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Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2008

OMB No 1545-0047

Open to Public

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Inspection Internal Revenue Service calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009 A For the 2008 D Employer identification number B Check if applicable Please The Reinvestment Fund Inc use IRS label or 3-2331946 Address change Doing Business As E Telephone number print or type. See Name change (215) 574-5800 Initial return Specific Number and street (or P O box if mail is not delivered to street address) Room/suite Cast Iron Building 718 Arch Street **G Gross receipts** \$ 42,537,292 Instruc-Termination tions. -Amended return City or town, state or country, and ZIP + 4 Philadelphia, PA 191061591 Application pending Name and address of Principal Officer Is this a group return for JEREMY NOWAK affiliates? 718 ARCH STREET SUITE 300 N PHILADELPHIA, PA 19106 H(b) Are all affiliates included? Tax-exempt status (If "No," attach a list See instructions) Group Exemption Number 🕨 Web site: ► WWW TRFUND COM K Type of organization ✓ Corporation ✓ trust ✓ association ✓ other ► L Year of Formation 1985 M State of legal domicile PA Part I Summary Briefly describe the organization's mission or most significant activities BUILDS WEALTH AND OPPORTUNITY FOR LOW-WEALTH COMMUNITIES AND LOW TO MODERATE INCOME INDIVIDUALS THROUGH THE PROMOTION OF SOCIALLY AND ENVIRONMENTALLY RESPONSIBLE DEVELOPMENT THE Activities & Governance PRIMARY SERVICE AREA IS THE MID-ATLANTIC, INCLUDING THE STATES OF PENNSYLVANIA, NEW JERSEY DELAWARE, MARYLAND, AND THE DISTRICT OF COLUMBIA SOME POLICY AND INFORMATION INITIATIVES EXTEND NATIONALLY Check this box [if the organization discontinued its operations or disposed of more than 25% of its assets Number of voting members of the governing body (Part VI, line 1a) 14 Number of independent voting members of the governing body (Part VI, line 1b) $\cdot \cdot \cdot$. 13 Total number of employees (Part V, line 2a) . . . 90 Total number of volunteers (estimate if necessary) . 0 1,776 7a Total gross unrelated business revenue from Part VIII. line 12. column (C) . . Net unrelated business taxable income from Form 990-T, line 34 7Ь -3.357 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . 18,996,934 11,456,707 Program service revenue (Part VIII, line 2g) . 10,017,004 12,135,606 2.360.470 581.264 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -327,332 -166,680 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 31,047,076 24,006,897 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 5.863.005 2,739,303 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5 15 Expenses 5.794.644 6.069.014 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b (Total fundraising expenses, Part IX, column (D), line 25 $\frac{11,163}{}$ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) **17** 8,837,599 13,203,785 18 Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A)) 21,737,732 20,769,618 Revenue less expenses Subtract line 18 from line 12 10,277,458 2,269,165

Next and 22 Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block

Preparer's

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

Please Sign

Assets or d Balances

20

21

Signature of officer Here MICHAEL M CRIST corporate treasurer

Total assets (Part X, line 16)

Total liabilities (Part X, line 26)

Type or print name and title

Paid
Preparer's
Use Only

Firm's name (or yours if self-employed), address, and ZIP + 4

Christopher M Pekula

Date

Check if empolyed 🕨 🛭 Preparer's PTIN (See Gen Inst)

 EIN 🕨			
Phone no	١	(215) 641-8600	

Blue Bell, PA 19422 May the IRS discuss this return with the preparer shown above? (See instructions) . .

512 Township Line Rd One Vall Sq 25

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

RSM McGladrey Inc

Cat No 11282Y

Beginning of Year

2010-02-02

162,338,254

89,071,120

73,267,134

Form 990 (2008)

End of Year

205,290,206

129,963,095

75,327,111

Part III Statement of Program Service Accomplishments (See the instructions.)

4c	(Code POLICY MAP) (Expenses \$	1,506,677	including grants of \$) (Revenue \$	332,046)
	(Code) (Expenses \$	789,740	including grants of \$) (Revenue \$	523,182)
4d	O ther program service (Expenses \$	•	ule O) ing grants of	f \$) (Revenue \$)
4e	Total program service		18,827,08		, Line 25, column (B).	·

art TV	Check	list of	Required	Schedules
	CIICCR	1136 01	IXC Guil Cu	Schoules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C,	4	Yes	
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Yes	
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24u 25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			1 63	110
8	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
	IV	28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νo
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νo
3 1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	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>	32		Νo
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
5	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
6	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		Νo

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliano	e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	97			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
_	Did the organization comply with backup withholding rules for reportable payments t		dore and reportable			
·	gaming (gambling) winnings to prize winners?	. ven		1c		Νo
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements filed for the calendar year ending with or within the year covered by this		90			
	return	2a				
ь	If at least one is reported in 2a, did the organization file all required federal employing Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this			2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more durin					
	return?			3a	Yes	
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	edule	0	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a s					
	over, a financial account in a foreign country (such as a bank account, securities acaccount)?	count	, or other financial	4a		Νο
ь						
	If "Yes," enter the name of the foreign country	eport o	f Foreign Bank and			
	Financial Accounts.	,	.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during	ng the	tax year?	5a		Νο
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sł	nelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	t Entit	tv Reaardina Prohibited			
	Tax Shelter Transaction?			5с		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement the	nat su	ch contributions or gifts	c l-		
7	were not tax deductible?			6b		
	Did the organization provide goods or services in exchange for any quid pro quo con	tribut	ion of \$75 or	7a		Νο
u	more?	itiibat	1011 01 \$7 3 01	, u		110
b	If "Yes," did the organization notify the donor of the value of the goods or services p	rovide	d?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal prope		· ·			
_	file Form 8282?			7c		N o
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay	/ prem	niums on a personal			
	benefit contract?			7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8	8899	as required?	7 g		Νο
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f	ile a F	orm 1098-C as			
_	required?	• •		7h		N o
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a section $\frac{1}{2}$					
	excess business holdings at any time during the			8		
_	year?					
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.			_		
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person			9b		
10	Section 501(c)(7) organizations. Enter	۔مد ا	I			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	l			
4.	Section F01/a)/12) area					
11	, , ,	I	I			
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	n lieu d	of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the					
	year	12b				

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A.	Governing	Body and I	management	

			165	140					
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.								
1a	Enter the number of voting members of the governing body 14								
Ь	Enter the number of voting members that 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?								
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?	3		No					
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?								
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo					
6	5 Does the organization have members or stockholders?								
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?								
Ь	b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
а	the governing body?	8a	Yes						
Ь	each committee with authority to act on behalf of the governing body?	8b	Yes						
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νo					
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b							
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes						
11	Is there any officer, director or 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	11		No					

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14		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			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
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?	16a	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	_

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed PA, NJ, MD, DC
- 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 make these available. Check all that apply own website. another's website. upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

MICHAEL m CRIST 718 ARCH ST PHILADELPHIA,PA 191061591 (215) 574-5800

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * 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

The check this box in the organization and i	·	(C) Position (check all that apply)							(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	(E) Reportable compensation from the organization (W-2/1099MISC) (E) Reportable compensation from related organizations (W-2/1099-MISC)		Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the organization and related organizations
							-			

Part VII Continued

			tion that a			II			(F)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Отпен	Key employee	Highest compensated	Former	compensation compensation	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the organization and related organizations
			-							
							_			
					$\vdash \vdash$					
					\vdash					
1b Total							►	2,371,849	C	253,780
2 Total number of individuals (including	those in 1	a) who i	20001	vod	mor	a thai	n ¢ 1	00 000 in reportabl		

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►15

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		Νο
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Νο

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
PLACEBASE 821 TRACTION AVE STE 103 LOS ANGELES, CA 90013	SOFTWARE CONSULTANT	833,221
Camp Dresser & McKee Inc 15050 Collections Center Drive Chicago, IL 60693	PROGRAM CONSULTANT	135,000
BOXWOOD MEANS INC TWO STAMFORD LANDING STAMFORD, CT 06902	HOME SALE DATA	129,500
MCGLADREY AND PULLEN LLP 512 TOWNSHIP LINE RD STE 250 BLUE BELL, PA 19422	ACCOUNTING AND AUDIT	121,000
The Food Trust 1617 JFK Blvd One Penn Ctr Ste 90 PHILADELPHIA, PA 19103	Program ConSULTANT	116,131
Total number of independent contractors (including those in 1) wh from the organization	. ,	5

Part Stat

					(A) Total Revenue	(B) Related or Exempt Function	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC
	1a	Fodorated car	npaigns 1a			Revenue		512, 513, or 514
22			-					
E E	Ь	Membership d	ues					
₽₽	С	Fundraising ev						
T Tage		5	1c					
ਦੁੰਛੋ	d		izations1d	0.266.626				
Contributions, gifts, grants and other similar amounts	е	_	its (contributions) 1e	8,366,626				
utic er	f	All other contributes imilar amounts i	tions, gifts, grants, and not included above	3,090,081				
흔들			1f					
펄	g		ributions included in					
ठँ व	h	lines 1a-1f \$	es 1a-1f)....		11,456,707			
	ļ			· · · · · •				
œ.				Business Code				
enu	2a	ınterest		525,990	7,485,760	7,485,760		
ega Se	ь	consultation fees		900,099	1,983,732	1,983,732		
93	С	nmtc placement	fees	900,099	935,243	935,243		
ž	d	ASSET MANAGEM	ENT FEE	561,000	927,496	927,496		
À	e	LOAN FEES		525,990	803,375	803,375		
īa □	f	All other prog	ram service revenue					
Program Serwce Revenue								
Δ	g	Total. Add line ▶ \$ 12,135,60	e s 2a-2f 6					
	3		come (including divid	dends, interest				
			imounts)	· · · · · · · · · · · · · · · · · · ·	616,176			616,176
	_	Income from inve	estment of tax-exempt bo	and proceeds				
	4	Income nom my	esument of tax-exempt be	F				
	5	Royalties .						
			(ı) Real	(II) Personal				
	6a	Gross Rents						
	ь	Less rental expenses						
	c	Rental income or (loss)						
	d		ome or (loss)					
			(1) Coourition	(u) O than				
	7a	Gross amount from sales of assets other than inventory	(1) Securities 18,495,483	(II) O ther				
	b	Less cost or other basis and sales expenses	18,530,395					
	С	Gain or (loss)	-34,912					
	d	Net gain or (lo	•	. ▶	-34,912			-34,912
	8a	Gross income events (not in	from fundraising					
Other Revenue		1c) See Part <i>Attach Schedul</i>	e G ıf total exceeds					
ά.			a					
<u> </u>	ь		xpensesb					
ŏ	С	Net income or	(loss) from fundraisi	ng events				
	9a	Gross income activities See Complete Sche exceeds \$15,00	e part IV , line 19 dule G if total					
	b c		xpensesb (loss) from gaming a	activities				
	10a	Gross sales o returns and al		-				
	ь	less cost-f	a goods sold b					
	c		(loss) from sales of	Inventory - 🕨				
		Miscellaneou		Business Code				
	11a		M PARTNERSHI	525,990	-166,680	-168,456	1,776	
	ь	INCOME INC	T. LAKINEKSIII		·		·	
	С							
	d	All other reve	nue					
	e	Total. Add line	es 11a-11d	 \$ -166,680				
	12	Total Revenue	Add lines 1h, 2g, 3		24,006,897	11,967,150	1,776	581,264
		8c,		, ., _,,,			•	·

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re).
Do r	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	2,685,075	2,685,075		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	54,228	54,228		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,983,344	1,973,347		9,997
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	2,760,262	1,525,602		927
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	260,824	189,757	71,067	
9	Other employee benefits	428,284	260,445	167,600	239
10	Payroll taxes	361,930	263,185	98,745	
11	Fees for services (non-employees)				
а	Management				
b	Legal	314,905	277,549	37,356	_
С	Accounting	224,318	61,600	162,718	
d	Lobbying	10,000	10,000		
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	1,598,750	930,825	667,925	
12	Advertising and promotion	126,024	116,268	9,756	
13	Office expenses	634,818	538,105	96,713	
14	Information technology	42,559	40,275	2,284	
15	Royalties				
16	Occupancy	435,735	307,788	127,947	
17	Travel	64,295	53,678	10,617	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	148,129	109,194	38,935	
20	Interest	3,600,344	3,600,344		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	641,382	526,551	114,831	
23	Insurance	91,720	66,188	25,532	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	PROVISION - LOAN LOSSES	4,235,070	4,235,070		
b	DISCONTINUATION OF PROG	930,381	930,381		
c	TEMPORARY HELP	71,556	43,596	27,960	
d	UNDERWRITING EXPENSES	19,848	19,608	240	
e	STAFF DEVELOPMENT	12,984	7,920	5,064	
f	All other expenses	967	507	460	
25	Total functional expenses. Add lines 1 through 24f	21,737,732	18,827,086	2,899,483	11,163
26	Joint Costs. Check Tiffollowing SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				000 (200s)

Part X	Balance	Sheet

					(A) Beginning of year		(B End of	
	1	Cash—non-interest-bearing	_		beginning of year	1	Liid Oi	yeur
	2	Savings and temporary cash investments			21,100,985	2	4	7,255,756
	3	Pledges and grants receivable, net			10,422,213	\vdash		2,486,250
	4	Accounts receivable, net			1,556,687	4		1,244,497
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L	, key			5		
	6	Receivables from other disqualified persons (as defined under spersons described in section 4958(c)(3)(B) Complete Part II of	4958(f)(1)) and		6			
	7	Notes and loans receivable, net			91,233,454	7	12:	5,373,222
	8	Inventories for sale or use				8		
92	9	Prepaid expenses and deferred charges				9		962,580
ssets	10a	Land, buildings, and equipment cost basis	10a	3,902,38	3			
⋖		Language of the state of the st	104	3,302,30	-			
	Ь	Less accumulated depreciation Complete Part VI of Schedule D	10ь	2,176,20	9 1,547,989	10c		1,726,174
	11	Investments—publicly traded securities			28,304,882	11	1	7,953,639
	12	Investments—other securities See Part IV, line 11 Complete Part Schedule D	art VII	of		12		
	13	Investments—program-related See Part IV, line 11 $\it Complete P of Schedule D$.		13				
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D			8,172,044	15	,	8,288,088
	16	Total assets. Add lines 1 through 15 (must equal line 34)			162,338,254	16	20:	5,290,206
	17	Accounts payable and accrued expenses .			1,746,214	17		1,194,591
	18	Grants payable	1,322,048	18		33,624		
	19	Deferred revenue			397,649	19		310,946
	20	Tax-exempt bond liabilities				20		
တ္	21	Escrow account liability Complete Part IV of Schedule D			2,656,258	21		1,132,300
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				<u> </u>		
<u>.</u>		persons Complete Part II of Schedule L		-		22		
	23	Secured mortgages and notes payable to unrelated third parties			2,921,349	23	1	6,587,979
	24	Unsecured notes and loans payable			79,524,238	24	10:	9,901,923
	25	Other liabilities Complete Part X of Schedule D			503,364	25		801,732
	26	Total liabilities. Add lines 17 through 25			89,071,120	26	12	9,963,095
		Organizations that follow SFAS 117, check here ▶ ▼ and comp	lete li	nes 27				
		through 29, and lines 33 and 34.						
an	27	Unrestricted net assets			23,846,705	27	2	1,637,987
Balance	28	Temporarily restricted net assets			22,269,404	28	2	6,234,451
돧	29	Permanently restricted net assets			27,151,025	29	2	7,454,673
r Fund		Organizations that do not follow SFAS 117, check here ► an lines 30 through 34.	d com	plete				
s or	30	Capital stock or trust principal, or current funds				30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31		
Ą	32	Retained earnings, endowment, accumulated income, or other fu	nds			32		
Net	33	Total net assets or fund balances	73,267,134	33	7:	5,327,111		
z	34	Total liabilities and net assets/fund balances			162,338,254	34	20	5,290,206
Dа	rt XI	Financial Statements and Reporting						
							Yes	No

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b		Νο
С	If "Yes" to lines 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?	2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3Ь	Yes	_

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493039001710

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

he R	einvest	ment Fund Inc										
									-233194			
	rt I			harity Status (to be co					Instruct	ions)		
	organı:			ation because it is (Please								
1	<u> </u>	•		nurches, or association of ch			Section :	170(Ь)(1)((A)(i).			
2	<u>_</u>	A school de	escribed in Sect	t ion 170(b)(1)(A)(ii). (Attac	ch Schedu	ıle E)						
3		A hospital	or a cooperative	e hospital service organizati	on descri	bed in Sec	tion 170(b)(1)(A)(i	ii). (Attac	h Schedul	le H)	
4	Г	A medical i	research organı	zatıon operated ın conjunctı	on with a	hospital d	escribed i	n Section :	170(b)(1)	(A)(iii). E	nter the	
		hospital's r	name, city, and	state								
5	Γ	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
		Section 170	D(b)(1)(A)(iv).	(Complete Part II)								
6	Γ	A federal, s	tate, or local go	overnment or governmental	unıt desci	rıbed ın Se	ction 170	(b)(1)(A)	(v).			
7	<u>~</u>	An organiza	ation that norma	ally receives a substantial p	art of its	support fro	om a gove	rnmental u	ınıt or fron	n the gene	ral public	с
		described i	n Section 170(b	o)(1)(A)(vi) (Complete Par	tII)							
8	Γ	A communi	ty trust describ	ed in Section 170(b)(1)(A)	(vi) (Com	nplete Par	tII)					
9	Γ	An organiza	ation that norma	ally receives (1) more than	331/3% 0	of its supp	ort from c	ontributior	ns, membe	rship fees	, and gro	ss
		receipts fro	m activities rel	ated to its exempt functions	s—subject	to certair	n exceptio	ns, and (2) no more	than 331/	'3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	ss taxable	income (less sectio	on 511 tax	x) from bu	sınesses	
		acquired by	the organization	on after June 30, 1975 See	Section 5	609(a)(2).	(Complet	e Part III)			
10	Γ	An organiza	ation organized	and operated exclusively to	test for p	ublic safe	ty See Se	ction 509((a)(4). (Se	ee instruc	tions)	
11	Г			and operated exclusively fo								ses of
				orted organizations describe						Section 5	09(a)(3)	.Check
				type of supporting organiza					_			
	_	a		• • • • • • • • • • • • • • • • • • • •		- Function			d		III - Ot	
е	ı	•	- '	rtify that the organization is agers and other than one or			•			•	•	
		section 50		agers and other than one or	more pub	iiciy suppi	orteu orga	IIIZations (Jeschbeu	III Section	1 309 (a)(1)01
f				d a written determination fro	m the IRS	5 that it is	a Type I,	Type II o	r Type III	supportir	ng organi:	zation,
		check this										
g				as the organization accepted	d any gift	or contrib	utıon from	any of the	!			
		following pe		r indirectly controls, either a	alone or to	naether wi	th nerson	s describe	d in (ii)		Yes	No
			•	ng body of the the supported		-	en person.	o describe	u III (II)	11g		110
			· -	erson described in (i) above	_	icioni.				11g(+
			•	ty of a person described in (hovo?				11g(
h				nation about the organizatio			cupports			119(,	<u> </u>
••		i iovide tile	i lollowing illion	nation about the organizatio	ilis tile org	garrization	Supports					
	(i) N:	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did v	ou notify	(vi) I	s the	(vii) An	nount of
		orted	(11) 2111	(described on lines 1-9	l	ation in	l `	nızatıon	l	ation in	1 '	ort?
		nization		`above or IRC section	_	listed in	_	i) of your		rganızed		
				(See Instructions))		verning	sup	oort?	ın the	US?		
						ment?				1	4	
Yes No Yes No Yes				No								

Total

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

	(Complete only if you chec	ked the box of	1 lille 3, 7, 01	o of Part I.)				
	ublic Support							
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not	8,628,189	26,914,538	7,973,701	18,996,934		11,456,707	73,970,069
	ınclude any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
	its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to the							
_	organization without charge	0.620.100	26 014 520	7 072 701	10.006.034		11 456 707	72.070.000
	Total. Add line 1-3	8,628,189	26,914,538	7,973,701	18,996,934		11,456,707	73,970,069
5	The portion of total contribution by each							
	person (other than a government unit or							
	publicly supported organization) included							7,776,915
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
_	(f)							
6	Public Support subtract line 5 from line 4							66,193,154
Т,	otal Support	L			L			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(0)	2008	(f) Total
		8,628,189	1,722,596	7,973,701	18,996,934		11,456,707	73,970,069
7	A mounts from line 4	8,028,189	1,722,390	7,973,701	10,990,934		11,430,707	73,970,009
8	Gross income from interest, dividends,							
	payments received on securities loans,	650,034	1,722,596	2,570,668	2,360,470		616,176	7,919,944
	rents, royalties and income from similar sources							
9	Net income from unrelated business							
9	activities, whether or not the business is		-52,191	-9,689	-3,914		-3,357	-69,151
	regularly carried on		,	, , , , , , ,	-,		-,	,
10	Other income Do not include gain or loss							
	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							81,820,862
12	Gross receipts from related activities, etc	(See instruction	s)			12		42,559,922
							21	42,339,922
13	First Five Years. If the Form 990 is for the	organization's fir	st, secona, tnire	a, rourth, or fifth	tax year as a 5	O I (c)(3)	▶ ┌
	organization, check this box and stop here							
	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6		ed by line 11 co	dumn (f))		44		22 222 24
			•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		14		80.900 %
15	Public Support Percentage for 2007 Sched					15		84.180 %
16a	33 1/3% Test - 2008. If the organization did				1/3% or more,	check	this box	_
	and stop here. The organization qualifies as		-					► ▽
b	33 1/3% Test - 2007. If the organization di			,	L5 is 33 1/3% o	r more	, check th	
	box and stop here. The organization qualifie							
1/a	10% Facts and Circumstances Test - 2008.	•						
	more, and if the organization meets the "fac							
L	organization meets the "facts and circumst							▶ □
D	10% Facts and Circumstances Test - 2007.	_						
	more, and if the organization meets the "fac the organization meets the "facts and circu							• ► □
18	Private Foundation. If the organization did							-1
	instructions	not check the DO	,, on time 13, 10	, a, 100, 1/a 01.	I / D, CHECK HIIS	рох а	114 3 C C	▶ □
								- 1

Pa	Support Schedule for On (Complete only if you ched)(2)		
	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
·	line 6)						
To	tal Support		•	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income Do not include gain or loss						
12	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organization's fi	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶□
	mputation of Public Support Perc						
15	Public Support Percentage for 2008 (line		•	olumn (f))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
	mputation of Investment Income			40 1 1			
17	Investment Income Percentage for 2008 (-))	17	
18	Investment Income Percentage from 2007	'Schedule A , Pa	rt IV-A, line 27	h		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

Software ID: Software Version:

EIN: 23-2331946

Name: The Reinvestment Fund Inc

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa										
		Posit t	(C tion (hat a	chec)				(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
JEREMY NOWAK, CORP PRES, BOARD MEMBE	40 00	Х		Х				324,521	0	115,936
JOHN K BALL , BOARD MEMBER	8 00	Х						0	0	0
ANDREA ALLON , BOARD MEMBER	8 00	×						0	0	
SCOTT M JENKINS , BOARD MEMBER	8 00	×						0	0	
arnie graf , BO ARD MEMBER	8 00	X						0	0	0
ROBERT e KEITH JR , BOARD MEMBER & CHAIR	8 00	X						0	0	
WILLIAM STRAHAN , BOARD MEMBER	8 00	Х						0	0	0
JOHN S SUMMERS , BOARD MEMBER/VICE CHAIR	8 00	Х						0	0	0
LEE CASPER , BOARD MEMBER	8 00	Х						0	0	0
JAMES LYNCH , BOARD MEMBER	8 00	X						0	0	0
SHARMAIN MATLOCK-TURNER , secretary	8 00	Х						0	0	0
CATHERINE CARR , BOARD MEMBER	8 00	Х						0	0	0
MARK ZANDI , BOARD MEMBER	8 00	Х						0	0	0
JOYCE MILLER , BOARD MEMBER	8 00	Х						0	0	0
MICHAEL m CRIST , CORPoratre TREASURER	40 00			х				235,023	0	15,059
DONALD HINKLE-BROWN , CORP VICE PRESIDENT	40 00			х				241,343	0	15,741
NANCY HORTON , ASSISTANT SECRETARY	40 00			х				55,516	0	1,049
MARGARET BERGER BRADLEY , CORP VICE PRESIDENT	40 00			х				136,973	0	9,807
Suzanne Aloi , CONTROLLER	40 00				Х			149,936	0	10,011
IRA GOLDSTEIN , DIR - POLICY	40 00				Х			158,611	0	10,694
Sara Vernon Sterman , MNG DIR - Comm Fac	40 00				×			152,773	0	10,741
Nancy Wagner-Hislip , MNG DIR - Housing	40 00				х			141,103	0	10,527
patricia smith , dir - sp initiatives	40 00				Х			140,923	0	9,490
robert sanders , managing dir - energy fi	40 00					Х		127,829	0	9,067
john r page , chief technology officer	40 00					Х		125,303	0	8,778
maggie b mccullough , director - policymap	40 00					х		132,019	0	9,514
lorı m glass , dırector - government re	40 00					Х		128,220	0	8,984
roger e clark , Mngr of Tech & Policy -	40 00					Х		121,756	0	8,382

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

<u>, </u>						
	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514	
a interest	525,990	7,485,760	7,485,760			
b consultation fees	900,099	1,983,732	1,983,732			
c nmtc placement fees	900,099	935,243	935,243			
d ASSET MANAGEMENT FEE	561,000	927,496	927,496			
e LOAN FEES	525,990	803,375	803,375			

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

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

Open to Public

OMB No 1545-0047

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

Inspection

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

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

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

- ◆ 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 tion analysis of "Vac " to Form 000 Port IV Line & (Provy Toy)

Name of the organization			Employer iden	identification number			
The	e Reinvestment Fund Inc			23-2331946			
Par		by all organizations exemptee the instructions for Schedule			527		
1	<u>-</u>	rganızatıon's dırect and ındırect polı	•	tivities in Part IV			
2	Political expenditures				\$		
3	V olunteer hours						
Par	t I-B To be completed for Schedule C for c	by all organizations exempt letails.)	t under section	n 501(c)(3). (See the	instructions		
1	Enter the amount of any excis	e tax incurred by the organization u	nder section 4955	5	\$		
2	Enter the amount of any excis	e tax incurred by organization mana	igers under sectio	n 4955	\$		
3	If the organization incurred in	a section 4955 tax, did it file Form	4720 for this year	٠٦	┌ Yes ┌ No		
4a	Was a correction made?				┌ Yes ┌ No		
ь	If "Yes," describe in Part IV						
Par 1	(See the instruction	by all organizations exempt s for Schedule C for details.) ended by the filing organization for s			ion 501(c)(3).		
2		organization's internal funds contrib			>		
2	527 exempt funtion activities		died to other orga	inizations for section	\$		
3	Total of direct and indirect ex 1120-POL, line 17b	empt function expenditures Add line	es 1 and 2 and ent	ter here and on Form	\$		
4	Did the filing organization file	Form 1120-POL for this year?			☐ Yes ☐ No		
5	were made Enter the amount political contributions receive	and Employer Identification Number paid and indicate if the amount was and promptly and directly delivere action committee (PAC) If addition	paid from the filing ed to a separate po	g organization's own interna olitical organization, such a	l funds or were s a separate		
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from	(e) A mount of politica		
	(a) Nume	(b) Address	(3, ==::	filing organization's internal funds If none, enter - 0 -	contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 -		
	(a) Nume	(b) Address	(3, 21.1	internal funds If none,	contributions received and promptly and directly delivered to a separate political organization If none,		
	(a) Nume	(b) Address	(3, ===	internal funds If none,	contributions received and promptly and directly delivered to a separate political organization If none,		
	(a) Nume	(b) Address		internal funds If none,	contributions received and promptly and directly delivered to a separate political organization If none,		

section 4911 tax for this year?

┌ Yes ┌ No

Ρ		organizations exempt under section 501(c tion 501(h)). (See the instructions for Schedule		68	
		belongs to an affiliated group			
B Check If the filing organization checked box A and "limited control" provisions apply					
		obying Expenditures— s" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals	
1 a	Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)			
b	Total lobbying expenditures to influe	nce a legislative body (direct lobbying)	10,000		
c	Total lobbying expenditures (add line	es 1a and 1b)	10,000		
d	Other exempt purpose expenditures		20,846,834		
е	Total exempt purpose expenditures (add lines 1c and 1d)	20,856,834		
f	Lobbying nontaxable amount Enter t columns— If the amount on line 1e, column (a)	he amount from the following table in both	1,000,000		
	or (b) is: Not over \$500,000	The lobbying nontaxable amount is: 20% of the amount on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000			
	Over \$17,000,000	\$1,000,000			
g	Grassroots nontaxable amount (ente	r 25% of line 1f)	250,000		
h	Subtract line 1g from line 1a Enter -	0- ıf lıne g ıs more than lıne a	0		
i	Subtract line 1f from line 1c Enter - 0	O- if line f is more than line c	0		

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total		
2a	Lobbying non-taxable amount		1,000,000	1,000,000	1,000,000	3,000,000		
ь 	Lobbying ceiling amount (150% of line 2a, column(e))					4,500,000		
_c	Total lobbying expenditures		60,000	8,319	10,000	78,319		
_d	Grassroots non-taxable amount		250,000	250,000	250,000	750,000		
е 	Grassroots ceiling amount (150% of line d, column (e))					1,125,000		
f_	Grassroots lobbying expenditures							

	edule C (Form 990 or 990-EZ) 2008 rt II-B To be completed by or					ed F		age 3
	5768 (election under s	ection 501(h)). (See the	instructions for Schedule C for					
				(;	a)		(b)	
				Yes	No	A	moun	it
1	During the year, did the filing organizati legislation, including any attempt to infl referendum, through the use of							
а	Volunteers?							
Ь	Paid staff or management (include comp	pensation in expenses reported	on lines c through i)?					
С	Media advertisements?							
d	Mailings to members, legislators, or the	•						
е	Publications, or published or broadcast	statements?				<u> </u>		
f	Grants to other organizations for lobbyi	ng purposes?						
g	Direct contact with legislators, their sta	affs, government officials, or a l	egislative body?					
h	Rallies, demonstrations, seminars, conv	ventions, speeches, lectures, o	r any other means?					
i	Other activities If "Yes," describe in P	art IV						
j	Total lines 1c through							
2a	11 Did the activities in line 1 cause the org	anization to be not described i	n section 501(c)(3)?		1 1	1		
	If "Yes" enter the amount of any tax inc		, , ,					
	If "Yes" enter the amount of any tax inc		s under section 4912					
	If the filing organization incurred a sect	· -						
	rt IIII-A To be completed by all			ction	501(c)(5)	. or	
		the instructions for Schedi						
1	Were substantially all (90% or more) du	use recoved pendeductible by	mambara?			1	Yes	No
2	Did the organization make only in-house	·			-	2		
3	Did the organization make only in-nous				F	3		
	rt IIII-B To be completed by all			ction	F01/c			
	section 501(c)(6) if BO question 3 is answered	TH Part III-A, questions I "Yes." (See the instruction	1 and 2 are answered "No" ons for Schedule C for details.)	OR if	f Part			
1	Dues, assessments and similar amount				1 \$			
2	Section 162(e) non-deductible lobbying expenses for which the section 527(f		not include amounts of political	'				
а	Current Year	, un was paraj.			2a \$			
	Carryover from last year			Ī	2b\$			
С	Total			ŀ	2c \$			
3	Aggregate amount reported in section 6	033(e)(1)(A) notices of nonde	ductible section 162(e) dues	f	3 \$			
4	If notices were sent and the amount on	line 2c exceeds the amount on	line 3, what portion of the excess	ŀ				
	does the organization agree to carryove	r to the reasonable estimate of	nondeductible lobbying and politic					
_	expenditure next year?			-	4 \$			
5	Taxable amount of lobbying and politica		nus 3 and 4)		5 \$			
	art IV Supplemental Informa							
	implete this part to provide the descriptions, complete this part for any additional in		Part I-B, line 4, Part I-C, line 5, and	l Part I	I-B, line	11		
	Ident if ier	Return Reference	Explana	tion				

Part IV Supplemental I	Part IV Supplemental Information							
Ident if ier	Return Reference	Explanation						

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization
The Reinvestment Fund Inc

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

	organization answered "Yes" to Form 99	<u>, </u>	T
-	Takel number of and of user	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2 3	Aggregate Contributions to (during year) Aggregate Grants from (during year)		
3 4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advi 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 used only for charitable purposes and not for the ber impermissible private benefit?		
Pai	rt II Conservation Easements. Complete	ıf the organization answered "Yes" t	o Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the o Preservation of land for public use (e g , recreat Protection of natural habitat Preservation of open space	ion or pleasure) Preservation of ar	n historically importantly land area ertified historic structure
2	Complete lines 2a-2d if the organization held a qual on the last day of the tax year	ified conservation contribution in the form	n of a conservation easement
	on the last day of the tax year		Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement	ts.	2b
С	Number of conservation easements on a certified h		2c
d	Number of conservation easements included in (c)	` ,	2d
3	Number of conservation easements modified, transfe	•	
•	the taxable year 🕨	errea, rereasea, extingaismea, or terminate	or by the organization dailing
4	Number of states where property subject to conserve	ation easement is located ►	
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds:	= - :	ations, and Yes No
6	Staff or volunteer hours devoted to monitoring, inspe	ecting and enforcing easements during the	e year ►
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the y	ear ► \$
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	2(d) above satisfy the requirements of sec	rtion Yes No
9	In Part XIV, describe how the organization reports c balance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the organization's financia	·
Par	Complete if the organization answered		or Other Similar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fir	l for public exhibition, education or resear	ch in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research i	•
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		► \$
2	If the organization received or held works of art, hist following amounts required to be reported under SFA		or financial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1		► \$
ь	Assets included in Form 990. Part X		▶- \$

3	Using the organization's accession and other r							ontinued)
,	items (check all that apply)	ecords, check any or tr	16 101	lowing that are	a significant	ase of its confection	· · · ·	
а	Public exhibition	d	Γ	Loan or exch	ange program:	5		
b	Scholarly research	e	Γ	Other				
c	Preservation for future generations							
4	Provide a description of the organization's collegart XIV	ections and explain hov	w the	y further the o	rganızatıon's e	xempt purpose in		
5	During the year, did the organization solicit or							-
Dar	assets to be sold to raise funds rather than to	· · · · · · · · · · · · · · · · · · ·				<u> </u>	Yes	No
rei	Part IV, line 9, or reported an amo				inzacion ansv	vered les to i	OI III .	
1a	Is the organization an agent, trustee, custodia included on Form 990, Part X?	n or other intermediary	ford	ontributions o	r other assets		Yes	✓ No
b	If "Yes," explain why in Part XIV and complete	the following table						
						A mo		
С	Beginning balance				1c		2,	656,258
d	Additions during the year				1d			
е	Distributions during the year				1e		1,	523,958
f	Ending balance				1f		-	132,300
2a	Did the organization include an amount on Form	m 990, Part X, line 21?				∀	Yes	Г No
b	If "Yes," explain the arrangement in Part XIV							
Pa	rt V Endowment Funds. Complete if						olEour \	Yoars Back
1a	Beginning of year balance	(a)Current Year (b) Prior	real (c) iwo	rears back (u	Tillee reals back [(e)rour i	'ears Back
b	Contributions							
c	Investment earnings or losses							
d	Grants or scholarships							
e	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the year e	end balance held as						
а	Board designated or quasi-endowment 🕨							
ь	Permanent endowment 🕨 0 %							
c	Term endowment ▶							
3a	Are there endowment funds not in the possess	ion of the organization	that	are held and a	dmınıstered foı	r the		
	organization by					<u> </u>	Yes	No
	(i) unrelated organizations		•			3a(i)		₩
ь	(ii) related organizations					3a(ii)	<u>' </u>	<u> </u>
4	Describe in Part XIV the intended uses of the					30		1
	t VI Investments—Land, Buildings,				rt X. line 10.			
				a) Cost or other	(b)Cost or other			
	Description of investment			sis (investment)	basis (other)	(c) Depreciation	(d) Bo	ook value
1a	Land							
	Buildings)		
	Leasehold improvements			865,677		581,081		284,596
	Equipment			729,229		606,464		122,765
	Other			2,307,477		988,664		1,318,813
	I. Add lines 1a-1e (Column (d) should equal Forn	n 990, Part X, column (B,), line					1,726,174
	· · · · · · · · · · · · · · · · · · ·			· · ·		Schedule D (Form 9	

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2	
(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
O ther			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value		d of valuation year market value
Table (California (h.) abasilda assal Form 2000, Bast V, as I/D) (as d.2.)			
Part IX Other Assets. See Form 990, Part X, col (B) line 13) F			
(a) Descri			(b) Book value
The Colour (b) she is a second	45.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part			
(a) Description of Liability	(b) A mount		
Federal Income Taxes	.,	1	
RESERVE FUNDS PAYABLE	622,775		
Loans from interested persons	178,957		
	·		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	801,732		

•	t XI Reconciliation of Cl	nange in Net Assets from Forr	m 990 to Financial Staten	ents	
1	Total revenue (Form 990, Part \	/III, column (A), line 12)		1	
2	Total expenses (Form 990, Par	t IX, column (A), line 25)		2	
3	Excess or (deficit) for the year	3			
4	Net unrealized gains (losses) or	n investments		4	
5	Donated services and use of fac	ilities		5	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	
9	Total adjustments (net) Add lin	ies 4 - 8		9	
10	Excess or (deficit) for the year p	per financial statements. Combine line:	s 3 and 9	10	
Part	XIII Reconciliation of Re	evenue per Audited Financial	Statements With Revenue	e per Return	
1	Total revenue, gains, and othe	r support per audited financial stateme	ents	. 1	
2	Amounts included on line 1 bu	t not on Form 990, Part VIII, line 12			
а	Net unrealized gains on invest	ments	. 2a		
ь	Donated services and use of fa	acılıtıes	. 2ь		
c	Recoveries of prior year grants		. 2c		
d	Other (Describe in Part XIV)		2d		
e	Add lines 2a through 2d .				
3	Subtract line 2e from line 1 .			3	
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1			
а		uded on Form 990, Part VIII, line 7b	. 4a		
ь	Other (Describe in Part XIV)		. 4b		
c	Add lines 4a and 4b				
5	Total Revenue Add lines 3 and	d 4c. (This should equal Form 990, Par	t I, line 12)	. 5	
Part		cpenses per Audited Financia			
				. 1	
1	Total expenses and losses per	audited financial statements			
1 2		audited financial statements t not on Form 990, Part IX, line 25			
	A mounts included on line 1 bu		2a		
2	Amounts included on line 1 bu Donated services and use of fa	t not on Form 990, Part IX, line 25	1 1		
2 a	A mounts included on line 1 bu Donated services and use of fa Prior year adjustments	t not on Form 990, Part IX, line 25	2a		
2 a b	A mounts included on line 1 bu Donated services and use of fa Prior year adjustments Losses reported on Form 990,	t not on Form 990, Part IX, line 25 acilities	2a 2b		
a b c	A mounts included on line 1 bu Donated services and use of fa Prior year adjustments	t not on Form 990, Part IX, line 25 acilities	2a 2b 2c	. 2e	
a b c d	A mounts included on line 1 bu Donated services and use of fa Prior year adjustments Losses reported on Form 990, Other (Describe in Part XIV)	t not on Form 990, Part IX, line 25 acilities	2a 2b 2c	. 2e	
a b c d	A mounts included on line 1 bu Donated services and use of fa Prior year adjustments Losses reported on Form 990, Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 .	t not on Form 990, Part IX, line 25 acilities	2a 2b 2c	 	
2 a b c d e 3	A mounts included on line 1 bu Donated services and use of fa Prior year adjustments Losses reported on Form 990, Other (Describe in Part XIV) Add lines 2a through 2d. Subtract line 2e from line 1. A mounts included on Form 999	t not on Form 990, Part IX, line 25 acilities	2a 2b 2c 2d 2d	 	
2 a b c d e	A mounts included on line 1 but Donated services and use of far Prior year adjustments Losses reported on Form 990, Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 . A mounts included on Form 990 Investment expenses not included.	t not on Form 990, Part IX, line 25 acilities Part IX, line 25 Part IX, line 25 Part IX, line 25 Part IX, line 25, but not on line 1: uded on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d	 	
2 a b c d e 3 4 a	A mounts included on line 1 but Donated services and use of far Prior year adjustments Losses reported on Form 990, Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 . A mounts included on Form 990 Investment expenses not included.	t not on Form 990, Part IX, line 25 acilities	2a 2b 2c 2d 2d	 	
2 a b c d e 3 4 a b	A mounts included on line 1 but Donated services and use of fat Prior year adjustments Losses reported on Form 990, Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 . A mounts included on Form 990 Investment expenses not included Other (Describe in Part XIV) Add lines 4a and 4b	t not on Form 990, Part IX, line 25 acilities	2a	3	
2 a b c d e 3 4 a b c	A mounts included on line 1 but Donated services and use of fat Prior year adjustments Losses reported on Form 990, Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 . A mounts included on Form 990 Investment expenses not included Other (Describe in Part XIV) Add lines 4a and 4b	t not on Form 990, Part IX, line 25 acilities Part IX, line 25 Part IX, line 25 Part IX, line 25 Part IX, line 25, but not on line 1: uded on Form 990, Part VIII, line 7b	2a	3 4c	
2 a b c d e 3 4 a b c Fair	A mounts included on line 1 bu Donated services and use of fa Prior year adjustments Losses reported on Form 990, Other (Describe in Part XIV) Add lines 2a through 2d. Subtract line 2e from line 1. A mounts included on Form 99 Investment expenses not included on Form 99 Investment expenses not included on Form 99 Investment expenses not included on Form 99 Investment expenses Add lines 3 and 4b. Total expenses Add lines 3 and XIV Supplemental Information	t not on Form 990, Part IX, line 25 acilities Part IX, line 25 Part IX, line 25 Part IX, line 25 Part IX, line 25, but not on line 1: uded on Form 990, Part VIII, line 7b	2a	3 4c . 5	d 2b,
2 a b c d e 3 4 a b c Fair	A mounts included on line 1 bu Donated services and use of fa Prior year adjustments Losses reported on Form 990, Other (Describe in Part XIV) Add lines 2a through 2d. Subtract line 2e from line 1. A mounts included on Form 99 Investment expenses not included on Form 99 Investment expenses not included on Form 99 Investment expenses not included on Form 99 Investment expenses Add lines 3 and 4b. Total expenses Add lines 3 and XIV Supplemental Information	t not on Form 990, Part IX, line 25 acilities	2a	4c 5 , Part XIV , lines 1b and	d 2b,
a b c d e 3 4 a b C Fart	A mounts included on line 1 bu Donated services and use of fa Prior year adjustments Losses reported on Form 990, Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 . A mounts included on Form 99 Investment expenses not included on Form 99 Investment expenses Add lines 3 ar t XIV Supplemental Information of the design of the part XIV supplemental Information of the design of the part XIV part XI, line 8,	t not on Form 990, Part IX, line 25 acilities	2a 2b 2c 2d 2d	4c 5, Part XIV, lines 1b and	d 2b,
2 a b c d e 3 4 a b c Fart	A mounts included on line 1 bu Donated services and use of fa Prior year adjustments Losses reported on Form 990, Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 . A mounts included on Form 99 Investment expenses not included on Form 99 Investment expenses not included on Form 99 Investment expenses Add lines 3 are times 1 to provide the desivent of the part XIV supplemental Information of the Information	t not on Form 990, Part IX, line 25 acilities	2a	4c 5, Part XIV, lines 1b and	d 2b,
2 a b c d e 3 4 a b c Fart	A mounts included on line 1 bu Donated services and use of fa Prior year adjustments Losses reported on Form 990, Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 . A mounts included on Form 99 Investment expenses not included on Form 99 Investment expenses not included on Form 99 Investment expenses Add lines 3 are times 1 to provide the desivent of the part XIV supplemental Information of the Information	t not on Form 990, Part IX, line 25 acilities	2a	4c 5, Part XIV, lines 1b and	d 2b,
2 a b c d e 3 4 a b c Fart	A mounts included on line 1 bu Donated services and use of fa Prior year adjustments Losses reported on Form 990, Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 . A mounts included on Form 99 Investment expenses not included on Form 99 Investment expenses not included on Form 99 Investment expenses Add lines 3 are times 1 to provide the desivent of the part XIV supplemental Information of the Information	t not on Form 990, Part IX, line 25 acilities	2a	4c 5, Part XIV, lines 1b and	d 2b,

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DLN: 93493039001710

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No 1545-0047

2008

Department of the Treasury
Internal Revenue Service

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

Open to Public

Name of the organization						Employer identi	fication number
The Reinvestment Fund Inc						23-2331946	
Part I General Infor	mation on Gra	nts and Assistanc	е			-	
Does the organization mathematical the selection criteria useDescribe in Part IV the organization	d to award the gra	nts or assistance?					▼Yes □
Form 990, Part Part IV and Sch	IV, line 21 for ai edule I-1 if addi	ny recipient that rec tional space is	eived more than \$5,0	000. Check this box	tes. Complete if the of if no one recipient rec	ceived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
See Additional Data Table							
2 Enter total number of seconganizations					•		8
3 Enter total number of oth							▶ 28

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
sustainable development fund - photovoltaic assistance	10	54,229		fmv	

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	·	Schedule I, 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

Software ID:

Software Version:

EIN: 23-2331946

Name: The Reinvestment Fund Inc

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BILL'S MARKET2117 63RD STREET Philadelphia, PA 19152			35,000		fmv - cash		fresh FOOD FINANCING
BLOSS HOLIDAY MARKET LLC1 RIVERSIDE PLAZA BLOSSBURG,PA 16912			25,000		fmv - cash		fresh food financing
BO Yer's Food Markets Inc 1165 Centre Turnpike Orwingsburg, PA 17961			251,588		fmv - cash		fresh food financing
BRO Wn's Parkside LLC 363 West Browning Road Unit B BEllmawr, NJ 08031			73,165		fmv - cash		fresh food financing
BUTTON WHOLE MARKET7 MAIN STREET TIOGA,PA 16946			11,728		fmv - cash		fresh food financing
CENTRAL MARKET OF LANCASTER120 NORTH DUKE STREET LANCASTER,PA 17608			100,000		fmv - cash		fresh food financing
COVINGTON COUNTRY MARKET14 WEST HILL ROAD CONVINGTON,PA 18504			23,810		fmv - cash		fresh food financing
GERRITY'S SUPERMARKETS INC940 NORTH SOUTH ROAD SCRANTON,PA 18504			150,000		fmv - cash		fresh food financing
IN SUK PAK (EAGLE SUPERMARKET)2304 NORTH 3RD STREET HARrisburg,PA 17110			173,902		fmv - cash		fresh food financing
JTOWN FRESH AND FRIENDLY FOODS LLC148 WINDSOR DRIVE JOHNSTOWN,PA 15904			20,000		fmv - cash		fresh food financing

Form 990,Schedule I, P	art II, Grar	nts and Other A	ssistance to Gove	ernments and Oi	rganizations in t	he United States	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LASALLE FOODS LLC 5000 STATE ROAD DREXEL HILL, PA 19026			250,000		fmv - cash		fresh food financing
LEBANON FAMILY MART LLC1038 MAPLE STREET LEBANON,PA 17046			89,500		fmv - cash		fresh food financing
LITTLE O FRESH FRIENDLY FOODS LLC 148 WINDSOR DRIVE JOHNSTOWN,PA 15904			20,000		fmv - cash		fresh food financing
MOSAIC DEVELOPEMENT PARTNERS LLC4950 PARSIDE AVENUE SUITE 506 PHIladelphia, PA 19131			181,354		fmv - cash		fresh food financing
NUBROAD ENTERPRISES 5000 STATE ROAD DREXEL HILL,PA 19026			250,000		fmv - cash		fresh food financing
OVERBROOK FARMS CIVIC ASSOCIATION 6376 CITY AVENUE OVERBROOK,PA 19151			21,000		fmv - cash		fresh food financing
RICCARDO'S MARKET 617 THIRD STREET DUNMORE,PA 18512			150,000		fmv - cash		fresh food financing
RIGHT BY NATURE3 KNOLLWOOD DRIVE ASPINWALL,PA 15215			118,100		fmv - cash		fresh food financing
SAFRAN BROTHERS INC 2910 DUSS AVENUE AMBRIDGE,PA 15003			75,679		fmv - cash		fresh food financing
THE FOOD TRUST1617 JFK BLVD SUITE 900 PHILAdelphia,PA 19103			15,175		fmv - cash		fresh food financing

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE YORK CITY REDEVELOPMENT AUTHORITY200 NORTH BROAD STREET YORK,PA 17403			50,000		fmv - cash		fresh food financing
PA LEARNING TREEDOE 333 MARKET ST 8TH FL HARrisburg,PA 17126			6,000		fmv - cash		sustainable development fund financing
PA PROJECT WETDOE 333 MARKET ST 8TH FL HARrisburg,PA 17126			9,000		fmv - cash		sustainable development fund financing
MERCURRENT LLC1900 Panama Street Philadelphia,PA 19103			8,865		fmv - cash		sustainable development fund financing
PA FOUNDry Association PO BOX 762 PLYmouth Meeting, PA 19462			8,566		fmv - cash		sustainable development fund financing
Ross Mechanical Group Inc 814 Welsh Rd Huntingdon Valley, PA 19006			14,349		fmv - cash		sustainable development fund financing
RUSHFORTH SOLARLLC 3700 DARBY RD BRYN MAWR,PA 19010			17,300		fmv - cash		sustainable development fund financing
PENN FUTURE - CEEE 4 1518 walnut street suite 1100 philadelphia, PA 19102			7,500		fmv - cash		sustainable development fund financing
GREEN BLDG ASSN OF CENTRAL PAPO BOX 1759 HARrisburg,PA 17105			11,332		fmv - cash		sustainable development fund financing
ECA INC1924 Arch Street Philadelphia, PA 19103			45,644		fmv - cash		sustainable development fund financing

Form 990,Schedule I, P	art II, Gra	nts and Other A	ssistance to Gov	ernments and O	<u>rganizations in</u>	the United States	j
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ENERgy Coordinating Agency1924 Arch Street PHiladelphia, PA 19103			13,044		fmv - cash		sustainable development fund financing
BOROUGH OF PARKESBURG315 W FIRST STreet PARKESBURG, PA 19365			5,000		fmv - cash		sustainable development fund financing
PA DCNRPO BOX 8767 HARRisburg, PA 17105			32,000		fmv - cash		sustainable development fund financing
BOROUGH OF MEDIA 301 N JACKSON STREET MEDIA, PA 19063			10,000		fmv - cash		sustainable development fund financing
SUNPOWER BUILDERS80 PECHINS MILL Road COLLEGEVILLE, PA 19426			19,700		fmv - cash		sustainable development fund financing
casselman1125 NW COUCH ST SUITE 700 PORTLAND,OR 97209			371,040		fmv - cash		sustainable development fund financing

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As Filed Data -

DLN: 93493039001710

OMB No 1545-0047

OMB No 1545-004

2000

2008

Schedule J (Form 990)

Department of the Treasury

ın Part III

Internal Revenue Service

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Compensation Information

Open to Public Inspection

Employer identification number Name of the organization The Reinvestment Fund Inc. 23-2331946 **Questions Regarding Compensation** Νo Yes Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax idemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain **1**b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a Receive a severance payment or change of control payment? Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo 4c Νo Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III 501(c)(3) and 501(c)(4) organizations only must complete lines 5-8. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5a Νo 5b Νo Any related organization? If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a Νo 6b Any related organization? Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo

Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe

Νo

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
JEREMY NOWAK	(ı) (ıı)	249,521	75,000		100,000	15,936	440,457	122,107
MICHAEL m CRIST	(ı) (ıı)	215,453	19,570			15,059	250,082	106,149
DONALD HINKLE- BROWN	(ı) (ıı)	211,343	30,000			15,741	257,084	99,645
Suzanne Aloi	(ı) (ıı)	137,436	12,500			10,011	159,947	67,641
IRA GOLDSTEIN	(ı) (ıı)	144,191	14,420			10,694	169,305	70,939
Sara Vernon Sterman	(ı) (ıı)	134,023	18,750			10,741	163,514	66,004
Nancy Wagner-Hislip	(ı) (ıı)	122,353	18,750			10,527	151,630	60,347
patricia smith	(ı) (ıı)	130,923	10,000			9,490	150,413	66,205
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
-		
	•	

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

line 10

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008

Open to Public
Inspection

Name of the organization
The Reinvestment Fund Inc

Employer identification number

23-2331946

 Identifier
 Return Reference
 Explanation

 Form 990, Part III, line 4d
 Other Program Services
 policy Expenses \$ 789740 including grants of \$ 0 Revenue \$ 523182

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A,		The Organization has engaged our independent accountants RSM McGladrey, Inc. to prepare Form 990 in accordance with our audited financial statements. The Form 990 is then reviewed by management, TRF's

and is made available to the full governing body

Audit and Finance Committee (which is a sub-committee of the full board with fiscal and fiduciary oversight)

ldentifier	Return Reference	Explanation
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 and committee members 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.

Identifier	Return Reference	Explanation
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 and three top management officials using comparative data and survey data. The opinion letter for the CEO compensation is sent directly to the Chairman of the Board. The opinion letter for the three top management officials is sent directly to the CEO.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The ORGANIZATION MAKES IT'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST STATEMENT, FORM(S) 1023, 990 & 990T AND FINANCIAL STATEMENT AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST THROUGH ITS OFFICES AT 718 ARCH STREET, SUITE 300N, PHILADELPHIA, PA 19106 GOVERNING DOCUMENT REQUESTS ARE EVALUATED AND PROVIDED ON A CASE BY CASE BASIS THE ORGANIZATION'S FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON THE ORGANIZATION'S WEBSITE

ldentifier	Return Reference	Explanation
		FORM 990, PART XI, LINE 2B The organization's consolidated financial statements are audited by an independent auditor (National Audit Firm McGladrey & Pullen, LLP) on an annual basis

ldentifier	Return Reference	Explanation							
		FORM 990, PART V, LINE 1C THE REINVESTMENT FUND, INC HAS ANSWERED THIS QUESTION AS NO ONLY BECUASE THERE IS NO OTHER OPTION AND THE INTERNAL REVENUE SERVICE REQUIRES AN ANSWER TO THIS QUESTION AND HAS INSTRUCTED ORGANIZATION TO ANSWER THE QUESTION AS NO IF THE QUESTION DOES NOT APPLY THE REINVESTMENT FUND, INC DOES NOT HAVE ANY ACTIVITIES THAT WOULD REQUIRE BACK-UP WITHHOLDING							

Identifier	Return Reference	Explanation					
		FORM 990, PART 1, LINE 5 IN ORDER TO SIMPLIFY MANAGEMENT OF THE OVERALL ORGANIZATIONS PAYROLL SYSTEM AND MINIMISE PAYROLL COSTS, THE REINVESTMENT FUND ACTS AS THE COMMON PAY MASTER FOR ALL OF ITS RELATED ORGANIZATIONS					

ldentifier	Return Reference	Explanation						
		FORM 990, PART V, LINE 2A IN ORDER TO SIMPLIFY MANAGEMENT OF THE OVERALL ORGANIZATIONS PAYROLL SYSTEM AND MINIMISE PAYROLL COSTS, THE REINVESTMENT FUND ACTS AS THE COMMON PAY MASTER FOR ALL OF ITS RELATED ORGANIZATIONS						

ldentifier	Return Reference	Explanation								
		FORM 990, PART V, LINE 1C, 7G AND 7H THE REINVESTMENT FUND, INC HAS ANSWERED THESE QUESTIONS AS NO ONLY BECUASE THERE IS NO OTHER OPTION AND THE INTERNAL REVENUE SERVICE REQUIRES AN ANSWER TO THESE QUESTIONS AND HAS INSTRUCTED ORGANIZATIONS TO ANSWER THE QUESTION AS NO IF THE QUESTION DOES NOT APPLY THE REINVESTMENT FUND, INC DOES NOT HAVE HAVE ANY ACTIVITIES THAT WOULD REQUIRE A RESPONSE TO THESE QUESTIONS OTHERWISE								

ldentifier	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 Securities Commission. 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 guideance, 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. How ever, in good faith we have provided information regarding the loans from "Interested Persons" outstanding as of the end of the year below. Individual Robert Keith Loan To/From Organization. To Original Principal Amount \$100,000 Balance Due \$103,016 in default. No Approved by Board or Committee No Written Agreement Yes Individual James Lynch Loan To/From Organization. To Original Principal Amount \$5,000 Balance. Due \$26,519 in default. No Approved by Board or Committee. No Written Agreement Yes Individual William Strahan Loan To/From Organization. To Original Principal Amount. \$5,000 Balance Due \$5,000 Balance Due \$5,000 in default. No Approved by Board or Committee. No Written Agreement. Yes Individual Catherine Carr Loan To/From Organization. To Original Principal Amount. \$3,000 Balance. Due \$3,234 in default. No Approved by Board or Committee. No Written. Agreement. Yes Individual Catherine Carr Loan To/From Organization. To Original Principal Amount. \$4,000 Balance. Due \$4,410 in default. No Approved by Board or Committee. No Written Agreement. Yes Individual John S. Summers Loan To/From Organization. To Original Principal Amount. \$4,000 Balance. Due \$4,410 in default. No Approved by Board or Committee. No Written Agreement. Yes Individual John S. Summers Loan To/From Organization. To Original Principal Amount. \$1						

Part I Identification of Disregarded Entities

DLN: 93493039001710

OMB No 1545-0047

Open to Public Inspection

Related Organizations and Unrelated Partnerships

Department of the Treasury Internal Revenue Service

(Form 990)

SCHEDULE R

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

Name of the organization The Reinvestment Fund Inc

Employer identification number

23-2331946

(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
INVESTMENT IN CHARTER SCHOOL FINANCING	DE	0	10,618	N/A
INVESTMENT IN NMTC PARTNERSHIPS	DE	421,602	339,940	N/A
	Primary activity INVESTMENT IN CHARTER SCHOOL FINANCING INVESTMENT IN NMTC	Primary activity Legal domicile (state or foreign country) INVESTMENT IN CHARTER SCHOOL FINANCING DE INVESTMENT IN NMTC	Primary activity Legal domicile (state or foreign country) INVESTMENT IN CHARTER SCHOOL FINANCING DE 0 INVESTMENT IN NMTC	Primary activity Legal domicile (state or foreign country) Total income End-of-year assets INVESTMENT IN CHARTER SCHOOL FINANCING DE 0 10,618 INVESTMENT IN NMTC

Part II Identification of Related Tax-Exempt Organizations

(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
COLLABORATIVE LENDING INITIATIVE INC					
718 ARCH ST SUITE 300 NORTH PHILADELPHIA, PA19106 23-2765410	LENDING AND COMMUNITY INVESTING	PA	501(C)(3)	9	N/A
TRF ENTERPRISE FUND INC					
718 ARCH ST SUITE 300 NORTH PHILADELPHIA, PA19106 23-3010796	LENDING AND COMMUNITY INVESTING	PA	501(C)(3)	9	N/A
TRF PRIVATE EQUITY INC					
718 ARCH ST SUITE 300 NORTH PHILADELPHIA, PA19106 31-1481669	PRIVATE EQUITY	PA	501(C)(3)	9	N/A
TRF DEVELOPMENT PARTNERS INC					
718 ARCH ST SUITE 300 NORTH PHILADELPHIA, PA19106 23-2671667	REAL ESTATE	PA	501(C)(3)	9	N/A

(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, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H Disprop allocat	ortionate	Code V—UBI amount on Box 20 of K-1	Gene man	(J) eral or laging tner?
							Yes	No]	Yes	No
	redevelopment investments	DE		related / investment	-207,721	286,061		No	1,776		No
40 west evergreen avenue	renewable / clean energy investments / development	РА		related	162,281	1,106,699		No			No
	redevelopment activities including rental facilities	РА		related	-178,476	231,132		No			No
150 s independence mall west st 102	redevelopment activities including rental facilities	PA		related	-35,200	437,618		No			No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(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

(3)

(4)

(5)

(6)

Part V Transactions with Related Organiz	ations
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Pa	Transactions with Related Organizations					
	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
1 D	ırıng the tax year, dıd the orgranızatıon engage ın any of the following transactıo	ons with one or more related organizations listed in Parts II	-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled er	ntity		1a	Yes	
b	Gift, grant, or capital contribution to other organization(s)			1b	Yes	
c	Gift, grant, or capital contribution from other organization(s)			1c	Yes	
d	Loans or loan guarantees to or for other organization(s)			1d	Yes	
e	Loans or loan guarantees by other organization(s)			1e		No
f	Sale of assets to other organization(s)			1f		No
g	Purchase of assets from other organization(s)			1 g		No
h	Exchange of assets			1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)			1i		No
j	Lease of facilities, equipment, or other assets from other organization(s)			1j		No
k	Performance of services or membership or fundraising solicitations for other o	organization(s)		1k	Yes	
ı	Performance of services or membership or fundraising solicitations by other or	rganization(s)		11	Yes	
m	Sharing of facilities, equipment, mailing lists, or other assets			1m	Yes	
n	Sharing of paid employees			1n		No
0	Reimbursement paid to other organization for expenses			10	Yes	
р	Reimbursement paid by other organization for expenses			1р	Yes	
q	O ther transfer of cash or property to other organization(s)			1 q		No
r	O ther transfer of cash or property from other organization(s)			1r	Yes	
2	If the answer to any of the above is "Yes," see the instructions for information	on who must complete this line, including covered relations	hips and transaction thresholds			
	(A) Name of other organization(s)	(B) Transaction	(C) Amount Involved			
(1)	, ,,	type(a-r)				
See Add	tional					
Data Tabl						
(2)						

Part VI Unrelated Organizations Taxable as a Partnership

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	country) 501(c)(3) organizations?		s?	(E) Share of end-of-year assets			(F) proprtionate ocations? (G) Code V—UBI amount on Box 20 of K-1		(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No	
			•	•		•		Cabadul	. D / Farms	9907 2008	

Software ID: Software Version:

EIN: 23-2331946

Name: The Reinvestment Fund Inc

Form	990, Schedule R, Part V - Transactions with Related Organizations (A) Name of other organization	(B) Transaction type(a-r)	(C) A mount Involved (\$)
(1)	COLLABORATIVE LENDING INITIATIVE	L	794,198
(2)	COLLABORATIVE LENDING INITIATIVE	В	31,782
(3)	COLLABORATIVE LENDING INITIATIVE	К	691,065
(4)	COLLABORATIVE LENDING INITIATIVE	Р	36,215
(5)	TRF ENTERPRISE FUND INC	В	6,204
(6)	TRF ENTERPRISE FUND INC	В	40,317
(7)	TRF ENTERPRISE FUND INC	А	38,124
(8)	TRF ENTERPRISE FUND INC	D	511,355
(9)	TRF ENTERPRISE FUND INC	Р	8,940
(10)	TRF PRIVATE EQUITY INC	В	880,026
(11)	TRF PRIVATE EQUITY INC	В	165,000
(12)	TRF PRIVATE EQUITY INC	Р	1,030,231
(13)	TRF DEVELOPEMENT PARTNERS Inc	D	250,000
(14)	TRF DEVELOPEMENT PARTNERS Inc	D	333,333
(15)	TRF DEVELOPEMENT PARTNERS Inc	В	2,202,589
(16)	TRF DEVELOPEMENT PARTNERS Inc	А	4,959
(17)	TRF DEVELOPEMENT PARTNERS Inc	A	2,539
(18)	TRF DEVELOPEMENT PARTNERS Inc	А	5,014
(19)	TRF DEVELOPEMENT PARTNERS Inc	P	387,809
(20)	trf nmtc fund llc	L	339,996
(21)	trf nmtc fund llc	В	173
(22)	trf nmtc fund llc	R	168,350
(23)	trf nmtc fund llc	К	339,996
(24)	trf nmtc fund llc	Р	220
(25)	charter school capital access program llc	Р	2,462