

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

OMB No. 1545-0047

**2016**  
**Open to Public Inspection**

**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](http://www.irs.gov/form990).**

**A For the 2016 calendar year, or tax year beginning , and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <p style="text-align: center;"><b>REACH COMMUNITY DEVELOPMENT, INC.</b></p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p style="text-align: center;"><b>4150 SW MOODY AVENUE</b></p> City or town, state or province, country, and ZIP or foreign postal code <p style="text-align: center;"><b>PORTLAND OR 97239</b></p>	<b>D</b> Employer identification number <p style="text-align: center;"><b>93-0813981</b></p> <b>E</b> Telephone number <p style="text-align: center;"><b>503-231-0682</b></p> <b>G</b> Gross receipts \$ <b>16,053,988</b>
<b>F</b> Name and address of principal officer: <p style="text-align: center;"><b>PAMELA BENOIT</b> <b>4150 SW MOODY AVENUE</b> <b>PORTLAND OR 97239</b></p>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) <input type="checkbox"/> t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number <b>u</b>
<b>J</b> Website: <b>u</b> <b>WWW.REACHCDC.ORG</b>		<b>L</b> Year of formation: <b>1982</b> <b>M</b> State of legal domicile: <b>OR</b>
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>u</b>		

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <p style="text-align: center;"><b>REACH DEVELOPS AND MANAGES QUALITY AFFORDABLE HOUSING AND PROVIDES OPPORTUNITIES FOR INDIVIDUALS, FAMILIES AND COMMUNITIES TO THRIVE THROUGH SUPPORTIVE PROGRAMS AND HOME REPAIR SERVICES.</b></p>			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>		<b>11</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>		<b>11</b>
	<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<b>5</b>		<b>161</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>		<b>164</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>		<b>0</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>		<b>0</b>
<b>Revenue</b>		Prior Year	Current Year	
	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>2,911,768</b>	<b>2,472,892</b>	
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>11,691,833</b>	<b>13,135,116</b>	
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>601,275</b>	<b>422,580</b>	
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>33,188</b>	<b>23,400</b>	
	<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>15,238,064</b>	<b>16,053,988</b>	
<b>Expenses</b>				
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)			<b>0</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)			<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>6,493,815</b>	<b>6,706,009</b>	
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)			<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>u</b> <b>368,307</b>			
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>7,114,473</b>	<b>8,088,891</b>	
	<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>13,608,288</b>	<b>14,794,900</b>	
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>1,629,776</b>	<b>1,259,088</b>	
<b>Net Assets or Fund Balances</b>		Beginning of Current Year	End of Year	
	<b>20</b> Total assets (Part X, line 16)	<b>51,017,754</b>	<b>63,098,932</b>	
	<b>21</b> Total liabilities (Part X, line 26)	<b>40,847,022</b>	<b>46,041,207</b>	
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>10,170,732</b>	<b>17,057,725</b>	

**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.

<b>Sign Here</b>	Signature of officer <p style="text-align: center;"><b>PAMELA BENOIT</b></p> Type or print name and title	Date <p style="text-align: center;"><b>CHIEF FIN OFFICER</b></p>
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>STEVEN R. BJORKLUND</b>	Preparer's signature <b>STEVEN R. BJORKLUND</b>
	Firm's name } <b>BJORKLUND &amp; MONTPLAISIR, CPA'S</b> <b>9020 SW WASHINGTON SQ. RD. SUITE 460</b> Firm's address } <b>PORTLAND, OR 97223</b>	Date } <b>10/19/17</b> Check <input type="checkbox"/> if self-employed PTIN } <b>P00308821</b> Firm's EIN } <b>93-1015766</b> Phone no. } <b>503-643-6400</b>

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes  No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes  No

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

4 Describe the 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 \$ 10,905,380 including grants of \$ ) (Revenue \$ 13,135,116 )

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 \$ 626,761 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 \$ 1,029,989 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 \$ 43,163 including grants of \$ ) (Revenue \$ )

4e Total program service expenses u 12,605,293

**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	<b>Section 501(c)(3) organizations.</b> 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

**Part IV Checklist of Required Schedules** (continued)

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

**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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2a</b>	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		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
<b>4a</b>	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
<b>4b</b>	If "Yes," enter the name of the foreign country: <b>u</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	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
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	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
<b>1a</b>	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.	<b>11</b>	
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent	<b>11</b>	
<b>2</b>	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?		<b>X</b>
<b>3</b>	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?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	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?		<b>X</b>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	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		<b>X</b>

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>X</b>	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>X</b>	
<b>13</b>	Did the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b>	Did the organization have a written document retention and destruction policy?	<b>X</b>	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	<b>X</b>	
<b>b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	<b>X</b>	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>X</b>	
<b>b</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?	<b>X</b>	

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **u** **OR**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (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: **u**

**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) NANCY BOND	2.00									
PRESIDENT	0.00	X		X			0	0	0	
(2) REBECCA MAESE	1.00									
VICE PRESIDENT	0.00	X		X			0	0	0	
(3) WHIT SPENCER	2.00									
TREASURER	0.00	X		X			0	0	0	
(4) MARC TEDESCO	2.00									
SECRETARY	0.00	X		X			0	0	0	
(5) JILL LAM	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(6) RON ALEXANDER	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(7) ROBERT KOURY	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(8) DAVID SACAMANO	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(9) EDWARD KNIGHTLY	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(10) MARSHAWNA WILLIAMS	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(11) BRETT SHEEHAN	1.00									
BOARD MEMBER	0.00	X					0	0	0	

**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) <b>DAN VALLIERE</b>	40.00									
CHIEF EXECUTIVE OFF.	0.00			X			155,418	0	15,931	
(13) <b>PAMELA BENOIT</b>	40.00									
CHIEF FIN OFFICER	0.00			X			130,613	0	10,987	
(14) <b>JESSICA WOODRUFF</b>	40.00									
DIR OF HD	0.00					X	116,984	0	11,791	
(15) <b>MARY LOU CLEARY</b>	40.00									
DIR OF HR	0.00					X	105,512	0	6,373	
<b>1b Sub-total</b>							<b>508,527</b>		<b>45,082</b>	
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							<b>508,527</b>		<b>45,082</b>	

**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 **u 4**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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 **u 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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	<b>1,996,079</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	<b>476,813</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		<b>36,473</b>				
	<b>h Total.</b> Add lines 1a-1f	<b>u</b>	<b>2,472,892</b>				
<b>Program Service Revenue</b>	<b>2a</b> RENTAL REVENUE	Busn. Code <b>531110</b>	<b>8,596,085</b>	<b>8,596,085</b>			
	<b>b</b> PROPERTY MANAGEMENT FEES	<b>531390</b>	<b>2,684,331</b>	<b>2,684,331</b>			
	<b>c</b> DEVELOPMENT FEES	<b>531390</b>	<b>1,855,048</b>	<b>1,855,048</b>			
	<b>d</b> EQUITY IN INCOME OF LTD PTSHP	<b>531390</b>	<b>-348</b>	<b>-348</b>			
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f	<b>u</b>	<b>13,135,116</b>				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b>	<b>422,580</b>			<b>422,580</b>	
	<b>4</b> Income from investment of tax-exempt bond proceeds	<b>u</b>					
	<b>5</b> Royalties	<b>u</b>					
	<b>6a</b> Gross rents	(i) Real					
		(ii) Personal					
	<b>b</b> Less: rental exps.						
	<b>c</b> Rental inc. or (loss)						
	<b>d</b> Net rental income or (loss)	<b>u</b>					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
	<b>b</b> Less: cost or other basis & sales exps.						
	<b>c</b> Gain or (loss)						
	<b>d</b> Net gain or (loss)	<b>u</b>					
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>					
<b>b</b> Less: direct expenses		<b>b</b>					
<b>c</b> Net income or (loss) from fundraising events		<b>u</b>					
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities	<b>u</b>					
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory	<b>u</b>					
Miscellaneous Revenue		Busn. Code					
<b>11a</b> ANNUAL DONOR LUNCH			<b>23,400</b>	<b>23,400</b>			
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d	<b>u</b>		<b>23,400</b>				
<b>12 Total revenue.</b> See instructions.	<b>u</b>		<b>16,053,988</b>	<b>13,158,516</b>	<b>0</b>	<b>422,580</b>	

**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	312,950	139,340	156,475	17,135
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	4,855,673	4,048,292	636,919	170,462
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	229,452	179,189	42,642	7,621
9 Other employee benefits	786,067	641,353	117,437	27,277
10 Payroll taxes	521,867	425,412	78,202	18,253
11 Fees for services (non-employees):				
a Management	24,340	24,340		
b Legal	63,595	35,310	28,129	156
c Accounting	107,555	63,040	44,515	
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.)	534,565	349,090	170,673	14,802
12 Advertising and promotion	9,814	4,331	2,833	2,650
13 Office expenses	400,472	223,852	172,667	3,953
14 Information technology	96,537	96,537		
15 Royalties				
16 Occupancy	3,714,102	3,641,581	72,521	
17 Travel	39,921	37,450	1,727	744
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,650	1,499	1,542	609
20 Interest	38,619	24,229	14,390	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,317,067	2,162,301	154,766	
23 Insurance	1,345		1,345	
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 <b>RESIDENT/PROGRAM SERVICES</b>	257,324	163,380		93,944
b <b>TRAINING</b>	127,902	100,993	23,613	3,296
c <b>WAGES PAID BY MGMT CO</b>	76,625	76,625		
d <b>BAD DEBTS</b>	50,206	48,846		1,360
e All other expenses	225,252	118,303	100,904	6,045
25 Total functional expenses. Add lines 1 through 24e	14,794,900	12,605,293	1,821,300	368,307
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
<b>Assets</b>	<b>1</b> Cash—non-interest bearing	<b>3,213,324</b>	<b>1</b>	<b>4,304,088</b>
	<b>2</b> Savings and temporary cash investments	<b>4,696,312</b>	<b>2</b>	<b>4,978,062</b>
	<b>3</b> Pledges and grants receivable, net	<b>106,259</b>	<b>3</b>	<b>312,209</b>
	<b>4</b> Accounts receivable, net	<b>401,815</b>	<b>4</b>	<b>957,303</b>
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> 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		<b>6</b>	
	<b>7</b> Notes and loans receivable, net	<b>12,228,435</b>	<b>7</b>	<b>14,951,053</b>
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges	<b>97,067</b>	<b>9</b>	<b>113,603</b>
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a 74,444,475</b>		
	<b>b</b> Less: accumulated depreciation	<b>10b 40,700,512</b>	<b>10c</b>	<b>33,743,963</b>
	<b>11</b> Investments—publicly traded securities		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11	<b>1,215,639</b>	<b>12</b>	<b>1,468,183</b>
	<b>13</b> Investments—program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	<b>1,242,203</b>	<b>15</b>	<b>2,270,468</b>
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	<b>51,017,754</b>	<b>16</b>	<b>63,098,932</b>	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	<b>765,063</b>	<b>17</b>	<b>1,017,504</b>
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> 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		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	<b>38,876,331</b>	<b>23</b>	<b>43,584,324</b>
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> 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	<b>1,205,628</b>	<b>25</b>	<b>1,439,379</b>
	<b>26 Total liabilities.</b> Add lines 17 through 25	<b>40,847,022</b>	<b>26</b>	<b>46,041,207</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	<b>8,638,812</b>	<b>27</b>	<b>10,338,990</b>
	<b>28</b> Temporarily restricted net assets	<b>511,919</b>	<b>28</b>	<b>5,417,198</b>
	<b>29</b> Permanently restricted net assets	<b>1,020,001</b>	<b>29</b>	<b>1,301,537</b>
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances	<b>10,170,732</b>	<b>33</b>	<b>17,057,725</b>	
<b>34</b> Total liabilities and net assets/fund balances	<b>51,017,754</b>	<b>34</b>	<b>63,098,932</b>	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>16,053,988</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>14,794,900</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>1,259,088</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	<b>10,170,732</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	<b>5,627,905</b>
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	<b>17,057,725</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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.		
<b>2a</b>	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		<b>X</b>
<b>2b</b>	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	<b>X</b>	
<b>2c</b>	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.	<b>X</b>	
<b>3a</b>	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?	<b>X</b>	
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	<b>X</b>	

**SCHEDULE A**  
(Form 990 or 990-EZ)

**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.

**2016**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

**u** Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://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 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....
- 10  An organization that normally receives: (1) more than 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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**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) <b>u</b>	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6</b> Public support. Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> 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 2016 (line 6, column (f) divided by line 11, column (f)) 14 %

**15** Public support percentage from 2015 Schedule A, Part II, line 14 15 %

**16a 33 1/3% support test—2016.** 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—2015.** 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—2016.** 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—2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,472,840	2,782,546	3,354,934	2,911,768	2,472,892	12,994,980
<b>2</b> 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	8,105,293	8,607,023	10,209,074	11,725,021	13,158,516	51,804,927
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	9,578,133	11,389,569	13,564,008	14,636,789	15,631,408	64,799,907
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						64,799,907

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6	9,578,133	11,389,569	13,564,008	14,636,789	15,631,408	64,799,907
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	305,267	312,543	236,088	345,863	422,580	1,622,341
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	305,267	312,543	236,088	345,863	422,580	1,622,341
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	9,883,400	11,702,112	13,800,096	14,982,652	16,053,988	66,422,248
<b>14 First five years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	97.56 %
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15	<b>16</b>	97.77 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	2 %
<b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17	<b>18</b>	2 %

- 19a 33 1/3% support tests—2016.** 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—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** *(continued)*

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

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	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? <i>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.</i>		
<b>2</b>	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? <i>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.</i>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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)? <i>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).</i>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b>	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	<i>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</i>		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
<b>2</b>	Activities Test. <i>Answer (a) and (b) below.</i>		
<b>a</b>	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? <i>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.</i>		
<b>b</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? <i>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.</i>		
<b>3</b>	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
<b>a</b>	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? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4).	8	
<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2016 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2016</b>	<b>(iii) Distributable Amount for 2016</b>
<b>1</b> Distributable amount for 2016 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2016:			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013 .....			
<b>d</b> From 2014 .....			
<b>e</b> From 2015 .....			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2016 distributable amount			
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2016 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
<b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b> Excess from 2013 .....			
<b>c</b> Excess from 2014 .....			
<b>d</b> Excess from 2015 .....			
<b>e</b> Excess from 2016 .....			



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

Department of the Treasury  
Internal Revenue Service

Schedule of Contributors

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

u Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

2016

Name of the organization <b>REACH COMMUNITY DEVELOPMENT, INC.</b>	Employer identification number <b>93-0813981</b>
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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 33<sup>1</sup>/<sub>3</sub> % 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't 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	..... ..... .....	\$ 8,750	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	..... ..... .....	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	..... ..... .....	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	..... ..... .....	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	..... ..... .....	\$ 50,000	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		\$ 11,850	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 5,000	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	HUD ENTERPRISE GRANT 520 SW SIXTH AVENUE PORTLAND OR 97204	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	NEIGHBORHOOD REINVESTMENT CORP 1325 G STREET NW, SUITE 800 WASHINGTON DC 20005	\$ 559,100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>REACH COMMUNITY DEVELOPMENT, INC.</b>	Employer identification number <b>93-0813981</b>
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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 HSG & COMMUNITY SVCS DEPT 725 SUMMER STREET NE, SUITE B SALEM OR 97301	\$ 776,816	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	\$ 620,163	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
15	PORTLAND STREETCAR 1031 NW 11TH AVENUE PORTLAND OR 97209	\$ 8,928	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
16		\$ 8,750	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		\$ 5,000	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
19	..... ..... .....	\$ ..... 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	..... ..... .....	\$ ..... 15,000	Person <input checked="" 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.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>REACH COMMUNITY DEVELOPMENT, INC.</b>	Employer identification number <b>93-0813981</b>
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**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
14	<p><b>MATERIAL/SERVICE</b></p> <p>.....</p> <p>.....</p> <p>.....</p>	\$ 22,697	.....
15	<p><b>DISCOUNT ON STREETCAR PASSES</b></p> <p>.....</p> <p>.....</p> <p>.....</p>	\$ 8,863	.....
15	<p><b>MATERIAL/SERVICE</b></p> <p>.....</p> <p>.....</p> <p>.....</p>	\$ 65	.....
.....	<p>.....</p> <p>.....</p> <p>.....</p>	\$ .....	.....
.....	<p>.....</p> <p>.....</p> <p>.....</p>	\$ .....	.....
.....	<p>.....</p> <p>.....</p> <p>.....</p>	\$ .....	.....

**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

**2016**

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](http://www.irs.gov/form990).

**Open to Public Inspection**

If the organization answered "Yes," on 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," on 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," on 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**

**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. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions)  \$
- 3 Volunteer hours for political campaign activities (see instructions)

**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.

<b>Limits on Lobbying Expenditures</b> <b>(The term "expenditures" means amounts paid or incurred.)</b>		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)		<b>8,100</b>													
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)		<b>0</b>													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)		<b>8,100</b>													
<b>d</b> Other exempt purpose expenditures		<b>14,786,800</b>													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)		<b>14,794,900</b>													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		<b>889,745</b>													
<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.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)		<b>222,436</b>													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-		<b>0</b>													
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-		<b>0</b>													
<b>j</b> 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.)**

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
<b>2a</b> Lobbying nontaxable amount	<b>772,809</b>	<b>811,258</b>	<b>830,414</b>	<b>889,745</b>	<b>3,304,226</b>
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					<b>4,956,339</b>
<b>c</b> Total lobbying expenditures	<b>2,927</b>	<b>2,354</b>	<b>2,725</b>	<b>8,100</b>	<b>16,106</b>
<b>d</b> Grassroots nontaxable amount	<b>193,202</b>	<b>202,815</b>	<b>207,604</b>	<b>222,436</b>	<b>826,057</b>
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					<b>1,239,086</b>
<b>f</b> Grassroots lobbying expenditures	<b>2,927</b>	<b>2,354</b>	<b>2,725</b>	<b>8,100</b>	<b>16,106</b>

**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)).**

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

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

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

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

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

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

**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 2016 TOTALED \$8,100. 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)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2016

Open to Public Inspection

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" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and questions about donor advisement.

Part II Conservation Easements.

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> 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 **u** .....
  - b** Permanent endowment **u** .....
  - c** Temporarily restricted endowment **u** .....
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations ..... | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations .....  | <b>3a(ii)</b> |    |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....		<b>6,053,153</b>		<b>6,053,153</b>
<b>b</b> Buildings .....		<b>65,679,524</b>	<b>38,435,869</b>	<b>27,243,655</b>
<b>c</b> Leasehold improvements .....		<b>154,868</b>	<b>122,667</b>	<b>32,201</b>
<b>d</b> Equipment .....		<b>2,556,930</b>	<b>2,141,976</b>	<b>414,954</b>
<b>e</b> Other .....				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>u 33,743,963</b>



**Part VII Investments—Other Securities.**

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

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

**Part VIII Investments—Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) <b>DEFERRED INTEREST</b>	<b>814,008</b>	
(3) <b>ADVANCE RENT AND DEPOSITS</b>	<b>523,404</b>	
(4) <b>ACCRUED INTEREST</b>	<b>101,967</b>	
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) <b>u</b>	<b>1,439,379</b>	

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X - FIN 48 FOOTNOTE**

**FEDERAL AND STATE TAXES - REACH AND ITS CONSOLIDATED NONPROFIT CORPORATIONS ARE EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND COMPARABLE STATE STATUTES AND DID NOT HAVE ANY UNRELATED BUSINESS INCOME FOR THE YEARS ENDED DECEMBER 31, 2016 AND 2015. DUE TO THEIR TAX EXEMPT STATUS, REACH AND ITS CONSOLIDATED NONPROFIT CORPORATIONS ARE NOT SUBJECT TO INCOME TAXES. ACCORDINGLY, THESE FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION FOR INCOME TAXES AND THERE ARE NO OTHER TAX POSITIONS WHICH MUST BE CONSIDERED FOR DISCLOSURE. REACH AND THE CONSOLIDATED NONPROFIT CORPORATIONS ARE REQUIRED TO FILE TAX RETURNS WITH THE IRS AND OTHER TAXING AUTHORITIES.**

**Part XIII** Supplemental Information *(continued)*

THE LIMITED PARTNERSHIPS AND LIMITED LIABILITY COMPANIES (HEREAFTER REFERRED TO AS "PARTNERSHIPS"), WHICH ARE NOT 100% OWNED BY REACH, ARE TAXABLE ENTITIES, HOWEVER, EACH OF THE ENTITIES HAVE ELECTED TO BE TREATED AS A PASS-THROUGH ENTITY FOR INCOME TAX PURPOSES AND, AS SUCH, ARE NOT SUBJECT TO INCOME TAXES. RATHER, ALL ITEMS OF TAXABLE INCOME, DEDUCTIONS AND TAX CREDITS ARE PASSED THROUGH TO AND ARE REPORTED BY ITS PARTNERS ON THEIR RESPECTIVE INCOME TAX RETURNS. THE PARTNERSHIPS' FEDERAL TAX STATUSES ARE BASED ON THEIR LEGAL STATUS AS A PARTNERSHIP. ACCORDINGLY, THE PARTNERSHIPS ARE NOT REQUIRED TO TAKE ANY TAX POSITIONS IN ORDER TO QUALIFY AS A PASS-THROUGH ENTITY. ACCORDINGLY, THESE FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION FOR INCOME TAXES AND THE PARTNERSHIPS HAVE NO OTHER TAX POSITIONS WHICH MUST BE CONSIDERED FOR DISCLOSURE. THE PARTNERSHIPS ARE REQUIRED TO FILE AND DO FILE TAX RETURNS WITH THE INTERNAL REVENUE SERVICE AND OTHER TAXING AUTHORITIES.

INCOME TAX RETURNS FILED BY EACH OF THE ENTITIES ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR A PERIOD OF THREE YEARS. WHILE NO INCOME TAX RETURNS ARE CURRENTLY BEING EXAMINED BY THE INTERNAL REVENUE SERVICE, TAX YEARS SINCE 2013 REMAIN OPEN AND SUBJECT TO EXAMINATION.

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Compensation Information**  
For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
u Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
u Attach to Form 990.

u Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

**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 on 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 (such as, 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 used 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 on 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 on 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" on line 5a or 5b, describe in Part III.

**6** For persons listed on 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" on line 6a or 6b, describe in Part III.

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

**8** Were any amounts reported on 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" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

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

**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 on 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 aren't 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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC 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 on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DAN VALLIERE CHIEF EXECUTIVE OFF.	(i)	155,418	0	0	15,931	0	171,349	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2016**

**Open To Public  
Inspection**

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

**u** Attach to Form 990.

**u** Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://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 <b>u</b> ( <b>MATERIALS/LABOR</b> )	<b>X</b>	<b>1</b>	<b>8,863</b>	<b>FAIR MARKET VALUE</b>
26 Other <b>u</b> ( <b>SERVICE</b> )	<b>X</b>	<b>12</b>	<b>27,610</b>	<b>FAIR MARKET VALUE</b>
27 Other <b>u</b> ( )				
28 Other <b>u</b> ( )				

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**

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 isn't required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		<b>X</b>
31		<b>X</b>
32a		<b>X</b>





**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.

**2016**

Department of the Treasury  
Internal Revenue Service

u Attach to Form 990 or 990-EZ.

**Open to Public  
Inspection**

u Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**REACH COMMUNITY DEVELOPMENT, INC.**

Employer identification number

**93-0813981**

**FORM 990 - ADDITIONAL INFORMATION**

REACH GATEWAY LLC (32-0411748) AND REACH BRONAUGH GP, LLC (47-2963987) ARE BOTH DISREGARDED ENTITIES OWNED 100% BY REACH COMMUNITY DEVELOPMENT WHICH HAVE MADE ENTITY CLASSIFICATION ELECTIONS TO BE TREATED AND TAXED AS CORPORATIONS.

BOTH THESE ENTITIES HAVE ALSO MADE AN ELECTION TO NOT BE TREATED AS AN EXEMPT ENTITY. THE ELECTION WAS MADE BY EACH ENTITY PURSUANT TO SECTION 168(H)(6)(F)(II) OF THE INTERNAL REVENUE CODE ON THEIR 2015 TAX RETURNS. THE ELECTION STATED THAT IN ACCORDANCE WITH SECTION 168(H)(6)(F)(II) OF THE INTERNAL REVENUE CODE, ALL TAX-EXEMPT ENTITIES HOLDING A CONTROLLING INTREST IN THE TAXPAYER HEREBY ELECT TO TREAT ANY GAIN ON ANY DISPOSITION OF SUCH INTEREST (AND ANY DIVIDEND OR INTEREST RECEIVED OR ACCRUED BY THE TAX-EXEMPT ENTITY FROM THE CONTROLLED ENTITY) AS UNRELATED BUSINESS TAXABLE INCOME FOR PURPOSES OF SECTION 511 OF THE INTERNAL REVENUE CODE IN ORDER FOR THE TAXPAYER NOT TO BE TREATED AS A "TAX-EXEMPT ENTITY".

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

**VOLUNTEER SERVICES**

164 REACH VOLUNTEERS DONATED THEIR SERVICES IN 2016. 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

Name of the organization

Employer identification number

REACH COMMUNITY DEVELOPMENT, INC.

93-0813981

OF DIRECTORS AND FINANCE COMMITTEE PRIOR TO FILING.

THE FINANCE COMMITTEE SHALL REPORT TO THE BOARD ITS' REVIEW OF THE FORM 990 AND THE BOARD SHALL TAKE ANY ADDITIONAL ACTION THAT IT FEELS APPROPRIATE.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

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

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

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

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.

Name of the organization

Employer identification number

REACH COMMUNITY DEVELOPMENT, INC.

93-0813981

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.

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

Name of the organization

Employer identification number

REACH COMMUNITY DEVELOPMENT, INC.

93-0813981

UPON REQUEST. THE DOCUMENTS DESCRIBED ABOVE SHALL BE AVAILABLE FOR INSPECTION UPON REQUEST AT THE REACH OFFICE DURING REGULAR BUSINESS HOURS.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

CONSOLIDATION WITH COVINGTON COMMOMS	\$ 218,663
CONSOLIDATION WITH CASCADIA VILLAGE	\$ 1,860,817
CONSOLIDATION WITH AFFORDABLE	\$ 0
COMMUNITY ENVIRONMENTS	\$ 3,548,425
TOTAL	\$ 5,627,905

COVINGTON COMMONS, CASCADIA VILLAGE AND AFFORDABLE COMMUNITY ENVIRONMENTS ARE ALL 100% OWNER BY REACH COMMUNITY DEVELOPMENT INC. AND THE INCOME, EXPESSES, ASSETS AND LIABILITIES OF THESE ENTITIES ARE INCLUDED IN THIS FORM 990. A ONE-TIME ADJUSTMENT TO NET ASSETS IS REQUIRED IN 2016 TO TRANSFER THESE ENTITY'S ASSETS AND LIABILITIES TO REACH COMMUNITY DEVELOPMENT, INC.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Related Organizations and Unrelated Partnerships**

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

u Attach to Form 990.

u Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Employer identification number

**93-0813981**

**REACH COMMUNITY DEVELOPMENT, INC.**

**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 DEVELOPMENT LLC 4150 SW MOODY AVENUE 93-0813981 PORTLAND OR 97239	LOWINC HS	OR	2,489,426	6,037,437	REACH COMM
(2) REACH PROPERTY MANAGEMENT LLC 4150 SW MOODY AVENUE 93-0813981 PORTLAND OR 97239	LOWINC HSG	OR			REACH COMM
(3) REACH REPAIR LLC 4150 SW MOODY AVENUE 93-0813981 PORTLAND OR 97239	LOWINC HSG	OR			REACH COMM
(4) REACH ADMIRAL LLC 4150 SW MOODY AVENUE 26-2527719 PORTLAND OR 97239	LOWINC HSG	OR	-30	95,747	REACH COMM
(5) ALBINA CORNER LTD PTSHIP 4150 SW MOODY AVENUE 93-1159815 PORTLAND OR 97239	LOWINC HSG	OR	593,816	2,078,924	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) COMMUNITY HOUSING III, INC. 4150 SW MOODY AVENUE 01-0777882 PORTLAND OR 97239	HOUSING	OR	501	7	N/A		X
(3) COMMUNITY HOUSING, INC. 4150 SW MOODY AVENUE 94-3041307 PORTLAND OR 97239	HOUSING	OR	501	7	N/A		X
(4) COMMUNITY HOUSING II, INC. 4150 SW MOODY AVENUE 93-1300045 PORTLAND OR 97239	HOUSING	OR	501	7	N/A		X
(5) MARION STREET APARTMENTS, INC. 4150 SW MOODY AVENUE 93-1209647 PORTLAND OR 97239	HOUSING	OR	501	7	N/A		X

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Related Organizations and Unrelated Partnerships**

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

u Attach to Form 990.

u Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Employer identification number

**93-0813981**

**REACH COMMUNITY DEVELOPMENT, INC.**

**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) AC APARTMENTS, LLC 4150 SW MOODY AVENUE PORTLAND OR 97239 93-0813981	LOWINC HSG	OR	593,816	2,078,924	REACH COMM
(2) REACH ALBINA CORNER LLC 4150 SW MOODY AVENUE PORTLAND OR 97239 45-4106370	LOWINC HSG	OR			REACH COMM
(3) REACH ALLEN-FREMONT LLC 4150 SW MOODY AVENUE PORTLAND OR 97239 47-1843790	LOWINC HSG	OR	413,702	4,178,882	REACH COMM
(4) REACH BRONAUGH GP LLC 4150 SW MOODY AVENUE PORTLAND OR 97239 47-2963987	LOWINC HSG	OR	-23	77,496	REACH COMM
(5) REACH BRONAUGH LLC 4150 SW MOODY AVENUE PORTLAND OR 97239 46-1228515	LOWINC HSG	OR	875	27,852	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) POWELL BLVD APARTMENTS, INC, 4150 SW MOODY AVENUE PORTLAND OR 97239 91-1764112	HOUSING	OR	501	7	N/A		X
(2) REACH APARTMENTS, INC. 4150 SW MOODY AVENUE PORTLAND OR 97239 94-3085792	HOUSING	OR	501	7	N/A		X
(3) TAYLOR STREET APARTMENTS, INC. 4150 SW MOODY AVENUE PORTLAND OR 97239 93-1209646	HOUSING	OR	501	7	N/A		X
(4) BLOCK 49 CONDO ASSOCIATION 4150 SW MOODY AVENUE PORTLAND OR 97239 46-2092929	CONDO ASS	OR	528		N/A		X
(5)							

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Related Organizations and Unrelated Partnerships**

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

u Attach to Form 990.

u Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

**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) CASCADIA VILLAGE APARTMENTS LLC 4150 SW MOODY AVENUE 91-2148701 PORTLAND OR 97239	LOWINC HSG	OR	357,942	4,502,986	REACH COMM
(2) REACH CASCADIA VILLAGE LLC 4150 SW MOODY AVENUE 93-0813981 PORTLAND OR 97239	LOWINC HSG	OR	357,942	4,502,986	REACH COMM
(3) COVINGTON COMMONS LP 4150 SW MOODY AVENUE 91-1896157 PORTLAND OR 97239	LOWINC HSG	OR	372,285	3,300,133	REACH COMM
(4) REACH COVINGTON COMMONS LLC 4150 SW MOODY AVENUE 93-0813981 PORTLAND OR 97239	LOWINC HSG	OR	372,285	3,300,133	REACH COMM
(5) REACH DRESDEN LLC 4150 SW MOODY AVENUE 47-2724968 PORTLAND OR 97239	LOWINC HSG	OR	260,868	680,186	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)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Related Organizations and Unrelated Partnerships**

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**93-0813981**

**REACH COMMUNITY DEVELOPMENT, INC.**

**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 91-1764785 PORTLAND OR 97239	LOWINC HSG	OR	472,158	2,266,543	REACH COMM
(2) REACH FLOYD LIGHT LLC 4150 SW MOODY AVENUE 45-4711626 PORTLAND OR 97239	LOWINC HSG	OR	472,158	2,266,543	REACH COMM
(3) ADDY STREET AFFORDABLE HSG LLC 4150 SW MOODY AVENUE 23-4533860 PORTLAND OR 97239	LOWINC HSG	WA	332,265	3,991,163	REACH COMM
(4) REACH GATEWAY LLC 4150 SW MOODY AVENUE 32-0411748 PORTLAND OR 97239	LOWINC HSG	OR	-45		REACH COMM
(5) REACH GOT LLC 4150 SW MOODY AVENUE 46-0838543 PORTLAND OR 97239	LOWINC HSG	OR	1,408,057	2,360,982	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)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Related Organizations and Unrelated Partnerships**

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**93-0813981**

**REACH COMMUNITY DEVELOPMENT, INC.**

**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 IC LLC 4150 SW MOODY AVENUE 47-4750452 PORTLAND OR 97239	LOWINC HSG	OR	-12	1,380,391	REACH COMM
(2) REACH 62ND AVENUE LLC 4150 SW MOODY AVENUE 47-5413110 PORTLAND OR 97239	LOWINC HSG	OR			REACH COMM
(3) REACH LAURELHURST LLC 4150 SW MOODY AVENUE 47-2809323 PORTLAND OR 97239	LOWINC HSG	OR	191,419	201,555	REACH COMM
(4) FRUIT VALLEY GP, LLC 4150 SW MOODY AVENUE 27-0782607 PORTLAND OR 97239	LOWINC HSG	OR	-24	1,283,257	REACH COMM
(5) REACH MCCULLER LLC 4150 SW MOODY AVENUE 93-0813981 PORTLAND OR 97239	LOWINC HSG	OR	339,662	2,246,766	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)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Related Organizations and Unrelated Partnerships**

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**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) MCCULLER ASSOCIATES LP 4150 SW MOODY AVENUE 93-1271659 PORTLAND OR 97239	LOWINC HSG	OR	339,692	2,246,766	REACH COMM
(2) REACH MCCULLER CROSSING LLC 4150 SW MOODY AVENUE 93-0813981 PORTLAND OR 97239	LOWINC HSG	OR	339,692	2,246,766	REACH COMM
(3) REACH ORCHARDS LLC 4150 SW MOODY AVENUE 46-5204815 PORTLAND OR 97239	LOWINC HSG	OR	-64	3,688,684	REACH COMM
(4) REACH ORCHARDS II LLC 4150 SW MOODY AVENUE 47-2981576 PORTLAND OR 97239	LOWINC HSG	OR	-38		REACH COMM
(5) CROWN REDEVELOPMENT LLC 4150 SW MOODY AVENUE 93-0813981 PORTLAND OR 97239	LOWINC HSG	OR	33,371	353,588	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)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Related Organizations and Unrelated Partnerships**

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(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 RITZDORF LLC 4150 SW MOODY AVENUE PORTLAND OR 97239 47-2815135	LOWINC HSG	OR	561,216	2,031,694	REACH COMM
(2) REACH ROSE LLC 4150 SW MOODY AVENUE PORTLAND OR 97239 47-2861596	LOWINC HSG	OR	393,210	362,767	REACH COMM
(3) REACH SCATTERED SITES I LLC 4150 SW MOODY AVENUE PORTLAND OR 97239 47-2869980	LOWINC HSG	OR	539,126	880,256	REACH COMM
(4) REACH SCATTERED SITES II LLC 4150 SW MOODY AVENUE PORTLAND OR 97239 47-2884758	LOWINC HSG	OR	577,639	1,245,483	REACH COMM
(5) REACH SCATTERED SITES III LLC 4150 SW MOODY AVENUE PORTLAND OR 97239 47-2902453	LOWINC HSG	OR	184,932	357,313	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)							

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Department of the Treasury  
Internal Revenue Service

Name of the organization

**Related Organizations and Unrelated Partnerships**

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(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) STATION PLACE LLC 4150 SW MOODY AVENUE 90-0726688 PORTLAND OR 97239	LOWINC HGS	OR	-61	523,636	REACH COMM
(2) REACH TAFT LLC 4150 SW MOODY AVENUE 47-2921338 PORTLAND OR 97239	LOWINC HSG	OR	252,664	463,887	REACH COMM
(3) ELDERHOPE LTD PTSHIP 4150 SW MOODY AVENUE 93-1098321 PORTLAND OR 97239	LOWINC HSG	OR	889,717	2,651,476	REACH COMM
(4) REACH TWELTH AVE TERRACE LLC 4150 SW MOODY AVENUE 27-4827105 PORTLAND OR 97239	LOWINC HSG	OR	889,717	2,651,476	REACH COMM
(5) TOWNE SQUARE GP, LLC 4150 SW MOODY AVENUE 45-5294354 PORTLAND OR 97239	LOWINC HSG	OR	-13	354,488	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)**

Department of the Treasury  
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Name of the organization

**Related Organizations and Unrelated Partnerships**

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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	-19	144,280	REACH COMM
(2) PINE STREET ASSOCIATES LP 4150 SW MOODY AVENUE 93-1203581 PORTLAND OR 97239	LOWINC HSG	OR	777,581	2,590,947	REACH COMM
(3) REACH WESTSHORE LLC 4150 SW MOODY AVENUE 93-0813981 PORTLAND OR 97239	LOWINC HSG	OR	778,581	2,590,947	REACH COMM
(4) PATTON SQUARE LEASING LLC 4150 SW MOODY AVENUE 80-0476002 PORTLAND OR 97239	LOWINC HSG	OR	70,054	41,326	REACH COMM
(5) REACH BLOCK 49 LEASING LLC 4150 SW MOODY AVENUE 93-0813981 PORTLAND OR 97239	LOWINC HSG	OR	28,536		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)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Related Organizations and Unrelated Partnerships**

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(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 BLOCK 49 LLC 4150 SW MOODY AVENUE 93-0813981 PORTLAND OR 97239	LOWINC HSG	OR	-83	190,394	REACH COMM
(2) REACH OFFICE LLC 4150 SW MOODY AVENUE 93-0813981 PORTLAND OR 97239	LOWINC HSG	OR		2,264,062	REACH COMM
(3)					
(4)					
(5)					

**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) Dispro- portionate 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	-30	95,747		X	N/A	X		0.01
(2)REACH GATEWAY SENIOR HSG LP 4150 SW MOODY AVENUE PORTLAND OR 97239 80-0930515	LOWINC HSG	OR	REACH GATE	RELATED	-45	647,231		X	N/A	X		0.01
(3)REACH B49 PARTNERS LP 4150 SW MOODY AVENUE PORTLAND OR 97239 27-4635096	LOWINC HSG	OR	REACH B49	RELATED	-83	190,394		X	N/A	X		0.01
(4)REACH ISABELLA COURT LLC 4150 SW MOODY AVENUE PORTLAND OR 97239 47-4388596	LOWINC HSG	OR	REACH IC	RELATED	-12	1,380,391		X	N/A	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)REACH GATEWAY LLC 4150 SW MOODY AVENUE PORTLAND OR 97239 32-0411748	LOW INCHSG	OR	REACH COMM	C	-45		100.000000	X	
(2)REACH BRONAUGH GP LLC 4150 SW MOODY AVENUE PORTLAND OR 97239 47-2963987	LOW INCHSG	OR	REACH COMM	C	-23		100.000000	X	
(3)REACH ORCHARDS LLC 4150 SW MOODY AVENUE PORTLAND OR 97239 46-5204815	LOW INCHSG	OR	REACH COMM	C	-64		100.000000	X	
(4)REACH IC LLC 4150 SW MOODY AVENUE PORTLAND OR 97239 47-4750452	LOW INCHSG	WA	REACH COMM	C	-12		100.000000	X	

**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) REACH ORENCO LLC 4150 SW MOODY AVENUE PORTLAND OR 97239 45-4607664	LOWINC HSG	OR	REACH ORCH	RELATED	-64	3,688,684		X	N/A	X		0.01
(2) PATTON SQUARE PARTNERS LP 4150 SW MOODY AVENUE PORTLAND OR 97239 20-5425786	LOWINC HSG	OR	CROWN REDE	RELATED	-35	353,588		X	N/A	X		0.01
(3) SP TOWER, LP 4150 SW MOODY AVENUE PORTLAND OR 97239 76-0716541	LOWINC HSG	OR	STATION PL	RELATED	-61	523,636		X	N/A	X		0.01
(4) REACH WALNUT PARTNERS LP 4150 SW MOODY AVENUE PORTLAND OR 97239 27-0924852	LOWINC HSG	OR	REACH WALN	RELATED	-19	144,280		X	N/A	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) REACH ORCHARDS II LLC 4150 SW MOODY AVENUE PORTLAND OR 97239 47-2981576	LOW INCHSG	OR	REACH COMM	C	-38		100.000000	X	
(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) REACH ORENCO II LLC 4150 SW MOODY AVENUE PORTLAND OR 97239 46-5146622	LOWINC HSG OR		RCH ORCH 2	RELATED	-31	475,956		X	N/A	X		0.01
(2) FRUIT VALLEY LIMITED PARTNERSHIP 4150 SW MOODY AVENUE PORTLAND OR 97239 27-0782644	LOW INCHSG WA		FRUIT VALL	RELATED	-24	1,283,257		X	N/A	X		0.01
(3) REACH BRONAUGH PARTNERS LP 4150 SW MOODY AVENUE PORTLAND OR 97239 47-2949178	LOW INCHSG OR		REACH BRON	RELATED	-23	430,331		X	N/A	X		0.01
(4) CASCADIA VILLAGE APARTMENTS LLC 4150 SW MOODY AVENUE PORTLAND OR 97239 91-2148701	LOW INCHSG WA		CASCADIA V	RELATED	-7			X	N/A	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) THE MEWS AT CV, LLC 4150 SW MOODY AVENUE PORTLAND OR 97239 86-1061661	LOW INCHSG WA	WA	THE MEWS A	RELATED	-9	1,412,748		X	N/A	X		0.01
(2) TOWNE SQUARE LIMITED PARTNERSHIP 4150 SW MOODY AVENUE PORTLAND OR 97239 45-5390002	LOW INCHSG WA	WA	TOWNE SQUA	RELATED	-13	310,278		X	N/A	X		0.01
(3)												
(4)												

**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.

**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

**b** Gift, grant, or capital contribution to related organization(s)

**c** Gift, grant, or capital contribution from related organization(s)

**d** Loans or loan guarantees to or for related organization(s)

**e** Loans or loan guarantees by related organization(s)

**f** Dividends from related organization(s)

**g** Sale of assets to related organization(s)

**h** Purchase of assets from related organization(s)

**i** Exchange of assets with related organization(s)

**j** Lease of facilities, equipment, or other assets to related organization(s)

**k** Lease of facilities, equipment, or other assets from related organization(s)

**l** Performance of services or membership or fundraising solicitations for related organization(s)

**m** Performance of services or membership or fundraising solicitations by related organization(s)

**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

**o** Sharing of paid employees with related organization(s)

**p** Reimbursement paid to related organization(s) for expenses

**q** Reimbursement paid by related organization(s) for expenses

**r** Other transfer of cash or property to related organization(s)

**s** Other transfer of cash or property from related organization(s)

	Yes	No
<b>1a</b>		X
<b>1b</b>		X
<b>1c</b>		X
<b>1d</b>	X	
<b>1e</b>		X
<b>1f</b>		X
<b>1g</b>		X
<b>1h</b>		X
<b>1i</b>		X
<b>1j</b>	X	
<b>1k</b>	X	
<b>1l</b>	X	
<b>1m</b>		X
<b>1n</b>		X
<b>1o</b>	X	
<b>1p</b>		X
<b>1q</b>	X	
<b>1r</b>		X
<b>1s</b>	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) .....													



**Depreciation and Amortization**  
(Including Information on Listed Property)  
u Attach to your tax return.

u Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://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	<b>500,000</b>
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	<b>2,010,000</b>
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 <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2015 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 don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12	13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't 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	<b>1,714,210</b>

**Part III MACRS Depreciation (Don't include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2016	17	<b>548,339</b>
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 checked="" type="checkbox"/> u <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2016 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	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	

**Section C—Assets Placed in Service During 2016 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	<b>Total.</b> 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	<b>2,262,549</b>
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 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Prior MACRS:</b>									
1	RESIDENTIAL BUILDING-ELDERHOPE	8/01/94	5,434,812			5,434,812	27 MMS/L	4,224,438	197,630
2	RES BLDG IMPRVMENTS-ELDERHOPE	12/01/94	176,125			176,125	27 MMS/L	134,760	6,405
3	BUILDING - COMMERCIAL-ELDERHOPE	8/01/94	112,354			112,354	39 MMS/L	61,579	2,880
4	COMMERCIAL BLDG IMPRVMENT-ELD	12/01/94	16,993			16,993	39 MMS/L	9,167	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	13,686	1,178
41	BRICK SEALING-ELDERHOPE	12/01/04	12,880			12,880	27 MMS/L	5,171	469
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
45	Security Cameras-AC	2/28/11	1,801		X	402	7 HY 200DB	1,399	161
46	GRAB BARS-ELDERHOPE	6/30/07	6,478			6,478	27 MMS/L	2,011	236
47	NABCO AUTOMATIC OPERATOR-ELDERHOPE	8/08/07	10,775			10,775	7 HY 200DB	10,775	0
50	ADA door operator-ELDERHOPE	8/14/09	2,780			2,780	7 HY 200DB	2,676	104
51	Security System-ELDERHOPE	5/15/09	9,466			9,466	5 HY S/L	9,466	0
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/WINDOWS	7/01/98	9,461			9,461	39 MMS/L	4,245	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	4,754	409
85	Siding-AC	8/01/04	10,790			10,790	27 MMS/L	4,463	392
88	MANAGER'S OFFICE-AC	8/01/07	35,320			35,320	27 MMS/L	10,756	1,285
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	5,244	0
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	13,609	1,804
97	KEYLESS ENTRY SYSTEM-AC	5/31/10	7,684		X	3,842	7 HY 200DB	6,698	657
99	LIGHTING UPGRADE-AC	12/02/10	2,980		X	449	7 HY 200DB	2,531	299
101	Firewall-AC	2/01/11	2,178		X	125	5 HY 200DB	2,053	125
102	PTAC Replacement-AC	7/31/11	31,197		X	6,961	7 HY 200DB	24,236	2,785
104	BUILDING-PINE	8/01/97	4,283,825			4,283,825	27 MMS/L	2,868,861	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	2,604	343
139	XEROX COPIER-REACH CDI	12/01/15	20,500		X	20,159	5 HY 200DB	341	8,064
140	COMPUTER HARDWARE-REACH CDI	4/30/15	75,908		X	68,356	5 HY 200DB	7,552	27,342
153	BUILDING-MCCULLER	1/01/01	3,644,192			3,644,192	27 MMS/L	1,982,448	132,516
154	LAND IMPROVEMENTS-MCCULLER	1/01/01	101,834			101,834	15 HY 150DB	98,827	3,007
155	FURNITURE & FIXTURES-MCCULLER	1/01/01	122,845			122,845	5 HY 200DB	122,845	0
156	CARPET & VINYL-MCCULLER	9/30/03	1,506		X	753	5 HY 200DB	1,506	0
157	CARPET & VINYL-MCCULLER	5/04/04	4,492		X	2,246	5 HY 200DB	4,492	0
158	ENTRY SYSTEM/LIGHTING-MCCULLER	9/30/05	12,071			12,071	27 MMS/L	4,517	439
159	COMMON AREA CARPETING-MCCULLER	10/31/05	23,246			23,246	5 MQ200DB	23,246	0
160	PARKING LOT/WALKWAY-MCCULLER	1/31/06	40,691			40,691	15 HY 150DB	27,476	2,402
163	HALLWAY LIGHTING-MCCULLER	4/01/08	5,000			5,000	27 MMS/L	1,402	181
164	TELEPHONE ENTRY SYSTEM-MCCULLER	6/11/09	4,764			4,764	27 MMS/L	1,140	174
165	RICOH COPIER-MCCULLER	11/05/09	1,500			1,500	5 MQ200DB	1,500	0
166	COMPUTER-MCCULLER	9/22/09	1,645			1,645	5 MQ200DB	1,645	0
167	Paving & Restriping-MCCULLER	8/05/10	4,275		X	2,137	15 HY 150DB	3,076	126
168	Intrusion Alarm-MCCULLER	2/28/10	1,042			1,042	27 MMS/L	223	37
169	Security Upgrade-MCCULLER	5/24/10	2,154			2,154	27 MMS/L	441	78
170	Fire System Upgrade-MCCULLER	6/30/10	4,475			4,475	27 MMS/L	902	163
171	Lighting Upgrades-MCCULLER	10/31/10	1,920			1,920	27 MMS/L	364	69
172	Firewall-MCCULLER	4/28/11	2,178		X	125	5 HY 200DB	2,053	125
			<u>14,840,191</u>			<u>14,791,047</u>		<u>10,203,593</u>	<u>548,339</u>

**Other Depreciation:**

8	RES. BLDG 97 ADDNS WALSH-AC	3/01/97	6,411			6,411	27 MO S/L	4,313	233
9	CADET HEATERS-PINE	10/31/00	12,369			12,369	27 MO S/L	6,743	450
16	BUILDINGS-FLOYD LIGHT	7/01/12	1,894,495			1,894,495	27 MO S/L	241,118	68,890
17	STORM DOORS-FLOYD LIGHT	9/30/13	7,424			7,424	20 MO S/L	835	371
18	BATH UPGRADES-FLOYD LIGHT	8/30/13	6,706			6,706	20 MO S/L	782	336

# Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
19	BUILDING IMPRV-FLOYD LIGHT	10/31/12	362,579			362,579	27 MO S/L	41,752	13,184
20	FURN & EQUIP-FLOYD LIGHT	7/01/12	70,000			70,000	7 MO S/L	35,000	10,000
21	COMPUTER EQUIP-FLOYD LIGHT	7/01/12	2,533			2,533	3 MO S/L	2,533	0
22	SECURITY SYSTEM-PINE	10/01/08	14,342			14,342	10 MO S/L	10,398	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	565	79
27	LAND (ORENCO)-REACH CDI	3/29/13	600,000			600,000	0 -- Land	0	0
28	BUILDINGS-REACH CDI	8/01/97	2,525,851			2,525,851	27 MO S/L	219,369	65,862
29	FURN & EQUIP-REACH CDI	1/01/12	900,937			900,937	5 MO S/L	743,524	25,876
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	18,820,331	783,313
32	BUILDINGS-SCATTERED SITES	5/28/13	1,263,942			1,263,942	27 MO S/L	179,852	45,961
33	FURN & EQUIP-SCATTERED SITES	1/01/12	58,945			58,945	7 MO S/L	48,700	4,575
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	4,697	468
52	Furniture-ELDERHOPE	9/04/09	7,000			7,000	7 MO S/L	6,333	667
53	Furniture-ELDERHOPE	10/29/09	7,000			7,000	7 MO S/L	6,167	833
54	OFFICE-ELDERHOPE	9/20/10	2,200			2,200	7 MO S/L	1,650	314
55	SECURITY SYSTEM-ELDERHOPE	7/26/10	3,822			3,822	7 MO S/L	2,958	546
56	NETWORK SET UP-ELDERHOPE	7/31/10	12,387			12,387	5 MO S/L	12,387	0
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	22,530	4,097
59	Water heaters-ELDERHOPE	3/31/11	60,197			60,197	10 MO S/L	28,594	6,100
60	Lighting retrofit-ELDERHOPE	6/02/11	18,444			18,444	10 MO S/L	8,454	1,844
61	Fire alarm/panel upgrades-ELDERHOPE	8/31/11	28,827			28,827	7 MO S/L	17,845	4,118
62	Furniture (table & chair)-ELDERHOPE	10/31/11	8,886			8,886	7 MO S/L	5,184	1,269
63	Endtables-ELDERHOPE	12/31/11	6,976			6,976	7 MO S/L	3,986	997
64	Exercise Equipment-ELDERHOPE	10/17/12	9,573			9,573	7 MO S/L	4,331	1,367
65	BUILDING-ACQUISITION-AC	9/01/96	120,000			120,000	27 MO S/L	84,183	4,364
66	RESIDENTIAL BUILDINGS-AC	9/01/96	3,205,448			3,205,448	27 MO S/L	2,248,311	116,975
67	COMMERCIAL BUILDINGS-AC	9/01/96	610,561			610,561	39 MO S/L	302,025	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	591	32
70	COMMERCIAL BLDG 97 ADDN WALSF	3/01/97	14,257			14,257	39 MO S/L	6,764	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	2,143	378
95	VINYL SIDING-AC	7/01/10	11,807			11,807	27 MO S/L	2,361	430
96	CARPET & FLOORING-AC	8/31/10	9,544			9,544	4 MO S/L	9,544	0
98	DISHWASHER-AC	8/31/10	2,937			2,937	5 MO S/L	2,937	0
100	COMPUTER EQUIPMENT-AC	3/01/10	1,509			1,509	5 MO S/L	1,509	0
103	Commercial Improvements-AC	6/28/13	37,402			37,402	2 MO S/L	37,402	0
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	3,172	176
109	BUILDING IMPROVEMENTS-PINE	7/31/98	475			475	27 MO S/L	309	17
113	BUILDING RESTORATION-PINE	11/01/08	42,000			42,000	27 MO S/L	10,945	1,528
114	STAFF BATH-PINE	7/01/08	13,588			13,588	27 MO S/L	3,706	494
116	COPIER-PINE	8/01/08	1,500			1,500	10 MO S/L	1,113	150
117	KEYLESS ENTRY-PINE	10/01/08	1,563			1,563	10 MO S/L	1,133	156
118	REFRIGERATORS (4)-PINE	2/01/09	1,884			1,884	5 MO S/L	1,884	0
119	RANGES (3)-PINE	2/01/09	936			936	5 MO S/L	936	0
120	DOORS-PINE	1/01/09	1,260			1,260	27 MO S/L	321	46
121	COMPUTER-PINE	10/01/09	4,357			4,357	5 MO S/L	4,357	0
122	Flooring - Laundry Room-PINE	6/16/10	1,743			1,743	15 MO S/L	639	116
123	Flooring - underlayment-PINE	6/25/10	1,480			1,480	15 MO S/L	543	98
124	Security - DVR-PINE	6/30/10	1,986			1,986	5 MO S/L	1,986	0
125	Computers-PINE	2/26/10	3,226			3,226	5 MO S/L	3,226	0
126	Firewall-PINE	2/01/11	2,178			2,178	5 MO S/L	2,132	46
127	Roof-PINE STREET	9/01/14	181,128			181,128	27 MO S/L	8,782	6,586
128	Energy Retrofit-PINE STREET	9/01/14	277,516			277,516	27 MO S/L	13,427	10,092
129	CCTV system-PINE STREET	11/30/14	12,490			12,490	10 MO S/L	1,353	1,249
130	Water Heaters-AC	10/14/14	8,827			8,827	10 MO S/L	1,103	883
131	BUILDING-SCATTERED SITES	1/01/14	288,044			288,044	40 MO S/L	81,253	7,201
133	COMPUTER HARDWARE-REACH CDI	1/01/14	18,349			18,349	5 MO S/L	7,340	3,670
134	COMPUTER EQUIP-REACH CDI	10/01/14	61,223			61,223	5 MO S/L	15,306	12,244
137	LH IMPR MCCULLER - REACH CDI	3/01/14	103,658			103,658	27 MO S/L	6,911	3,769



# Federal Asset Report

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Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
142	BUILDINGS-ROOF-SCATTERED SITES	10/01/15	10,144			10,144	20 MO S/L	127	507
143	BUILDINGS-GARAGE DR-SCATTERED	10/15/15	12,781			12,781	20 MO S/L	160	639
144	BUILDINGS-SPRINKLER-SCATTERED	11/03/15	13,686			13,686	20 MO S/L	114	684
145	FURN & EQUIP-SEC SYST-SCATTERED	6/30/15	11,389			11,389	7 MO S/L	813	1,627
146	FURN & EQUIP-HOT WTR HTR-SCATTI	7/09/15	7,250			7,250	10 MO S/L	362	725
148	WIP -SCATTERED SITES	12/31/16	10,500			10,500	0 -- Memo	0	0
149	RES BLDG-CARPET-ELDERHOPE	12/01/15	26,249			26,249	5 MO S/L	437	5,250
150	FURN & EQUIP-ELDERHOPE	12/01/15	5,297			5,297	7 MO S/L	63	757
151	FURN & EQUIP-WTR HTR-ALBINA COI	11/16/15	12,336			12,336	10 MO S/L	154	1,234
152	BLDG-GARAGE DOOR-PINE STREET	7/31/15	6,896			6,896	15 MO S/L	191	460
162	LAND-MCCULLER	6/29/07	345,599			345,599	0 -- Land	0	0
173	LAND-ALLEN FREEMONT	4/23/15	200,000			200,000	0 -- Land	0	0
174	BUILDING-ALLEN FREEMONT	4/23/15	3,040,647			3,040,647	40 MO S/L	50,677	76,017
175	BUILDING IMPROV-ALLEN F	8/16/15	669,357			669,357	40 MO S/L	5,578	16,734
176	Building - Acquisition- ADDY	9/11/09	1,344,646			1,344,646	40 MO S/L	212,902	33,616
177	Building Rehab Cost-ADDY	12/31/10	2,539,782			2,539,782	40 MO S/L	317,473	63,494
178	Equipment-ADDY STREET	8/14/10	5,253			5,253	10 MO S/L	2,845	526
179	Cabinet/Divider- ADDY STREET	8/16/11	1,012			1,012	10 MO S/L	439	101
180	Appliances- ADDY STREET	12/31/11	4,932			4,932	10 MO S/L	1,973	493
181	Carpet-ADDY STREET	12/31/12	1,243			1,243	10 MO S/L	373	124
182	Land-ADDY ST	9/11/09	455,354			455,354	0 -- Land	0	0
183	BUILDING IMPRV-REACH CDI	6/01/16	24,146			24,146	20 MO S/L	0	704
184	COPIER-REACH CDI	3/01/16	7,500			7,500	5 MO S/L	0	1,250
185	SURFACE PRO TABLETS 3 - REACH CI	4/01/16	39,886			39,886	5 MO S/L	0	5,983
186	BLDG -SCATTERED SITES	6/01/16	112,874			112,874	27 MO S/L	0	2,394
187	HVAC 2 FURNACES-SCATTERED SITE	11/01/16	12,229			12,229	20 MO S/L	0	102
188	BLDG IMPRV-ALBINA	1/01/16	7,628			7,628	27 MO S/L	0	277
189	LAND-COVINGTON COMM	1/01/16	412,601			412,601	0 -- Land	0	0
190	BUILDINGS-COVINGTON COMM	1/01/15	4,861,284			4,861,284	40 MO S/L	2,144,409	112,478
191	FURNISHINGS-COVINGTON COMM	1/01/15	69,475			69,475	15 MO S/L	58,683	4,133
192	LAND-CASCADIA VILLAGE	1/01/15	404,841			404,841	0 -- Land	0	0
193	LAND IMPROVEMENTS-CASCADIA	1/01/15	117,822			117,822	20 MO S/L	70,693	5,892
194	BUILDING - CASCADIA VILLAGE	1/01/15	5,659,905			5,659,905	40 MO S/L	1,664,330	141,498
195	FURNITURE - CASCADIA VILLAGE	1/01/15	258,950			258,950	10 MO S/L	246,515	6,606
196	LH IMPRV-REACH CDI	1/01/15	76,456			76,456	27 MO S/L	19,114	0
197	LAND (ISABELLA ID)-REACH CDI	12/31/15	293,851			293,851	0 -- Land	0	0
198	LAND (ACE) - REACH CDI	12/31/15	34,108			34,108	0 -- Land	0	0
<b>Total Other Depreciation</b>			<u>59,614,788</u>			<u>59,614,788</u>		<u>28,234,372</u>	<u>1,714,210</u>
<b>Total ACRS and Other Depreciation</b>			<u>59,614,788</u>			<u>59,614,788</u>		<u>28,234,372</u>	<u>1,714,210</u>
<b>Grand Totals</b>			74,454,979			74,405,835		38,437,965	2,262,549
<b>Less: Dispositions and Transfers</b>			0			0		0	0
<b>Less: Start-up/Org Expense</b>			0			0		0	0
<b>Net Grand Totals</b>			<u>74,454,979</u>			<u>74,405,835</u>		<u>38,437,965</u>	<u>2,262,549</u>