

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

For calendar year 2014, or fiscal year beginning, 2014, and ending, 20

2014

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Name of exempt organization
REACH COMMUNITY DEVELOPMENT, INC.

Employer identification number
93-0813981

Name and title of officer
**JOAN COOK
CHIEF FINANCIAL OFFICER**

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 <u>14,466,590</u>
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 2014 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 2014 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 2014 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 09/23/15

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 2014 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 STEVEN R. BJORKLUND Date 09/23/15

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

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

A For the 2014 calendar year, or tax year beginning , and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Final 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): 4150 SW MOODY AVENUE Room/suite:
 City or town, state or province, country, and ZIP or foreign postal code: PORTLAND OR 97239

D Employer identification number: 93-0813981
E Telephone number: 503-231-0682
G Gross receipts \$: 15,393,157

F Name and address of principal officer:
 DAN VALLIERE
 4150 SW MOODY AVENUE
 PORTLAND OR 97239

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

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

J Website: WWW.REACHCDC.ORG **H(c)** Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: 1982 **M** State of legal domicile: OR

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	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	143
	6 Total number of volunteers (estimate if necessary)	6	420
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,782,546	3,354,934
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,607,023	10,191,736
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	312,543	902,582
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,702,112	14,466,590
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,792,062	6,381,469
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 346,078		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,664,125	6,843,681	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,456,187	13,225,150	
19 Revenue less expenses. Subtract line 18 from line 12	-754,075	1,241,440	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	44,743,246	43,762,928
	22 Net assets or fund balances. Subtract line 21 from line 20	39,677,806	37,456,048
		5,065,440	6,306,880

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: JOAN COOK
 Date: CHIEF FINANCIAL OFFICER
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: STEVEN R. BJORKLUND
 Preparer's signature: STEVEN R. BJORKLUND
 Date: 09/18/15
 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 or note to any line in this Part III [X]

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 [X] 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 [X] No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 9,425,411 including grants of \$) (Revenue \$ 10,191,736)

PROPERTY MANAGEMENT AND HOUSING DEVELOPMENT PROGRAM: REACH HAS DEVELOPED OR PRESERVED OVER 1,800 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 MANAGEMENT AND ASSET MANAGEMENT FOR ALL OF ITS PROPERTIES.

4b (Code:) (Expenses \$ 650,421 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 \$ 1,064,115 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 \$ 40,937 including grants of \$) (Revenue \$)

4e Total program service expenses 11,180,884

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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		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, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		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 and XII		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 and XII 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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 hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? 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 25a		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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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, or IV, and Part V, line 1	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
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 11b 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 or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
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?		
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" to line 3b, 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: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		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 as charitable contributions?		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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring 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 or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 10		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 10		
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	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	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	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did 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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
15b		X	
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	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	X	
16b		X	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed OR
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records:
 REACH COMMUNITY DEVELOPMENT INC 4150 SW MOODY AVENUE
 PORTLAND OR 97239 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 or note to any line in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRETT SHEEHAN PRESIDENT	2.00 0.00	X		X				0	0	0
(2) NANCY BOND VICE PRESIDENT	2.00 0.00	X		X				0	0	0
(3) KEVIN WINGATE-PARSE SECRETARY	2.00 0.00	X		X				0	0	0
(4) LAWRENCE M. CONRAD TREASURER	2.00 0.00	X		X				0	0	0
(5) BESTSY FERGUSON BOARD MEMBER	1.00 0.00	X						0	0	0
(6) EDWARD KNIGHTLY BOARD MEMBER	1.00 0.00	X						0	0	0
(7) REBECCA MAESE BOARD MEMBER	1.00 0.00	X						0	0	0
(8) DAVID SACAMANO BOARD MEMBER	1.00 0.00	X						0	0	0
(9) MARC TEDESCO BOARD MEMBER	1.00 0.00	X						0	0	0
(10) MARSHAWNA WILLIAMS TRUSTEE/DIRECTOR	1.00 0.00	X						0	0	0
(11) DAN VALLIERE CHIEF EXECUTIVE OFF.	40.00 0.00			X				149,030	0	17,097

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) JOAN COOK CHIEF FIN OFFICER	40.00 0.00			X				99,774	0	14,141
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Sub-total								248,804		31,238
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								248,804		31,238

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **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. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	1,317,967			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,036,967			
	g Noncash contributions included in lines 1a-1f: \$		49,563			
	h Total. Add lines 1a-1f		3,354,934			
Program Service Revenue	2a RENTAL REVENUE	Busn. Code				
		531110	6,257,386	6,257,386		
	b PROPERTY MANAGEMENT FEES	531390	2,664,044	2,664,044		
	c DEVELOPMENT FEES	531390	1,270,500	1,270,500		
	d EQUITY IN INCOME OF LTD PTSHP	531390	-194	-194		
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		10,191,736			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		236,088		236,088	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other		1,593,061		
	b Less: cost or other basis & sales exps.			926,567		
	c Gain or (loss)		666,494			
	d Net gain or (loss)		666,494	666,494		
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses	b			
		c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities. See Part IV, line 19	a				
		b Less: direct expenses	b			
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Busn. Code				
11a ANNUAL DONOR LUNCH			17,338	17,338		
b						
c						
d All other revenue						
e Total. Add lines 11a-11d			17,338			
12 Total revenue. See instructions.			14,466,590	10,875,568	0	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	280,042	77,842	185,587	16,613
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	4,544,034	3,949,113	444,801	150,120
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	193,060	168,682	17,699	6,679
9 Other employee benefits	885,159	758,819	97,285	29,055
10 Payroll taxes	479,174	399,799	63,004	16,371
11 Fees for services (non-employees):				
a Management				
b Legal	111,636	19,319	92,317	
c Accounting	95,022	64,022	31,000	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	464,169	277,612	162,042	24,515
12 Advertising and promotion	17,513	5,685	4,010	7,818
13 Office expenses	352,436	180,945	148,418	23,073
14 Information technology	52,232	52,232		
15 Royalties				
16 Occupancy	2,484,016	2,391,291	92,725	
17 Travel	36,797	34,734	2,031	32
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	6,621	190	5,655	776
20 Interest	37,908	20,236	17,634	38
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,903,841	1,687,890	215,951	
23 Insurance	13,092	1,602	11,490	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a WAGES PAID BY MGMT CO	412,152	412,152		
b RESIDENT/PROGRAM SERVICES	220,523	192,604	2,044	25,875
c OFFSITE COSTS	176,896	176,896		
d TRAINING	99,332	69,278	29,099	955
e All other expenses	359,495	239,941	75,396	44,158
25 Total functional expenses. Add lines 1 through 24e	13,225,150	11,180,884	1,698,188	346,078
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	1,337,380	1	1,525,774
	2 Savings and temporary cash investments	3,232,242	2	3,383,374
	3 Pledges and grants receivable, net	305,957	3	100,829
	4 Accounts receivable, net	2,100,329	4	511,177
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	8,864,872	7	11,111,499
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	85,609	9	120,968
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 54,015,029		
	b Less: accumulated depreciation	10b 29,795,783	25,964,010	10c 24,219,246
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	1,597,998	12	1,450,961
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,254,849	15	1,339,100
16 Total assets. Add lines 1 through 15 (must equal line 34)	44,743,246	16	43,762,928	
Liabilities	17 Accounts payable and accrued expenses	1,576,825	17	777,584
	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 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	36,993,427	23	35,510,022
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,107,554	25	1,168,442
	26 Total liabilities. Add lines 17 through 25	39,677,806	26	37,456,048
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	4,112,853	27	5,049,960
	28 Temporarily restricted net assets		28	256,919
	29 Permanently restricted net assets	952,587	29	1,000,001
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	5,065,440	33	6,306,880	
34 Total liabilities and net assets/fund balances	44,743,246	34	43,762,928	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,466,590
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,225,150
3	Revenue less expenses. Subtract line 2 from line 1	3	1,241,440
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,065,440
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,306,880

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	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	
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

OMB No. 1545-0047

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

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(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) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.)						
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 2014 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	%

- 16a 33 1/3% support test—2014.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- b 33 1/3% support test—2013.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- 17a 10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►
- b 10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,138,870	6,987,459	1,472,840	2,782,546	3,354,934	15,736,649
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	6,587,810	7,255,727	8,105,293	8,607,023	10,209,074	40,764,927
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	7,726,680	14,243,186	9,578,133	11,389,569	13,564,008	56,501,576
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.)						56,501,576

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	7,726,680	14,243,186	9,578,133	11,389,569	13,564,008	56,501,576
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	129,095	247,495	305,267	312,543	236,088	1,230,488
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	129,095	247,495	305,267	312,543	236,088	1,230,488
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	7,855,775	14,490,681	9,883,400	11,702,112	13,800,096	57,732,064

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 2014 (line 8, column (f) divided by line 13, column (f))	15	97.87%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	97.89%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	2%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	2%

19a 33 1/3% support tests—2014. 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—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013 . . .			
e Excess from 2014 . . .			

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2014

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

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

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$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 its Form 990-PF, Part I, line 2, 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). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 14,024	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 13,550	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 33,300	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization
 REACH COMMUNITY DEVELOPMENT, INC.

Employer identification number
 93-0813981

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 500,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 8,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	NEIGHBORHOOD REINVESTMENT CORP 1325 G STREET NW, SUITE 800 WASHINGTON DC 20005	\$ 590,781	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 11,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization REACH COMMUNITY DEVELOPMENT, INC.	Employer identification number 93-0813981
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	OREGON HOUSING AND COMMUNITY SERVICE 752 SUMMER STREET NE, SUITE B SALEM OR 97301	\$ 180,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	PORTLAND HOUSING BUREAU 421 SW SIXTH AVENUE, SUITE 500 PORTLAND OR 97204	\$ 536,726	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	CFED NATIONAL OFFICE 1200 G STREET NW, SUITE 400 WASHINGTON DC 20005	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	CONCEPTS IN COMMUNITY LIVING 15900 SE 82ND DRIVE CLACKAMAS OR 97015	\$ 5,415	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization
 REACH COMMUNITY DEVELOPMENT, INC.

Employer identification number
 93-0813981

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20		\$ 25,700	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21		\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22		\$ 5,522	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23		\$ 55,039	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24		\$ 16,700	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization
 REACH COMMUNITY DEVELOPMENT, INC.

Employer identification number
 93-0813981

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	PORTLAND STREETCAR 1031 NW 11TH AVENUE PORTLAND OR 97209	\$ 36,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization
 REACH COMMUNITY DEVELOPMENT, INC.

Employer identification number
 93-0813981

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
26	DISCOUNT ON STREETCAR PASSES	\$ 36,000	12/31/14
		\$	
		\$	
		\$	
		\$	
		\$	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization is described below.
- ▶ Attach to Form 990 or Form 990-EZ.
- ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), 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 ▶ \$
- 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 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 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 ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$
- 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)				

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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

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)	2,354													
b Total lobbying expenditures to influence a legislative body (direct lobbying)	0													
c Total lobbying expenditures (add lines 1a and 1b)	2,354													
d Other exempt purpose expenditures	13,222,796													
e Total exempt purpose expenditures (add lines 1c and 1d)	13,225,150													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	811,258													
<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)	202,815													
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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount	561,545	628,906	772,809	811,258	2,774,518
b Lobbying ceiling amount (150% of line 2a, column(e))					4,161,777
c Total lobbying expenditures	1,976	2,478	2,927	2,354	9,735
d Grassroots nontaxable amount	140,386	157,227	193,202	202,815	693,630
e Grassroots ceiling amount (150% of line 2d, column (e))					1,040,445
f Grassroots lobbying expenditures	1,976	2,478	2,927	2,354	9,735

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)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include questions about lobbying activities like volunteers, staff, media, mailings, etc.

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

Table with 3 rows and 3 columns (Question, Yes, No). Questions about dues, lobbying expenditures, and carryover.

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

Table with 5 rows and 2 columns (Question, Amount). Questions about dues, nondeductible lobbying, and carryover.

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE C, PART II-B, LINE 1

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

SCHEDULE C, PART IV, ADDITIONAL INFORMATION

LOBBYING EXPENSES INCURRED IN 2014 TOTALED \$2,354. 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

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, and questions about donor advisement.

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

Form for Part II including checkboxes for purposes of conservation easements (public use, natural habitat, open space, historic area, historic structure) and a table for 'Held at the End of the Tax Year' with rows 2a-d.

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 including questions about reporting works of art, historical treasures, or other similar assets held for public exhibition or financial gain.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

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

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" 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 XIII and complete the following table:

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" 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 current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
- b Permanent endowment %
- c Temporarily restricted endowment %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,046,177		5,046,177
b Buildings		46,893,673	28,305,857	18,587,816
c Leasehold improvements		154,868	123,074	31,794
d Equipment		1,920,311	1,366,852	553,459
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 24,219,246

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) ACCRUED INTEREST	654,187	
(3) ADVANCE RENT AND DEPOSITS	332,936	
(4) DEFERRED INTEREST	181,319	
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,168,442	

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

SCHEDULE J
(Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2014

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization

REACH COMMUNITY DEVELOPMENT, INC.

Employer identification number

93-0813981

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

Table with columns: (A) Name and Title, (B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base compensation, (ii) Bonus & incentive compensation, (iii) Other reportable compensation, (C) Retirement and other deferred compensation, (D) Nontaxable benefits, (E) Total of columns (B)(i)-(D), (F) Compensation in column (B) reported as deferred in prior Form 990. Row 1: DAN VALLIERE, CHIEF EXECUTIVE OFF., 149,030, 0, 0, 17,097, 0, 166,127, 0.

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Area with horizontal dotted lines for supplemental information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2014

**Open To Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

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 ▶ (MATERIALS/LABOR)	X	51	8,185	FAIR MARKET VALUE
26 Other ▶ (SERVICES)	X	9	41,378	FAIR MAKRET VALUE
27 Other ▶ ()				
28 Other ▶ ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		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.		

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

Area with horizontal dotted lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2014

**Open to Public
Inspection**

▶ Attach to Form 990 or 990-EZ.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

REACH COMMUNITY DEVELOPMENT, INC.

Employer identification number

93-0813981

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT

VOLUNTEER SERVICES

420 REACH VOLUNTEERS DONATED THEIR SERVICES IN 2014. 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 EMPLOYEESS 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

Employer identification number

REACH COMMUNITY DEVELOPMENT, INC.

93-0813981

THE SECRETARY OR DESIGNEE SHALL MONITOR AND ENFORE 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 MANY 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 SIMILARY 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 MANY ASK QUESTIONS OF THE INSIDER PRIOR TO BEGINNING ITS DISCUSSION.

Name of the organization

Employer identification number

REACH COMMUNITY DEVELOPMENT, INC.

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.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2014

**Open to Public
Inspection**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

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" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) REACH PROPERTY MANAGEMENT LLC 4150 SW MOODY AVENUE 93-0813981 PORTLAND OR 97239	LOWINC HSG	OR			REACH COMM
(2) REACH REPAIR LLC 4150 SW MOODY AVENUE 93-0813981 PORTLAND OR 97239	LOWINC HSG	OR			REACH COMM
(3) ALBINA CORNER LTD PTSHIP 4150 SW MOODY AVENUE 93-1159815 PORTLAND OR 97239	LOWINC HSG	OR	570,719	2,400,317	REACH COMM
(4) REACH ALLEN-FREMONT LLC 4150 SW MOODY AVENUE 47-1843790 PORTLAND OR 97239	LOWINC HSG	OR			REACH COMM
(5) ELDERHOPE LTD PTSHIP 4150 SW MOODY AVENUE 93-1098321 PORTLAND OR 97239	LOWINC HSG	OR	800,837	3,062,116	REACH COMM

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) BMA, INC. 4150 SW MOODY AVENUE 93-1174394 PORTLAND OR 97239	HOUSING	OR	501	7	N/A		X
(2) MARION STREET APARTMENTS, INC. 4150 SW MOODY AVENUE 93-1209647 PORTLAND OR 97239	HOUSING	OR	501	7	N/A		X
(3) POWELL BLVD APARTMENTS, INC., 4150 SW MOODY AVENUE 91-1764112 PORTLAND OR 97239	HOUSING	OR	501	7	N/A		X
(4) REACH APARTMENTS, INC. 4150 SW MOODY AVENUE 94-3085792 PORTLAND OR 97239	HOUSING	OR	501	7	N/A		X
(5) TAYLOR STREET APARTMENTS, INC. 4150 SW MOODY AVENUE 93-1209646 PORTLAND OR 97239	HOUSING	OR	501	7	N/A		X

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

Schedule R (Form 990) 2014

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2014

**Open to Public
Inspection**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

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" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) FLOYD LIGHT APARTMENTS LLC 4150 SW MOODY AVENUE PORTLAND OR 97239 91-1764785	LOWINC HSG	OR	458,603	2,531,025	REACH COMM
(2) REACH GATEWAY LLC 4150 SW MOODY AVENUE PORTLAND OR 97239 32-0411748	LOWINC HSG	OR		4,933,115	REACH COMM
(3) AC APARTMENTS, LLC 4150 SW MOODY AVENUE PORTLAND OR 97239 93-0813981	LOWINC HSG	OR	570,719	2,400,317	REACH COMM
(4) CROWN REDEVELOPMENT LLC 4150 SW MOODY AVENUE PORTLAND OR 97239 93-0813981	LOWINC HSG	OR	-31	350,486	REACH COMM
(5) REACH ALBINA CORNER LLC 4150 SW MOODY AVENUE PORTLAND OR 97239 45-4106370	LOWINC HSG	OR			REACH COMM

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) COMMUNITY HOUSING, INC. 4150 SW MOODY AVENUE PORTLAND OR 97239 94-3041307	HOUSING	OR	501	7	N/A		X
(2) COMMUNITY HOUSING II, INC. 4150 SW MOODY AVENUE PORTLAND OR 97239 93-1300045	HOUSING	OR	501	7	N/A		X
(3) COMMUNITY HOUSING III, INC. 4150 SW MOODY AVENUE PORTLAND OR 97239 01-0777882	HOUSING	OR	501	7	N/A		X
(4) AFFORDABLE COMMUNITY ENVIRONMENTS 4150 SW MOODY AVENUE PORTLAND OR 97239 91-1898061	HOUSING	WA	501	9	N/A		X
(5) BLOCK 49 CONDO ASSOCIATION 4150 SW MOODY AVENUE PORTLAND OR 97239 46-2092929	CONDO ASS	OR	528		N/A		X

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Schedule R (Form 990) 2014

**SCHEDULE R
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Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2014

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Department of the Treasury
Internal Revenue Service

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" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) REACH MCCULLER LLC 4150 SW MOODY AVENUE 93-0813981 PORTLAND OR 97239	LOWINC HSG	OR	-10	51,428	REACH COMM
(2) REACH ORCHARDS LLC 4150 SW MOODY AVENUE 46-5204815 PORTLAND OR 97239	LOWINC HSG	OR	-1	1,511,652	REACH COMM
(3) REACH ORCHARDS II LLC 4150 SW MOODY AVENUE 47-2981576 PORTLAND OR 97239	LOWINC HSG	OR		1,055,512	REACH COMM
(4) REACH WESTSHORE LLC 4150 SW MOODY AVENUE 93-0813981 PORTLAND OR 97239	LOWINC HSG	OR	848,845	2,909,722	REACH COMM
(5) STATION PLACE LLC 4150 SW MOODY AVENUE 90-0726688 PORTLAND OR 97239	LOWINC HGS	OR	-61	509,432	REACH COMM

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2014

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Department of the Treasury
Internal Revenue Service

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" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) REACH WALNUT PARK LLC 4150 SW MOODY AVENUE 26-3253002 PORTLAND OR 97239	LOWINC HSG	OR	-21	125,818	REACH COMM
(2) REACH DEVELOPMENT LLC 4150 SW MOODY AVENUE 93-0813981 PORTLAND OR 97239	LOWINC HS	OR	2,139,922	5,480,501	REACH COMM
(3) REACH ADMIRAL LLC 4150 SW MOODY AVENUE 26-2527719 PORTLAND OR 97239	LOWINC HSG	OR	-34	71,739	REACH COMM
(4) REACH BLOCK 49 LLC 4150 SW MOODY AVENUE 93-0813981 PORTLAND OR 97239	LOWINC HSG	OR	-77	408,811	REACH COMM
(5) PATTON SQUARE LEASING LLC 4150 SW MOODY AVENUE 80-0476002 PORTLAND OR 97239	LOWINC HSG	OR	73,160	41,260	REACH COMM

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2014

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Department of the Treasury
Internal Revenue Service

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" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) REACH TWELTH AVE TERRACE LLC 4150 SW MOODY AVENUE 27-4827105 PORTLAND OR 97239	LOWINC HSG	OR	800,837	3,062,116	REACH COMM
(2) REACH OFFICE LLC 4150 SW MOODY AVENUE 93-0813981 PORTLAND OR 97239	LOWINC HSG	OR		2,643,907	REACH COMM
(3) REACH BRONAUGH GP LLC 4150 SW MOODY AVENUE 47-2963987 PORTLAND OR 97239	LOWINC HSG	OR	529,722	4,497,761	REACH COMM
(4) REACH BRONAUGH LLC 4150 SW MOODY AVENUE 46-1228515 PORTLAND OR 97239	LOWINC HSG	OR	529,722	4,497,761	REACH COMM
(5) REACH CASCADIA VILLAGE LLC 4150 SW MOODY AVENUE 93-0813981 PORTLAND OR 97239	LOWINC HSG	OR			REACH COMM

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2014

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Department of the Treasury
Internal Revenue Service

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" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) REACH COVINGTON COMMONS LLC 4150 SW MOODY AVENUE 93-0813981 PORTLAND OR 97239	LOWINC HSG	OR			REACH COMM
(2) REACH FLOYD LIGHT LLC 4150 SW MOODY AVENUE 45-4711626 PORTLAND OR 97239	LOWINC HSG	OR			REACH COMM
(3) REACH GOT LLC 4150 SW MOODY AVENUE 46-0838543 PORTLAND OR 97239	LOWINC HSG	OR	1,232,608	2,590,783	REACH COMM
(4) REACH MCCULLER CROSSING LLC 4150 SW MOODY AVENUE 93-0813981 PORTLAND OR 97239	LOWINC HSG	OR			REACH COMM
(5) REACH BLOCK 49 LEASING LLC 4150 SW MOODY AVENUE 93-0813981 PORTLAND OR 97239	LOWINC HSG	OR	5,206		REACH COMM

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2014

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Department of the Treasury
Internal Revenue Service

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" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) REACH LAURELHURST LLC 4150 SW MOODY AVENUE 47-2809323 PORTLAND OR 97239	LOWINC HSG	OR	178,842	199,050	REACH COMM
(2) REACH ROSE LLC 4150 SW MOODY AVENUE 47-2861596 PORTLAND OR 97239	LOWINC HSG	OR	403,083	410,588	REACH COMM
(3) REACH TAFT LLC 4150 SW MOODY AVENUE 47-2921338 PORTLAND OR 97239	LOWINC HSG	OR	236,253	479,927	REACH COMM
(4) REACH DRESDEN LLC 4150 SW MOODY AVENUE 47-2724968 PORTLAND OR 97239	LOWINC HSG	OR	279,459	804,836	REACH COMM
(5) REACH RITZDORF LLC 4150 SW MOODY AVENUE 47-2815135 PORTLAND OR 97239	LOWINC HSG	OR	559,418	2,532,072	REACH COMM

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2014

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
 ▶ **Attach to Form 990.**
 ▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

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" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) REACH SCATTERED SITES I LLC 4150 SW MOODY AVENUE 47-2869980 PORTLAND OR 97239	LOWINC HSG	OR	510,256	965,523	REACH COMM
(2) REACH SCATTERED SITES II LLC 4150 SW MOODY AVENUE 47-2884758 PORTLAND OR 97239	LOWINC HSG	OR	530,314	1,205,202	REACH COMM
(3) REACH SCATTERED SITES III LLC 4150 SW MOODY AVENUE 47-2902453 PORTLAND OR 97239	LOWINC HSG	OR	179,657	351,153	REACH COMM
(4) REACH GATEWAY SENIOR HOUSING LP 4150 SW MOODY AVENUE 80-0930515 PORTLAND OR 97239	LOWINC HSG	OR		4,933,115	REACH COMM
(5) REACH ORENCO II LLC 4150 SW MOODY AVENUE 46-5146622 PORTLAND OR 97239	LOWINC HSG	OR			REACH COMM

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate 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) WHEELDON ADMIRAL LLC 4150 SW MOODY AVENUE PORTLAND OR 97239 27-0162291	LOWINC HSG	OR	REACH ADMI	RELATED	-34	71,739		X		X		0.01
(2) REACH WALNUT PARTNERS LP 4150 SW MOODY AVENUE PORTLAND OR 97239 27-0924852	LOWINC HSG	OR	REACH WALN	RELATED	-21	125,818		X		X		0.01
(3) MCCULLER ASSOCIATES, LP 4150 SW MOODY AVENUE PORTLAND OR 97239 93-1271659	LOWINC HSG	OR	REACH MCUL	RELATED	-10	51,428		X		X		0.01
(4) PATTON SQUARE PARTNERS LP 4150 SW MOODY AVENUE PORTLAND OR 97239 20-5425786	LOWINC HSG	OR	CROWN REDE	RELATED	-31	350,486		X		X		0.01

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate 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 4150 SW MOODY AVENUE PORTLAND OR 97239 76-0716541	LOWINC HSG	OR	STATION PL	RELATED	-61	509,432		X		X		0.01
(2) REACH B49 PARTNERS LP 4150 SW MOODY AVENUE PORTLAND OR 97239 27-4635096	LOWINC HSG	OR	REACH B49	RELATED	-77	408,811		X		X		0.01
(3) REACH ORENCO LLC 4150 SW MOODY AVENUE PORTLAND OR 97239 45-4607664	LOWINC HSG	OR	REACH ORCH	RELATED	-1	1,511,652		X		X		0.01
(4) REACH GATEWAY SENIOR HSG LP 4150 SW MOODY AVENUE PORTLAND OR 97239 80-0930515	LOWINC HSG	OR	REACH GATE	RELATED		4,933,115		X		X		0.01

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

Part VII Supplemental Information

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

Area with horizontal dotted lines for supplemental information.

Depreciation and Amortization
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

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 2013 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 2015. 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	1,527,068

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 2014	17	376,773
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 2014 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 2014 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	
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	1,903,841
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.

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:								
1	RESIDENTIAL BUILDING-ELDERHOPE	8/01/94	5,434,812		5,434,812	27 MMS/L	3,829,073	197,630
2	RES BLDG IMPRVMENTS-ELDERHOPE	12/01/94	176,125		176,125	27 MMS/L	121,952	6,404
3	BUILDING - COMMERCIAL-ELDERHOPE	8/01/94	112,354		112,354	39 MMS/L	55,817	2,881
4	COMMERCIAL BLDG IMPRVMNT-ELD	12/01/94	16,993		16,993	39 MMS/L	8,295	436
5	OFFICE FURNITURE-AC	9/01/96	1,868		1,868	7 HY 200DB	1,868	0
6	CARPET & FLOORING-AC	9/01/96	53,994		53,994	7 HY 200DB	53,994	0
7	LANDSCAPING & PAVING-AC	9/01/96	115,416		115,416	15 HY 150DB	115,416	0
10	COMPUTER UPGRADE-PINE	12/31/00	1,257		1,257	5 HY 200DB	1,257	0
11	FURNISHINGS-PINE	6/30/98	487		487	7 HY 200DB	487	0
38	FURNITURE AND EQUIPMENT ELDERHOPE	8/01/94	107,634		107,634	7 HY 150DB	107,634	0
40	VANITY REPLACEMENTS-ELDERHOPE	5/31/04	32,376		32,376	27 MMS/L	11,332	1,177
41	BRICK SEALING-ELDERHOPE	12/01/04	12,880		12,880	27 MMS/L	4,235	468
42	COMPUTERS AND PRINTER-ELDERHOPE	9/14/06	3,290		3,290	5 MQ S/L	3,290	0
43	SECURITY SYSTEM-ELDERHOPE	10/12/06	7,774		7,774	5 MQ S/L	7,774	0
44	COMMON AREA FURNITURE-ELDERHOPE	11/30/06	12,773		12,773	7 MQ S/L	12,773	0
45	Security Cameras-AC	2/28/11	1,801	X	788	7 HY 200DB	1,013	225
46	GRAB BARS-ELDERHOPE	6/30/07	6,478		6,478	27 MMS/L	1,540	236
47	NABCO AUTOMATIC OPERATOR-ELDERHOPE	8/08/07	10,775		10,775	7 HY 200DB	10,371	404
48	COMMON AREA CARPET-ELDERHOPE	10/22/08	33,857		33,857	5 MQ200DB	33,857	0
50	ADA door operator-ELDERHOPE	8/14/09	2,780		2,780	7 HY 200DB	2,259	208
51	Security System-ELDERHOPE	5/15/09	9,466		9,466	5 HY S/L	8,519	947
72	LANDSC&PAVING ADDNS WALSH-AC	3/01/97	2,275		2,275	15 HY 150DB	2,275	0
75	FF&E 97 ADDITION WALSH-AC	10/27/97	739		739	7 HY 200DB	739	0
76	COMM TENANT ADDNS-DOORS/WIN-	7/01/98	9,461		9,461	39 MMS/L	3,760	243
78	PLAYGROUND-AC	1/01/98	4,977		4,977	15 HY 150DB	4,977	0
84	Windows-AC	5/01/04	11,246		11,246	27 MMS/L	3,936	409
85	Siding-AC	8/01/04	10,790		10,790	27 MMS/L	3,678	393
88	MANAGER'S OFFICE-AC	8/01/07	35,320		35,320	27 MMS/L	8,188	1,284
89	COMPUTER & MONITOR-AC	1/01/07	1,459		1,459	5 MQ200DB	1,459	0
90	SECURITY CAMERA EQUIP-AC	10/31/07	5,244		5,244	7 MQ200DB	4,843	401
91	RICOH SCANNER-AC	11/12/07	1,820		1,820	5 MQ200DB	1,820	0
92	Security Camera-AC	10/01/08	1,214		1,214	5 MQ200DB	1,214	0
93	Dry Rot Rehab-AC	6/17/08	49,623		49,623	27 MMS/L	10,000	1,804
97	KEYLESS ENTRY SYSTEM-AC	5/31/10	7,684	X	3,842	7 HY 200DB	5,384	657
99	LIGHTING UPGRADE-AC	12/02/10	2,980	X	1,047	7 HY 200DB	1,933	299
101	Firewall-AC	2/01/11	2,178	X	627	5 HY 200DB	1,551	251
102	PTAC Replacement-AC	7/31/11	31,197	X	13,643	7 HY 200DB	17,554	3,898
104	BUILDING-PINE	8/01/97	4,283,825		4,283,825	27 MMS/L	2,557,310	155,775
105	FURNISHINGS & EQUIPMENT-PINE	8/01/97	174,484		174,484	7 HY 200DB	174,484	0
110	FURNISHINGS-PINE	6/30/98	2,653		2,653	7 HY 200DB	2,653	0
111	MICROWAVES-PINE	1/01/99	11,074		11,074	5 HY 200DB	11,074	0
115	WATER HEATER-PINE	6/01/08	5,150		5,150	15 MQ S/L	1,917	343
			<u>10,810,583</u>		<u>10,784,690</u>		<u>7,213,505</u>	<u>376,773</u>
Other Depreciation:								
8	RES. BLDG 97 ADDNS WALSH-AC	3/01/97	6,411		6,411	27 MO S/L	3,847	233
9	CADET HEATERS-PINE	10/31/00	12,369		12,369	27 MO S/L	5,843	450
16	BUILDINGS-FLOYD LIGHT	7/01/12	1,894,495		1,894,495	27 MO S/L	103,336	68,891
17	STORM DOORS-FLOYD LIGHT	9/30/13	7,424		7,424	20 MO S/L	93	371
18	BATH UPGRADES-FLOYD LIGHT	8/30/13	6,706		6,706	20 MO S/L	112	335
19	BUILDING IMPRV-FLOYD LIGHT	10/31/12	362,579		362,579	27 MO S/L	15,382	13,185
20	FURN & EQUIP-FLOYD LIGHT	7/01/12	70,000		70,000	7 MO S/L	15,000	10,000
21	COMPUTER EQUIP-FLOYD LIGHT	7/01/12	2,533		2,533	3 MO S/L	1,267	844
22	SECURITY SYSTEM-PINE	10/01/08	14,342		14,342	10 MO S/L	7,530	1,434
23	COMPUTER-PINE	8/01/08	4,861		4,861	5 MO S/L	4,861	0
24	ONE SITE SOFTWARE-PINE	7/01/08	2,850		2,850	3 MO Amort	2,850	0
25	PARKING LOT IMPRVMT-PINE	11/01/08	1,182		1,182	15 MO S/L	407	79
26	LAND-REACH CDI	1/01/12	98,000		98,000	0 -- Land	0	0
	Sold/Scrapped: 1/01/14							
27	LAND (ORENCO)-REACH CDI	3/29/13	1,200,000		1,200,000	0 -- Land	0	0
28	BUILDINGS-REACH CDI	8/01/97	2,525,851		2,525,851	27 MO S/L	80,467	73,040
29	FURN & EQUIP-REACH CDI	1/01/12	917,444		917,444	5 MO S/L	504,664	133,039
30	LAND-SCATTERED SITES	8/01/97	2,257,231		2,257,231	0 -- Land	0	0
31	BUILDINGS-SCATTERED SITES	8/01/97	22,352,462		22,352,462	27 MO S/L	17,177,342	812,817
32	BUILDINGS-SCATTERED SITES	5/28/13	1,263,942		1,263,942	27 MO S/L	87,929	45,962
33	FURN & EQUIP-SCATTERED SITES	1/01/12	64,281		64,281	7 MO S/L	38,428	7,187
34	LAND-BRONAUGH	3/29/13	740,633		740,633	0 -- Land	0	0
35	BUILDING-BRONAUGH	3/29/13	3,138,804		3,138,804	40 MO S/L	58,853	78,470

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
36	BUILDING IMPROVEMENTS-BRONAUGH	9/30/13	135,816			135,816	40 MO S/L	849	3,395
37	SECURITY CAMERA-BRONAUGH	9/30/13	7,106			7,106	5 MO S/L	355	1,422
39	LAND-ELDERHOPE	8/01/94	517,119			517,119	0 -- Land	0	0
49	3 STEEL BENCHES-ELDERHOPE	9/03/08	5,165			5,165	10 MO S/L	3,665	516
52	Furniture-ELDERHOPE	9/04/09	7,000			7,000	7 MO S/L	4,333	1,000
53	Furniture-ELDERHOPE	10/29/09	7,000			7,000	7 MO S/L	4,167	1,000
54	OFFICE-ELDERHOPE	9/20/10	2,200			2,200	7 MO S/L	1,021	315
55	SECURITY SYSTEM-ELDERHOPE	7/26/10	3,822			3,822	7 MO S/L	1,866	546
56	NETWORK SET UP-ELDERHOPE	7/31/10	12,387			12,387	5 MO S/L	8,464	2,478
57	ONE SITE SOFTWARE-ELDERHOPE	7/01/10	4,760			4,760	3 MO Amort	4,760	0
58	FURNITURE-ELDERHOPE	7/01/10	28,675			28,675	7 MO S/L	14,338	4,096
59	Water heaters-ELDERHOPE	3/31/11	60,197			60,197	10 MO S/L	16,554	6,020
60	Lighting retrofit-ELDERHOPE	6/02/11	18,444			18,444	10 MO S/L	4,765	1,844
61	Fire alarm/panel upgrades-ELDERHOPE	8/31/11	28,827			28,827	7 MO S/L	9,609	4,118
62	Furniture (table & chair)-ELDERHOPE	10/31/11	8,886			8,886	7 MO S/L	2,645	1,269
63	Endtables-ELDERHOPE	12/31/11	6,976			6,976	7 MO S/L	1,993	997
64	Exercise Equipment-ELDERHOPE	10/17/12	9,573			9,573	7 MO S/L	1,596	1,367
65	BUILDING-ACQUISITION-AC	9/01/96	120,000			120,000	27 MO S/L	75,456	4,363
66	RESIDENTIAL BUILDINGS-AC	9/01/96	3,205,448			3,205,448	27 MO S/L	2,015,561	116,561
67	COMMERCIAL BUILDINGS-AC	9/01/96	610,561			610,561	39 MO S/L	270,714	15,655
68	FURNISHINGS & EQUIP-AC	9/01/96	68,835			68,835	7 MO S/L	68,835	0
69	RES. BLDG IRON GATE-AC	2/25/97	860			860	27 MO S/L	529	31
70	COMMERCIAL BLDG 97 ADDN WALSH	3/01/97	14,257			14,257	39 MO S/L	6,033	366
71	CARPET FLOOR FACTORS-AC	4/01/97	261			261	7 MO S/L	261	0
73	WINDOW COVERINGS AMER DR-AC	5/01/97	583			583	7 MO S/L	583	0
74	PLAY STRUCTURE PCD-AC	9/22/97	263			263	7 MO S/L	263	0
77	CARPET & FLOORING-COMMERCIAL	7/01/98	790			790	7 MO S/L	790	0
79	SOFTWARE-AC	10/01/99	2,166			2,166	3 MO S/L	2,166	0
83	LAND-AC	9/01/96	266,643			266,643	0 -- Land	0	0
94	VINYL SIDING-AC	5/01/10	10,400			10,400	27 MO S/L	1,387	378
95	VINYL SIDING-AC	7/01/10	11,807			11,807	27 MO S/L	1,503	429
96	CARPET & FLOORING-AC	8/31/10	9,544			9,544	4 MO S/L	6,490	1,948
98	DISHWASHER-AC	8/31/10	2,937			2,937	5 MO S/L	1,961	588
100	COMPUTER EQUIPMENT-AC	3/01/10	1,509			1,509	5 MO S/L	1,157	301
103	Commercial Improvements-AC	6/28/13	37,402			37,402	2 MO S/L	7,480	14,961
106	OFFSITE IMPROVEMENTS-PINE	8/01/97	19,201			19,201	0 -- Memo	0	0
107	ONSITE IMPROVEMENTS-PINE	8/01/97	13,000			13,000	0 -- Memo	0	0
108	BUILDING IMPROVEMENTS-PINE	3/06/98	4,850			4,850	27 MO S/L	2,819	176
109	BUILDING IMPROVEMENTS-PINE	7/31/98	475			475	27 MO S/L	274	17
113	BUILDING RESTORATION-PINE	11/01/08	42,000			42,000	27 MO S/L	7,891	1,527
114	STAFF BATH-PINE	7/01/08	13,588			13,588	27 MO S/L	2,718	494
116	COPIER-PINE	8/01/08	1,500			1,500	10 MO S/L	813	150
117	KEYLESS ENTRY-PINE	10/01/08	1,563			1,563	10 MO S/L	820	157
118	REFRIGERATORS (4)-PINE	2/01/09	1,884			1,884	5 MO S/L	1,853	31
119	RANGES (3)-PINE	2/01/09	936			936	5 MO S/L	920	16
120	DOORS-PINE	1/01/09	1,260			1,260	27 MO S/L	229	46
121	COMPUTER-PINE	10/01/09	4,357			4,357	5 MO S/L	3,704	653
122	Flooring - Laundry Room-PINE	6/16/10	1,743			1,743	15 MO S/L	407	116
123	Flooring - underlayment-PINE	6/25/10	1,480			1,480	15 MO S/L	345	99
124	Security - DVR-PINE	6/30/10	1,986			1,986	5 MO S/L	1,390	397
125	Computers-PINE	2/26/10	3,226			3,226	5 MO S/L	2,473	645
126	Firewall-PINE	2/01/11	2,178			2,178	5 MO S/L	1,261	435
127	Roof-PINE STREET	9/01/14	181,128			181,128	27 MO S/L	0	2,195
128	Energy Retrofit-PINE STREET	9/01/14	277,516			277,516	27 MO S/L	0	3,364
129	CCTV system-PINE STREET	11/30/14	12,490			12,490	10 MO S/L	0	104
130	Water Heaters-AC	10/14/14	8,827			8,827	10 MO S/L	0	221
131	BUILDING-SCATTERED SITES	1/01/14	288,044			288,044	40 MO S/L	0	74,052
132	LAND-REACH CDI	1/01/14	63,369			63,369	0 -- Land	0	0
133	COMPUTER HARDWARE-REACH CDI	1/01/14	18,349			18,349	5 MO S/L	0	3,670
134	COMPUTER EQUIP-REACH CDI	10/01/14	61,223			61,223	5 MO S/L	0	3,061
135	LAND (ORENCO)-REACH CDI	3/29/13	643,061			643,061	0 -- Land	0	0
	Sold/Scrapped: 1/01/14								
136	BUILDINGS-REACH CDI SALMON ST	8/01/97	435,123			435,123	27 MO S/L	320,657	0
	Sold/Scrapped: 5/09/14								
137	LH IMPR MCCULLER - REACH CDI	3/01/14	103,658			103,658	27 MO S/L	0	3,141
	Total Other Depreciation		<u>44,380,634</u>			<u>44,380,634</u>		<u>20,998,934</u>	<u>1,527,068</u>
	Total ACRS and Other Depreciation		<u>44,380,634</u>			<u>44,380,634</u>		<u>20,998,934</u>	<u>1,527,068</u>

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
	Grand Totals		55,191,217			55,165,324		28,212,439	1,903,841
	Less: Dispositions and Transfers		1,176,184			1,176,184		320,657	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>54,015,033</u>			<u>53,989,140</u>		<u>27,891,782</u>	<u>1,903,841</u>

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Residential Real Property:									
127	Roof-PINE STREET	9/01/14	0			0	27 MMS/L	0	0
			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
Class Life ADS Property:									
128	Energy Retrofit-PINE STREET	9/01/14	0			0	27 MMS/L	0	0
			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
Prior MACRS:									
45	Security Cameras-AC	2/28/11	1,801		X	0	7 HY 200DB	1,801	0
48	COMMON AREA CARPET-ELDERHOPE	10/22/08	33,857			33,857	5 MQ 150DB	33,857	0
50	ADA door operator-ELDERHOPE	8/14/09	2,780			2,780	7 HY 150DB	1,929	340
51	Security System-ELDERHOPE	5/15/09	9,466			9,466	5 HY S/L	8,519	947
92	Security Camera-AC	10/01/08	1,214			1,214	5 MQ 150DB	1,214	0
101	Firewall-AC	2/01/11	2,178		X	0	5 HY 200DB	2,178	0
115	WATER HEATER-PINE	6/01/08	5,150			5,150	15 MQ S/L	1,931	344
			<u>56,446</u>			<u>52,467</u>		<u>51,429</u>	<u>1,631</u>
Other Depreciation:									
1	RESIDENTIAL BUILDING-ELDERHOPE	8/01/94	0			0	40 HY	0	0
2	RES BLDG IMPRVMENTS-ELDERHOPE	12/01/94	0			0	40 HY	0	0
3	BUILDING - COMMERCIAL-ELDERHOPE	8/01/94	0			0	40 HY	0	0
4	COMMERCIAL BLDG IMPRVMNT-ELD	12/01/94	0			0	40 HY	0	0
5	OFFICE FURNITURE-AC	9/01/96	0			0	10 HY	0	0
6	CARPET & FLOORING-AC	9/01/96	0			0	10 HY	0	0
7	LANDSCAPING & PAVING-AC	9/01/96	0			0	20 HY	0	0
8	RES. BLDG 97 ADDNS WALSH.-AC	3/01/97	0			0	40 HY	0	0
9	CADET HEATERS-PINE	10/31/00	0			0	0 HY	0	0
10	COMPUTER UPGRADE-PINE	12/31/00	0			0	5 HY	0	0
11	FURNISHINGS-PINE	6/30/98	0			0	10 HY	0	0
16	BUILDINGS-FLOYD LIGHT	7/01/12	0			0	0 HY	0	0
17	STORM DOORS-FLOYD LIGHT	9/30/13	0			0	0 HY	0	0
18	BATH UPGRADES-FLOYD LIGHT	8/30/13	0			0	0 HY	0	0
19	BUILDING IMPRV-FLOYD LIGHT	10/31/12	0			0	0 HY	0	0
20	FURN & EQUIP-FLOYD LIGHT	7/01/12	0			0	0 HY	0	0
21	COMPUTER EQUIP-FLOYD LIGHT	7/01/12	0			0	0 HY	0	0
22	SECURITY SYSTEM-PINE	10/01/08	0			0	0 HY	0	0
23	COMPUTER-PINE	8/01/08	0			0	0 HY	0	0
25	PARKING LOT IMPRVMNT-PINE	11/01/08	0			0	0 HY	0	0
26	LAND-REACH CDI	1/01/12	0			0	0 HY	0	0
	Sold/Scrapped: 1/01/14								
27	LAND (ORENCO)-REACH CDI	3/29/13	0			0	0 HY	0	0
28	BUILDINGS-REACH CDI	8/01/97	0			0	0 HY	0	0
29	FURN & EQUIP-REACH CDI	1/01/12	0			0	0 HY	0	0
30	LAND-SCATTERED SITES	8/01/97	0			0	0 HY	0	0
31	BUILDINGS-SCATTERED SITES	8/01/97	0			0	40 HY	0	0
32	BUILDINGS-SCATTERED SITES	5/28/13	0			0	0 HY	0	0
33	FURN & EQUIP-SCATTERED SITES	1/01/12	0			0	0 HY	0	0
34	LAND-BRONAUGH	3/29/13	0			0	0 HY	0	0
35	BUILDING-BRONAUGH	3/29/13	0			0	0 HY	0	0
36	BUILDING IMPROVEMENTS-BRONAUGH	9/30/13	0			0	0 HY	0	0
37	SECURITY CAMERA-BRONAUGH	9/30/13	0			0	0 HY	0	0
38	FURNITURE AND EQUIPMENT ELDERHOPE	8/01/94	0			0	7 HY	0	0
39	LAND-ELDERHOPE	8/01/94	0			0	0 HY	0	0
40	VANITY REPLACEMENTS-ELDERHOPE	5/31/04	0			0	0 HY	0	0
41	BRICK SEALING-ELDERHOPE	12/01/04	0			0	0 HY	0	0
42	COMPUTERS AND PRINTER-ELDERHOPE	9/14/06	0			0	5 HY	0	0
43	SECURITY SYSTEM-ELDERHOPE	10/12/06	0			0	5 HY	0	0
44	COMMON AREA FURNITURE-ELDERHOPE	11/30/06	0			0	7 HY	0	0
46	GRAB BARS-ELDERHOPE	6/30/07	0			0	0 HY	0	0
47	NABCO AUTOMATIC OPERATOR-ELDERHOPE	8/08/07	0			0	0 HY	0	0
49	3 STEEL BENCHES-ELDERHOPE	9/03/08	0			0	0 HY	0	0
52	Furniture-ELDERHOPE	9/04/09	0			0	7 HY	0	0
53	Furniture-ELDERHOPE	10/29/09	0			0	7 HY	0	0
54	OFFICE-ELDERHOPE	9/20/10	0			0	0 HY	0	0
55	SECURITY SYSTEM-ELDERHOPE	7/26/10	0			0	0 HY	0	0

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv	Meth	Prior	Current
56	NETWORK SET UP-ELDERHOPE	7/31/10	0			0	0	HY	0	0
58	FURNITURE-ELDERHOPE	7/01/10	0			0	0	HY	0	0
59	Water heaters-ELDERHOPE	3/31/11	0			0	0	HY	0	0
60	Lighting retrofit-ELDERHOPE	6/02/11	0			0	0	HY	0	0
61	Fire alarm/panel upgrades-ELDERHOPE	8/31/11	0			0	0	HY	0	0
62	Furniture (table & chair)-ELDERHOPE	10/31/11	0			0	0	HY	0	0
63	Endtables-ELDERHOPE	12/31/11	0			0	0	HY	0	0
64	Exercise Equipment-ELDERHOPE	10/17/12	0			0	0	HY	0	0
65	BUILDING-ACQUISTION-AC	9/01/96	0			0	40	HY	0	0
66	RESIDENTIAL BUILDINGS-AC	9/01/96	0			0	40	HY	0	0
67	COMMERCIAL BUILDINGS-AC	9/01/96	0			0	40	HY	0	0
68	FURNISHINGS & EQUIP-AC	9/01/96	0			0	10	HY	0	0
69	RES. BLDG IRON GATE-AC	2/25/97	0			0	40	HY	0	0
70	COMMERCIAL BLDG 97 ADDN WALSH	3/01/97	0			0	40	HY	0	0
71	CARPET FLOOR FACTORS-AC	4/01/97	0			0	10	HY	0	0
72	LANDSC&PAVING ADDNS WALSH-AC	3/01/97	0			0	20	HY	0	0
73	WINDOW COVERINGS AMER DR-AC	5/01/97	0			0	10	HY	0	0
74	PLAY STRUCTURE PCD-AC	9/22/97	0			0	10	HY	0	0
75	FF&E 97 ADDITION WALSH-AC	10/27/97	0			0	10	HY	0	0
76	COMM TENANT ADDNS-DOORS/WIN-	7/01/98	0			0	40	HY	0	0
77	CARPET & FLOORING-COMMERCIAL	7/01/98	0			0	7	HY	0	0
78	PLAYGROUND-AC	1/01/98	0			0	15	HY	0	0
79	SOFTWARE-AC	10/01/99	0			0	0	HY	0	0
83	LAND-AC	9/01/96	0			0	0	HY	0	0
84	Windows-AC	5/01/04	0			0	0	HY	0	0
85	Siding-AC	8/01/04	0			0	0	HY	0	0
88	MANAGER'S OFFICE-AC	8/01/07	0			0	0	HY	0	0
89	COMPUTER & MONITOR-AC	1/01/07	0			0	0	HY	0	0
90	SECURITY CAMERA EQUIP-AC	10/31/07	0			0	0	HY	0	0
91	RICOH SCANNER-AC	11/12/07	0			0	0	HY	0	0
93	Dry Rot Rehab-AC	6/17/08	0			0	0	HY	0	0
94	VINYL SIDING-AC	5/01/10	0			0	0	HY	0	0
95	VINYL SIDING-AC	7/01/10	0			0	0	HY	0	0
96	CARPET & FLOORING-AC	8/31/10	0			0	0	HY	0	0
97	KEYLESS ENTRY SYSTEM-AC	5/31/10	0			0	0	HY	0	0
98	DISHWASHER-AC	8/31/10	0			0	0	HY	0	0
99	LIGHTING UPGRADE-AC	12/02/10	0			0	0	HY	0	0
100	COMPUTER EQUIPMENT-AC	3/01/10	0			0	0	HY	0	0
102	PTAC Replacement-AC	7/31/11	0			0	0	HY	0	0
103	Commercial Improvements-AC	6/28/13	0			0	0	HY	0	0
104	BUILDING-PINE	8/01/97	0			0	40	HY	0	0
105	FURNISHINGS & EQUIPMENT-PINE	8/01/97	0			0	10	HY	0	0
106	OFFSITE IMPROVEMENTS-PINE	8/01/97	0			0	0	HY	0	0
107	ONSITE IMPROVEMENTS-PINE	8/01/97	0			0	20	HY	0	0
108	BUILDING IMPROVEMENTS-PINE	3/06/98	0			0	40	HY	0	0
109	BUILDING IMPROVEMENTS-PINE	7/31/98	0			0	40	HY	0	0
110	FURNISHINGS-PINE	6/30/98	0			0	10	HY	0	0
111	MICROWAVES-PINE	1/01/99	0			0	5	HY	0	0
113	BUILDING RESTORATION-PINE	11/01/08	0			0	0	HY	0	0
114	STAFF BATH-PINE	7/01/08	0			0	0	HY	0	0
116	COPIER-PINE	8/01/08	0			0	0	HY	0	0
117	KEYLESS ENTRY-PINE	10/01/08	0			0	0	HY	0	0
118	REFRIGERATORS (4)-PINE	2/01/09	0			0	0	HY	0	0
119	RANGES (3)-PINE	2/01/09	0			0	0	HY	0	0
120	DOORS-PINE	1/01/09	0			0	0	HY	0	0
121	COMPUTER-PINE	10/01/09	0			0	0	HY	0	0
122	Flooring - Laundry Room-PINE	6/16/10	0			0	0	HY	0	0
123	Flooring - underlayment-PINE	6/25/10	0			0	0	HY	0	0
124	Security - DVR-PINE	6/30/10	0			0	0	HY	0	0
125	Computers-PINE	2/26/10	0			0	0	HY	0	0
126	Firewall-PINE	2/01/11	0			0	0	HY	0	0
129	CCTV system-PINE STREET	11/30/14	12,490			12,490	10	MO S/L	0	104
130	Water Heaters-AC	10/14/14	0			0	0	HY	0	0
131	BUILDING-SCATTERED SITES	1/01/14	0			0	0	HY	0	0
132	LAND-REACH CDI	1/01/14	0			0	0	HY	0	0
133	COMPUTER HARDWARE-REACH CDI	1/01/14	0			0	0	HY	0	0
134	COMPUTER EQUIP-REACH CDI	10/01/14	0			0	0	HY	0	0
135	LAND (ORENCO)-REACH CDI	3/29/13	0			0	0	HY	0	0
	Sold/Scrapped: 1/01/14									
136	BUILDINGS-REACH CDI SALMON ST	8/01/97	0			0	0	HY	0	0
	Sold/Scrapped: 5/09/14									
137	LH IMPR MCCULLER - REACH CDI	3/01/14	0			0	0	HY	0	0

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
	Total Other Depreciation		12,490			12,490		0	104
	Total ACRS and Other Depreciation		12,490			12,490		0	104
	Grand Totals		68,936			64,957		51,429	1,735
	Less: Dispositions and Transfers		0			0		0	0
	Net Grand Totals		68,936			64,957		51,429	1,735

Bonus Depreciation Report

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
Activity: Form 990, Page 1								
45	Security Cameras-AC	2/28/11	1,801		0	0	1,013	788
97	KEYLESS ENTRY SYSTEM-AC	5/31/10	7,684		0	0	3,842	3,842
99	LIGHTING UPGRADE-AC	12/02/10	2,980		0	0	1,933	1,047
101	Firewall-AC	2/01/11	2,178		0	0	1,551	627
102	PTAC Replacement-AC	7/31/11	31,197		0	0	17,554	13,643
	Form 990, Page 1		<u>45,840</u>		<u>0</u>	<u>0</u>	<u>25,893</u>	<u>19,947</u>
	Grand Total		<u>45,840</u>		<u>0</u>	<u>0</u>	<u>25,893</u>	<u>19,947</u>

Depreciation Adjustment Report

All Business Activities

AMT
Adjustments/
Preferences

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<u>MACRS Adjustments:</u>						
Page 1	1	45	Security Cameras-AC	225	0	225
Page 1	1	48	COMMON AREA CARPET-ELDERHOPE	0	0	0
Page 1	1	50	ADA door operator-ELDERHOPE	208	340	-132
Page 1	1	51	Security System-ELDERHOPE	947	947	0
Page 1	1	92	Security Camera-AC	0	0	0
Page 1	1	101	Firewall-AC	251	0	251
Page 1	1	115	WATER HEATER-PINE	343	344	-1
				<u>1,974</u>	<u>1,631</u>	<u>343</u>

Future Depreciation Report FYE: 12/31/15

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
1	RESIDENTIAL BUILDING-ELDERHOPE	8/01/94	5,434,812	197,629	0
2	RES BLDG IMPRVMENTS-ELDERHOPE	12/01/94	176,125	6,405	0
3	BUILDING - COMMERCIAL-ELDERHOPE	8/01/94	112,354	2,881	0
4	COMMERCIAL BLDG IMPRVMT-ELDERH	12/01/94	16,993	436	0
5	OFFICE FURNITURE-AC	9/01/96	1,868	0	0
6	CARPET & FLOORING-AC	9/01/96	53,994	0	0
7	LANDSCAPING & PAVING-AC	9/01/96	115,416	0	0
10	COMPUTER UPGRADE-PINE	12/31/00	1,257	0	0
11	FURNISHINGS-PINE	6/30/98	487	0	0
38	FURNITURE AND EQUIPMENT ELDERHOPE	8/01/94	107,634	0	0
40	VANITY REPLACEMENTS-ELDERHOPE	5/31/04	32,376	1,177	0
41	BRICK SEALING-ELDERHOPE	12/01/04	12,880	468	0
42	COMPUTERS AND PRINTER-ELDERHOPE	9/14/06	3,290	0	0
43	SECURITY SYSTEM-ELDERHOPE	10/12/06	7,774	0	0
44	COMMON AREA FURNITURE-ELDERHOPE	11/30/06	12,773	0	0
45	Security Cameras-AC	2/28/11	1,801	161	0
46	GRAB BARS-ELDERHOPE	6/30/07	6,478	235	0
47	NABCO AUTOMATIC OPERATOR-ELDERH	8/08/07	10,775	0	0
48	COMMON AREA CARPET-ELDERHOPE	10/22/08	33,857	0	0
50	ADA door operator-ELDERHOPE	8/14/09	2,780	209	341
51	Security System-ELDERHOPE	5/15/09	9,466	0	0
72	LANDSC&PAVING ADDNS WALSH-AC	3/01/97	2,275	0	0
75	FF&E 97 ADDITION WALSH-AC	10/27/97	739	0	0
76	COMM TENANT ADDNS-DOORS/WIN-AC	7/01/98	9,461	242	0
78	PLAYGROUND-AC	1/01/98	4,977	0	0
84	Windows-AC	5/01/04	11,246	409	0
85	Siding-AC	8/01/04	10,790	392	0
88	MANAGER'S OFFICE-AC	8/01/07	35,320	1,284	0
89	COMPUTER & MONITOR-AC	1/01/07	1,459	0	0
90	SECURITY CAMERA EQUIP-AC	10/31/07	5,244	0	0
91	RICOH SCANNER-AC	11/12/07	1,820	0	0
92	Security Camera-AC	10/01/08	1,214	0	0
93	Dry Rot Rehab-AC	6/17/08	49,623	1,805	0
97	KEYLESS ENTRY SYSTEM-AC	5/31/10	7,684	657	0
99	LIGHTING UPGRADE-AC	12/02/10	2,980	299	0
101	Firewall-AC	2/01/11	2,178	251	0
102	PTAC Replacement-AC	7/31/11	31,197	2,784	0
104	BUILDING-PINE	8/01/97	4,283,825	155,776	0
105	FURNISHINGS & EQUIPMENT-PINE	8/01/97	174,484	0	0
110	FURNISHINGS-PINE	6/30/98	2,653	0	0
111	MICROWAVES-PINE	1/01/99	11,074	0	0
115	WATER HEATER-PINE	6/01/08	5,150	344	343
			10,810,583	373,844	684

Other Depreciation:

8	RES. BLDG 97 ADDNS WALSH.-AC	3/01/97	6,411	233	0
9	CADET HEATERS-PINE	10/31/00	12,369	450	0
16	BUILDINGS-FLOYD LIGHT	7/01/12	1,894,495	68,891	0
17	STORM DOORS-FLOYD LIGHT	9/30/13	7,424	371	0
18	BATH UPGRADES-FLOYD LIGHT	8/30/13	6,706	335	0
19	BUILDING IMPRV-FLOYD LIGHT	10/31/12	362,579	13,185	0
20	FURN & EQUIP-FLOYD LIGHT	7/01/12	70,000	10,000	0
21	COMPUTER EQUIP-FLOYD LIGHT	7/01/12	2,533	422	0
22	SECURITY SYSTEM-PINE	10/01/08	14,342	1,434	0
23	COMPUTER-PINE	8/01/08	4,861	0	0
24	ONE SITE SOFTWARE-PINE	7/01/08	2,850	0	0
25	PARKING LOT IMPRVMT-PINE	11/01/08	1,182	79	0
27	LAND (ORENCO)-REACH CDI	3/29/13	1,200,000	0	0
28	BUILDINGS-REACH CDI	8/01/97	2,525,851	91,849	0
29	FURN & EQUIP-REACH CDI	1/01/12	917,444	183,489	0
30	LAND-SCATTERED SITES	8/01/97	2,257,231	0	0
31	BUILDINGS-SCATTERED SITES	8/01/97	22,352,462	812,817	0
32	BUILDINGS-SCATTERED SITES	5/28/13	1,263,942	45,961	0
33	FURN & EQUIP-SCATTERED SITES	1/01/12	64,281	9,183	0
34	LAND-BRONAUGH	3/29/13	740,633	0	0
35	BUILDING-BRONAUGH	3/29/13	3,138,804	78,470	0

Future Depreciation Report FYE: 12/31/15

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
36	BUILDING IMPROVEMENTS-BRONAUGH	9/30/13	135,816	3,396	0
37	SECURITY CAMERA-BRONAUGH	9/30/13	7,106	1,421	0
39	LAND-ELDERHOPE	8/01/94	517,119	0	0
49	3 STEEL BENCHES-ELDERHOPE	9/03/08	5,165	516	0
52	Furniture-ELDERHOPE	9/04/09	7,000	1,000	0
53	Furniture-ELDERHOPE	10/29/09	7,000	1,000	0
54	OFFICE-ELDERHOPE	9/20/10	2,200	314	0
55	SECURITY SYSTEM-ELDERHOPE	7/26/10	3,822	546	0
56	NETWORK SET UP-ELDERHOPE	7/31/10	12,387	1,445	0
57	ONE SITE SOFTWARE-ELDERHOPE	7/01/10	4,760	0	0
58	FURNITURE-ELDERHOPE	7/01/10	28,675	4,096	0
59	Water heaters-ELDERHOPE	3/31/11	60,197	6,020	0
60	Lighting retrofit-ELDERHOPE	6/02/11	18,444	1,845	0
61	Fire alarm/panel upgrades-ELDERHOPE	8/31/11	28,827	4,118	0
62	Furniture (table & chair)-ELDERHOPE	10/31/11	8,886	1,270	0
63	Endtables-ELDERHOPE	12/31/11	6,976	996	0
64	Exercise Equipment-ELDERHOPE	10/17/12	9,573	1,368	0
65	BUILDING-ACQUISITION-AC	9/01/96	120,000	4,364	0
66	RESIDENTIAL BUILDINGS-AC	9/01/96	3,205,448	116,562	0
67	COMMERCIAL BUILDINGS-AC	9/01/96	610,561	15,656	0
68	FURNISHINGS & EQUIP-AC	9/01/96	68,835	0	0
69	RES. BLDG IRON GATE-AC	2/25/97	860	31	0
70	COMMERCIAL BLDG 97 ADDN WALSH-AC	3/01/97	14,257	365	0
71	CARPET FLOOR FACTORS-AC	4/01/97	261	0	0
73	WINDOW COVERINGS AMER DR-AC	5/01/97	583	0	0
74	PLAY STRUCTURE PCD-AC	9/22/97	263	0	0
77	CARPET & FLOORING-COMMERCIAL TEN.	7/01/98	790	0	0
79	SOFTWARE-AC	10/01/99	2,166	0	0
83	LAND-AC	9/01/96	266,643	0	0
94	VINYL SIDING-AC	5/01/10	10,400	378	0
95	VINYL SIDING-AC	7/01/10	11,807	429	0
96	CARPET & FLOORING-AC	8/31/10	9,544	1,106	0
98	DISHWASHER-AC	8/31/10	2,937	388	0
100	COMPUTER EQUIPMENT-AC	3/01/10	1,509	51	0
103	Commercial Improvements-AC	6/28/13	37,402	14,961	0
106	OFFSITE IMPROVEMENTS-PINE	8/01/97	19,201	0	0
107	ONSITE IMPROVEMENTS-PINE	8/01/97	13,000	0	0
108	BUILDING IMPROVEMENTS-PINE	3/06/98	4,850	177	0
109	BUILDING IMPROVEMENTS-PINE	7/31/98	475	18	0
113	BUILDING RESTORATION-PINE	11/01/08	42,000	1,527	0
114	STAFF BATH-PINE	7/01/08	13,588	494	0
116	COPIER-PINE	8/01/08	1,500	150	0
117	KEYLESS ENTRY-PINE	10/01/08	1,563	156	0
118	REFRIGERATORS (4)-PINE	2/01/09	1,884	0	0
119	RANGES (3)-PINE	2/01/09	936	0	0
120	DOORS-PINE	1/01/09	1,260	46	0
121	COMPUTER-PINE	10/01/09	4,357	0	0
122	Flooring - Laundry Room-PINE	6/16/10	1,743	116	0
123	Flooring - underlayment-PINE	6/25/10	1,480	99	0
124	Security - DVR-PINE	6/30/10	1,986	199	0
125	Computers-PINE	2/26/10	3,226	108	0
126	Firewall-PINE	2/01/11	2,178	436	0
127	Roof-PINE STREET	9/01/14	181,128	6,587	0
128	Energy Retrofit-PINE STREET	9/01/14	277,516	10,091	0
129	CCTV system-PINE STREET	11/30/14	12,490	1,249	1,249
130	Water Heaters-AC	10/14/14	8,827	882	0
131	BUILDING-SCATTERED SITES	1/01/14	288,044	7,201	0
132	LAND-REACH CDI	1/01/14	63,369	0	0
133	COMPUTER HARDWARE-REACH CDI	1/01/14	18,349	3,670	0
134	COMPUTER EQUIP-REACH CDI	10/01/14	61,223	12,245	0
137	LH IMPR MCCULLER - REACH CDI	3/01/14	103,658	3,770	0
	Total Other Depreciation		<u>43,204,450</u>	<u>1,550,032</u>	<u>1,249</u>
	Total ACRS and Other Depreciation		<u>43,204,450</u>	<u>1,550,032</u>	<u>1,249</u>
	Grand Totals		<u>54,015,033</u>	<u>1,923,876</u>	<u>1,933</u>

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST INCOME	\$ 236,088		14			
TOTAL	<u>\$ 236,088</u>					

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
OTHER PROFESSIONAL SERVICES	\$ 108,399	\$ 25,153	\$ 66,131	\$ 17,115
OTHER PROFESSIONAL SERVICES	130	130		
OTHER PROFESSIONAL SERVICES	9,386	9,386		
CONTRACT SERVICES	113,024	9,713	95,911	7,400
CONTRACT SERVICES	229,987	229,987		
CONTRACT SERVICES	3,040	3,040		
CONTRACT SERVICES	203	203		
TOTAL	<u>\$ 464,169</u>	<u>\$ 277,612</u>	<u>\$ 162,042</u>	<u>\$ 24,515</u>

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
HOSPITALITY	\$ 74,088	\$ 16,070	\$ 29,844	\$ 28,174
BAD DEBTS	63,692	54,362		9,330
LOAN FEE AMORTIZATION	56,442	56,442		
TAXES, LICENSES AND FEES	45,271	40,886	3,735	650
BANK CHARGES	30,040		24,388	5,652
SOCIAL SERVICES FEE	26,028	26,028		
ADMINISTRATIVE EXPENSES	23,930	22,444	1,253	233
MEMBERSHIP DUES	23,535	2,831	20,585	119
TENANT SCREENING	10,994	10,994		
LIHTC/OAHTC FEE	9,893	9,893		
REIMBURSED EXPENSE	-4,418	-9	-4,409	
TOTAL	<u>\$ 359,495</u>	<u>\$ 239,941</u>	<u>\$ 75,396</u>	<u>\$ 44,158</u>

Schedule A, Part III, Line 1(e)

Description	Amount
OTHER	\$ 460
VARIOUS DONATIONS	1,097,654
MATERIALS/LABOR	8,185
SERVICES	5,378
HOME DEPOT FOUNDATION GIFT CARDS	
WALSH CONSTRUCTION CASH CONTRIBUTION	14,024
ADA WHEELCHAIR RAMP/PATHWAY	
LAMB BALDWIN FOUNDATION CASH CONTRIBUTION	5,000
US BANCORP FOUNDATION CASH CONTRIBUTION	13,550
BANK OF THE WEST CASH CONTRIBUTION	10,000
SHELTER AMERICA GROUP MCCULLER ASSOCIATES LP GENERAL PARTNERSHIP INTEREST - .01% GP INTEREST	
SHELTER AMERICA GROUP DEVELOPER FEE NOTE RECEIVABLE FROM MCCULLER ASSOCIATES LP	
CITY OF PORTLAND CASH CONTRIBUTION	33,300
BANK OF AMERICA FOUNDATION CASH CONTRIBUTION	10,000
MEYER MEMORIAL TRUST CASH CONTRIBUTION	500,000
HSBC BANK COMMUNITY FOUNDATION CASH CONTRIBUTION	5,000
OCF - JOE WESTON CASH CONTRIBUTION	8,000
JP MORGAN CHASE FOUNDATION CASH CONTRIBUTION	5,000
CDW DIRECT COMPUTER SERVER PROJECT	
NEIGHBORHOOD REINVESTMENT CORP CASH CONTRIBUTION	590,781
VARIOUS IN KIND DONATIONS MATERIALS/LABOR	

Schedule A, Part III, Line 1(e) (continued)

Description	Amount
WELLS FARGO COMMUNITY ASSOCIATION CASH CONTRIBUTION	\$ 11,500
OREGON HOUSING AND COMMUNITY SERVICE CASH CONTRIBUTION	180,000
CLOUDBURST RECYCLING SERVICES	
PORTLAND HOUSING BUREAU CASH CONTRIBUTION	536,726
MILLER PAINT CO 147 GALLONS OF PAINT	
LIFETIME WINDOWS & DOORS SLIDING GLASS DOOR/WINDOWS	
IBEW LOCAL 48 ELECTRICAL REPAIRS/SAFETY CHECKS	
ERIKA A. MILLER CASH CONTRIBUTION	100,000
REJUVENATION, INC. LIGHTING	
CFED CASH CONTRIBUTION	10,000
LEANNE MACCOLL CASH CONTRIBUTION	5,000
CONCEPTS IN COMMUNITY LIVING CASH CONTRIBUTION	5,415
MIKE MCMENAMIN CASH CONTRIBUTION	5,000
SKIP GRODAHL CASH CONTRIBUTION	25,700
HOLLAND PARTNERS CASH CONTRIBUTION	6,000
R&H COLAS CONSTRUCTION CASH CONTRIBUTION	5,522
RIDE CONNECTION CASH CONTRIBUTION	55,039
LEUPOLD & STEVENS FOUNDATION CASH CONTRIBUTION	16,700
NW HEALTH FOUNDATION CASH CONTRIBUTION	50,000
PORTLAND STREETCAR DISCOUNT ON STREETCAR PASSES	36,000

Federal Statements**Schedule A, Part III, Line 1(e) (continued)**

Description	Amount
TOTAL	\$ 3,354,934

Schedule A, Part III, Line 2(e)

Description	Amount
RENTAL REVENUE	\$ 6,257,386
PROPERTY MANAGEMENT FEES	2,664,044
EQUITY IN INCOME OF LTD PTSHP	-194
DEVELOPMENT FEES	1,270,500
ANNUAL DONOR LUNCH	17,338
TOTAL	\$ 10,209,074

Schedule A, Part III, Line 10a(e)

Description	Amount
INTEREST INCOME	\$ 236,088
TOTAL	\$ 236,088

Charitable Activities Section Oregon Department of Justice

CT-12

For Oregon Charities

1515 SW 5th Avenue, Suite 410
Portland, OR 97201-5451
Email: charitable.activities@doj.state.or.us
Website: http://www.doj.state.or.us

VOICE (971) 673-1880
TTY (800) 735-2900
FAX (971) 673-1882

2014

Section I. General Information

1. Cross Through Incorrect Items and Correct Here:
(See instructions for change of name or accounting period.)

12820 Registration #:

REACH COMMUNITY DEVELOPMENT, INC. Organization Name:

4150 SW MOODY AVENUE Address:

PORTLAND, OR 97239 City, State, Zip:

503-231-0682 Phone: Fax:

1/1/2014 12/31/2014 Email: Amended Report?

Period Beginning: Period Ending:

2. Did a certified public accountant audit your financial records? - If yes, attach a copy of the auditor's report, financial statements, accompanying notes, schedules, or other documents supplementing the report or financial statements. Yes No
3. Is the organization a party to a contract involving person-to-person, advertising, vending machine or telephone fund-raising in Oregon? Yes No
If yes, write the name of the fund-raising firm(s) who conducts the campaign(s): _____
4. Has the organization or any of its officers, directors, trustees, or key employees ever signed a voluntary agreement with any government agency, such as a state attorney general, secretary of state, or local district attorney, or been a party to legal action in any court or administrative agency regarding charitable solicitation, administration, management, or fiduciary practices? If yes, attach explanation of each such agreement or action. See instructions. Yes No
5. During this reporting period, did the organization amend its articles of incorporation, bylaws, or trust documents, OR did the organization receive a determination letter from the Internal Revenue Service relating to its tax-exempt status? If yes, attach a copy of the amended document or letter. Yes No
6. Is the organization ceasing operations and is this the final report? (If yes, see instructions on how to close your registration.) Yes No
7. Provide contact information for the person responsible for retaining the organization's records.

Name	Position	Phone	Mailing Address & Email Address
JOAN COOK	CFO	503-231-0682	4150 SW MOODY AVENUE PORTLAND, OR 97239

8. List of Officers, Directors, Trustees and Key Employees – List each person who held one of these positions at any time during the year even if they did not receive compensation. Attach additional sheets if necessary. If an attached IRS form includes substantially the same compensation information, the phrase "See IRS Form" may be entered in lieu of completing that section. (Oregon law requires a minimum of three directors.)

(A) Name, mailing address, daytime phone number and email address	(B) Title & average weekly hours devoted to position	(C) Compensation (enter \$0 if position unpaid)
Name: SEE IRS FORM 990 ATTACHED. Address: _____ Phone: _____ Email: _____		
Name: _____ Address: _____ Phone: _____ Email: _____		
Name: _____ Address: _____ Phone: _____ Email: _____		

Form Continued on Reverse Side

Section II. Fee Calculation

9.	Total Revenue	14,466,590.00																		
<small>(From Line 12 (current year) on Form 990; Line 9 on Form 990-EZ; Part I, Line 12a on Form 990-PF; Line 9 on Form 1041; or see page 3 of the instructions if no federal tax return was prepared. Attach explanation if Total Revenue is \$0.)</small>																				
10.	Revenue Fee	200.00																		
<small>(See chart below. Minimum fee is \$10, even if total revenue is a negative amount.)</small>																				
	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Amount on Line 9</th> <th style="text-align: left;">Revenue Fee</th> </tr> </thead> <tbody> <tr><td>\$0</td><td>\$10</td></tr> <tr><td>\$25,000</td><td>\$25</td></tr> <tr><td>\$50,000</td><td>\$45</td></tr> <tr><td>\$100,000</td><td>\$75</td></tr> <tr><td>\$250,000</td><td>\$100</td></tr> <tr><td>\$500,000</td><td>\$135</td></tr> <tr><td>\$750,000</td><td>\$170</td></tr> <tr><td>\$1,000,000 or more</td><td>\$200</td></tr> </tbody> </table>	Amount on Line 9	Revenue Fee	\$0	\$10	\$25,000	\$25	\$50,000	\$45	\$100,000	\$75	\$250,000	\$100	\$500,000	\$135	\$750,000	\$170	\$1,000,000 or more	\$200	
Amount on Line 9	Revenue Fee																			
\$0	\$10																			
\$25,000	\$25																			
\$50,000	\$45																			
\$100,000	\$75																			
\$250,000	\$100																			
\$500,000	\$135																			
\$750,000	\$170																			
\$1,000,000 or more	\$200																			
11.	Net Assets or Fund Balances at End of the Reporting Period	6,306,880.00																		
<small>(From Line 22 (end of year) on Form 990, Line 21 on Form 990-EZ, or Part III, Line 6 on Form 990-PF; or see page 3 of CT-12 instructions to calculate.)</small>																				
12.	Net Fixed Assets Used to Conduct Charitable Activities	24,219,246.00																		
<small>(Generally, from Part X, Line 10c on Form 990, Line 23B on Form 990-EZ or Part II, Line 14b on Form 990-PF; or see page 4 of CT-12 instructions to calculate. See instructions if organization owns income-producing.)</small>																				
13.	Amount Subject to Net Assets or Fund Balances Fee																			
<small>(Line 11 minus Line 12. If Line 11 minus Line 12 is less than \$50,000, write \$0.)</small>																				
14.	Net Assets or Fund Balances Fee																			
<small>(Line 13 multiplied by .0001. If the fee is less than \$5, enter \$0. Not to exceed \$1,000. Round cents to the nearest whole dollar.)</small>																				
15.	Are you filing this report late? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																			
<small>(If yes, the late fee is a minimum of \$20. You may owe more depending on how late the report is. See Instruction 15 for additional information or contact the Charitable Activities Section at (971) 673-1880 to obtain late fee amount.)</small>																				
16.	Total Amount Due	200.00																		
<small>(Add Lines 10, 14, and 15. Make check payable to the Oregon Department of Justice.)</small>																				
17.	Attach a copy of the organization's federal 990 or other return and all supporting schedules and attachments that were filed with the IRS with the exception that Form 990 & 990EZ filers do not need to attach a copy of their Schedule B. Also, if the organization did not file with the IRS or filed a 990-N, but had Total Revenue of \$25,000 or more, or Net Assets or Fund Balances of \$50,000 or more, see the instructions as the organization may be required to complete certain IRS Forms for Oregon purposes only. If the attached return was not filed with the IRS, then mark any such return as "For Oregon Purposes Only." If your organization files IRS Form 990-N (e-Postcard) please attach a copy or confirmation of its filing.																			

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including all accompanying forms, schedules, and attachments, and to the best of my knowledge and belief, it is true, correct, and complete.		
	Signature of officer _____	Date _____	Title _____
Paid Preparer's Use Only	Preparer's signature _____	Date _____	Phone (503) 643-6400
	Bjorklund & Montplaisir Preparer's name	9020 S.W. Washington Square Road, Suite 460 Address	Portland, OR 97223