	question in this			
			1	(A) Beginning of year	12-7	(B) End of year
22	Cash, savings, and investments			<u> </u>	22	
23	Land and buildings		· L	0	23	
24	Other assets (describe in Schedule O)		<u></u>		24	
25	Total assets		_		25	180
26	Total liabilities (describe in Schedule O)		P-	<u> </u>	26	<u> </u>
27	Net assets or fund balances (line 27 of colu				27	
Par						Evnanas
A (1	Check if the organization used Sched		question in this	Part III	/Rec	Expenses juired for section
	is the organization's primary exempt purpose?					(c)(3) and 501(c)(4)
Desc	ribe the organization's program service accom	plishments for each of i	its three largest p	rogram services,		inizations, optional for
as m	easured by expenses. In a clear and concise	manner, describe the	services provided	d, the number of	othe	fs.)
	ons benefited, and other relevant information for	r each program title.			<u> </u>	<u></u>
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,?1	(Grants \$) If this amou	unt includes foreign grant	ts, check here .	<u> ▶ 📙</u>	28a	
29						
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. LEED	instructions for Part V.) Check if the organization used Schedule O to respond to any question in thi			. F	ı
			Yes		<u>-</u>
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		1	_
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		,	- ?
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		.,	-
b c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.	35b		V	-
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	35c		1	-
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	36		~	?
ь 38а	Did the organization file Form 1120-POL for this year?	37b		~	i
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		~] ?:
ь 39	If "Yes," complete Schedule L, Part II and enter the total amount involved				
a	Initiation fees and capital contributions included on line 9]			
ь 40а	Gross receipts, included on line 9, for public use of club facilities	<u>.</u> -			
b	section 4911 ► ; section 4912 ► ; section 4955 ► Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958				
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40ь		~	7
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958				
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization				
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		•	j
41	List the states with which a copy of this return is filed ▶				
42a	The organization's books are in care of ► Located at ► Telephone no. ► ZIP + 4 ►				
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	T	Yes	No	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		~	,
	If "Yes," enter the name of the foreign country:				
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country: ▶	42c			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	· ·	.)	- 🗆	_
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		Yes	No	İ
ь	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	44a			İ
C	Did the organization receive any payments for indoor tanning services during the year?	44b 44c		~	
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d			j
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of				
	Form 990-EZ (see instructions)	45b		~	

Orm 990-EZ	(2017)					F	
40 0:4	, , , , , , , , , , , , , , , , , , ,		 !		. 533	Yes	No
46 Did	the organization engage, directly or in andidates for public office? If "Yes," of	nairectiy, in political (complete Schedule C	campaign activities on	behalf of or in oppos	sition <u>156</u>	أكتك	*
Part VI	Section 501(c)(3) organizations		J, Fail I	· · · · · ·	. 46	L	
art VI	All section 501(c)(3) organization 50 and 51.	ns must answer que			he tables f	or line	es
	Check if the organization used Sci	hedule O to respon	d to any question in t	<u>his Part VI</u>	<u> </u>		2
					·	Yes	No
	the organization engage in lobbying r? If "Yes," complete Schedule C,-Par				e tax -47	-	- <u>,</u>
8 Is th	ne organization a school as described in	n section 170(b)(1)(A)((ii)? If "Yes," complete	Schedule E	. 48		~
	the organization make any transfers to				. 49a		V
	es," was the related organization a se				. 49b	<u> </u>	V
0 Con	mplete this table for the organization's	ifive highest comper	nsated employees (oth	er than officers, direc	tors, trustee	es, and	d ke
emp	oloyees) who each received more than	1 \$100,000 of compe	nsation from the orgai		ne, enter "N	lone."	
(a	a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation			
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					<u> </u>		
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1 Con	al number of other employees paid ov nplete this table for the organization' 0,000 of compensation from the orga	's five highest comp		contractors who eac	h received	more	tha
1 Con \$10	nplete this table for the organization'	's five highest comp anization. If there is n	ensated independent	—	ch received		tha
1 Con \$10 (a	mplete this table for the organization 0,000 of compensation from the organ a) Name and business address of each independentials	's five highest comp anization. If there is n	ensated independent one, enter "None."	— Т			tha
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2017

Open to Public Inspection

OMB No. 1545-0047

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

► Go to www.irs.gov/Form990 for the latest information.

Name of the organization
Northeast Missouri Community Development Corporation

Employer identification number
43-1898400

Northeast Missouri Community Development Corporation is a subsidiary of Northeast Missouri Community Action Agency. Northeast
Missouri Community Development is a 501(c)4 which is primarily used for providing safe, quality affordable housing to low income families
in the Northeast Missouri area Northeast Missouri Community Action Agency is a community action agency that focuses on energy
assistance, weatherization assistance, early childhood development, affordable rental housing and community assistance for low income
families Northeast Missouri Community Development is the ownership entity for homes developed, constructed or repaired and managed
by Northeast Missouri Community Action Agency. Northeast Missouri Community Development's board of directors is made up of public
officials who are members of the Northeast Missouri Community Action Agency's board. All assets and expenses for Northeast Missouri
Community Developmentare accounted for in the financial audit for Northeast Missouri Community Action Agency Northeast Missouri
Community Development has no employees, no bank accounts and no revenues.
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