

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

OMB No 1545-0047  
**2016**  
Open to Public Inspection

**A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016**

- B** Check if applicable  
 Address change  
 Name change  
 Initial return  
 Final  
 Return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
THE REINVESTMENT FUND INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite  
1700 MARKET STREET 19TH FLOOR

City or town, state or province, country, and ZIP or foreign postal code  
PHILADELPHIA, PA 19103

**D** Employer identification number  
23-2331946

**E** Telephone number  
(215) 574-5800

**G** Gross receipts \$ 97,723,679

**F** Name and address of principal officer  
DONALD HINKLE-BROWN  
1700 MARKET STREET 19TH FLOOR  
PHILADELPHIA, PA 19103

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list (see instructions)  
**H(c)** Group exemption number ▶

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

**J** Website: ▶ WWW REINVESTMENT COM

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation 1985

**M** State of legal domicile PA

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities  
THE REINVESTMENT FUND, INC BUILDS WEALTH AND OPPORTUNITY FOR LOW-WEALTH PEOPLE AND PLACES THROUGH THE PROMOTION OF SOCIALLY AND ENVIRONMENTALLY RESPONSIBLE DEVELOPMENT

**2** Check this box  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)	13
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	13
<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	131
<b>6</b> Total number of volunteers (estimate if necessary)	57
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	412,203
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	-241,472

	Prior Year	Current Year
	<b>8</b> Contributions and grants (Part VIII, line 1h)	5,826,691
<b>9</b> Program service revenue (Part VIII, line 2g)	22,449,107	25,829,090
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d )	259,647	471,670
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	64,404	37,641
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	28,599,849	55,522,828

<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3 )	3,402,478	5,743,345
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	9,126,393	10,813,003
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶27,000		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	13,624,622	17,050,426
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	26,153,493	33,606,774
<b>19</b> Revenue less expenses Subtract line 18 from line 12	2,446,356	21,916,054

	Beginning of Current Year	End of Year
	<b>20</b> Total assets (Part X, line 16)	368,130,238
<b>21</b> Total liabilities (Part X, line 26)	222,287,759	256,779,404
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	145,842,479	167,771,946

**Part II Signature Block**

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

**Sign Here**  
Signature of officer: MICHAEL M CRIST CFO  
Date: 2017-10-19  
Type or print name and title

**Paid Preparer Use Only**  
Print/Type preparer's name: LYNNE JOHNSON  
Preparer's signature: LYNNE JOHNSON  
Date: 2017-10-10  
Check  if self-employed  
PTIN: P00757336  
Firm's name: RSM US LLP  
Firm's EIN: 42-0714325  
Firm's address: 751 ARBOR WAY SUITE 200, BLUE BELL, PA 19422  
Phone no: (215) 641-8600

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

THE REINVESTMENT FUND, INC BUILDS WEALTH AND OPPORTUNITY FOR LOW-WEALTH PEOPLE AND PLACES THROUGH THE PROMOTION OF SOCIALLY AND ENVIRONMENTALLY RESPONSIBLE DEVELOPMENT

**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 \$ 26,272,938 including grants of \$ 5,253,578 ) (Revenue \$ 22,258,493 )  
See Additional Data

**4b** (Code ) (Expenses \$ 3,373,592 including grants of \$ ) (Revenue \$ 1,851,149 )  
See Additional Data

**4c** (Code ) (Expenses \$ 1,543,215 including grants of \$ 489,767 ) (Revenue \$ 1,055,214 )  
See Additional Data

(Code ) (Expenses \$ 391,153 including grants of \$ ) (Revenue \$ 289,672 )  
SUSTAINABLE DEVELOPMENT FUND ("SDF") REPRESENTS AN ENERGY-RELATED FUND THAT USES LOANS, INVESTMENTS AND GRANTS TO AUGMENT THE ORGANIZATION'S EXISTING ENERGY CONSERVATION AND COMMUNITY INVESTING EFFORTS SDF WAS CREATED BY THE PARTIES TO THE PECO ENERGY COMPANY ("PECO ENERGY") RESTRUCTURING AND APPROVED BY THE PENNSYLVANIA PUBLIC UTILITY COMMISSION ("PUC") IN MAY 1998

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ 391,153 including grants of \$ ) (Revenue \$ 289,672 )

**4e Total program service expenses** ▶ 31,580,898

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
<b>3</b> 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		No
<b>4 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	Yes	
<b>5</b> 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		No
<b>6</b> 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		No
<b>7</b> 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		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
<b>9</b> 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	Yes	
<b>10</b> 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		No
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
<b>b</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		No
<b>c</b> 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		No
<b>d</b> 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		No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
<b>f</b> 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	Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
<b>b</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	Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>b</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		No
<b>15</b> 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		No
<b>16</b> 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		No
<b>17</b> 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)		No
<b>18</b> 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		No
<b>19</b> 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		No

**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>		No
<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>	Yes	
<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>		No
<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>	Yes	
<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>		No
<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 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>		No
<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>		No
<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>		No
<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>		No
<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>		No
<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>		No
<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>		No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>		No
<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>		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		No
<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>		No
<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>	Yes	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>	Yes	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
<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>	Yes	
<b>36 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>		No
<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>		No
<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 . . . . .	Yes	

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 [ ]

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and organizational details.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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 . . . . . [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (13); 1b Enter the number of voting members included in line 1a, above, who are independent (13); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (No); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (Yes); b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (Yes); 16b 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? (Yes)

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (PA, DC, DE, MD, NJ, CA, VA); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [ ] Own website, [ ] Another's website, [X] 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 (MICHAEL M CRIST 1700 MARKET STREET 19TH FLOOR PHILADELPHIA, PA 19103 (215) 574-5800)

**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, or 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			
See Additional Data Table										

**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			
See Additional Data Table										

<b>1b Sub-Total</b>			
<b>1c Total from continuation sheets to Part VII, Section A</b>			
<b>1d Total (add lines 1b and 1c)</b>	2,750,344	0	236,999

**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 ▶ 35

<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>	<b>3</b>		No
<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>	<b>4</b>	Yes	
<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>	<b>5</b>		No

**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
RSM US LLP 751 ARBOR WAY STE 200 BLUE BELL, PA 19422	ACCOUNTING SERVICES	290,133
COHN REZNICK LLP 500 E PRATT STREET SUITE 200 BALTIMORE, MD 21202	ACCOUNTING SERVICES	253,315
COMMUNITY REINVESTMENT FUND 801 NICOLLET MALL SUITE 1700 WEST MINNEAPOLIS, MN 55402	CONSULTANT - BOND	241,716
MORGAN LEWIS & BOCKIUS LLP 1701 MARKET ST PHILADELPHIA, PA 19103	LEGAL	159,704
NVG LLC 1640 RHODE ISLAND AVENUE SUITE 700 WASHINGTON, DC 20036	LOBBYING/STRATEGIC ADVICE	112,928

**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 ▶ 5



**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>	7,452,148				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	21,732,279				
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____						
	<b>h Total.</b> Add lines 1a-1f . . . . .		29,184,427				
<b>Program Service Revenue</b>		Business Code					
	<b>2a</b> INTEREST	525990	17,610,057	17,610,057			
	<b>b</b> ASSET MANAGEMENT FEES	561000	1,795,435	1,795,435			
	<b>c</b> NMTC PLACEMENT FEES	900099	1,588,500	1,588,500			
	<b>d</b> LOAN & LEASE FEES	525990	1,170,565	1,170,565			
	<b>e</b> POLICYMAP REVENUES	900099	412,203		412,203		
	<b>f</b> All other program service revenue		3,252,330	3,252,330			
<b>g Total.</b> Add lines 2a-2f . . . . .		25,829,090					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		544,469			544,469	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
		<b>b</b> Less rental expenses					
		<b>c</b> Rental income or (loss)					
		<b>d</b> Net rental income or (loss) . . . . .					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		<b>b</b> Less cost or other basis and sales expenses					
		<b>c</b> Gain or (loss)					
		<b>d</b> Net gain or (loss) . . . . .			-72,799		-72,799
	<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>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>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 . . . . .						
Miscellaneous Revenue	Business Code						
<b>11a</b> GAINS FROM PARTNERSHIP	525990	37,641	37,641				
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .		37,641					
<b>12 Total revenue.</b> See Instructions . . . . .		55,522,828	25,454,528	412,203	471,670		

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	5,743,345	5,743,345		
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	1,833,592	1,576,889	256,703	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	7,034,390	6,049,245	963,645	21,500
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	287,197	247,152	39,241	804
<b>9</b> Other employee benefits	984,006	859,656	121,551	2,799
<b>10</b> Payroll taxes	673,818	582,595	89,326	1,897
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management				
<b>b</b> Legal	266,796	221,679	45,117	
<b>c</b> Accounting	336,786	336,786		
<b>d</b> Lobbying	126,328	126,328		
<b>e</b> Professional fundraising services See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,240,784	3,086,763	154,021	
<b>12</b> Advertising and promotion	123,436	113,207	10,229	
<b>13</b> Office expenses	544,139	447,462	96,677	
<b>14</b> Information technology	169,817	169,817		
<b>15</b> Royalties				
<b>16</b> Occupancy	579,348	511,866	67,482	
<b>17</b> Travel	195,322	172,452	22,870	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	361,492	277,668	83,824	
<b>20</b> Interest	6,576,214	6,576,214		
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	930,908	930,908		
<b>23</b> Insurance	142,997	124,345	18,652	
<b>24</b> 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.)				
<b>a</b> PROVISION FOR LOAN LOSS	2,179,690	2,179,690		
<b>b</b> PROVISION FOR BAD DEBT	774,517	774,517		
<b>c</b> BANK FEES	285,938	285,938		
<b>d</b> STAFF DEVELOPMENT/RECRU	138,513	108,975	29,538	
<b>e</b> All other expenses	77,401	77,401		
<b>25</b> Total functional expenses. Add lines 1 through 24e	33,606,774	31,580,898	1,998,876	27,000
<b>26</b> 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 IX

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .		<b>1</b>	
	<b>2</b> Savings and temporary cash investments . . . . .	37,466,821	<b>2</b>	47,648,145
	<b>3</b> Pledges and grants receivable, net . . . . .	828,865	<b>3</b>	14,318,374
	<b>4</b> Accounts receivable, net . . . . .	3,218,165	<b>4</b>	2,945,604
	<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 . . . . .	279,215,182	<b>7</b>	314,268,603
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	336,419	<b>9</b>	579,297
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10,009,556		
	<b>b</b> Less accumulated depreciation	8,230,924		
	<b>11</b> Investments—publicly traded securities . . . . .	41,861,556	<b>11</b>	40,635,769
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .		<b>12</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 . . . . .	2,759,167	<b>15</b>	2,376,926
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	368,130,238	<b>16</b>	424,551,350	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	3,655,196	<b>17</b>	3,871,699
	<b>18</b> Grants payable . . . . .	917	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	6,693,770	<b>19</b>	6,856,164
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D	1,505,475	<b>21</b>	1,369,729
	<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 . . . . .	41,421,230	<b>23</b>	37,212,965
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	158,298,628	<b>24</b>	195,618,563
	<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	10,712,543	<b>25</b>	11,850,284
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	222,287,759	<b>26</b>	256,779,404
<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	58,362,190	<b>27</b>	63,254,808
	<b>28</b> Temporarily restricted net assets . . . . .	37,368,554	<b>28</b>	54,392,788
	<b>29</b> Permanently restricted net assets	50,111,735	<b>29</b>	50,124,350
	<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 . . . . .	145,842,479	<b>33</b>	167,771,946	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	368,130,238	<b>34</b>	424,551,350	

**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>	55,522,828
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	33,606,774
<b>3</b>	Revenue less expenses Subtract line 2 from line 1 . . . . .	<b>3</b>	21,916,054
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	145,842,479
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	13,413
<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>	0
<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>	167,771,946

**Part XII Financial Statements and Reporting**

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

		Yes	No
<p><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</p>			
<p><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</p>	<b>2a</b>		No
<p><b>b</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</p>	<b>2b</b>	Yes	
<p><b>c</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</p>	<b>2c</b>	Yes	
<p><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?</p>	<b>3a</b>	Yes	
<p><b>b</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</p>	<b>3b</b>	Yes	

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 23-2331946

**Name:** THE REINVESTMENT FUND INC

Form 990 (2016)

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### Form 990, Part III, Line 4a:

LENDING AND COMMUNITY INVESTING ENCOMPASSES THE ORGANIZATION'S FINANCING OF HOMES, SCHOOLS, HEALTHY FOOD RETAIL, HEALTHCARE AND OTHER PROJECTS THAT BENEFIT LOW-WEALTH PEOPLE AND PLACES AND IS THE CORE LENDING FUNCTION OF THE ORGANIZATION

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**Form 990, Part III, Line 4b:**

POLICYMAP PROVIDES AN ONLINE DATA ANALYSIS AND MAPPING TOOL THAT PROVIDES BROAD ACCESS TO DATA, REPORTS AND ANALYTICS USEFUL FOR SOCIAL INVESTMENT STRATEGIES

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**Form 990, Part III, Line 4c:**

POLICY SOLUTIONS CONDUCTS POLICY, DATA ANALYSIS AND SOCIAL IMPACT ANALYSES THAT ADVANCE REINVESTMENT FUND, INC 'S MISSION AND EFFECT SYSTEM CHANGE, ON BEHALF OF REINVESTMENT FUND, INC AS WELL AS PUBLIC AND PHILANTHROPIC CLIENTS

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**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(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			
ANTHONY CREAMER ..... BOARD MEMBER	2 00 ..... 0 00	X						0	0	0
ARNIE GRAF ..... BOARD MEMBER	2 00 ..... 0 00	X						0	0	0
ELIZABETH SUR ..... BOARD MEMBER / SECRETARY	1 00 ..... 1 00	X						0	0	0
JEROME SMALLEY ..... BOARD MEMBER	2 00 ..... 0 00	X						0	0	0
JOHN S SUMMERS ..... CHAIRMAN OF BOARD	2 00 ..... 0 00	X		X				0	0	0
MARK ZANDI ..... VICE CHAIRMAN	2 00 ..... 0 00	X		X				0	0	0
PATRICIA WELLENBACH ..... BOARD MEMBER / AUDIT COMMITTEE CHAIR	2 00 ..... 0 00	X						0	0	0
RAYMOND SKINNER ..... BOARD MEMBER	2 00 ..... 0 00	X						0	0	0
SANDEEP WADHWA ..... BOARD MEMBER	2 00 ..... 0 00	X						0	0	0
SAUL BEHAR ..... BOARD MEMBER	2 00 ..... 0 00	X						0	0	0



Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
SCOTT M JENKINS ..... BOARD MEMBER / TREASURER	1 00 .....	X		X				0	0	0
SIMRAN SIDHU ..... BOARD MEMBER	2 00 .....	X						0	0	0
TRINITA LOGUE ..... BOARD MEMBER	2 00 .....	X						0	0	0
DONALD HINKLE-BROWN ..... CORP PRESIDENT & CEO	36 00 .....			X				432,924	0	25,025
M AMANDA HIGH ..... CHIEF OF STRATEGIC INITIATIVES	40 00 .....			X				277,845	0	18,191
MICHAEL M CRIST ..... EVP & CFO	36 00 .....			X				326,325	0	30,419
NANCY HORTON ..... CORP ASSISTANT SECRETARY	40 00 .....			X				41,654	0	9,757
NANCY WAGNER-HISLIP ..... CHIEF INVESTMENT OFFICER	39 00 .....			X				268,959	0	30,244
STUART HEAN ..... SPECIAL ASSISTANT TO CEO	40 00 .....			X				59,462	0	2,183
IRA GOLDSTEIN ..... PRESIDENT OF POLICY SOLUTIONS	40 00 .....				X			220,818	0	24,302

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(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			
MAGGIE MCCULLOUGH ..... PRESIDENT OF POLICYMAP	40 00 ..... 0 00				X			205,605	0	27,983
BARRY POROZNI ..... CIO	40 00 ..... 0 00					X		169,028	0	13,581
SUZANNE ALOI ..... CORPORATE CONTROLLER	40 00 ..... 0 00					X		193,306	0	7,768
ANDREW RACHLIN ..... MANAGING DIRECTOR, LENDING & INVESTING	40 00 ..... 0 00					X		168,626	0	13,799
SEAN CLOSKEY ..... PRESIDENT OF TRF DEVELOPMENT PARTNERS	0 00 ..... 40 00					X		220,787	0	26,908
THOMAS LOVE ..... BUSINESS DEVELOPMENT & OUTREACH EXECUTIVE	40 00 ..... 0 00					X		165,005	0	6,839

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

### Public Charity Status and Public Support

OMB No 1545-0047

# 2016

**Open to Public Inspection**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (Form 990 or 990-EZ) 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  
THE REINVESTMENT FUND INC

Employer identification number

23-2331946

**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 **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		
<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, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a)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 grant.")	12,135,158	16,422,032	15,703,978	5,826,691	29,184,427	79,272,286
<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	12,135,158	16,422,032	15,703,978	5,826,691	29,184,427	79,272,286
<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)						27,899,185
<b>6 Public support.</b> Subtract line 5 from line 4						51,373,101

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>7</b> Amounts from line 4	12,135,158	16,422,032	15,703,978	5,826,691	29,184,427	79,272,286
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,372,832	517,481	359,084	414,029	544,469	3,207,895
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on	84,575	0	0	0	0	84,575
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	-1,240,240	544,982	2,473,449			1,778,191
<b>11 Total support.</b> Add lines 7 through 10						84,342,947

**12** Gross receipts from related activities, etc (see instructions) **12** 98,183,548

**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**

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	60.910%
<b>15</b> Public support percentage for 2015 Schedule A, Part II, line 14	<b>15</b>	78.420%

**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.")						
<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						
<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</b>	<b>Total.</b> Add lines 1 through 5						
<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</b>	<b>Public support.</b> (Subtract line 7c from line 6.)						

**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						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<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						
<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</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14</b>	<b>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> <span style="float: right;">► <input type="checkbox"/></span>						

**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>	
<b>16</b>	Public support percentage from 2015 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b>	Investment income percentage for <b>2016</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2015</b> Schedule A, Part III, line 17	<b>18</b>	
<b>19a</b>	<b>33 1/3% support tests—2016.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span>		
<b>b</b>	<b>33 1/3% support tests—2015.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span>		
<b>20</b>	<b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <span style="float: right;">► <input type="checkbox"/></span>		

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of 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? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	<b>1</b>		
<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)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	<b>3a</b>		
<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)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	<b>4b</b>		
<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)? If "Yes," explain in <b>Part VI</b> 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.		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	<b>5a</b>		
<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>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<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? If "Yes," provide detail in <b>Part VI</b> .		
	<b>6</b>		
<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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>8</b>		
<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))? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9a</b>		
<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? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9b</b>		
<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? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9c</b>		
<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)? If "Yes," answer line 10b below.		
	<b>10a</b>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	<b>10b</b>		

**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>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test <b>Answer (a) and (b) below.</b>		
<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 <b>Answer (a) and (b) below.</b>		
<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. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

**Section A - Adjusted Net Income**

	(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>	
<b>2</b> Recoveries of prior-year distributions	<b>2</b>	
<b>3</b> Other gross income (see instructions)	<b>3</b>	
<b>4</b> Add lines 1 through 3	<b>4</b>	
<b>5</b> Depreciation and depletion	<b>5</b>	
<b>6</b> 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)	<b>6</b>	
<b>7</b> Other expenses (see instructions)	<b>7</b>	
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	

**Section B - Minimum Asset Amount**

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

**Section C - Distributable Amount**

		Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b> Enter 85% of line 1	<b>2</b>	
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b> Income tax imposed in prior year	<b>5</b>	
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b> <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 Part VI) 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 Part VI) 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--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>\$</b>			
<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 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, 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. . . . .			

**Part VI Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

**SCHEDULE C**  
**(Form 990 or 990-**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

OMB No 1545-0047

**2016**

**Open to Public Inspection**

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**  
▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**  
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**  
[www.irs.gov/form990](http://www.irs.gov/form990).

**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 the organization THE REINVESTMENT FUND INC	Employer identification number 23-2331946
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

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

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

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

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

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check  if the filing organization checked box A and "limited control" provisions apply

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

	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	236,092													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)	236,092													
<b>d</b> Other exempt purpose expenditures	32,717,007													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)	32,953,099													
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000													
<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)	250,000													
<b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-	0													
<b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-	0													

- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes  No

**4-Year Averaging Period Under section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
<b>c</b> Total lobbying expenditures	100,104	167,495	251,377	236,092	755,068
<b>d</b> Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
<b>f</b> Grassroots lobbying expenditures					

**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>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**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

Return Reference	Explanation
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**SCHEDULE D**  
(Form 990)

**Supplemental Financial Statements**

OMB No 1545-0047  
**2016**  
**Open to Public Inspection**

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

Information about Schedule D (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**  
THE REINVESTMENT FUND INC

**Employer identification number**  
23-2331946

**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.

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year		

**5** Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

**6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

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

**1** Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

**2** Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
<b>a</b> Total number of conservation easements	<b>2a</b>
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>
<b>d</b> Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	<b>2d</b>

**3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

**4** Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

**5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

**6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

**7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

**8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

**9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**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.

**1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

**b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

**2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

**a** Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

**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             | 1,505,477 |
| <b>d</b> Additions during the year     | 1,077,146 |
| <b>e</b> Distributions during the year | 1,212,894 |
| <b>f</b> Ending balance                | 1,369,729 |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" 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 ▶
  - b** Permanent endowment ▶
  - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |  |            |           |
|--|------------|-----------|
| <b>(i)</b> unrelated organizations . . . . .   | <b>Yes</b> | <b>No</b> |
| <b>3a(i)</b>   |            |           |
| <b>(ii)</b> related organizations . . . . .  | <b>Yes</b> | <b>No</b> |
| <b>3a(ii)</b>  |            |           |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . |            |           |
| <b>3b</b>  |            |           |
- 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>b</b> Buildings				
<b>c</b> Leasehold improvements		1,045,593	389,193	656,400
<b>d</b> Equipment . . . . .		1,259,020	930,736	328,284
<b>e</b> Other . . . . .		7,704,943	6,910,995	793,948
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				1,778,632

**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 )		

**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 )		

**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 )	

**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	
RESERVE FUNDS PAYABLE	3,276,246
ACCRUED LEASE INCENTIVE	701,771
A/P-RELATED PARTY	150,267
THIRD PARTY PARTICIPATION	7,722,000
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	11,850,284

**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.

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

**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.

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

**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.

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 23-2331946

**Name:** THE REINVESTMENT FUND INC

## Supplemental Information

Return Reference	Explanation
PART IV, LINE 2B	ESCROW ACCOUNTS FOR LENDING ACTIVITY

**Supplemental Information**

Return Reference	Explanation
PART X, LINE 2	INCOME TAXES THE ORGANIZATION IS GENERALLY EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE IN ADDITION, THE ORGANIZATION QUALIFIES FOR CHARITABLE CONTRIBUTION DEDUCTIONS AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION INCOME WHICH IS NOT RELATED TO EXEMPT PURPOSES, LESS APPLICABLE DEDUCTIONS, IS SUBJECT TO FEDERAL AND STATE CORPORATE INCOME TAXES THE ORGANIZATION HAD NO NET UNRELATED BUSINESS INCOME TAX FOR THE YEARS ENDED DECEMBER 31, 2016 AND 2015 MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE CONSEQUENTLY, NO ACCRUAL FOR INTEREST AND PENALTIES WAS DEEMED NECESSARY FOR THE YEARS ENDED DECEMBER 31, 2016 AND 2015 THE ORGANIZATION FILES INCOME TAX RETURNS IN THE U S FEDERAL JURISDICTION GENERALLY, THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U S FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2013

**Schedule I  
(Form 990)**

Department of the  
Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States**

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

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

OMB No 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization  
THE REINVESTMENT FUND INC

Employer identification number  
23-2331946

**Part I General Information on Grants and Assistance**

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

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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

See Additional Data Table

(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

<b>2</b>	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .	30
<b>3</b>	Enter total number of other organizations listed in the line 1 table . . . . .	41

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	APPLICATIONS FOR GRANTS ARE RECEIVED AND PROCESSED BY THE APPLICABLE PROGRAM MANAGER. ONCE APPROVED, GRANT DISBURSEMENTS ARE PROCESSED BY THE FINANCE DEPARTMENT. ONGOING COMPLIANCE WITH THE GRANT TERMS ARE MONITORED AND MAINTAINED BY THE APPLICABLE PROGRAM MANAGER AND THE FINANCE DEPARTMENT.

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 23-2331946  
**Name:** THE REINVESTMENT FUND INC

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BALTIMORE ANNEX THEATRE INC 219 PARK AVENUE BALTIMORE, MD 21201	26-4255486	501(C)(3)	17,387		FMV - CASH		CATALYZING CULTURE AND COMMUNITY GRANT TO BENEFIT LOW-INCOME COMMUNITIES IN PRIMARILY URBAN MARKETS BY TARGETING INVESTMENT IN REDEVELOPMENT EFFORTS THAT INTEGRATE THE ARTS AND CREATIVE ECONOMY
BRIGHTSIDE ACADEMY INC 707 GRANT STREET PITTSBURGH, PA 15219	25-1686943		89,350		FMV - CASH		PROVIDE FACILITY EXPANSION GRANTS TO HIGH-QUALITY CHILD CARE CENTERS SERVING LOW-INCOME FAMILIES IN PHILADELPHIA IN ADDITION, SOME OF THE GRANT FUNDS UTILIZED FOR INTEREST RATE BUY-DOWN AND CREDIT ENHANCEMENT OF TRF ISSUED LOANS FOR PROJECTS WITHIN THE FFQ PROGRAM

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BUIE TREE SERVICE 1613 NORTH 29TH STREET PHILADELPHIA, PA 19121	16-3602019		6,000		FMV - CASH		PROVIDE FACILITY EXPANSION GRANTS TO HIGH-QUALITY CHILD CARE CENTERS SERVING LOW-INCOME FAMILIES IN PHILADELPHIA. IN ADDITION, SOME OF THE GRANT FUNDS UTILIZED FOR INTEREST RATE BUY-DOWN AND CREDIT ENHANCEMENT OF TRF ISSUED LOANS FOR PROJECTS WITHIN THE FFQ PROGRAM
CASA OF PHILADELPHIA 1501 CHERRY STREET PHILADELPHIA, PA 19102	20-0744446	501(C)(3)	15,000		FMV - CASH		GRANT TO SUPPORT CASA OF PHILADELPHIA (COURT APPOINTED SPECIAL ADVOCATES) FOR CHILDREN'S MISSION IN PHILADELPHIA



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CATHOLIC HEALTH INITIATIVES COLORADO FOUNDATION 1150 KELLY JOHNSON BLVD COLORADO SPRINGS, CO 80920	84-0902211	501(C)(3)	60,000		FMV - CASH		SUPPORT A LEARNING COMMUNITY TO IMPROVE MEDIUM-SIZE CITIES' CAPACITY TO PROVIDE MORE EQUITABLE OPPORTUNITIES FOR ALL TO BE HEALTHY
CHILDREN'S PLAYHOUSE EARLY LEARNING 2501-15 S MARSHALL STREET PHILADELPHIA, PA 19148	47-1890173		14,370		FMV - CASH		PROVIDE FACILITY EXPANSION GRANTS TO HIGH-QUALITY CHILD CARE CENTERS SERVING LOW-INCOME FAMILIES IN PHILADELPHIA IN ADDITION, SOME OF THE GRANT FUNDS UTILIZED FOR INTEREST RATE BUY-DOWN AND CREDIT ENHANCEMENT OF TRF ISSUED LOANS FOR PROJECTS WITHIN THE FFQ PROGRAM

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CITY OF AKRON 220 SOUTH BALCH STREET AKRON, OH 44302	34-6000020		60,000		FMV - CASH		SUPPORT A LEARNING COMMUNITY TO IMPROVE MEDIUM-SIZE CITIES' CAPACITY TO PROVIDE MORE EQUITABLE OPPORTUNITIES FOR ALL TO BE HEALTHY
CITY OF HARTFORD CITY HALL 550 MAIN STREET HARTFORD, CT 06103	06-6001870		60,000		FMV - CASH		SUPPORT A LEARNING COMMUNITY TO IMPROVE MEDIUM-SIZE CITIES' CAPACITY TO PROVIDE MORE EQUITABLE OPPORTUNITIES FOR ALL TO BE HEALTHY

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CITY OF HENDERSON 240 S WATER ST HENDERSON, NV 89015	88-6000720		60,000		FMV - CASH		SUPPORT A LEARNING COMMUNITY TO IMPROVE MEDIUM-SIZE CITIES' CAPACITY TO PROVIDE MORE EQUITABLE OPPORTUNITIES FOR ALL TO BE HEALTHY
CITY OF IOWA CITY 410 E WASHINGTON ST IOWA CITY, IA 52240	42-6004805		60,000		FMV - CASH		SUPPORT A LEARNING COMMUNITY TO IMPROVE MEDIUM-SIZE CITIES' CAPACITY TO PROVIDE MORE EQUITABLE OPPORTUNITIES FOR ALL TO BE HEALTHY

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CITY OF JACKSON 219 S PRESIDENT ST JACKSON, MS 39205	62-6000316		60,000		FMV - CASH		SUPPORT A LEARNING COMMUNITY TO IMPROVE MEDIUM-SIZE CITIES' CAPACITY TO PROVIDE MORE EQUITABLE OPPORTUNITIES FOR ALL TO BE HEALTHY
CITY OF LA HABRA 201 EAST LA HABRA BOULEVARD LA HABRA, CA 90631	95-6000730		60,000		FMV - CASH		SUPPORT A LEARNING COMMUNITY TO IMPROVE MEDIUM-SIZE CITIES' CAPACITY TO PROVIDE MORE EQUITABLE OPPORTUNITIES FOR ALL TO BE HEALTHY

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CITY OF LITTLE ROCK 500 W MARKHAM ST LITTLE ROCK, AR 72201	71-6014465		60,000		FMV - CASH		SUPPORT A LEARNING COMMUNITY TO IMPROVE MEDIUM-SIZE CITIES' CAPACITY TO PROVIDE MORE EQUITABLE OPPORTUNITIES FOR ALL TO BE HEALTHY
CITY OF NAMPA PLANNING DEPARTMENT 401 3RD STREET SOUTH NAMPA, ID 83651	86-6000231		60,000		FMV - CASH		SUPPORT A LEARNING COMMUNITY TO IMPROVE MEDIUM-SIZE CITIES' CAPACITY TO PROVIDE MORE EQUITABLE OPPORTUNITIES FOR ALL TO BE HEALTHY

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CITY OF PROVIDENCE-HEALTH COMMUNITIES OF OFFICE 797 WESTMINSTER STREET PROVIDENCE, RI 02903	05-6000329		60,000		FMV - CASH		SUPPORT A LEARNING COMMUNITY TO IMPROVE MEDIUM-SIZE CITIES' CAPACITY TO PROVIDE MORE EQUITABLE OPPORTUNITIES FOR ALL TO BE HEALTHY
CITY OF RIVERSIDE 6927 MAGNOLIA AVE RIVERSIDE, CA 92506	95-6000769		60,000		FMV - CASH		SUPPORT A LEARNING COMMUNITY TO IMPROVE MEDIUM-SIZE CITIES' CAPACITY TO PROVIDE MORE EQUITABLE OPPORTUNITIES FOR ALL TO BE HEALTHY

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CITY OF SAINT PAUL 15 WEST KELLOGG BOULEVARD ST PAUL, MN 55102	41-6005521		60,000		FMV - CASH		SUPPORT A LEARNING COMMUNITY TO IMPROVE MEDIUM-SIZE CITIES' CAPACITY TO PROVIDE MORE EQUITABLE OPPORTUNITIES FOR ALL TO BE HEALTHY
CITY OF SAVANNAH 2 EAST BAY STREET SAVANNAH, GA 31401	58-6000660		60,000		FMV - CASH		SUPPORT A LEARNING COMMUNITY TO IMPROVE MEDIUM-SIZE CITIES' CAPACITY TO PROVIDE MORE EQUITABLE OPPORTUNITIES FOR ALL TO BE HEALTHY

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CITY OF SPOKANE 808 W SPOKANE FALLS BLVD SPOKANE, WA 99201	91-6001280		60,000		FMV - CASH		SUPPORT A LEARNING COMMUNITY TO IMPROVE MEDIUM-SIZE CITIES' CAPACITY TO PROVIDE MORE EQUITABLE OPPORTUNITIES FOR ALL TO BE HEALTHY
CITY OF STAMFORD 888 WASHINGTON BOULEVARD STAMFORD, CT 06901	06-6001897		60,000		FMV - CASH		SUPPORT A LEARNING COMMUNITY TO IMPROVE MEDIUM-SIZE CITIES' CAPACITY TO PROVIDE MORE EQUITABLE OPPORTUNITIES FOR ALL TO BE HEALTHY



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CITY OF TALLAHASSEE 300 SOUTH ADAMS STREET TALLAHASSEE, FL 32301	59-6000435		60,000		FMV - CASH		SUPPORT A LEARNING COMMUNITY TO IMPROVE MEDIUM-SIZE CITIES' CAPACITY TO PROVIDE MORE EQUITABLE OPPORTUNITIES FOR ALL TO BE HEALTHY
CITY OF WESTMINSTER 4800 W 92 AVENUE WESTMINSTER, CO 80031	84-6000726		60,000		FMV - CASH		SUPPORT A LEARNING COMMUNITY TO IMPROVE MEDIUM-SIZE CITIES' CAPACITY TO PROVIDE MORE EQUITABLE OPPORTUNITIES FOR ALL TO BE HEALTHY

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COMMUNITY BUILDERS NETWORK OF METRO ST LOUIS 1 UNIVERSITY BLVD STE 362 ST LOUIS, MO 63121	80-0847990	501(C)(3)	60,000		FMV - CASH		SUPPORT A LEARNING COMMUNITY TO IMPROVE MEDIUM-SIZE CITIES' CAPACITY TO PROVIDE MORE EQUITABLE OPPORTUNITIES FOR ALL TO BE HEALTHY
COUNTY OF OAKLAND-HEALTH DIVISION 2100 PONTIAC LAKE ROAD WATERFORD, MI 48328	38-6004876		60,000		FMV - CASH		SUPPORT A LEARNING COMMUNITY TO IMPROVE MEDIUM-SIZE CITIES' CAPACITY TO PROVIDE MORE EQUITABLE OPPORTUNITIES FOR ALL TO BE HEALTHY

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DIVERSIFIED COMMUNITY SERVICES 1529 SOUTH 22ND STREET PHILADELPHIA, PA 19146	23-1365980	501(C)(3)	16,345		FMV - CASH		PROVIDE FACILITY EXPANSION GRANTS TO HIGH-QUALITY CHILD CARE CENTERS SERVING LOW-INCOME FAMILIES IN PHILADELPHIA IN ADDITION, SOME OF THE GRANT FUNDS UTILIZED FOR INTEREST RATE BUY-DOWN AND CREDIT ENHANCEMENT OF TRF ISSUED LOANS FOR PROJECTS WITHIN THE FFQ PROGRAM
DOWNTOWN SYRACUSE FOUNDATION INC 115 WEST FAYETTE STREET SYRACUSE, NY 13202	45-5419583	501(C)(3)	60,000		FMV - CASH		SUPPORT A LEARNING COMMUNITY TO IMPROVE MEDIUM-SIZE CITIES' CAPACITY TO PROVIDE MORE EQUITABLE OPPORTUNITIES FOR ALL TO BE HEALTHY

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EAST TENNESSEE COMMUNITY DESIGN CENTER 1300 N BROADWAY KNOXVILLE, TN 37917	62-0817716	501(C)(3)	60,000		FMV - CASH		SUPPORT A LEARNING COMMUNITY TO IMPROVE MEDIUM-SIZE CITIES' CAPACITY TO PROVIDE MORE EQUITABLE OPPORTUNITIES FOR ALL TO BE HEALTHY
EAU CLAIRE CITY COUNTY HEALTH DEPARTMENT 230 SOUTH FARWELL STREET EAU CLAIRE, WI 54703	39-6005436		60,000		FMV - CASH		SUPPORT A LEARNING COMMUNITY TO IMPROVE MEDIUM-SIZE CITIES' CAPACITY TO PROVIDE MORE EQUITABLE OPPORTUNITIES FOR ALL TO BE HEALTHY

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FJR CONTRACTORS 604 PORTER STREET PHILADELPHIA, PA 19148	47-1890059		8,243		FMV - CASH		PROVIDE FACILITY EXPANSION GRANTS TO HIGH-QUALITY CHILD CARE CENTERS SERVING LOW-INCOME FAMILIES IN PHILADELPHIA IN ADDITION, SOME OF THE GRANT FUNDS UTILIZED FOR INTEREST RATE BUY-DOWN AND CREDIT ENHANCEMENT OF TRF ISSUED LOANS FOR PROJECTS WITHIN THE FFQ PROGRAM
FLORIDA COMMUNITY LOAN FUND INC 501 N MAGNOLIA AVENUE SUITE 100 ORLANDO, FL 32801	65-0545058	501(C)(3)	360,000		FMV - CASH		INITIATIVE TO CAPITALIZE AND ATTRACT MATCHING FUNDS AND LEVERAGE TO NEW OR EXPANDED FOOD PROGRAMS IN FLORIDA, OHIO, COLARDO AND NORTHERN CALIFORNIA AND ITS CENTRAL VALLEY

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HEALTH EDUCATION COUNCIL INC 3950 INDUSTRIAL BOULEVARD WEST SACRAMENTO, CA 95691	68-0249296	501(C)(3)	60,000		FMV - CASH		SUPPORT A LEARNING COMMUNITY TO IMPROVE MEDIUM-SIZE CITIES' CAPACITY TO PROVIDE MORE EQUITABLE OPPORTUNITIES FOR ALL TO BE HEALTHY
INDEPENDENCE FIRE SPRINKLER 1205-07 4TH AVENUE LESTER, PA 19029	27-0266371		9,844		FMV - CASH		PROVIDE FACILITY EXPANSION GRANTS TO HIGH-QUALITY CHILD CARE CENTERS SERVING LOW-INCOME FAMILIES IN PHILADELPHIA IN ADDITION, SOME OF THE GRANT FUNDS UTILIZED FOR INTEREST RATE BUY-DOWN AND CREDIT ENHANCEMENT OF TRF ISSUED LOANS FOR PROJECTS WITHIN THE FFQ PROGRAM

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INGHAM COUNTY PO BOX 319 MASON, MI 48854	38-6005629		60,000		FMV - CASH		SUPPORT A LEARNING COMMUNITY TO IMPROVE MEDIUM-SIZE CITIES' CAPACITY TO PROVIDE MORE EQUITABLE OPPORTUNITIES FOR ALL TO BE HEALTHY
JBL CONSTRUCTION SERVICES INC 1657 THE FAIRWAY JENKINTOWN, PA 19046	23-2930280		321,130		FMV - CASH		PROVIDE FACILITY EXPANSION GRANTS TO HIGH-QUALITY CHILD CARE CENTERS SERVING LOW-INCOME FAMILIES IN PHILADELPHIA IN ADDITION, SOME OF THE GRANT FUNDS UTILIZED FOR INTEREST RATE BUY-DOWN AND CREDIT ENHANCEMENT OF TRF ISSUED LOANS FOR PROJECTS WITHIN THE FFQ PROGRAM

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JOHNS HOPKINS BAYVIEW MEDICAL CENTER INC 3910 KESWICK RD S BLDG NO 4300A BALTIMORE, MD 21211	52-1341890	501(C)(3)	60,000		FMV - CASH		SUPPORT A LEARNING COMMUNITY TO IMPROVE MEDIUM-SIZE CITIES' CAPACITY TO PROVIDE MORE EQUITABLE OPPORTUNITIES FOR ALL TO BE HEALTHY
JSI RESEARCH & TRAINING INSTITUTE INC 44 FARNSWOTH STREET BOSTON, MA 022101211	04-2679824	501(C)(3)	60,000		FMV - CASH		SUPPORT A LEARNING COMMUNITY TO IMPROVE MEDIUM-SIZE CITIES' CAPACITY TO PROVIDE MORE EQUITABLE OPPORTUNITIES FOR ALL TO BE HEALTHY



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KINDER ACADEMY INC 7922 BUSTLETON AVENUE PHILADELPHIA, PA 19152	23-2792256		73,955		FMV - CASH		PROVIDE FACILITY EXPANSION GRANTS TO HIGH-QUALITY CHILD CARE CENTERS SERVING LOW-INCOME FAMILIES IN PHILADELPHIA IN ADDITION, SOME OF THE GRANT FUNDS UTILIZED FOR INTEREST RATE BUY-DOWN AND CREDIT ENHANCEMENT OF TRF ISSUED LOANS FOR PROJECTS WITHIN THE FFQ PROGRAM
LAKESHORE LEARNING MATERIALS 2695 E DOMINGUEZ STREET CARSON, CA 90895	94-1525814		16,819		FMV - CASH		PROVIDE PLANNING AND CAPITAL SUPPORT FOR THE EXPANSION OF HIGH-QUALITY CHILD CARE PROVIDERS SERVING LOW-INCOME CHILDREN IN PHILADELPHIA

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LOW INCOME INVESTMENT FUND 50 CALIFORNIA STREET SUITE 2900 SAN FRANCISCO, CA 94111	94-2952578	501(C)(3)	20,000		FMV - CASH		COLLABORATIVE CO-LENDING INITIATIVE TO FINANCE FACILITIES FOR COMMUNITY HEALTH CENTERS, WITH A SPECIFIC FOCUS ON THOSE DESIGNATED AS FEDERALLY QUALIFIED HEALTH CARE CENTERS
MAY DAY CONSTRUCTION AND MANAGEMENT LLC PO BOX 635 SOUDERTON, PA 18964	27-2872078		433,355		FMV - CASH		PROVIDE FACILITY EXPANSION GRANTS TO HIGH-QUALITY CHILD CARE CENTERS SERVING LOW-INCOME FAMILIES IN PHILADELPHIA IN ADDITION, SOME OF THE GRANT FUNDS UTILIZED FOR INTEREST RATE BUY-DOWN AND CREDIT ENHANCEMENT OF TRF ISSUED LOANS FOR PROJECTS WITHIN THE FFQ PROGRAM

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MERCY MEDICAL CENTER INC 1320 MERCY DRIVE NW CANTON, OH 44708	34-1893439	501(C)(3)	60,000		FMV - CASH		SUPPORT A LEARNING COMMUNITY TO IMPROVE MEDIUM-SIZE CITIES' CAPACITY TO PROVIDE MORE EQUITABLE OPPORTUNITIES FOR ALL TO BE HEALTHY
MICHIGAN STATE UNIVERSITY SPARTAN WAY 535 CHESTNUT RD ROOM 300 EAST LANSING, MI 48824	38-6005984		60,000		FMV - CASH		SUPPORT A LEARNING COMMUNITY TO IMPROVE MEDIUM-SIZE CITIES' CAPACITY TO PROVIDE MORE EQUITABLE OPPORTUNITIES FOR ALL TO BE HEALTHY

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MISSOULA CITY - COUNTY HEALTH DEPARTMENT 301 W ALDER ST MISSOULA, MT 59802	81-6001397		60,000		FMV - CASH		SUPPORT A LEARNING COMMUNITY TO IMPROVE MEDIUM-SIZE CITIES' CAPACITY TO PROVIDE MORE EQUITABLE OPPORTUNITIES FOR ALL TO BE HEALTHY
NAPA COUNTY HEALTH & HUMAN SER 2751 NAPA VALLEY CORPORATE DR NAPA, CA 94558	94-6000525		60,000		FMV - CASH		SUPPORT A LEARNING COMMUNITY TO IMPROVE MEDIUM-SIZE CITIES' CAPACITY TO PROVIDE MORE EQUITABLE OPPORTUNITIES FOR ALL TO BE HEALTHY

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<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NORTHERN CALIFORNIA COMMUNITY LOAN FUND 870 MARKET STREET SUITE 677 SAN FRANCISCO, CA 94102	94-3032394	501(C)(3)	75,000		FMV - CASH		INITIATIVE TO CAPITALIZE AND ATTRACT MATCHING FUNDS AND LEVERAGE TO NEW OR EXPANDED FOOD PROGRAMS IN FLORIDA, OHIO, COLARDO AND NORTHERN CALIFORNIA AND ITS CENTRAL VALLEY
P2 COLLABORATIVE OF WESTERN NEW YORK INC 355 HARLEM ROAD BUILDING C WEST SENECA, NY 14224	42-1604185	501(C)(3)	60,000		FMV - CASH		SUPPORT A LEARNING COMMUNITY TO IMPROVE MEDIUM-SIZE CITIES' CAPACITY TO PROVIDE MORE EQUITABLE OPPORTUNITIES FOR ALL TO BE HEALTHY

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PEORIA CITY-COUNTY HEALTH DEPARTMENT 2116 N SHERIDAN RD PEORIA, IL 61604	37-6001763		60,000		FMV - CASH		SUPPORT A LEARNING COMMUNITY TO IMPROVE MEDIUM-SIZE CITIES' CAPACITY TO PROVIDE MORE EQUITABLE OPPORTUNITIES FOR ALL TO BE HEALTHY
REINVESTMENT PARTNERS 110 E GEER STREET DURHAM, NC 27701	31-1587628	501(C)(3)	60,000		FMV - CASH		SUPPORT A LEARNING COMMUNITY TO IMPROVE MEDIUM-SIZE CITIES' CAPACITY TO PROVIDE MORE EQUITABLE OPPORTUNITIES FOR ALL TO BE HEALTHY

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
RICHMOND MEMORIAL HEALTH FOUNDATION 4901 LIBBIE MILL EAST BLVD SUITE 210 RICHMOND, VA 23230	51-0211020	501(C)(3)	60,000		FMV - CASH		SUPPORT A LEARNING COMMUNITY TO IMPROVE MEDIUM-SIZE CITIES' CAPACITY TO PROVIDE MORE EQUITABLE OPPORTUNITIES FOR ALL TO BE HEALTHY
ROANOKE COLLEGE 221 COLLEGE LANE SALEM, VA 241533794	54-0505945	501(C)(3)	60,000		FMV - CASH		SUPPORT A LEARNING COMMUNITY TO IMPROVE MEDIUM-SIZE CITIES' CAPACITY TO PROVIDE MORE EQUITABLE OPPORTUNITIES FOR ALL TO BE HEALTHY

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ROCHESTER ANIMAL SERVICES - CITY OF ROCHESTER 184 VERONA STREET ROCHESTER, NY 14608	16-6002551		60,000		FMV - CASH		SUPPORT A LEARNING COMMUNITY TO IMPROVE MEDIUM-SIZE CITIES' CAPACITY TO PROVIDE MORE EQUITABLE OPPORTUNITIES FOR ALL TO BE HEALTHY
SFG RC CHP LLC 265 UPPER GULPH ROAD RADNOR, PA 19087	47-1154248		206,849		FMV - CASH		ENERGY EFFICIENCY GRANT



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SOUTH CAROLINA COMMUNITY LOAN FUND 1535 HOBBY STREET SUITE 209 NORTH CHARLESTON, SC 29405	01-0793507	501(C)(3)	60,000		FMV - CASH		SUPPORT A LEARNING COMMUNITY TO IMPROVE MEDIUM-SIZE CITIES' CAPACITY TO PROVIDE MORE EQUITABLE OPPORTUNITIES FOR ALL TO BE HEALTHY
SPECIAL PEOPLE IN NORTHEAST INC 10521 DRUMMOND ROAD PHILADELPHIA, PA 19154	23-1742920	501(C)(3)	166,033		FMV - CASH		PROVIDE FACILITY EXPANSION GRANTS TO HIGH-QUALITY CHILD CARE CENTERS SERVING LOW-INCOME FAMILIES IN PHILADELPHIA IN ADDITION, SOME OF THE GRANT FUNDS UTILIZED FOR INTEREST RATE BUY-DOWN AND CREDIT ENHANCEMENT OF TRF ISSUED LOANS FOR PROJECTS WITHIN THE FFQ PROGRAM

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SPECTRUM HEALTH FOUNDATION 100 MICHIGAN STREET NE GRAND RAPIDS, MI 495032560	38-2752328	501(C)(3)	60,000		FMV - CASH		SUPPORT A LEARNING COMMUNITY TO IMPROVE MEDIUM-SIZE CITIES' CAPACITY TO PROVIDE MORE EQUITABLE OPPORTUNITIES FOR ALL TO BE HEALTHY
THE UNIVERSITY OF NORTH DAKOTA 264 CENTENNIAL DRIVE GRAND FORKS, ND 582028382	45-6002491		60,000		FMV - CASH		SUPPORT A LEARNING COMMUNITY TO IMPROVE MEDIUM-SIZE CITIES' CAPACITY TO PROVIDE MORE EQUITABLE OPPORTUNITIES FOR ALL TO BE HEALTHY

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE UNIVERSITY OF SOUTHERN MISSISSIPPI 118 COLLEGE DRIVE 5143 HATTIESBURG, MS 39406	64-6000818		60,000		FMV - CASH		SUPPORT A LEARNING COMMUNITY TO IMPROVE MEDIUM-SIZE CITIES' CAPACITY TO PROVIDE MORE EQUITABLE OPPORTUNITIES FOR ALL TO BE HEALTHY
TRF DEVELOPMENT PARTNERS INC 1700 MARKET STREET 19TH FLOOR PHILADELPHIA, PA 19103	23-2671667	501(C)(3)	325,000		FMV - CASH		RESTRUCTURING GRANT FOR DP'S SEPARATION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TWIN INVESTMENT FUND 128 LLC 1232 WASHINGTON AVENUE SUITE 200 ST LOUIS, MO 63103	38-3976785		200,000		FMV - CASH		PROVIDE FACILITY EXPANSION GRANTS TO HIGH-QUALITY CHILD CARE CENTERS SERVING LOW-INCOME FAMILIES IN PHILADELPHIA IN ADDITION, SOME OF THE GRANT FUNDS UTILIZED FOR INTEREST RATE BUY-DOWN AND CREDIT ENHANCEMENT OF TRF ISSUED LOANS FOR PROJECTS WITHIN THE FFQ PROGRAM
UNITED WAY OF CENTRAL IOWA 1111 9TH STREET SUITE 100 DES MOINES, IA 503142500	42-0680425	501(C)(3)	60,000		FMV - CASH		SUPPORT A LEARNING COMMUNITY TO IMPROVE MEDIUM-SIZE CITIES' CAPACITY TO PROVIDE MORE EQUITABLE OPPORTUNITIES FOR ALL TO BE HEALTHY

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF GREATER PORTLAND ONE CANAL PLAZA SUITE 300 PORTLAND, ME 04101	01-0241767	501(C)(3)	60,000		FMV - CASH		SUPPORT A LEARNING COMMUNITY TO IMPROVE MEDIUM-SIZE CITIES' CAPACITY TO PROVIDE MORE EQUITABLE OPPORTUNITIES FOR ALL TO BE HEALTHY
UNITED WAY OF MCLEAN COUNTY 201 E GROVE STREET SUITE 100 BLOOMINGTON, IL 61701	37-0661505	501(C)(3)	60,000		FMV - CASH		SUPPORT A LEARNING COMMUNITY TO IMPROVE MEDIUM-SIZE CITIES' CAPACITY TO PROVIDE MORE EQUITABLE OPPORTUNITIES FOR ALL TO BE HEALTHY

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF PASSAIC COUNTY INC 301 MAIN STREET PATERSON, NJ 07505	22-6070498	501(C)(3)	60,000		FMV - CASH		SUPPORT A LEARNING COMMUNITY TO IMPROVE MEDIUM-SIZE CITIES' CAPACITY TO PROVIDE MORE EQUITABLE OPPORTUNITIES FOR ALL TO BE HEALTHY
UNITED WAY OF WYANDOTTE COUNTY PO BOX 17-1042 KANSAS CITY, KS 66117	48-0636601	501(C)(3)	60,000		FMV - CASH		SUPPORT A LEARNING COMMUNITY TO IMPROVE MEDIUM-SIZE CITIES' CAPACITY TO PROVIDE MORE EQUITABLE OPPORTUNITIES FOR ALL TO BE HEALTHY

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF NORTH CAROLINA AT ASHEVILLE 1 UNIVERSITY HEIGHTS ASHEVILLE, NC 28804	56-6002370		60,000		FMV - CASH		SUPPORT A LEARNING COMMUNITY TO IMPROVE MEDIUM-SIZE CITIES' CAPACITY TO PROVIDE MORE EQUITABLE OPPORTUNITIES FOR ALL TO BE HEALTHY
UNIVERSITY OF NORTH CAROLINA AT GREENSBORO 1000 SPRING GARDEN STREET GREENSBORO, NC 27412	56-6001468		60,000		FMV - CASH		SUPPORT A LEARNING COMMUNITY TO IMPROVE MEDIUM-SIZE CITIES' CAPACITY TO PROVIDE MORE EQUITABLE OPPORTUNITIES FOR ALL TO BE HEALTHY

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
URBAN ADVISORS 2320 WEST MOREHEAD STREET CHARLOTTE, NC 28208	76-0794150		150,000		FMV - CASH		TO PROVIDE SUPPORT FOR THE OEPRATING AND INFRASTRUCTURE FOR THE MINORITY CONTRACTOR GROWTH CAPITAL FUND LAUNCHED BY URBAN ADVISORS
VALE COMPANY 409 MACDADE BOULEVARD COLLINGDALE, PA 19023	23-1607762		28,243		FMV - CASH		PROVIDE FACILITY EXPANSION GRANTS TO HIGH-QUALITY CHILD CARE CENTERS SERVING LOW-INCOME FAMILIES IN PHILADELPHIA IN ADDITION, SOME OF THE GRANT FUNDS UTILIZED FOR INTEREST RATE BUY-DOWN AND CREDIT ENHANCEMENT OF TRF ISSUED LOANS FOR PROJECTS WITHIN THE FFQ PROGRAM



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WHATLEY HEALTH SERVICES 2731 MARTIN LUTHER KING JR BLVD TUSCALOOSA, AL 35401	63-0727781	501(C)(3)	60,000		FMV - CASH		SUPPORT A LEARNING COMMUNITY TO IMPROVE MEDIUM-SIZE CITIES' CAPACITY TO PROVIDE MORE EQUITABLE OPPORTUNITIES FOR ALL TO BE HEALTHY
YOUNG WOMENS CHRISTIAN ASSOCIATION OF NEW BRITAIN INC 19 FRANKLIN SQUARE NEW BRITAIN, CT 06051	06-0598620	501(C)(3)	60,000		FMV - CASH		SUPPORT A LEARNING COMMUNITY TO IMPROVE MEDIUM-SIZE CITIES' CAPACITY TO PROVIDE MORE EQUITABLE OPPORTUNITIES FOR ALL TO BE HEALTHY

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
YOUNGSTOWN NEIGHBORHOOD DEVELOPMENT CORPORATION 820 CANFIELD ROAD YOUNGSTOWN, OH 44511	26-4117989	501(C)(3)	60,000		FMV - CASH		SUPPORT A LEARNING COMMUNITY TO IMPROVE MEDIUM-SIZE CITIES' CAPACITY TO PROVIDE MORE EQUITABLE OPPORTUNITIES FOR ALL TO BE HEALTHY

**Schedule J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

OMB No 1545-0047

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

**2015**  
**Open to Public Inspection**

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

Name of the organization THE REINVESTMENT FUND INC	Employer identification number 23-2331946
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**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> 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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<b>b</b> If any of the boxes in 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.		No								
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	Yes									
<p><b>3</b> 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.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<b>4</b> 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:										
<b>a</b> Receive a severance payment or change-of-control payment?		No								
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No								
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?		No								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>										
<b>5</b> 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:										
<b>a</b> The organization?		No								
<b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III.		No								
<b>6</b> 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:										
<b>a</b> The organization?		No								
<b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III.		No								
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		No								
<b>8</b> 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.		No								
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?										

**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 are not listed on Form 990, Part VII.

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

(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				
See Additional Data Table							

**Part III Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 1A	ALTHOUGH THE ORGANIZATION DOES NOT HAVE A WRITTEN POLICY, IT IS OUR PRACTICE AS A CONVENIENCE TO OUR EMPLOYEES TO ALLOW THEM TO PURCHASE COMPANION TRAVEL ON THE CORPORATE CREDIT CARD. THE ORGANIZATION DEDUCTS THE COST OF THE COMPANION TRAVEL PURCHASED FROM THE EMPLOYEE'S SALARY (AFTER TAX) THROUGH THE NEXT SCHEDULED SEMI-MONTHLY PAYROLL AS THE EMPLOYEE IS ULTIMATELY RESPONSIBLE FOR THIS COST.

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 23-2331946  
**Name:** THE REINVESTMENT FUND INC

**Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(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 DONALD HINKLE-BROWN CORP PRESIDENT & CEO	(i)	347,645	70,298	14,981	8,645	16,380	457,949	0
	(ii)	0	0	0	0	-	-	0
1M AMANDA HIGH CHIEF OF STRATEGIC INITIATIVES	(i)	213,755	50,400	13,690	10,600	7,591	296,036	0
	(ii)	0	0	0	0	-	-	0
2 MICHAEL M CRIST EVP & CFO	(i)	248,090	75,000	3,235	10,600	19,819	356,744	0
	(ii)	0	0	0	0	-	-	0
3 NANCY WAGNER-HISLIP CHIEF INVESTMENT OFFICER	(i)	207,407	60,000	1,552	10,118	20,126	299,203	0
	(ii)	0	0	0	0	-	-	0
4 IRA GOLDSTEIN PRESIDENT OF POLICY SOLUTIONS	(i)	177,258	42,000	1,560	8,487	15,815	245,120	0
	(ii)	0	0	0	0	-	-	0
5 MAGGIE MCCULLOUGH PRESIDENT OF POLICYMAP	(i)	169,314	35,000	1,291	7,979	20,004	233,588	0
	(ii)	0	0	0	0	-	-	0
6 BARRY POROZNICIO	(i)	144,140	17,032	7,856	6,591	6,990	182,609	0
	(ii)	0	0	0	0	-	-	0
7 SUZANNE ALOI CORPORATE CONTROLLER	(i)	159,810	18,342	15,154	7,206	562	201,074	0
	(ii)	0	0	0	0	-	-	0
8 ANDREW RACHLIN MANAGING DIRECTOR, LENDING & INVESTI	(i)	145,190	16,500	6,936	6,992	6,807	182,425	0
	(ii)	0	0	0	0	-	-	0
9 SEAN CLOSKEY PRESIDENT OF TRF DEVELOPMENT PARTNER	(i)	160,720	39,552	20,515	6,939	19,969	247,695	0
	(ii)	0	0	0	0	-	-	0
10 THOMAS LOVE BUSINESS DEVELOPMENT & OUTREACH EXEC	(i)	105,000	0	60,005	6,444	395	171,844	0
	(ii)	0	0	0	0	-	-	0

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

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THE REINVESTMENT FUND INC

Employer identification number

23-2331946

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE ORGANIZATION HAS ENGAGED OUR INDEPENDENT ACCOUNTANTS RSM US LLP TO PREPARE FORM 990 IN ACCORDANCE WITH OUR AUDITED FINANCIAL STATEMENTS THE FORM 990 IS THEN REVIEWED BY MANAGEMENT, THE REINVESTMENT FUND, INC 'S AUDIT AND RISK COMMITTEE (WHICH IS A SUB-COMMITTEE OF THE FULL BOARD WITH FISCAL AND FIDUCIARY OVERSIGHT) AND IS MADE AVAILABLE TO THE FULL GOVERNING BODY, PRIOR TO THE SUBMISSION OF THE 990

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 12C	COMPREHENSIVE CONFLICT OF INTEREST QUESTIONNAIRE IS DISTRIBUTED ANNUALLY TO ALL BOARD AND COMMITTEE MEMBERS UPON RECEIPT OF THE QUESTIONNAIRE, ALL BOARD, COMMITTEE MEMBERS AND STAFF HAVE 60 DAYS TO RETURN THE COMPLETED QUESTIONNAIRE TO THE ORGANIZATION'S HUMAN RESOURCE DEPARTMENT THE COMPLETED QUESTIONNAIRES ARE REVIEWED AND MONITORED BY THE HUMAN RESOURCE DEPARTMENT AND ANY POTENTIAL CONFLICTS ARE COMMUNICATED TO THE ORGANIZATION'S MANAGEMENT AND BOARD



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS DETERMINES THE COMPENSATION OF THE ORGANIZATION'S CEO THROUGH A VARIETY OF SOURCES, INCLUDING COMPETITOR DATA AND SURVEYS. ADDITIONALLY, THE ORGANIZATION HAS ENGAGED THE SERVICES OF AN INDEPENDENT CONSULTANT TO PROVIDE AN OPINION ON THE REASONABLENESS OF THE COMPENSATION PLAN FOR THE CEO, THREE TOP MANAGEMENT OFFICIALS AND TWO BUSINESS UNIT PRESIDENTS USING COMPARATIVE DATA AND SURVEY DATA. THE OPINION LETTER FOR THE CEO, THREE TOP MANAGEMENT OFFICIALS AND TWO BUSINESS UNIT PRESIDENT'S COMPENSATION IS SENT DIRECTLY TO THE CHAIRMAN OF THE BOARD.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST STATEMENT, FORM(S) 1023, 990 & 990T AND FINANCIAL STATEMENTS AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D) AVAILABILITY IS MADE THROUGH ITS OFFICES AT 1700 MARKET STREET, 19TH FLOOR, PHILADELPHIA, PA 19103 THE ORGANIZATION'S FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON THE ORGANIZATION'S WEBSITE

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART IV, LINE 26	THE ORGANIZATION OFFERS PROMISSORY NOTES TO THE GENERAL PUBLIC THROUGH A PROSPECTUS OFFERING REGISTERED WITH THE PENNSYLVANIA DEPARTMENT OF BANKING AND SECURITIES THE TERMS AND CONDITIONS OF THE PROMISSORY NOTES ARE SET BY THE PROSPECTUS AND ARE THE SAME FOR EVERYONE THE PROSPECTUS IS AVAILABLE TO THE GENERAL PUBLIC, INCLUDING BOARD MEMBERS, OFFICERS AND EMPLOYEES OF THE ORGANIZATION AT YEAR END, VOTING BOARD MEMBERS AND OFFICERS OF THE ORGANIZATION HAD LOANS OUTSTANDING UNDER THE PROSPECTUS BASED ON GUIDANCE, PROVIDED FROM THE IRS, REGARDING DEBT OFFERED ON THE SAME TERMS AS OFFERED TO THE GENERAL PUBLIC, WE HAVE ANSWERED THIS QUESTION AS "NO AND DID NOT COMPLETE SCHEDULE L AS PART OF OUR PROMISSORY NOTE PROGRAM, OUR DIRECTORS, OFFICERS, TRUSTEE, ETC MAKE UP \$364,189 OF OUR PROMISSORY NOTE PROGRAM OF \$19,107,415

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2016**

**Open to Public  
Inspection**

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

▶ Attach to Form 990.

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

Name of the organization  
THE REINVESTMENT FUND INC

Employer identification number

23-2331946

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

See Additional Data Table

(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

**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
<b>(1)</b> COLLABORATIVE LENDING INITIATIVE INC 1700 MARKET STREET 19TH FLOOR  PHILADELPHIA, PA 19103 23-2765410	LENDING AND COMMUNITY INVESTING	PA	501(C)(3)	9	N/A	Yes	
<b>(2)</b> TRF ENTERPRISE FUND INC 1700 MARKET STREET 19TH FLOOR  PHILADELPHIA, PA 19103 23-3010796	LENDING AND COMMUNITY INVESTING	PA	501(C)(3)	9	N/A	Yes	
<b>(3)</b> TRF PRIVATE EQUITY INC 1700 MARKET STREET 19TH FLOOR  PHILADELPHIA, PA 19103 31-1481669	PRIVATE EQUITY	PA	501(C)(3)	9	N/A	Yes	
<b>(4)</b> TRF DEVELOPMENT PARTNERS INC 1700 MARKET STREET 19TH FLOOR  PHILADELPHIA, PA 19103 23-2671667	REAL ESTATE	PA	501(C)(3)	9	N/A	Yes	

**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.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**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
<b>(1)</b> REINVESTMENT II LLC 1700 MARKET STREET 19TH FLOOR PHILADELPHIA, PA 19103 27-2769757	RENTAL PROPERTY	PA	THE REINVESTMENT FUND INC	C			100 000 %	Yes	

**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

<b>1</b> 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?		<b>Yes</b>	<b>No</b>
<b>a</b>	Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>Yes</b>	
<b>b</b>	Gift, grant, or capital contribution to related organization(s) . . . . .	<b>Yes</b>	
<b>c</b>	Gift, grant, or capital contribution from related organization(s) . . . . .		<b>No</b>
<b>d</b>	Loans or loan guarantees to or for related organization(s) . . . . .	<b>Yes</b>	
<b>e</b>	Loans or loan guarantees by related organization(s) . . . . .	<b>Yes</b>	
<b>f</b>	Dividends from related organization(s) . . . . .		<b>No</b>
<b>g</b>	Sale of assets to related organization(s) . . . . .		<b>No</b>
<b>h</b>	Purchase of assets from related organization(s) . . . . .		<b>No</b>
<b>i</b>	Exchange of assets with related organization(s) . . . . .		<b>No</b>
<b>j</b>	Lease of facilities, equipment, or other assets to related organization(s) . . . . .		<b>No</b>
<b>k</b>	Lease of facilities, equipment, or other assets from related organization(s) . . . . .		<b>No</b>
<b>l</b>	Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		<b>No</b>
<b>m</b>	Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		<b>No</b>
<b>n</b>	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		<b>No</b>
<b>o</b>	Sharing of paid employees with related organization(s) . . . . .		<b>No</b>
<b>p</b>	Reimbursement paid to related organization(s) for expenses . . . . .	<b>Yes</b>	
<b>q</b>	Reimbursement paid by related organization(s) for expenses . . . . .		<b>No</b>
<b>r</b>	Other transfer of cash or property to related organization(s) . . . . .	<b>Yes</b>	
<b>s</b>	Other transfer of cash or property from related organization(s) . . . . .		<b>No</b>

**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

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amount involved
<b>(1)</b> TRF DEVELOPMENT PARTNERS INC	E	466,534	CASH TRANSFER
<b>(2)</b> TRF DEVELOPMENT PARTNERS INC	R	741,000	CASH TRANSFER
<b>(3)</b> TRF DEVELOPMENT PARTNERS INC	B	325,000	CASH TRANSFER

**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	

**Part VII** **Supplemental Information**

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

**Return Reference****Explanation**



# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 23-2331946  
**Name:** THE REINVESTMENT FUND INC

## Form 990, Schedule R, Part I - Identification of Disregarded Entities

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary Activity	<b>(c)</b> Legal Domicile (State or Foreign Country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct Controlling Entity
(1) TRF EDUCATION FUNDING LLC 1700 MARKET STREET 19TH FLOOR PHILADELPHIA, PA 19103 23-2331946	INVESTMENT IN CHARTER SCHOOL FINANCING	DE	34,949	121,048	THE REINVESTMENT FUND INC
(1) TRF NMTC FUND LLC 1700 MARKET STREET 19TH FLOOR PHILADELPHIA, PA 19103 02-0730746	INVESTMENT IN NMTC PARTNERSHIPS	DE	3,540	74,866	THE REINVESTMENT FUND INC
(2) REINVESTMENT I LLC 1700 MARKET STREET 19TH FLOOR PHILADELPHIA, PA 19103 27-2769688	OREO	PA	100		THE REINVESTMENT FUND INC
(3) TRF FUND MANAGER LLC 1700 MARKET STREET 19TH FLOOR PHILADELPHIA, PA 19103 27-3090164	INVESTMENT IN NMTC PARTNERSHIPS	DE	53,398	38,737	THE REINVESTMENT FUND INC
(4) REINVESTMENT III LLC 1700 MARKET STREET 19TH FLOOR PHILADELPHIA, PA 19103 27-2781162	OREO	PA	100		THE REINVESTMENT FUND INC
(5) REINVESTMENT IV LLC 1700 MARKET STREET 19TH FLOOR PHILADELPHIA, PA 19103 27-2781284	OREO	PA	100		THE REINVESTMENT FUND INC
(6) POLICYMAP LLC 1700 MARKET STREET 19TH FLOOR PHILADELPHIA, PA 19103 47-4976209	ON-LINE DATA ANALYSIS AND MAPPING TOOL THAT PROVIDES BROAD ACCESS TO DATA	PA	-1,325,892	1,278,199	THE REINVESTMENT FUND INC

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) 481 PHILABUNDANCE INVESTMENT FUND LLC  1700 MARKET STREET 19TH FLOOR PHILADELPHIA, PA 19103 46-1083048	REDEVELOPMENT ACTIVITIES	PA		RELATED	-3	3,266		No		Yes		0 010 %
(1) CHASE NMTC LIBERTY HEIGHTS INVESTMENT FUND LLC  1700 MARKET STREET 19TH FLOOR PHILADELPHIA, PA 19103 46-1191778	REDEVELOPMENT ACTIVITIES	PA		RELATED	-2	1,830		No		Yes		0 010 %
(2) CHASE NMTC PHN INVESTMENT FUND LLC  1700 MARKET STREET 19TH FLOOR PHILADELPHIA, PA 19103 46-0750788	REDEVELOPMENT ACTIVITIES	PA		RELATED	-1,525	850		No		Yes		0 010 %
(3) CHASE NMTC TRF 2011 INVESTMENT FUND LLC  1700 MARKET STREET 19TH FLOOR PHILADELPHIA, PA 19103 45-3506939	REDEVELOPMENT ACTIVITIES	PA		RELATED	-783	1,108		No			No	0 010 %
(4) FSCLF HOLDING LLC  100 W 10TH STREET SUITE 1005 WILMINGTON, DE 19801 45-3833176	HOLDING COMPANY	DE		RELATED	7,225	289,969		No			No	50 000 %
(5) HEALTHCO PARTICIPANT LLC  1700 MARKET STREET 19TH FLOOR PHILADELPHIA, PA 19103 46-4147984	LOAN ADMINISTRATION	PA		RELATED	-2,714	4,712		No			No	33 330 %
(6) OH BEL-AIR PARTNERS LP  150 S INDEPENDENCE MALL WEST ST 102 PHILADELPHIA, PA 19106 20-0459281	REDEVELOPMENT ACTIVITIES INCLUDING RENTAL FACILITIES	PA		RELATED	23,008	788,002		No			No	80 250 %
(7) OH CHELTEN PARTNERS LP  150 S INDEPENDENCE MALL WEST ST 102 PHILADELPHIA, PA 19106 20-0459342	REDEVELOPMENT ACTIVITIES INCLUDING RENTAL FACILITIES	PA		RELATED	-23,212	739,961		No			No	80 250 %
(8) TRF NMTC FUND IX LP  1700 MARKET STREET 19TH FLOOR PHILADELPHIA, PA 19103 26-3748406	REDEVELOPMENT ACTIVITIES	PA		RELATED	8	46,138		No		Yes		0 010 %
(9) TRF NMTC FUND V LP  1700 MARKET STREET 19TH FLOOR PHILADELPHIA, PA 19103 20-8485396	REDEVELOPMENT ACTIVITIES	PA		RELATED	32			No		Yes		0 010 %
(10) TRF NMTC FUND VII LP  1700 MARKET STREET 19TH FLOOR PHILADELPHIA, PA 19103 02-0730767	REDEVELOPMENT ACTIVITIES	PA		RELATED	700			No		Yes		
(11) TRF NMTC FUND VIII LP  1700 MARKET STREET 19TH FLOOR PHILADELPHIA, PA 19103 26-3748346	REDEVELOPMENT ACTIVITIES	PA		RELATED	35			No		Yes		
(12) TRF NMTC FUND X LP  1700 MARKET STREET 19TH FLOOR PHILADELPHIA, PA 19103 26-3748452	REDEVELOPMENT ACTIVITIES	PA		RELATED	77	9,970		No		Yes		0 010 %
(13) TRF NMTC FUND XI LP  1700 MARKET STREET 19TH FLOOR PHILADELPHIA, PA 19103 26-3748520	REDEVELOPMENT ACTIVITIES	PA		RELATED	1	972		No		Yes		0 010 %
(14) TRF NMTC FUND XII LP  1700 MARKET STREET 19TH FLOOR PHILADELPHIA, PA 19103 26-3748706	REDEVELOPMENT ACTIVITIES	PA		RELATED	50			No		Yes		

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(16) TRF NMTC FUND XIII LP 1700 MARKET STREET 19TH FLOOR PHILADELPHIA, PA 19103 26-3748763	REDEVELOPMENT ACTIVITIES	PA		RELATED	46	13,883		No		Yes		0.010 %
(1) TRF NMTC FUND XIV LP 1700 MARKET STREET 19TH FLOOR PHILADELPHIA, PA 19103 26-3748814	REDEVELOPMENT ACTIVITIES	PA		RELATED	57	9,256		No		Yes		0.010 %
(2) TRF NMTC FUND XIX LP 1700 MARKET STREET 19TH FLOOR PHILADELPHIA, PA 19103 45-5056381	REDEVELOPMENT ACTIVITIES	PA		RELATED	5	4,218		No		Yes		0.010 %
(3) TRF NMTC FUND XV LP 1700 MARKET STREET 19TH FLOOR PHILADELPHIA, PA 19103 26-3749993	REDEVELOPMENT ACTIVITIES	PA		RELATED	177	57,264		No		Yes		0.010 %
(4) TRF NMTC FUND XVI LP 1700 MARKET STREET 19TH FLOOR PHILADELPHIA, PA 19103 26-3750073	REDEVELOPMENT ACTIVITIES	PA		RELATED	38	9,927		No		Yes		0.010 %
(5) TRF NMTC FUND XVII LP 1700 MARKET STREET 19TH FLOOR PHILADELPHIA, PA 19103 26-3750138	REDEVELOPMENT ACTIVITIES	PA		RELATED	11	6,766		No		Yes		0.010 %
(6) TRF NMTC FUND XVIII LP 1700 MARKET STREET 19TH FLOOR PHILADELPHIA, PA 19103 45-5056256	REDEVELOPMENT ACTIVITIES	PA		RELATED	30	11,493		No		Yes		0.010 %
(7) TRF NMTC FUND XX LP 1700 MARKET STREET 19TH FLOOR PHILADELPHIA, PA 19103 45-5056470	REDEVELOPMENT ACTIVITIES	PA		RELATED	23	4,762		No		Yes		0.010 %
(8) TRF NMTC FUND XXI LP 1700 MARKET STREET 19TH FLOOR PHILADELPHIA, PA 19103 45-5056693	REDEVELOPMENT ACTIVITIES	PA		RELATED	5	4,051		No		Yes		0.010 %
(9) TRF NMTC FUND XXII LP 1700 MARKET STREET 19TH FLOOR PHILADELPHIA, PA 19103 45-5057215	REDEVELOPMENT ACTIVITIES	PA		RELATED	26	4,909		No		Yes		0.010 %
(10) TRF NMTC FUND XXIII LP 1700 MARKET STREET 19TH FLOOR PHILADELPHIA, PA 19103 45-5062436	REDEVELOPMENT ACTIVITIES	PA		RELATED	42	16,885		No		Yes		0.010 %
(11) TRF NMTC FUND XXIV LP 1700 MARKET STREET 19TH FLOOR PHILADELPHIA, PA 19103 46-2447476	REDEVELOPMENT ACTIVITIES	PA		RELATED	4	3,100		No		Yes		0.010 %
(12) TRF NMTC FUND XXIX LP 1700 MARKET STREET 19TH FLOOR PHILADELPHIA, PA 19103 46-5283711	REDEVELOPMENT ACTIVITIES	PA		RELATED	37	6,203		No		Yes		0.010 %
(13) TRF NMTC FUND XXV LP 1700 MARKET STREET 19TH FLOOR PHILADELPHIA, PA 19103 46-2458105	REDEVELOPMENT ACTIVITIES	PA		RELATED	18	7,429		No		Yes		0.010 %
(14) TRF NMTC FUND XXVI LP 1700 MARKET STREET 19TH FLOOR PHILADELPHIA, PA 19103 46-2469813	REDEVELOPMENT ACTIVITIES	PA		RELATED	8	12,828		No		Yes		0.010 %

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(31) TRF NMTC FUND XXVII LP 1700 MARKET STREET 19TH FLOOR PHILADELPHIA, PA 19103 46-2485795	REDEVELOPMENT ACTIVITIES	PA		RELATED	6	7,427		No		Yes		0.010 %
(1) TRF NMTC FUND XXVIII LP 1700 MARKET STREET 19TH FLOOR PHILADELPHIA, PA 19103 46-2496766	REDEVELOPMENT ACTIVITIES	PA		RELATED	4	8,101		No		Yes		0.010 %
(2) TRF NMTC FUND XXX LP 1700 MARKET STREET 19TH FLOOR PHILADELPHIA, PA 19103 46-5275906	REDEVELOPMENT ACTIVITIES	PA		RELATED	35	5,170		No		Yes		0.010 %
(3) TRF NMTC FUND XXXI LP 1700 MARKET STREET 19TH FLOOR PHILADELPHIA, PA 19103 46-5296479	REDEVELOPMENT ACTIVITIES	PA		RELATED	7	21,836		No		Yes		0.010 %
(4) TRF NMTC FUND XXXII LP 1700 MARKET STREET 19TH FLOOR PHILADELPHIA, PA 19103 46-5308492	REDEVELOPMENT ACTIVITIES	PA		RELATED	11	14,853		No		Yes		0.010 %
(5) TRF NMTC FUND XXXIII LP 1700 MARKET STREET 19TH FLOOR PHILADELPHIA, PA 19103 46-5324801	REDEVELOPMENT ACTIVITIES	PA		RELATED	6	4,134		No		Yes		0.010 %
(6) TRF NMTC FUND XXXIV LP 1700 MARKET STREET 19TH FLOOR PHILADELPHIA, PA 19103 47-3965002	REDEVELOPMENT ACTIVITIES	PA		RELATED	3	6,200		No		Yes		0.010 %
(7) TRF NMTC FUND XXXIX LP 1700 MARKET STREET 19TH FLOOR PHILADELPHIA, PA 19103 47-4494692	REDEVELOPMENT ACTIVITIES	PA		RELATED	3	3,358		No		Yes		0.010 %
(8) TRF NMTC FUND XXXVI LP 1700 MARKET STREET 19TH FLOOR PHILADELPHIA, PA 19103 47-3993802	REDEVELOPMENT ACTIVITIES	PA		RELATED	28	4,395		No		Yes		0.010 %
(9) TRF NMTC FUND XXXVII LP 1700 MARKET STREET 19TH FLOOR PHILADELPHIA, PA 19103 47-4004216	REDEVELOPMENT ACTIVITIES	PA		RELATED	27	6,718		No		Yes		0.010 %
(10) TRF NMTC FUND XXXVIII LP 1700 MARKET STREET 19TH FLOOR PHILADELPHIA, PA 19103 47-4010887	REDEVELOPMENT ACTIVITIES	PA		RELATED	38	4,137		No		Yes		0.010 %
(11) TRF NMTC FUND XXXV LP 1700 MARKET STREET 19TH FLOOR PHILADELPHIA, PA 19103 47-3977872	REDEVELOPMENT ACTIVITIES	PA		RELATED	5	4,650		No		Yes		0.010 %