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This PDF contains the documents listed below. Click a link to jump to the corresponding document.

Documents for: REACH COMMUNITY DEVELOPMENT, INC.

Tax Documents

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[US Tax Return FINAL FOR FILING \(12/31/10\) - Special Event Schedule](#)

[US Tax Return FINAL FOR FILING \(12/31/10\) - Other Notes Receivable Worksheet](#)

[US Tax Return FINAL FOR FILING \(12/31/10\) - Other Notes Receivable Worksheet](#)

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**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2010, or fiscal year beginning, 2010, and ending, 20

▶ **Do not send to the IRS. Keep for your records.**

▶ **See instructions on back.**

2010

Department of the Treasury
Internal Revenue Service

Name of exempt organization

REACH COMMUNITY DEVELOPMENT, INC.

Employer identification number

93-0813981

Name and title of officer

**DEBRA WALSH
EXECUTIVE DIRECTOR**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	7,835,708
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **Bjorklund & Montplaisir, CPA's** to enter my PIN **13981** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature }

Date } **08/03/11**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

93031211111

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature }

Date }

**ERO Must Retain This Form—See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2010 calendar year, or tax year beginning _____, and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
REACH COMMUNITY DEVELOPMENT, INC.
 Doing Business As _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1135 SE SALMON ST.
 City or town, state or country, and ZIP + 4
PORTLAND OR 97214

D Employer identification number
93-0813981

E Telephone number
503-231-0682

F Name and address of principal officer:
DEBRA WALSH
1135 SE SALMON ST.
PORTLAND OR 97214

G Gross receipts \$ **7,835,708**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () **t** (insert no.) 4947(a)(1) or 527

J Website: **www.reachcdc.org**

K Form of organization: Corporation Trust Association Other **u**

L Year of formation: **1982** **M** State of legal domicile: **OR**

H(c) Group exemption number **u**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: REACH DEVELOPS AND MANAGES QUALITY AFFORDABLE HOUSING AND PROVIDES OPPORTUNITIES FOR INDIVIDUALS, FAMILIES AND COMMUNITIES TO THRIVE THROUGH SUPPORTIVE PROGRAMS AND HOME REPAIR SERVICES.		
	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	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	96
	6 Total number of volunteers (estimate if necessary)	6	660
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,122,586	Current Year 1,138,870
	9 Program service revenue (Part VIII, line 2g)	6,373,055	6,499,146
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	92,429	129,095
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	26,997	68,597
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,615,067	7,835,708
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,478,866	4,020,169
	16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) u 162,325		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	3,390,081	3,315,805
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,868,947	7,335,974	
19 Revenue less expenses. Subtract line 18 from line 12	746,120	499,734	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 16,357,014	End of Year 16,611,744
	21 Total liabilities (Part X, line 26)	18,130,685	17,751,206
	22 Net assets or fund balances. Subtract line 21 from line 20	-1,773,671	-1,139,462

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: **DEBRA WALSH** Date: _____
 Type or print name and title: **EXECUTIVE DIRECTOR**

Paid Preparer Use Only

Print/Type preparer's name: **Steven Bjorklund** Preparer's signature: **Steven Bjorklund** Date: **08/01/11** Check if self-employed PTIN: **P00308821**

Firm's name: **Bjorklund & Montplaisir, CPA's** Firm's EIN: **93-1015766**
 Firm's address: **9020 SW Washington Sq. Rd. Suite 460 Portland, OR 97223** Phone no.: **503-643-6400**

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:

REACH DEVELOPS AND MANAGES QUALITY AFFORDABLE HOUSING AND PROVIDES OPPORTUNITIES FOR INDIVIDUALS, FAMILIES AND COMMUNITIES TO THRIVE THROUGH SUPPORTIVE PROGRAMS AND HOME REPAIR SERVICES.

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

4a (Code:) (Expenses \$ **5,264,709** including grants of \$) (Revenue \$ **6,499,146**)

PROPERTY MANAGEMENT AND HOUSING DEVELOPMENT PROGRAM:
REACH HAS DEVELOPED OR PRESERVED 1,400 UNITS OF AFFORDABLE RENTAL HOUSING FOR PEOPLE WITH LOW AND MODERATE INCOMES. THIS INCLUDES 14 APARTMENT BUILDINGS FOR PEOPLE WITH SPECIAL NEEDS, SUCH AS THE FORMERLY HOMELESS AND ELDERLY. REACH HAS ALSO BUILT 28 UNITS OF AFFORDABLE HOUSING FOR HOME OWNERSHIP. REACH PROVIDES PROPERTY AND ASSET MANAGEMENT FOR MOST OF ITS PROPERTIES. ONE PROPERTY IS MANAGED BY A THIRD PARTY.

4b (Code:) (Expenses \$ **419,214** including grants of \$) (Revenue \$)

COMMUNITY BUILDERS PROGRAM:
REACH PROVIDES FREE HOME REPAIRS FOR LOW INCOME ELDERLY AND DISABLED HOMEOWNERS AND LOW INCOME RENTERS. APPROXIMATELY 200 HOUSEHOLDS ARE SERVED ANNUALLY, UTILIZING SEVERAL HUNDRED VOLUNTEERS, DONATED MATERIALS AND CONTRACTED LABOR.

4c (Code:) (Expenses \$ **405,876** including grants of \$) (Revenue \$)

RESIDENT SERVICES PROGRAM:
REACH'S RESIDENT SERVICES PROGRAM HELPS PEOPLE MAINTAIN HOUSING STABILITY, RAISE THEIR STANDARD OF LIVING AND ACHIEVE GREATER FINANCIAL INDEPENDENCE BY: INCREASING RESIDENTS' ECONOMIC STABILITY THROUGH FINANCIAL EDUCATION AND MATCHED SAVINGS PROGRAMS FOR BOTH ADULTS AND YOUTH; PROVIDING INFORMATION AND REFERRALS THAT CONNECT RESIDENTS TO ESSENTIAL SERVICES; AND PARTNERING WITH OTHER ORGANIZATIONS TO OFFER EMPLOYMENT CLASSES AND LIFE SKILLS WORKSHOPS.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ **129,552** including grants of \$) (Revenue \$)

4e Total program service expenses **u 6,219,351**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		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? If "Yes," complete Schedule C, Part II	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? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		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? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		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? If "Yes," complete Schedule D, Part VI	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? If "Yes," complete Schedule D, Part VII		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? If "Yes," complete Schedule D, Part VIII		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? If "Yes," complete Schedule D, Part IX	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		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? If "Yes," complete Schedule G, Part I (see instructions)		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? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		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? If "Yes," complete Schedule J		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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		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? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		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? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		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? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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? If "Yes," complete Schedule R, Part I	X	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: u See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

Check if Schedule O contains a response to any question 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		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	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		X

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	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?	X	
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	X	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u** **OR**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **u** **REACH COMMUNITY DEVELOPMENT INC** **1135 SE SALMON**

PORTLAND

OR 97214

503-231-0682

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

Check if Schedule O contains a response to any question 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 organizations compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) RUTH ANN TSUKUDA PRESIDENT	2.00	X		X			0	0	0	
(2) LAWRENCE M. CONRAD VICE PRES.	2.00	X		X			0	0	0	
(3) BRETT SHEEHAN SEC/TREAS.	2.00	X		X			0	0	0	
(4) GRETCHEN ANSORGE BOARD MEMBER	1.00	X					0	0	0	
(5) MARK DESBROW BOARD MEMBER	1.00	X					0	0	0	
(6) PAUL IP BOARD MEMBER	1.00	X					0	0	0	
(7) BESTSY FERGUSON BOARD MEMBER	1.00	X					0	0	0	
(8) LOREN CLARK BOARD MEMBER	1.00	X					0	0	0	
(9) ROBERT KOURY BOARD MEMBER	1.00	X					0	0	0	
(10) LENN SENKA BOARD MEMBER	1.00	X					0	0	0	
(11) BHAVNA KUMAR BOARD MEMBER	1.00	X					0	0	0	
(12) MARC TEDESCO BOARD MEMBER	1.00	X					0	0	0	
(13) KATHERINE KRAJNAK BOARD MEMBER	1.00	X					0	0	0	
(14) MARVIN KAU BOARD MEMBER	1.00	X					0	0	0	
(15) DEBRA WALSH EXEC DIR	40.00			X			119,109	0	15,825	
(16) JOAN COOK FINANCIAL MGR	40.00			X			82,693	0	13,017	

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
1b Sub-total							201,802		28,842	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							201,802		28,842	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **u 1**

	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		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		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		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.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **u 0**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	531,824			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	607,046			
	g Noncash contributions included in lines 1a-1f:		\$ 83,236			
	h Total. Add lines 1a-1f	u	1,138,870			
Program Service Revenue		Busn. Code				
	2a RENTAL REVENUE	531110	3,853,838	3,853,838		
	b PROPERTY MANAGEMENT FEES	531390	1,662,971	1,662,971		
	c DEVELOPMENT/GUARANTOR FEES	531390	985,520	985,520		
	d EQUITY IN INCOME OF LTD PTNSHP	531390	-3,183	-3,183		
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f	u	6,499,146				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	129,095			129,095
	4 Income from investment of tax-exempt bond proceeds	u				
	5 Royalties	u				
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)	u				
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b Less: cost or other basis & sales exps.					
	c Gain or (loss)					
	d Net gain or (loss)	u				
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events	u				
9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities	u					
10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory	u					
Miscellaneous Revenue	Busn. Code					
11a ANNUAL DONOR LUNCH		68,597	68,597			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d	u	68,597				
12 Total revenue. See instructions.	u	7,835,708	6,567,743	0	129,095	

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	230,643	99,004	118,146	13,493
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	2,873,831	2,467,764	325,770	80,297
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	134,746	120,595	10,131	4,020
9 Other employee benefits	463,823	404,334	44,823	14,666
10 Payroll taxes	317,126	283,007	23,747	10,372
11 Fees for services (non-employees):				
a Management				
b Legal	59,407	55,945	3,462	
c Accounting	47,660	7,660	40,000	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	10,230	4,339	5,891	
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	62,906	62,906		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	254,841	245,750	9,091	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	995,877	955,077	40,800	
23 Insurance	153,727	130,783	22,944	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a REPAIRS & MAINTENANCE	484,349	469,228	15,121	
b UTILITIES	380,315	367,673	12,642	
c ADMINISTRATIVE EXPENSES	300,014	140,304	124,973	34,737
d CONTRACT SERVICES	186,208	82,692	102,379	1,137
e RESIDENT SERVICES	172,742	154,809	16,121	1,812
f All other expenses	207,529	167,481	38,257	1,791
25 Total functional expenses. Add lines 1 through 24f	7,335,974	6,219,351	954,298	162,325
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	341,658	1	390,051
	2	Savings and temporary cash investments	1,581,418	2	1,944,496
	3	Pledges and grants receivable, net	104,567	3	80,583
	4	Accounts receivable, net	115,712	4	184,532
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net	1,710,464	7	2,345,786
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	53,331	9	54,595
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 25,625,595		
	b	Less: accumulated depreciation	10b 15,026,890	10c	10,598,705
	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	1,221,823	15	1,012,996
16	Total assets. Add lines 1 through 15 (must equal line 34)	16,357,014	16	16,611,744	
Liabilities	17	Accounts payable and accrued expenses	317,701	17	413,575
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	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	17,348,988	23	16,935,514
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	463,996	25	402,117
	26	Total liabilities. Add lines 17 through 25	18,130,685	26	17,751,206
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	-1,773,671	27	-1,139,462
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, 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	-1,773,671	33	-1,139,462	
34	Total liabilities and net assets/fund balances	16,357,014	34	16,611,744	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,835,708
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,335,974
3	Revenue less expenses. Subtract line 2 from line 1	3	499,734
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-1,773,671
5	Other changes in net assets or fund balances (explain in Schedule O)	5	134,475
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	-1,139,462

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question 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?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
2d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued 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		
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?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

Public Charity Status and Public Support

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

u Attach to Form 990 or Form 990-EZ. u See separate instructions.

Name of the organization

REACH COMMUNITY DEVELOPMENT, INC.

Employer identification number

93-0813981

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III—Functionally integrated
 - d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

h 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 or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 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						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2010. 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 type="checkbox"/>		
b 33 1/3% support test—2009. 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—2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <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) u	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,096,628	826,542	304,034	1,122,586	1,138,870	4,488,660
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	4,031,163	4,474,106	2,550,312	6,421,919	6,587,810	24,065,310
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	5,127,791	5,300,648	2,854,346	7,544,505	7,726,680	28,553,970
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.)						28,553,970

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	5,127,791	5,300,648	2,854,346	7,544,505	7,726,680	28,553,970
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	39,419	91,588	38,016	92,429	129,095	390,547
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	39,419	91,588	38,016	92,429	129,095	390,547
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	5,167,210	5,392,236	2,892,362	7,636,934	7,855,775	28,944,517

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 2010 (line 8, column (f) divided by line 13, column (f))	15	98.65 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	98.80 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	1 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	1 %

19a 33 1/3% support tests—2010. 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—2009. 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

Schedule of Contributors

u Attach to Form 990, 990-EZ, or 990-PF.

2010

Name of the organization

Employer identification number

REACH COMMUNITY DEVELOPMENT, INC.

93-0813981

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ► \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization REACH COMMUNITY DEVELOPMENT, INC.	Employer identification number 93-0813981
--	---

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	\$ 122,673	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	\$ 243,048	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization REACH COMMUNITY DEVELOPMENT, INC.	Employer identification number 93-0813981
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 62,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 96,384	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 47,038	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12		\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization REACH COMMUNITY DEVELOPMENT, INC.	Employer identification number 93-0813981
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Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
11	COMPUTER SERVER PROJECT	\$ 47,038	12/31/10
.....	\$
.....	\$
.....	\$
.....	\$
.....	\$

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
 See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization REACH COMMUNITY DEVELOPMENT, INC.	Employer identification number 93-0813981
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures u \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 u \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 u \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities u \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities u \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b u \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2010

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group.

B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	1,865													
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)	1,865													
d Other exempt purpose expenditures	7,334,600													
e Total exempt purpose expenditures (add lines 1c and 1d)	7,336,465													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	516,823													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>			If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)	129,206													
h Subtract line 1g from line 1a. If zero or less, enter -0-	0													
i Subtract line 1f from line 1c. If zero or less, enter -0-	0													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount	446,018	316,196	493,447	516,823	1,772,484
b Lobbying ceiling amount (150% of line 2a, column(e))					2,658,726
c Total lobbying expenditures	1,308	723	1,374	1,865	5,270
d Grassroots nontaxable amount	111,505	76,049	123,362	129,206	440,122
e Grassroots ceiling amount (150% of line 2d, column (e))					660,183
f Grassroots lobbying expenditures	1,308	723	1,374	1,865	5,270

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities? If "Yes," describe in Part IV			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

Schedule C, Part II-B, Line 1i

PAYMENT OF DUES TO ASSOCIATIONS THAT REPORT LOBBYING ACTIVITIES ON THEIR DUES STATEMENTS.

Schedule C, Part IV, Additional Information

LOBBYING EXPENSES INCURRED IN 2010 TOTALED \$1,865. THE LOBBYING EXPENSES

Part IV Supplemental Information (continued)

WERE SOLELY FROM DUES PAID TO ASSOCIATIONS THAT REPORTED LOBBYING EXPENSES
ON THEIR DUES STATEMENTS.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

u Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2010

u Attach to Form 990. u See separate instructions.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization: REACH COMMUNITY DEVELOPMENT, INC. Employer identification number: 93-0813981

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

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Form for Part II Conservation Easements, including checkboxes for purposes of easements and a table for 'Held at the End of the Tax Year' with rows 2a-2d.

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a, 1b, 2, and 2a-2b regarding reporting requirements.

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 XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to 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 year end balance held as:

- a** Board designated or quasi-endowment **u**
- b** Permanent endowment **u**
- c** Term endowment **u**

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

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

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

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,355,231		2,355,231
b Buildings		22,771,396	14,804,220	7,967,176
c Leasehold improvements				
d Equipment		498,968	222,670	276,298
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) **u** **10,598,705**

Part VII Investments—Other Securities. 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)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	u	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	u	

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) INVESTMENT IN LIMITED PARTNERSHIPS	631,930
(2) HOUSING INVENTORY HELD FOR SALE	254,679
(3) LOAN FEES-NET OF ACCUMULATED AMORT	74,198
(4) INVESTMENT IN INSURANCE COOPERATIVE	52,189
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	u 1,012,996

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) ADVANCE RENT AND DEPOSITS	181,271
(3) DEFERRED INTEREST	101,258
(4) ADVANCE FROM LIMITED PARTNERSHIP	95,561
(5) ACCRUED INTEREST	24,027
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	u 402,117

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

Table with 10 rows for reconciliation of net assets. Columns include description, line number, and a blank column for values.

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

Table with 5 main rows and sub-rows (a-e) for reconciliation of revenue. Includes sub-columns 2a-2d and 4a-4b.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 5 main rows and sub-rows (a-e) for reconciliation of expenses. Includes sub-columns 2a-2d and 4a-4b.

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Series of horizontal dotted lines provided for entering supplemental information.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Noncash Contributions

u Complete if the organizations answered "Yes" on Form
990, Part IV, lines 29 or 30.
u Attach to Form 990.

OMB No. 1545-0047

2010

**Open To Public
Inspection**

REACH COMMUNITY DEVELOPMENT, INC.

Employer identification number
93-0813981

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other u (SERVER PROJECT)	X	1	47,038	FAIR MARKET VALUE
26 Other u (MATERIALS/LABOR)	X	31	36,198	FAIR MARKET VALUE
27 Other u ()				
28 Other u ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **0**

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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.
u Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

Open to Public
Inspection

REACH COMMUNITY DEVELOPMENT, INC.

Employer identification number
93-0813981

Form 990, Part III, Line 4d - All Other Achievements

VOLUNTEER SERVICES

660 REACH VOLUNTEERS DONATED 6400 HOURS OF SERVICE IN 2010. VOLUNTEERS
HELP OUR COMMUNITY IN A NUMBER OF WAYS, INCLUDING: TEACHING CLASSES TO
RESIDENTS; MAINTAINING GARDEN BEDS; AND, SERVING AS PROJECT AND CREW
LEADERS AT THE PAINT & REPAIR A-THON.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

IT IS THE ORGANIZATION'S POLICY TO PROVIDE A COPY OF FORM 990 TO ITS' BOARD
OF DIRECTORS AND FINANCE COMMITTEE PRIOR TO FILING.
THE FINANCE COMMITTEE SHALL REPORT TO THE BOARD ITS' REVIEW OF THE FORM 990
AND THE BOARD SHALL TAKE ANY ADDITIONAL ACTION THAT IT FEELS APPROPRIATE.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

THE SECRETARY OF THE CORPORATION OR DESIGNEE SHALL REVIEW THE CONFLICTS OF
INTEREST POLICY WITH EACH NEW DIRECTOR AND SHALL ASSIST EACH NEW DIRECTOR
IN UNDERSTANDING AND COMPLYING WITH IT.

ON AN ANNUAL BASIS, THE SECRETARY OF THE CORPORATION OR DESIGNEE SHALL
DEVELOP AND MAINTAIN A LIST OF INSIDERS WHO ENGAGE IN OR ARE REASONABLY
LIKELY TO ENGAGE IN TRANSACTIONS THAT CONSTITUTE CONFLICTS OF INTEREST WITH
THE CORPORATION DURING THE YEAR.

THE OFFICERS, DIRECTORS AND KEY EMPLOYEEES SHALL EACH YEAR DISCLOSE
INTERESTS THAT COULD GIVE RISE TO A CONFLICT OF INTEREST UNDER THIS POLICY.
SUCH DISLCOSURE SHALL BE MADE ON A DISCLOSURE AND ACKNOWLEDGEMENT FORM AND
SHALL FILE THIS FORM WITH THE CORPORATE SECRETARY OR DESIGNEE.

Name of the organization

REACH COMMUNITY DEVELOPMENT, INC.

Employer identification number

93-0813981

THE SECRETARY OR DESIGNEE SHALL MONITOR AND ENFORCE COMPLIANCE WITH THIS POLICY BY REVIEWING THE LIST OF INSIDERS AND THE DISCLOSURE AND ACKNOWLEDGEMENT FORMS EACH YEAR AND BY BRINGING POTENTIAL OR ACTUAL CONFLICTS TO THE ATTENTION OF THE PRESIDENT OF THE BOARD.

THE SECRETARY OF THE CORPORATION OR DESIGNEE SHALL CONVEY THE LIST OF INSIDERS IDENTIFIED ABOVE TO THE EXECUTIVE DIRECTOR AND SHALL INSTRUCT THE EXECUTIVE DIRECTOR TO NOTIFY THE BOARD IF THE EXECUTIVE DIRECTOR OR ANY EMPLOYEE PLANS TO ENGAGE IN A TRANSACTION WITH AN INSIDER THAT CONSTITUTES A CONFLICT OF INTEREST. IF SO, THE BOARD SHALL MONITOR THE TRANSACTION TO ENSURE THAT IT COMPLIES WITH THE PROCEDURES CONTAINED IN THIS POLICY.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

THE BOARD SHALL EXCLUDE ANY INSIDER THAT HAS A CONFLICT OF INTEREST WITH RESPECT TO THE TRANSACTION FROM ALL DISCUSSION AND FROM VOTING ON THE TRANSACTION. THE BOARD MAY ASK QUESTIONS OF THE INSIDER PRIOR TO BEGINNING ITS DISCUSSION.

THE BOARD SHALL GATHER APPROPRIATE DATA TO ENSURE THAT THE COMPENSATION FOR EACH INSIDER IS REASONABLE. IN THE CASE OF EMPLOYEE COMPENSATION PACKAGES, THE BOARD SHALL UTILIZE RELIABLE SURVEYS OF COMPENSATION FOR COMPARABLE POSITIONS OR SHALL UTILIZE DATA FOR AT LEAST THREE SIMILAR SITUATED EMPLOYEES IN COMPARABLE POSITIONS.

Form 990, Part VI, Line 15b - Compensation Process for Officers

THE BOARD SHALL EXCLUDE ANY INSIDER THAT HAS A CONFLICT OF INTEREST WITH RESPECT TO THE TRANSACTION FROM ALL DISCUSSION AND FROM VOTING ON THE TRANSACTION. THE BOARD MAY ASK QUESTIONS OF THE INSIDER PRIOR TO BEGINNING ITS DISCUSSION.

Name of the organization

REACH COMMUNITY DEVELOPMENT, INC.

Employer identification number

93-0813981

THE BOARD SHALL GATHER APPROPRIATE DATA TO ENSURE THAT THE COMPENSATION FOR EACH INSIDER IS REASONABLE. IN THE CASE OF EMPLOYEE COMPENSATION PACKAGES, THE BOARD SHALL UTILIZE RELIABLE SURVEYS OF COMPENSATION FOR COMPARABLE POSITIONS OR SHALL UTILIZE DATA FOR AT LEAST THREE SIMILARY SITUATED EMPLOYEES IN COMPARABLE POSITIONS.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

REACH SHALL MAKE ITS ARTICLES OF INCORPORATION, ANY AMENDMENTS OR RESTATEMENTS TO THE ARTICLES, ITS BYLAWS, ITS CONFLICT OF INTEREST POLICY, ITS MOST RECENT THREE YEARS OF THE FORM 990, 990-EZ AND 990-T, AND RECENT FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC FOR INSPECTION AND COPYING UPON REQUEST. THE DOCUMENTS DESCRIBED ABOVE SHALL BE AVAILABLE FOR INSPECTION UPON REQUEST AT THE REACH OFFICE DURING REGULAR BUSINESS HOURS.

Form 990, Part XI, Line 5 - Other Changes in Net Assets Explanation

TO RECORD THE CASH AND BOOK VALUE OF OTHER ASSETS HELD BY REACH WALNUT PARK, LLC AND REACH ADMIRAL, LLC. THESE ENTITIES ARE SOLE MEMBER LLC'S OWNED BY REACH COMMUNITY DEVELOPMENT, INC. THE BOOK VALUE OF THE ASSETS OWNED BY THESE SOLE MEMBER LLC'S WERE RECORDED AS DIRECT CREDITS TO THE EQUITY OF REACH COMMUNITY DEVELOPMENT, INC. FOR GAAP REPORTING PURPOSES.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

▶ Attach to Form 990.

▶ See separate instructions.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

REACH COMMUNITY DEVELOPMENT, INC.

Employer identification number

93-0813981

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(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
(1) AC APARTMENTS, LLC 1135 SE SALMON PORTLAND OR 97214 93-0813981	LOWINC HSG	OR	-663	96,477	REACH COMM
(2) STATION PLACE LLC 1135 SE SALMON PORTLAND OR 97214 93-0813981	LOWINC HGS	OR	89,076	269,566	REACH COMM
(3) REACH MCCULLER LLC 1135 SE SALMON PORTLAND OR 97214 93-0813981	LOWINC HSG	OR	18,444	16,825	REACH COMM
(4) REACH WESTSHORE LLC 1135 SE SALMON PORTLAND OR 97214 93-0813981	LOWINC HSG	OR	-8	-5,567	REACH COMM
(5) CROWN REDEVELOPMENT LLC 1135 SE SALMON PORTLAND OR 97214 93-0813981	LOWINC HSG	OR	-38	-57	REACH COMM

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) REACH APARTMENTS, INC. 1135 SE SALMON PORTLAND OR 97214 94-3085792	HOUSING	OR	501	7	N/A		X
(2) POWELL BLVD APARTMENTS, INC, 1135 SE SALMON PORTLAND OR 97214 91-1764112	HOUSING	OR	501	7	N/A		X
(3) TAYLOR APARTMENTS, INC. 1135 SE SALMON PORTLAND OR 97214 93-1209646	HOUSING	OR	501	7	N/A		X
(4) MARION STREET APARTMENTS, INC. 1135 SE SALMON PORTLAND OR 97214 93-1209647	HOUSING	OR	501	7	N/A		X
(5) BMA, INC. 1135 SE SALMON PORTLAND OR 97214 93-1174394	HOUSING	OR	501	7	N/A		X

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

▶ Attach to Form 990.

▶ See separate instructions.

Name of the organization

REACH COMMUNITY DEVELOPMENT, INC.

Employer identification number

93-0813981

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(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
(1) REACH FLOYD LIGHT LLC 1135 SE SALMON 93-0813981 PORTLAND OR 97214	LOWINC HSG	OR	25,031	10,231	REACH COMM
(2) REACH WALNUT PARK LLC 1135 SE SALMON 93-0813981 PORTLAND OR 97214	LOWINC HSG	OR	-12	-9	REACH COMM
(3) REACH DEVELOPMENT LLC 1135 SE SALMON 93-0813981 PORTLAND OR 97214	LOW INC HS	OR	71,065	255,981	REACH COMM
(4) REACH ADMIRAL LLC 1135 SE SALMON 93-0813981 PORTLAND OR 97214	LOWINC HSG	OR	-32	468	REACH COMM
(5) REACH KNOLL, LLC 1135 SE SALMON 93-0813981 PORTLAND OR 97214	LOWINC HSG	OR			REACH COMM

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) COMMUNITY HOUSING, INC. 1135 SE SALMON 94-3041307 PORTLAND OR 97214	HOUSING	OR	501	7	N/A		X
(2) COMMUNITY HOUSING II, INC. 1135 SE SALMON 93-1300045 PORTLAND OR 97214	HOUSING	OR	501	7	N/A		X
(3) COMMUNITY HOUSING III, INC. 1135 SE SALMIN 01-0777882 PORTLAND OR 97214	HOUSING	OR	501	7	N/A		X
(4)							
(5)							

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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 alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ALBINA CORNER LTD PARTNERSHIP 1135 SE SALMON PORTLAND OR 97214 93-1159815	LOWINC HSG	OR	AC APARTS	Related	-663	154,107		X		X		1.00
(2) PINE STREET ASSOCIATES, LP 1135 SE SALMON PORTLAND OR 97214 93-1203581	LOWINC HSG	OR	REACH WEST	Related	-8	140,875		X		X		0.01
(3) WHEELDON ADMIRAL LLC 1135 SE SALMON PORTLAND OR 97214 27-0162291	LOWINC HSG	OR	REACH ADMI	Related	-29	522,638		X		X		0.01
(4) FLOYD LIGHT APARTMENTS LLC 1135 SE SALMON PORTLAND OR 97214 91-1764785	LOWINC HSG	OR	REACH FLOY	Related	25,031	9,007		X		X		0.01

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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
(1)							
(2)							
(3)							
(4)							

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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 alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) REACH WALNUT PARTNERS LP 1135 SE SALMON PORTLAND OR 97214 27-0924852	LOWINC HSG	OR	REACH WALN	Related	-12	521,617		X			X	0.01
(2) MCCULLER ASSOCIATES, LP 1135 SE SALMON PORTLAND OR 97214 93-1271659	LOWINC HSG	OR	REACH MCUL	Related	18,444	66,023		X			X	0.01
(3) PATTON SQUARE PARTNERS LP 1135 SE SALMON PORTLAND OR 97214 20-5425786	LOWINC HSG	OR	CROWN REDE	Related	-8	140,875		X			X	0.01
(4) ELDERHOPE LIMITED PARTNERSHIP 1135 SE SALMON PORTLAND OR 97214 93-1098321	LOWINC HSG	OR	REACH COMM	Related	71,065	359,005		X			X	1.00

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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
(1)							
(2)							
(3)							
(4)							

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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 alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) SP TOWER, LP 1135 SE SALMON PORTLAND OR 97214 76-0716541	LOWINC HSG	OR	STATION PL	Related	89,076	454,239		X		X		0.01
(2) THE KNOLL AT TIGARD APTS, LP PO BOX 23206 TIGARD OR 97281-3206 27-2127386	LOWINC HSG	OR	REACHKNOLL	Related				X		X		0.01
(3)												
(4)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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
(1)							
(2)							
(3)							
(4)							

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, 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
1a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
1b Gift, grant, or capital contribution to other organization(s)		X
1c Gift, grant, or capital contribution from other organization(s)		X
1d Loans or loan guarantees to or for other organization(s)	X	
1e Loans or loan guarantees by other organization(s)		X
1f Sale of assets to other organization(s)		X
1g Purchase of assets from other organization(s)		X
1h Exchange of assets		X
1i Lease of facilities, equipment, or other assets to other organization(s)	X	
1j Lease of facilities, equipment, or other assets from other organization(s)	X	
1k Performance of services or membership or fundraising solicitations for other organization(s)	X	
1l Performance of services or membership or fundraising solicitations by other organization(s)		X
1m Sharing of facilities, equipment, mailing lists, or other assets		X
1n Sharing of paid employees	X	
1o Reimbursement paid to other organization for expenses		X
1p Reimbursement paid by other organization for expenses	X	
1q Other transfer of cash or property to other organization(s)		X
1r Other transfer of cash or property from other 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 other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Special Events Schedule

Form 990

2010

For calendar year 2010, or tax year beginning , and ending

Name REACH COMMUNITY DEVELOPMENT, INC. Employer Identification Number 93-0813981

Table with 6 columns: (A), (B), (C), Others, Total. Rows include Gross receipts, Less contributions, Gross revenue, Less direct expenses, and Net income (loss).

Description: (A) ANNUAL DONOR LUNCH
(B)
(C)
Others

For calendar year 2010, or tax year beginning , and ending

Name

Employer Identification Number

REACH COMMUNITY DEVELOPMENT, INC.

93-0813981

Form 990, Part X, Line 7 - Additional Information

Name of borrower	Relationship to disqualified person
(1) ALBINA CORNER LIMITED PARTNERSHIP	
(2) BEACON MANOR APARTMENTS, INC.	
(3) MARION STREET APARTMENTS, INC.	
(4) REACH APARTMENTS, INC	
(5) TAYLOR APARTMENTS, INC.	
(6) ALBINA CORNER LIMITED PARTNERSHIP	
(7) SP TOWER LIMITED PARTNERSHIP	
(8) REACH MCCULLER LLC	
(9) REACH WESTSHORE LLC	
(10) PATTON SQUARE PARTNERS LP	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 450,000	12/14/95	09/01/21	3,381.27 PER MONTH	7.690
(2) 2,261	Various		ON DEMAND	0.000
(3) 384	Various		ON DEMAND	0.000
(4) 668	Various		ON DEMAND	0.000
(5) 1,437	Various		ON DEMAND	0.000
(6) 82,445	Various		ON DEMAND	0.000
(7) 987,000	Various		ON DEMAND	0.000
(8) 24,900	Various		ON DEMAND	0.000
(9) 5,025	Various		ON DEMAND	0.000
(10) 4,321	Various		ON DEMAND	0.000

Security provided by borrower	Purpose of loan
(1) NONE	ACQUISITION OF LOW-INCOME HOUSING
(2) NONE	OPERATIONS
(3) NONE	OPERATIONS
(4) NONE	OPERATIONS
(5) NONE	OPERATIONS
(6) NONE	OPERATIONS AND ACCRUED FEES
(7) NONE	OPERATIONS AND DEVELOPMENT FEE
(8) NONE	OPERATIONS
(9) NONE	OPERATIONS AND RESIDENT SERVICES FE
(10) NONE	ACCRUED EXPENSES

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year	Fair market value (990-PF only)
(1) CASH	311,954	294,770	
(2) CASH	2,964	3,005	
(3) CASH	3,487	19,398	
(4) CASH	3,009	4,849	
(5) CASH	925	809	
(6) CASH AND ACCRUED FEES	93,468	98,408	
(7) CASH AND ACCRUED EXPENSES	112,254	23,157	
(8) CASH	9,312	8,308	
(9) CASH AND ACCRUED EXPENSES	14,106	170,106	
(10) ACCRUED EXPENSES	28,647	14,032	
Totals	580,126	636,842	

For calendar year 2010, or tax year beginning , and ending

Name

Employer Identification Number

REACH COMMUNITY DEVELOPMENT, INC.

93-0813981

Form 990, Part X, Line 7 - Additional Information

Name of borrower	Relationship to disqualified person
(1) POWELL BOULEVARD APARTMENTS, INC.	
(2) PATTON SQUARE PARTNERS LP	
(3) REACH ADMIRAL LLC	
(4) FLOYD LIGHT APARTMENTS, LLC	
(5) PINE STREET ASSOCIATES, LP	
(6) PINE STREET ASSOCIATES, LP	
(7) FLOYD LIGHT APARTMENTS, LLC	
(8) WHEELDON ADMIRAL, LLC	
(9) PATTON SQUARE PARTNERS LP	
(10) WHEELDON ADMIRAL, LLC	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 30,388	Various		ON DEMAND	0.000
(2) 192,500	03/14/08	03/01/38	VARIABLE PER PTNSHP AGREMT	1.000
(3) 157,828	Various		ON DEMAND	0.000
(4) 2,461	Various		ON DEMAND	0.000
(5) 70,000	06/30/08	06/30/11	20,000 PER YEAR	0.000
(6) 49,751	Various		ON DEMAND	0.000
(7) 230,215	04/10/09	12/31/25	DUE 12/31/2025	12.000
(8) 35,223	08/06/09	01/01/40	PAYABLE FROM CASH FLOW	5.000
(9) 740,000		12/31/20	DUE 12/31/2020	0.000
(10) 154,384	08/06/09		PAYABLE FROM CASH FLOW	1.000

Security provided by borrower	Purpose of loan
(1) NONE	ACCRUED EXPENSES AND FEES
(2) NONE	OPERATIONS
(3) NONE	DEVELOPMENT COSTS
(4) NONE	OPERATIONS
(5) NONE	DEVELOPMENT FEE
(6) NONE	OPERATING EXPENSE
(7) NONE	DEVELOPMENT COSTS
(8) NONE	OPERATIONS
(9) NONE	DEVELOPMENT COSTS
(10) NONE	DEVELOPMENT COSTS

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year	Fair market value (990-PF only)
(1) CASH AND ACCRUED EXPENSES	22,368	36,993	
(2) CASH	323,341	326,589	
(3) CASH	11,779	5,289	
(4) CASH AND ACCRUED EXPENSES	8,650	7,014	
(5) SERVICES-DEVELOPMENT	70,000		
(6) CASH AND ACCRUED EXPENSES	62,012	15,174	
(7) DEVELOPMENT SERVICES	250,244	299,400	
(8) CASH	35,880	37,674	
(9) DEVELOPMENT SERVICES	136,076		
(10) DEVELOPMENT SERVICES	154,384	454,467	
Totals	1,074,734	1,182,600	

For calendar year 2010, or tax year beginning , and ending

Name

Employer Identification Number

REACH COMMUNITY DEVELOPMENT, INC.**93-0813981****Form 990, Part X, Line 7 - Additional Information**

Name of borrower	Relationship to disqualified person
(1) REACH WALNUT PARTNERS, LP	
(2) REACH WALNUT PARTNERS, LP	
(3) REACH WALNUT PARTNERS LP	
(4) WHELDON ADMIRAL	
(5) ELDERHOPE - TAT	
(6) THE MAPLES AND MAPLES II	
(7) FIR GROVE APARTMENTS	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 164,192	11/30/09	06/01/13	PAYABLE FROM CASH FLOW	0.000
(2) 5,434	Various		ON DEMAND	0.000
(3) 111,384	05/15/10	05/15/71	VARIABLE PER PTSHP AGRMT	5.000
(4) 8,633	Various		ON DEMAND	0.000
(5) 23,531	Various		ON DEMAND	0.000
(6) 2,307	Various		ON DEMAND	0.000
(7) 1,153	Various		ON DEMAND	0.000
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) NONE	DEVELOPMENT COSTS
(2) NONE	OPERATIONS
(3) NONE	OPERATIONS
(4) NONE	OPERATIONS
(5) NONE	OPERATIONS
(6) NONE	OPERATIONS
(7) NONE	OPERATIONS
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year	Fair market value (990-PF only)
(1) DEVELOPMENT SERVICES	50,170	370,573	
(2) CASH AND ACCRUED EXPENSES	5,434	5,733	
(3) CASH		113,875	
(4) CASH AND ACCRUED EXPENSES		8,633	
(5) CASH AND ACCRUED EXPENSES		23,531	
(6) CASH AND ACCRUED EXPENSES		2,307	
(7) CASH AND ACCRUED EXPENSES		1,692	
(8)			
(9)			
(10)			
Totals	55,604	526,344	

For calendar year 2010, or tax year beginning , and ending

Name

Employer Identification Number

REACH COMMUNITY DEVELOPMENT, INC.

93-0813981

Form 990, Part X, Line 23 - Additional Information

Name of lender	Relationship to disqualified person
(1) VARIOUS MORTGAGE LENDERS	NONE
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	17,348,988	16,935,514
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals	17,348,988	16,935,514

Depreciation and Amortization
 (Including Information on Listed Property)

2010

Attachment
 Sequence No. **67**

(99)

u See separate instructions.

u Attach to your tax return.

Name(s) shown on return

REACH COMMUNITY DEVELOPMENT, INC.

Identifying number

93-0813981

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	995,424

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2010	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	453
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	995,877
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 26 Property used more than 50% in a qualified business use: 2010 FORD ECOLINE VAN 12/08/10 100.00% 27,191 26,738 5.0 200DBMQ 27 Property used 50% or less in a qualified business use: 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

42 Amortization of costs that begins during your 2010 tax year (see instructions): 43 Amortization of costs that began before your 2010 tax year 44 Total. Add amounts in column (f). See the instructions for where to report