TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

DECEMBER 31, 2016

Prepared for	JUSTINE PETERSEN HOUSING AND REINVESTMENT CORPORATION 1023 N. GRAND BLVD. SAINT LOUIS, MO 63106
Prepared by	BROWN SMITH WALLACE LLP 6 CITYPLACE DRIVE, SUITE 900 ST. LOUIS, MO 63141
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

** PUBLIC DISCLOSURE COPY

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

▶ Do not enter social security numbers on this form as it may be made public.

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

Department of the Treasury Internal Revenue Service

Form

aar

AH	or th	e 2016 calendar year, or tax year beginning and	ending		
B c	Check if Ipplicab	C Name of organization JUSTINE PETERSEN HOUSING AND		D Employer identifi	cation number
	Addre				
	Name			43-176	9074
	Initial return	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	 Final return				3.2411
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	6,293,319.
	Amen return	ded GATNE LOUIS NO 63106		H(a) Is this a group r	eturn
	Applie tion	F Name and address of principal officer: ROBERT BOYLE		for subordinates	
	pendi	ng SAME AS C ABOVE		H(b) Are all subordinates i	
11	Tax-ex	empt status: 🗴 501(c)(3) 🛄 501(c) () ◀ (insert no.) 🛄 4947(a)(1) c	or 527	1	list. (see instructions)
J /	Nebsi	te: WWW.JUSTINEPETERSEN.ORG		H(c) Group exemptic	n number 🕨
κF	orm o	forganization: 🗴 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year		✓ State of legal domicile: MO
Pa	art I	Summary			
e	1	Briefly describe the organization's mission or most significant activities: CREATE	ENDURING	CHANGE FOR	
Activities & Governance		LOW/MODERATE INCOME FAMILIES VIA HOUSING, SAVINGS AND ECONOMI			
sr n (2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more	than 25% of its net a	ssets.
No.	3	Number of voting members of the governing body (Part VI, line 1a)			6
ي م	4	Number of independent voting members of the governing body (Part VI, line 1b) _			6
es	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	35	
iti	6	Total number of volunteers (estimate if necessary)			11
Acti		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)	2,140,538.	4,275,659.	
eni	9	Program service revenue (Part VIII, line 2g)		1,625,053.	1,833,868.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		39.	0.
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		186,371.	-8,090.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		3,952,001.	6,101,437.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,614,164.	1,696,997.
ens		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses			614.	1 850 088	2.045.000
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,750,977.	3,247,006.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,365,141.	4,944,003.
or	19	Revenue less expenses. Subtract line 18 from line 12		586,860.	
ance	200	Tatel assats (Dart V. line 16)		ginning of Current Year 23,198,870.	End of Year
t Assets	20	Total assets (Part X, line 16)		16,053,496.	27,526,853. 19,840,884.
Vet /		Total liabilities (Part X, line 26)		7,145,374.	7,685,969.
		Net assets or fund balances. Subtract line 21 from line 20		1,140,0/4.	7,000,909.
		alties of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents and to the hest of m	v knowledge and helief it is
onu	οι μοιιί	ando or porjary, racolaro maci navo chaminou mis roturn, moluanty accompanyiny schedules	5 այս ծաները	onio, ana io ino bosi 0111	y Knowlougo and Dollol, It is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer ROBERT BOYLE, CEO Type or print name and title			Date		
Paid	Print/Type preparer's name JENNIFER M. VACHA	Preparer's signature	Date	Check if self-employed	PTIN P01251998	
Preparer	Firm's name BROWN SMITH WALLACE LLP		ŀ	Firm's EIN 🕨 43	-1001367	
Use Only	Firm's address 🖕 6 CITYPLACE DRIVE, SUITE	900				
	Phone no.314.983	3.1200				
May the II	RS discuss this return with the preparer shown abo	ove? (see instructions)			X Yes	No
					- 00	0 (00 1 0)



Open to Public

Inspection

Form 8879-EO	IRS e-file Signature Authorization for an Exempt Organization	OMB No. 1545-1878
G	For calendar year 2018, or fiscal year beginning , 2016, and ending , 20	- 2016
Department of the Treasury Internal Revenue Service	Do not send to the IRS. Keep for your records.	
Name of exempt organization	Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo Emp	loyer identification number
JUSTINE PETERSEN HO		
REINVESTMENT CORPOR	X.	-1769074
Name and title of officer		2/030/1
ROBERT BOYLE		
Part I Type of	Return and Return Information (Whole Dollars Only) Im for which you are using this Form 8879-EO and enter the applicable amount, if any, from the	
Inder penalties of perjury, lectronic return and accor	here b Total tax (Form 1120-POL, line 22) re b Tax based on investment income (Form 990-PF, Part VI, line 5) b Balance Due (Form 8868, line 3c) ion and Signature Authorization of Officer I declare that I am an officer of the above organization and that I have examined a copy of the	<tb>2b 3b 4b 5b</tb>
rther declare that the am termediate service provid) an acknowledgement of e date of any refund. If ap abit) entry to the financial ins 888-353-4537 no later tha occessing of the electronic	mpanying schedules and statements and to the best of my knowledge and belief, they are true ount in Part I above is the amount shown on the copy of the organization's electronic return. I ler, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS freceipt or reason for rejection of the transmission, (b) the reason for any delay in processing is oplicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electron institution account indicated in the tax preparation software for payment of the organization's titution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasur an 2 business days prior to the payment (settlement) date. I also authorize the financial institute comment of taxes to receive confidential information necessary to answer inquiries and resol	e, correct, and complete. } consent to allow my S and to receive from the IRS the return or refund, and (c) nic funds withdrawal (direct federal taxes owed on this ury Financial Agent at ions involved in the ve issues related to the
In the r declare that the am termediate service provid) an acknowledgement of e date of any refund. If a abit) entry to the financial turn, and the financial ins 888-353-4537 no later tha ocessing of the electronic ayment. I have selected a ganization's consent to e	ount in Part I above is the amount shown on the copy of the organization's electronic return. I er, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS freceipt or reason for rejection of the transmission, (b) the reason for any delay in processing to oplicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electro- institution account indicated in the tax preparation software for payment of the organization's titution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasur an 2 business days prior to the payment (settlement) date. I also authorize the financial institute payment of taxes to receive confidential information necessary to answer inquiries and resol- personal identification number (PIN) as my signature for the organization's electronic return ar lectronic funds withdrawal.	e, correct, and complete. } consent to allow my S and to receive from the IRS the return or refund, and (c) nic funds withdrawal (direct federal taxes owed on this ury Financial Agent at ions involved in the ve issues related to the
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In the r declare that the amilter mediate service provide an acknowledgement of the date of any refund. If are belt) entry to the financial ins 888-353-4537 no later that rocessing of the electronic ayment. I have selected a ganization's consent to en- fficer's PIN: check one b x I authorize <u>BROW</u> as <i>my</i> signature of is being filed with enter my PIN on t As an officer of the indicated within the program, I will ent ficer's signature of the indicated within the program, I will ent is cer's signature of the indicated within the the indicated within the program, I will ent is cer's signature of the indicated within the certification of the indicated within the program, I will ent as the indicated within the program, I will ent is cer's signature of the indicated within the program, I will ent is cer's signature of the indicated within the program, I will ent is cer's signature of the indicated within the program, I will ent is cer's signature of the indicated within the program, I will ent is cer's signature of the indicated within the program, I will ent is cer's signature of the indicated within the program is the indicated within the program, I will ent is cer's signature of the indicated within the program is the program is the program	ount in Part I above is the amount shown on the copy of the organization's electronic return. I er, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS freceipt or reason for rejection of the transmission, (b) the reason for any delay in processing i opplicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electro institution account indicated in the tax preparation software for payment of the organization's titution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasur an 2 business days prior to the payment (settlement) date. I also authorize the financial institut c payment of taxes to receive confidential information necessary to answer inquiries and resolv personal identification number (PIN) as my signature for the organization's electronic return an electronic funds withdrawal. N SMITE WALLACE LLP to entry R SMITE WALLACE LLP to entry not entry to a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the return's disclosure consent screen. e organization, I will enter my PIN as my signature on the organization's tax year 2016 electron is return that a copy of the return is being filed with a state agency(ies) regulating charities as er my PIN on the return's disclosure consent screen. Date	e, correct, and complete. } consent to allow my S and to receive from the IRS the return or refund, and (c) onic funds withdrawal (direct federal taxes owed on this ury Financial Agent at ions involved in the ve issues related to the nd, if applicable, the er my PIN <u>69074</u> Enter five numbers, but do not enter all zeros rn that a copy of the return the aforementioned ERO to hically filed return. If I have part of the IRS Fed/State

LHA For Paperwork Reduction Act Notice, see instructions. 623051 09-26-16

Form 8879-EO (2016)

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	JUSTINE PETERSEN HOUSING AND		
Form	990 (2016) REINVESTMENT CORPORATION	43-1769074	Page 2
	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	JUSTINE PETERSEN'S MISSION IS TO PROMOTE HOUSING, SAVINGS, AND		
	ECONOMIC DEVELOPMENT OF LOW AND MODERATE INCOME FAMILIES TO BUILD		
	ASSETS AND CREATE ENDURING CHANGE.		
2	Did the organization undertake any significant program services during the year which were not listed	on the	
	prior Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	services?	Yes X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program se	rvices, as measured by exp	enses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation	ns to others, the total expe	nses, and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 3,955,941. including grants of \$) (Revenue \$	1,825,778.)
	ECONOMIC DEVELOPMENT - COUNSELORS PROVIDE TRAINING, TECHNICAL		
	ASSISTANCE AND LENDING TO SMALL BUSINESSES AND MICRO-ENTERPRISES. AS		
	THE NATION'S LARGEST SBA MICRO-LOAN INTERMEDIARY, JUSTINE PETERSEN		
	BORROWS MONEY DIRECTLY FROM THE SBA AND ORIGINATES MICRO-ENTERPRISE		
	LOANS UNDER \$50,000 IN ACCORDANCE WITH ITS OWN UNDERWRITING GUIDELINES		
	TO SMALL BUSINESS OWNERS THAT MAY NOT BE ABLE TO SECURE CAPITAL		
	ELSEWHERE. JUSTINE PETERSEN PARTICIPATES IN THE USDA INTERMEDIARY		
	RELENDING PROGRAM FOR ITS RURAL LENDING. GREAT RIVERS COMMUNITY CAPITAL		
	ALSO ORIGINATES MICRO-ENTERPRISE AND SMALL BUSINESS LOANS.		
	GEOGRAPHICALLY, JUSTINE PETERSEN/GREAT RIVERS CURRENTLY OFFER		
	MICROENTERPRISE/SMALL BUSINESS LOANS IN 73 ILLINOIS (SEE SCHEDULE O)		
4b	(Code:) (Expenses \$ 493, 282. including grants of \$) (Revenue \$)
	HOUSING - AS A HUD CERTIFIED HOUSING COUNSELING AGENCY, COUNSELORS		
	ASSIST LOW TO MODERATE INCOME FAMILIES AND INDIVIDUALS TO ADDRESS		
	CREDIT AND OTHER BARRIERS TO PURCHASING OR REFINANCING A HOME. JUSTINE		
	PETERSEN IMPLEMENTS FINANCIAL COUNSELING, STRATEGIES AND PRODUCTS		
	INCLUDING BUDGETING, FINANCIAL EDUCATION, LOAN COUNSELING AND HOMEBUYER		
	EDUCATION TO ASSIST HOMEOWNERS STRUGGLING TO PAY THEIR MORTGAGES AND		
	NEGOTIATING WITH THEIR LENDER.		
	IN 2016, 83 FAMILIES PURCHASED HOMES AFTER PARTICIPATING IN JUSTINE		
	PETERSEN'S HOMEBUYER COUNSELING AND EDUCATION AND 53 FAMILIES IN FORECLOSURE RECEIVED ASSISTANCE.		
	FORECHOSORE RECEIVED ASSISTANCE.		
4c	(Code:) (Expenses \$ 306, 294. including grants of \$) (Revenue \$	۱
40	SAVINGS - JUSTINE PETERSEN BELIEVES THAT A STRONG CREDIT PROFILE IS	_) (Revenue \$)
	ONE'S MOST IMPORTANT FINANCIAL ASSET AND THEIR COUNSELORS TEACH HOW TO		
	BUILD AND MAINTAIN A STRONG CREDIT PROFILE. IN 2016, 1,261 LOW- AND		
	MODERATE-INCOME INDIVIDUALS PARTICIPATED IN JUSTINE PETERSEN CREDIT		
	BUILDING SERVICES. IN 2016, THE AVERAGE FICO CREDIT SCORE INCREASED 50		
	POINTS AFTER SIX MONTHS OF PROGRAM PARTICIPATION.		
	AS A LEADER IN THE CREDIT BUILDING AND FINANCIAL CAPABILITY FIELD,		
	JUSTINE PETERSEN TEACHES FINANCIAL COUNSELORS ACROSS THE COUNTRY HOW TO		
	OFFER CREDIT BUILDING SERVICES. IN 2016, JUSTINE PETERSEN TRAINED 479		
	FINANCIAL COUNSELORS FROM ORGANIZATIONS IN INDIANA, KENTUCKY,		
	MINNESOTA, KANSAS, MISSOURI, CALIFORNIA, (SEE SCHEDULE O)		
4d	Other program services (Describe in Schedule O.)		
-	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 4,755,517.		

	COSTINE FEIERSEN ROOSING AND			-
	990 (2016) REINVESTMENT CORPORATION 43-1769074		P	age 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	Х	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х

Form **990** (2016)

Part M Checklist of Required Schedules (continued) Yes, No. 20a Det the organization operate one or more hospital facilities? If Yes, "complete Schedule H 20a	Form	Form 990 (2016) REINVESTMENT CORPORATION 43-1769074 Page 4								
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule I 20a x 21 Did the organization report more than \$3.000 of grants or other assistance to any domestic organization or domestic government on Part X, column (A), line 1? II "Yes," complete Schedule I, Parts I and II 21 X 21 Did the organization report more than \$3.000 of grants or other assistance to or for obmesitic dividuals on Part IX, column (A), line 2? II "Yes," complete Schedule I, Parts I and II 22 X 24 Did the organization networe than \$3.000 of grants or other assistance to or for obmesitic dividuals on Part IX, column (A), line 2? II "Yes," complete Schedule I, Parts I and II 22 X 24 Did the organization networe thore than \$3.000 of grants or other assistance to or nor othersit child/blads on Part IX, column (A), line 2? II "Yes," complete Schedule I, Parts I and III 22 X 24 Did the organization networe attracewere thord beyond a temporary period oxception? 24a X 24 Did the organization networe attra or behall of "issuer for bonds outstanding at any time during the year' 24d 24d 25 Section 501(c)(3), 601(c)(4), and 501(c)(2B) organizations. Did the organization neore and any time during the year'. 24d 24d 25 Section 501(c)(3), 601(c)(4), and 501(c)(2B) organization repore some of the reso-complete Schedu	Pa	rt IV Checklist of Required Schedules (continued)								
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this neturn? 20a 10 Did the organization report more than 50,000 of grants or other assistance to any domestic organization or domestic operanization report more than 50,000 of grants or other assistance to or for domestic individuals on Part IX, Columin (A), line 21 / "Yes," complete Schedule (J Part I and II 22 X 20 Did the organization report more than 50,000 of grants or other assistance to or for domestic individuals on Part IX, Columin (A), line 21 / "Yes," complete Schedule (J Part I and III 22 X 23 Did the organization networt systems bonds beyond a temporary period exception? 23 X 24 Did the organization mean any proceeds of tax-exempt bonds beyond a temporary period exception? 24a X 24 Did the organization west any proceeds of tax-exempt bonds cutstanding aray time during the year / defase any tax-exempt bonds? 24d X 25 Section 50(c)(6), 50(c)(4), and 50(c)(2) organization. Sector be organization aray time during the year? 24d X 26 Section 50(c)(6), 50(c)(4), and 50(c)(2) organization. To the organization aray time during the year? 24d X 25 Section 50(c)(6), 50(c)(4), and 50(c)(2) organization. To prove any and that the transaction with a disqualified person any othe organization aray time during the				Yes	No					
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22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Part I and III 22 X 23 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule J. 22 X 24 Did the organization nave a tax-exempt bond issue with an cutstanding principal amount of more than \$10,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' compered Schedule A. If 'No', 'yes,' to part it's, 'naver lines 24b through 24d and complete Schedule J. 24 Did the organization naves a tax-exempt bond issue with an cutstanding period exception? 24 24 X 25 Did the organization nivest any proceeds of tax exempt bonds beyond a temporary period exception? 24 25 35 35 35 35 35 35 36 36 36 36 36 36 36 36 36 <td>21</td> <td>Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or</td> <td></td> <td></td> <td></td>	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or								
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23 Did the organization answer "Yes" to Part VII. Section A, line 3, 4, or 5 about compensation of the organization is current and forme officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 23 X 24 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 sisued after December 31, 2002? If "Yes," answer lines 24b through 24 and complete Schedule K. If "No", go to line 25a 24b X 25 Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24b X 26 Did the organization maintain an escore account other than a refunding escrow at any time during the year? 24d X 26 Section 501c(X)3, 501c()4(), and 501(c)(X2) organizations. Did the organization ergage in an excess benefit transaction has not been reported on any or the organization species on a prove, and that the transaction has not been reported on any or the organization's prior Forms 900 or 900 E27 If "Yes," complete Schedule L, Part I 28 X 27 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, substantial contributor or employee thered, grant and the prove employee of 1. Yes," complete Schedule L, Part IV 28 X 28 Was the organization report any and with one of the following parties (see Schedule L, Part IV 28 X </th <td>22</td> <td>Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on</td> <td></td> <td></td> <td></td>	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on								
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transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 cry 201 "Yes," complete Schedule L, Part I 25b X 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant are selectin consumite member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV 26 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28a X 29 Did the organization receive more thans \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 28a X 29 Did the organization receive control trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or famile result to any officer, director, trustee, or direct or famile trustee, or direct or famile conservation contributions? If "Yes," complete Schedule L, Part IV 28a X 29	d		24d							
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 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i> 34 Was the organization related to any tax-exempt or taxable entity? <i>If</i> "Yes," <i>complete Schedule R, Part II, III, or IV, and Part V, line 1</i> 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> 	32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete								
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X			32		Х					
 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 	33									
Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 35a X c Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 1f "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X			33	X						
 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 	34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and								
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X				X						
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 X			35a	х						
 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	b									
If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X			35b	X	 					
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X	36									
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X			36		X					
	37									
			37		X					
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?								
Note. All Form 990 filers are required to complete Schedule O		Note. All Form 990 filers are required to complete Schedule O	38							

Form **990** (2016)

Form	990 (2016) REINVESTMENT CORPORATION		43-1769074		Р	age 5		
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance							
	Check if Schedule O contains a response or note to any line in this Part V							
					Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	29					
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b							
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
-	(gambling) winnings to prize winners?			1c	x			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 2a 35							
h	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	L		2b	x			
~	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instruction							
39		,		3a		x		
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b				
	At any time during the calendar year, did the organization have an interest in, or a signature or other			0.0				
та	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		x		
h	If "Yes," enter the name of the foreign country:	accou		та				
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accour	te (FBAR)					
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		x		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?			5a 5b		x		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			50 50				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t			50				
0a				6.		x		
h	any contributions that were not tax deductible as charitable contributions?			6a				
D	If "Yes," did the organization include with every solicitation an express statement that such contribu		ir gins	Ch				
7	were not tax deductible?			6b				
7	Organizations that may receive deductible contributions under section 170(c).	nuinna r	vovidad to the pover?	7-		x		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			7a 7h				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b				
С	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?			7c		X		
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	-+0	7.		v		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		X X		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f				
-	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		<u> </u>		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			-				
		•••••		8				
9	Sponsoring organizations maintaining donor advised funds.			-				
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b				
10	Section 501(c)(7) organizations. Enter:	مدا	l					
a L	Initiation fees and capital contributions included on Part VIII, line 12	10a						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:		l					
	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						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	? 	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?			13a				
	Note. See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the	ι.						
	organization is licensed to issue qualified health plans	13b						
	Enter the amount of reserves on hand	13c						
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O		14b				

Form	990 (2016) REINVESTMENT CORPORATION		43	-1769074	ł	P	age 6
Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 thr	ough	7b below	, and for a	a "No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See ii	nstructio	<i>1</i> S.			
	Check if Schedule O contains a response or note to any line in this Part VI						X
Sec	tion A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a			6		
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent	1b			6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		any othe	r	-		
-	officer, director, trustee, or key employee?				2		х
3	Did the organization delegate control over management duties customarily performed by or under the			ision			
•	of officers, directors, or trustees, or key employees to a management company or other person?		-		3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 99				4		х
5	Did the organization become aware during the year of a significant diversion of the organization's asso				5		x
6	Did the organization become aware during the year of a significant diversion of the organization s asso Did the organization have members or stockholders?				6		x
	Did the organization have members, stockholders, or other persons who had the power to elect or ap				0		
<i>1</i> a					70		х
b	more members of the governing body?				7a		
a	Are any governance decisions of the organization reserved to (or subject to approval by) members, st				71-		x
•	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year			•••	7b		
8					0.	v	
	The governing body?				8a	X	
b	Each committee with authority to act on behalf of the governing body?				8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	at the				w
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			<u></u>	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	e Code.)				
						Yes	No
	Did the organization have local chapters, branches, or affiliates?				10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha						
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befo	re filing t	ne form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>				12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise t				12b	X	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye						
	in Schedule O how this was done				12c	X	
13	Did the organization have a written whistleblower policy?				13	Х	
14	Did the organization have a written document retention and destruction policy?				14	Х	
15	Did the process for determining compensation of the following persons include a review and approval	l by in	depende	nt			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official				15a	X	
b	Other officers or key employees of the organization				15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent w	/ith a				
	taxable entity during the year?				16a	х	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its p	articipati	on			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatio	n's				
	exempt status with respect to such arrangements?			<u></u>	16b	х	
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright IL						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Sect	ion 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other (explain i	in Sch	nedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	flict o	f interest	policy, ar	nd finan	cial	
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks ar	d record	s: ►			
	ROBERT BOYLE - 314.533.2411						
	1023 N GRAND BLVD, SAINT LOUIS, MO 63106						

Form 990 (2		43-1769074	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	ompensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		

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

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

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

JUSTINE PETERSEN HOUSING AND

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average	(do not d		Pos) than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	erson	is bot pr/trus	h an	compensation	compensation	amount of
	week	<u> </u>	cer ar		lirecto	n/trus	(iee)	from	from related	other
	(list any hours for	ndividual trustee or director						the	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	tee			sated		organization (W-2/1099-MISC)	(1099-10130)	organization
	organizations	truste	al trustee		yee	mper				and related
	below	idual	Institutional t	er	Key employee	Highest compensated employee	ler			organizations
	line)	Indiv	Insti	Officer	Key e	High emp	Former			
(1) EDDIE DAVIS	3.00									
PRESIDENT	3.00	Х		х				0.	0.	0.
(2) ROCHELLE BEA	2.00									
SECRETARY	2.00	Х		х				0.	0.	0.
(3) ALLAN D. IVIE, IV	3.00									
TREASURER	3.00	Х		х				0.	0.	0.
(4) MARTINA GUTIERREZ	2.00									
MEMBER	2.00	Х						0.	0.	0.
(5) LAURIE PETERSON	2.00									
MEMBER	2.00	х						0.	0.	0.
(6) TERRY STARK (RESIGNED 3/2016)	2.00									
MEMBER	2.00	х						0.	0.	0.
(7) KEITH A. WILLY	2.00									
MEMBER	2.00	Х						0.	0.	0.
(8) ROBERT F. BOYLE	40.00									
CHIEF EXECUTIVE OFFICER	1.00			х				107,319.	0.	7,607.
(9) SHERI FLANIGAN-VAZQUEZ	40.00									
CHIEF OPERATING OFFICER	1.00			х				145,057.	0.	16,500.
(10) AIDA IBRAGIMOVA	40.00									
CHIEF LENDING OFFICER	0.00					Х		107,594.	0.	4,776.
		<u> </u>								
				<u> </u>			<u> </u>			
		-								
				<u> </u>			<u> </u>			
		-								

Form	990 (2016) REINVESTMENT	CORPORATIO	N							43-1769074	L	P	age 8
	t VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees	, and	d Hi	ghe	st C	compensated Employe	es (continued)			
	(A)	(B)	, 		(C		<u>J</u>		(D)	(E)		(F)	
	Name and title	Average hours per week	box	not c , unle	ss pei	more rson i	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related		stimate mount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	f org ar	npensa rom the ganizat Id relat anizati	e tion ted
4 h									359,970.	0		28	,883.
	Sub-total Total from continuation sheets to Part 1								0.	0	-	20,	,005. 0.
	Total (add lines 1b and 1c)								359,970.	0	•	28	.883.
2	Total number of individuals (including but										1	/	
_	compensation from the organization						,			,			3
												Yes	No
3	Did the organization list any former office line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i>				-	-	-		highest compensated e		3		х
4	For any individual listed on line 1a, is the s and related organizations greater than \$1		le co	omp	ensa	ation	n and	d oth	her compensation from		4	X	

Ŭ	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5					
Sec	Section B. Independent Contractors						

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

	(A) Name and business address NONE	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those liste \$100,000 of compensation from the organization b 0	d above) who received more than	

Х

			2016) REINVES	TMENT CORPORT				43-1769074	Page
Par	t V								
			Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII	(B) [(L
						Total revenue	Related or exempt function revenue	Unrelated business revenue	(D) Revenue exclude from tax under sections 512 - 514
and Other Similar Amounts	1	а	Federated campaigns	1a					
			Membership dues						
An			Fundraising events						
ilar		d	Related organizations						
Sin			Government grants (contributi		2,605,266.				
er			All other contributions, gifts, grant						
Ę			similar amounts not included abov		1,670,393.				
pu		-	Noncash contributions included in lines		1,200,000.	4 275 650			
9		n	Total. Add lines 1a-1f			4,275,659.			
	0	~	LOAN INTEREST		Business Code 900099	732,896.	732,896.		
	2		LOAN/ADMINISTRATIVE		900099	725,229.	725,229.		
nue			PROCESSING/LATE FEES		900099	192,974.	192,974.		
eve		-	DEVELOPMENT FEES		900099	142,456.	142,456.		
Revenue	,	e	REAL ESTATE BROKERAGE		900099	27,142.	27,142.		
	·	f	All other program service reve	nue	900099	13,171.	13,171.		
		g	Total. Add lines 2a-2f			1,833,868.			
	3		Investment income (including	dividends, intere	est, and				
			other similar amounts)		►				
	4		Income from investment of tax		· · ·				
	5		Royalties						
	_			(i) Real	(ii) Personal				
			Gross rents						
			Less: rental expenses	191,882. -8,090.					
			Rental income or (loss) Net rental income or (loss)		-	-8,090.	-8,090.		
			Gross amount from sales of	(i) Securities	(ii) Other				
		u	assets other than inventory						
		b	Less: cost or other basis						
			and sales expenses						
		с	Gain or (loss)						
		d	Net gain or (loss)		►				
Ð	8	а	Gross income from fundraising	g events (not					
			including \$	of					
			contributions reported on line	,					
ē			Part IV, line 18						
5			Less: direct expenses						
			Net income or (loss) from fund		····· ►				
	9	a	Gross income from gaming ac						
		h	Part IV, line 19 Less: direct expenses						
			Net income or (loss) from gam						
			Gross sales of inventory, less						
			and allowances						
		b	Less: cost of goods sold						
			Net income or (loss) from sale						
_			Miscellaneous Revenu	e	Business Code				
					1				
F	11	а							
-		a b							
		b c							
		b c d	All other revenue						

ar	t IX Statement of Functional Expense	es			Page
ectic	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All oth	er organizations must co	mplete column (A).	
	Check if Schedule O contains a respons				X
	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees	276,483.	219,021.	28,731.	28,73
	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)	1 010 500	4 450 000	16.047	
	Other salaries and wages	1,210,508.	1,159,200.	46,047.	5,26
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	102.000	07.000	4 441	
	Other employee benefits	103,222.	97,889.	4,441.	89
	Payroll taxes	106,784.	99,122.	5,320.	2,34
	Fees for services (non-employees):				
	Management	14 700	12 720	726	2.0
		14,789.	13,729.	736.	32
	Accounting	91,624.	85,055.	4,563.	2,00
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
-	column (A) amount, list line 11g expenses on Sch O.)	338,649.	314,368.	16,865.	7,41
		7,012.	6,509.	349.	,, <u>+</u> 1 15
	Advertising and promotion	124,906.	116,062.	6,141.	2,70
	Office expenses	124,500.	110,002.	0,111.	2,70
	Information technology Royalties				
		115,955.	107,681.	5,744.	2,53
		64,379.	59,760.	3,207.	1,41
	Travel Payments of travel or entertainment expenses	01,575.	55,700.	5,207.	1,11
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings	53,664.	49,814.	2,673.	1,17
,	Г	543,908.	543,908.	_,	-,-:
	Payments to affiliates				
	Depreciation, depletion, and amortization	47,710.	44,286.	2,377.	1,04
	Insurance	29,003.	27,864.	791.	34
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)		, .		
	BAD DEBT EXPENSE	1,393,717.	1,393,717.		
b	PROGRAMM RE ACTIVITY	262,309.	262,309.		
с	CLIENT ASSISTANCE	101,441.	101,441.		
d	CREDIT REPORT CHARGES	40,305.	37,413.	2,008.	88
е	All other expenses	17,635.	16,369.	879.	38
;	Total functional expenses. Add lines 1 through 24e	4,944,003.	4,755,517.	130,872.	57,61
;	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				

		2016) REINVESTMENT CORPORAT Balance Sheet				43-176	9074 Page 1
		Check if Schedule O contains a response or not	te to any line	in this Part X			
		· ·	<u> </u>		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,023,537.	1	2,990,267		
	2	Savings and temporary cash investments	746,013.	2	550,632		
	3	Pledges and grants receivable, net	633,723.	3	516,983		
	4	Accounts receivable, net			107,379.	4	82,328
	5	Loans and other receivables from current and for	ormer officers	s, directors,			
		trustees, key employees, and highest compensation	ated employe	es. Complete			
		Part II of Schedule L		5			
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	n 4958(c)(3)(B	B), and contributing			
		employers and sponsoring organizations of sect	voluntary				
2		employees' beneficiary organizations (see instr).	Complete Pa	art II of Sch L		6	16,250
ASSEIS	7	Notes and loans receivable, net			7,695,682.	7	7,481,268
۲	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			3,280.	9	6,615
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation		816,643.	2,678,603.	10c	4,445,508
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line -			12		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	10,310,653.	15	11,437,002		
	16	Total assets. Add lines 1 through 15 (must equ			23,198,870.	16	27,526,853
	17	Accounts payable and accrued expenses			161,399.	17	219,151
	18	Grants payable				18	
	19	Deferred revenue			176,124.	19	213,350
	20	Tax-exempt bond liabilities			150,410	20	101 420
	21	Escrow or custodial account liability. Complete I			152,419.	21	181,430
LIAUIIIUES	22	Loans and other payables to current and former					
		key employees, highest compensated employee					
Га		Complete Part II of Schedule L			15 500 500	22	10 000 100
-	23	Secured mortgages and notes payable to unrela			15,528,520.	23	18,902,198
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines Schedule D			35,034.	25	324,755
	26	Total liabilities. Add lines 17 through 25			16,053,496.	26	19,840,884
	20	Organizations that follow SFAS 117 (ASC 958			10,000,100,	20	19,010,001
0		complete lines 27 through 29, and lines 33 an					
2	27	Unrestricted net assets			7,145,374.	27	7,194,772
ala	28	Temporarily restricted net assets			, , -	28	491,197
Ď	29	D				29	,
		Organizations that do not follow SFAS 117 (A					
Net Assets of Fund Datafices		and complete lines 30 through 34.					
2	30	Capital stock or trust principal, or current funds				30	
200	31	Paid-in or capital surplus, or land, building, or ec				31	
2	32	Retained earnings, endowment, accumulated in				32	
	33	Total net assets or fund balances			7,145,374.	33	7,685,969
			, , ,		, ,		

4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 7,145,374. 5 5 6 6 7 6 8 7		JUSTINE PETERSEN HOUSING AND				
Check if Schedule O contains a response or note to any line in this Part XI X 1 Total revenue (must equal Part VIII, column (A), line 12) 1 6,101,437. 2 Total expenses (must equal Part IX, column (A), line 25) 2 4,944,003. 3 Revenue less expenses. Subtract line 2 from line 1 3 1,157,434. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 7,145,374. 5 Donated services and use of facilities 6 7 7 6 Donated services and use of facilities 6 7 7 Investment expenses 8 - 6 9 Other changes in net assets or fund balances (explain in Schedule O) 9 -6116, 839. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 7, 685, 969. Part XII Financial Statements and Reporting 1 7 11 Accounting method used to prepare the Form 990: Cash Accrual Other 11 Accounting method used to prepare the Form 990: Cash Accrual Other 2a X 11 Accoun	Form	1990 (2016) REINVESTMENT CORPORATION	43-1769074		Pa	ge 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 6,101,437, 2 Total expenses (must equal Part IX, column (A), line 25) 2 4,944,033, 3 Revenue less expenses. Subtract line 2 from line 1 3 1,157,434. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 7,145,374. 5 6 6 6 6 7 7 7 7 8 Prior period adjustments 6 7 9 Other changes in net assets or fund balances (explain in Schedule O) 9 -616,839. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 7,685,969. Part XII Financial Statements and Reporting x 10 7,685,969. 9 Check if Schedule O contains a response or note to any line in this Part XII x 1 2a x 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 2a x 1 Accounting method used to prepare the Form 990: Cash X Accrual Other <td< th=""><th>Pa</th><th>rt XI Reconciliation of Net Assets</th><th></th><th></th><th></th><th></th></td<>	Pa	rt XI Reconciliation of Net Assets				
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c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 2a X 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b X						
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If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. Image: Comparization of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Image: Comparization of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Image: Comparization of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Image: Comparization of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Image: Comparization of a federal award, was the organization of audits or audits as set forth in the Single Audit Image: Comparization of a federal award, was the organization of audits or audits, explain why in Schedule O and describe any steps taken to undergo such audits Image: Comparization of a federal award, was the organization of a federal award, was the organization of audits or	С					
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 Image: Comparison of the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b X		review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b X						
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits. If "Yes," did the organization undergo the required audit or audits? or audits, explain why in Schedule O and describe any steps taken to undergo such audits If "Yes," did the organization undergo the required audit or audits?	3a		ngle Audit			
or audits, explain why in Schedule O and describe any steps taken to undergo such audits				3a	Х	
	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
		or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2016)

(Form 9	DULE A 90 or 990-EZ) of the Treasury enue Service	Co	omplete if the organ 494 ►	rity Status an ization is a section 50 ⁻ 47(a)(1) nonexempt cha Attach to Form 990 or F (Form 990 or 900 or F	l(c)(3) org ritable tru form 990-	anization ıst. EZ.	or a section	rm990	OMB No. 1545-0047 2016 Open to Public Inspection
Name of	the organizati		IE PETERSEN HOUS	Form 990 or 990-EZ) and	its instruct	ions is at m	ww.ii3.gov/ic		r identification number
Name of	the organizati		STMENT CORPORAT						3-1769074
Part I	Reason			All organizations must co	mploto th	is part) S	oo instruction		5-1705074
								5.	
1 2 2 3 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	A church, col A school des A hospital or	nvention of ch cribed in sect a cooperative search organiz	urches, or association ion 170(b)(1)(A)(ii). (hospital service organ	For lines 1 through 12, c on of churches describer Attach Schedule E (Forn anization described in se njunction with a hospita	d in sectio 1 990 or 99 ection 170	on 170(b)(90-EZ).) 0 (b)(1)(A)(i	1)(A)(i). ii).)(iii). Enter	the hospital's name,
5			or the benefit of a co Complete Part II.)	llege or university owned	d or opera	ted by a g	overnmental	unit descrit	oed in
6				nental unit described in s	nantion 17	70/6//4//4	(A)		
7			•	ntial part of its support f			. ,	he general	nublic described in
	-		omplete Part II.)	intal part of its support	ioni a gov	ernnenta		ine general	public described in
8	-		-	(1)(A)(vi). (Complete Par	+ II)				
9				in section 170(b)(1)(A)(,	ed in conii	inction with a	land-grant	college
•				ulture (see instructions).					
10 X		on that norma	Illy receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, member	ship fees, a	and gross receipts from
	-		• • • •						t from gross investment
				(less section 511 tax) fr					
			mplete Part III.)	, , , , , , , , , , , , , , , , , , ,			,	0	,
11				ively to test for public sa	fety. See	section 50	09(a)(4).		
12	-	-	-	ively for the benefit of, to	•			arry out the	e purposes of one or
	-	-	-	ed in section 509(a)(1) o				•	
			-	of supporting organizatio					
a 🗌		-	• •	upervised, or controlled		-		-	/ aivina
			-	gularly appoint or elect a	•				
			complete Part IV, Se		inajonty				supporting
b 🗌			-	l or controlled in connec	tion with it	e cunnort	od organizati	on(c) by br	wing
ы <u> </u>				anization vested in the s			0		•
		0	11 0 0		ame perso	JIS IIAL C	JILLIOI OF ITTALIA	age the sup	ppneu
- L	_ ~	()	t complete Part IV,					II :	ما بن بنام
C L		-	•	g organization operated				iny integrat	ea with,
. [•		s). You must complete I					·
d 🗆				orting organization oper				0	()
		,	0 0	zation generally must sat	,		•	d an atteni	iveness
	- ·	i i	,	nplete Part IV, Sections					
e 🗆				written determination fro			а туре I, Туре	ii, iype iii	
				nally integrated support					
g Pro	(i) Name of supp		n about the supporte (ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount o	fmonetary	(vi) Amount of other
	organization			(described on lines 1-10	in your governi	ng document?	support (see ii	-	support (see instructions)
	5			above (see instructions))	Yes	No		,	· · · · · · · · · · · · · · · · · · ·
Total									

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Schedule A (Form 990 or 990-EZ) 2016	REINVESTMENT	CORPORATION

Part II

43-1769074

Page **2**

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

<u>5e</u>	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	6 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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 \dots						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	6 (f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruct	ions)			12	
13	First five years. If the Form 990 is for	the organization'				on 501(c)(3)	
	organization, check this box and stop						
Se	ction C. Computation of Publ	ic Support Pe	ercentage				
14	Public support percentage for 2016 (I	ine 6, column (f) c	livided by line 11,	column (f))		14	%
15	Public support percentage from 2015	Schedule A, Part	II, line 14			15	%
16a	a 33 1/3% support test - 2016. If the c	organization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or	more, check t	his box and
	stop here. The organization qualifies	as a publicly supp	oorted organizatio	n			
k	33 1/3% support test - 2015. If the c						
	and stop here. The organization qual	ifies as a publicly	supported organiz	zation			
17a	a 10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	a publicly supporte	ed organization		
k	0 10% -facts-and-circumstances test						
	more, and if the organization meets th	-	-				
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a pub	licly supported org	anization	
18	Private foundation. If the organizatio						

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 REINVESTMENT CORPORATION

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

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

Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 1,172,074 2,031,546 1,950,963 2,140,538 4,275,659 11,570,780. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 861,443. 909,039 1,456,469 1,625,053 1,833,868 6,685,872. 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 2,033,517 2,940,585 3,407,432 3,765,591 6,109,527 18,256,652. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and Ο. 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 0. 0. c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6.) 18,256,652. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2012 (c) 2014 (d) 2015 (e) 2016 (b) 2013 (f) Total 9 Amounts from line 6 2,033,517 2,940,585 3,407,432 3,765,591 6,109,527 18,256,652. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties 1,966, 83,253 88,181 138,319 183,792 495,511. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 1,966 83,253 88,181 138,319 183,792 495,511. c 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 from the sale of capital 3,877 65,114 147.317 216,308. assets (Explain in Part VI.) 3,027,715. 3,560,727. 4,051,227. 6,293,319. 18,968,471. **13** Total support. (Add lines 9, 10c, 11, and 12.) 2,035,483. 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f) 96.25 % 15 96.43 16 Public support percentage from 2015 Schedule A, Part III, line 15 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f) 2 61 17 % 2.02 18 Investment income percentage from 2015 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not ► X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2016 REINVESTMENT CORPORATION

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

10b

Page 4

No

Yes

Sche	edule A (Form 990 or 990-EZ) 2016 REINVESTMENT CORPORATION	42 1760074	-	
		43-1769074	Pa	age 5
	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
u	below, the governing body of a supported organization?	11a		
h				
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above?If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations		1	1
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	stion C. Type II Supporting Organizations	2		
			Yes	No
			165	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior ta	x		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	_		
Ŭ	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
0.00	supported organizations played in this regard.	3		
-	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see in	structions).		
а	The organization satisfied the Activities Test. <i>Complete line 2</i> below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government en	tity (see instructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If* "Yes," *explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

2a

2b

3a

3b

JUSTINE	PETERSEN	HOUSING	AND

Schedule A (Form 990 or 990-EZ) 2016 REINVESTMENT CORPORATION

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or 6 collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d 3 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 4 see instructions) 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 1 2 Enter 85% of line 1 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 4 Enter greater of line 2 or line 3 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 6 emergency temporary reduction (see instructions) 6

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

Schedule A (Form 990 or 990-EZ) 2016

Sche	dule A (Form 990 or 990-EZ) 2016 REINVESTMENT CORPORA	ATION	43	3-1769074 Page 7
Pa		(a)(3) Supporting Org	anizations (continued)	r ugo r
Sect	ion D - Distributions	()(.) =		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemption			
-	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	he organization is responsive	9	
-	(provide details in Part VI). See instructions		-	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	,	(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
с	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
-				

Schedule A (Form 990 or 990-EZ) 2016

а

b Excess from 2013 c Excess from 2014 d Excess from 2015 e Excess from 2016

Schedule A	(Form 990 or 990-EZ) 2016 REINVESTMENT CORPORATION	43-1769074	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, I line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any a (See instructions.)	lines 1 and 2; Part IV, Sect Part V, Section B, line 1e;	; ion C,

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

2016

Employer identification number

Namo	of the	organization
Name	or the	organization

Organization type (check one)

Schedule B

(Form 990, 990-F7.

Department of the Treasury Internal Revenue Service

or 990-PF)

JUSTINE	PETERSEN	HOUSING	AND

43-1769074	

REINVESTMENT CORPORATION

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Schedule I	B (Form 990, 990-EZ, or 990-PF) (2016)		Page 2
Name of or	-		Employer identification number
	PETERSEN HOUSING AND MENT CORPORATION		43-1769074
			43-1709074
Part I	Contributors (See instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributio	ons Type of contribution
1		\$25	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributio	ons Type of contribution
2		\$15	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributio	ons Type of contribution
3		\$10	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ons Type of contribution
4		\$37	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributio	ons Type of contribution
5		\$100	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributio	ons Type of contribution
6		\$339	,984. Person X Payroll (Complete Part II for noncash contributions.)

Schedule I	B (Form 990, 990-EZ, or 990-PF) (2016)			Page 2
Name of or	-		Employ	er identification number
	PETERSEN HOUSING AND MENT CORPORATION		13-	1769074
			45-	1/090/4
Part I	Contributors (See instructions). Use duplicate copies of Part I if addition	al space is needed.		
(a)	(b)	(c)		(d)
No.	Name, address, and ZIP + 4	Total contributio	ns	Type of contribution
7		\$31	,993 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)		(d)
No.	Name, address, and ZIP + 4	Total contributio	ns	Type of contribution
8			,240 <u>.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
9		\$267	,772 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
10		\$9	,375 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
11			<u>,000.</u>	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
12			,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule I	B (Form 990, 990-EZ, or 990-PF) (2016)			Page 2
Name of or	-		Employe	er identification number
	PETERSEN HOUSING AND MENT CORPORATION		43-1	1769074
Part I	Contributors (See instructions). Use duplicate copies of Part I in	f additional space is needed.	.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ons	(d) Type of contribution
13		\$700	0 <u>,000.</u>	PersonPayrollNoncashX(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ons	(d) Type of contribution
14		\$10	0,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ons	(d) Type of contribution
15		\$25	<u>,000.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ons	(d) Type of contribution
16		\$30) <u>,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ons	(d) Type of contribution
17		\$970) <u>,836.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ons	(d) Type of contribution
18		\$250		Person X Payroll Noncash (Complete Part II for noncash contributions.)

EINVEST	MENT CORPORATION	43-	1769074
Part II	Noncash Property (See instructions). Use duplicate copies of F	Part II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	REAL ESTATE		
		\$\$	12/27/16
(a)		(c)	
No. from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions)	(d) Date received
	REAL ESTATE		
13			
		\$	12/22/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		——	
		(\$	

Name of organization

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Employer identification number

	(Form 990, 990-EZ, or 990-PF) (2016)		Page 4
Name of orga			Employer identification number
	PETERSEN HOUSING AND		
Part III	IENT CORPORATION Exclusively religious, charitable, etc., cont the year from any one contributor. Complete of completing Part III, enter the total of exclusively religiou Use duplicate copies of Part III if addition	columns (a) through (e) and the follows, charitable, etc., contributions of \$1,000 or	
(a) No.	Use duplicate copies of Part III if addition	ai space is needed.	
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of gif	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_	Transferee's name, address, a	(e) Transfer of gif nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a		Relationship of transferor to transferee

		al Financial Statements		OMB No. 1545-0047
(Fori	Part IV, line 6, 7, 8, 9, 10	janization answered "Yes" on Form 990,), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		
	ment of the Treasury	Attach to Form 990. rm 990) and its instructions is at www.irs.go	ov/form9	Open to Public 90. Inspection
	e of the organization JUSTINE PETERSEN HOUSING AN			ployer identification number
	REINVESTMENT CORPORATION			43-1769074
Pa	t I Organizations Maintaining Donor Advise		r Acco	unts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir			
		(a) Donor advised funds	(b) Fur	nds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3 4	Aggregate value of grants from (during year)			
4 5	Aggregate value at end of year Did the organization inform all donors and donor advisors in		funds	
Ŭ	are the organization's property, subject to the organization's	-		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor	0 0		
	impermissible private benefit?			
Pa	rt II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Par	t IV, line 7	7.
1	Purpose(s) of conservation easements held by the organizat			
	Preservation of land for public use (e.g., recreation or			
	Protection of natural habitat	Preservation of a certified	d historic	structure
•	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form of a	a conserv	Held at the End of the Tax Year
2	day of the tax year. Total number of conservation easements		2a	Helu al life citu of life fax feat
a b	Total acreage restricted by conservation easements			
c	Number of conservation easements on a certified historic st			
	Number of conservation easements included in (c) acquired			
	listed in the National Register			
3	Number of conservation easements modified, transferred, re			n during the tax
	year ►			
4	Number of states where property subject to conservation ea	asement is located		
5	Does the organization have a written policy regarding the pe			
	violations, and enforcement of the conservation easements			
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing conserv	/ation ea	sements during the year
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing concernation		onto during the year
7	Amount of expenses incurred in monitoring, inspecting, name \$	ding of violations, and enforcing conservation	reaseme	ents during the year
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(b)(4)(B)(i)	
-	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservat			
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes the	organiza	ation's accounting for
	conservation easements.			
Pa	rt III Organizations Maintaining Collections of		ər Simi	lar Assets.
	Complete if the organization answered "Yes" on Forn			
1a	If the organization elected, as permitted under SFAS 116 (A			
	historical treasures, or other similar assets held for public ex		of public	c service, provide, in Part XIII,
h	the text of the footnote to its financial statements that descr If the organization elected as permitted under SEAS 116 (A)		d balanc	a shoot works of art historical
u	If the organization elected, as permitted under SFAS 116 (As treasures, or other similar assets held for public exhibition, e			
	relating to these items:		30, 100,	provide the following amounts
	(i) Revenue included on Form 990, Part VIII, line 1		►	\$
	···· · · · · · · · · · · · · · · · · ·		•	
2	If the organization received or held works of art, historical tre			
	the following amounts required to be reported under SFAS 1		-	
а	Revenue included on Form 990, Part VIII, line 1		►	\$
b	Assets included in Form 990, Part X			\$

	,
LHA For Paperwork Reduction A	Act Notice, see the Instructions for Form 990.
632051 08-29-16	

JUSTINE PETERSEN HOUSING AN

	JUSTINE PE	TERSEN HOUSING A	AND							
Sche	edule D (Form 990) 2016 REINVESTMER	NT CORPORATION					43-1769	074	P	age 2
Pa	rt III Organizations Maintaining C	Collections of A	rt, Hist	orical Ti	reasures, or	Other	Similar Asse	ts(contii	nued)	
3	Using the organization's acquisition, access	ion, and other record	ds, check	any of the	following that	are a sign	ificant use of its	collectio	n iterr	IS
	(check all that apply):									
а	Public exhibition	c	1 🗆 L	oan or exc	hange program	าร				
b	Scholarly research	e		Other	0 1 0					
с	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explain	in how the	ev further t	the organization	ı's exemp	t purpose in Par	t XIII		
5	During the year, did the organization solicit c	•		•	•	•				
Ŭ	to be sold to raise funds rather than to be m		-					Yes] No
Pa	rt IV Escrow and Custodial Arran									
	reported an amount on Form 990, Pa			organizatio	in answered i		111 330, 1 att 1v,	in le 3, 0		
10	Is the organization an agent, trustee, custod		dian (for a	ontributio	a or other and	oto not inc	ludod			
Ia								Yes	v	No
	on Form 990, Part X?						······ └─-	_ res	_ <u>A</u>	
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	blowing ta	able:				•		
								Amoun	t	
	0 0						1c			
	Additions during the year						1d			
е	0, ,						1e			
f	Ending balance						1f	_		
2a	Did the organization include an amount on F	Form 990, Part X, line	e 21, for e	scrow or c	ustodial accou	nt liability'	?	Yes		No
	If "Yes," explain the arrangement in Part XIII									
Pa	rt V Endowment Funds. Complete	if the organization ar	nswered "	Yes" on F	orm 990, Part I	V, line 10.				
		(a) Current year	(b) Pr	ior year	(c) Two years	back (d)	Three years back	(e) Fou	' years	back
1a	Beginning of year balance									
b	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur		l na (lina 1 c		a)) held as:					
	Board designated or quasi-endowment	Terri year end baland	%	, column (
		%								
	Permanent endowment									
С	Temporarily restricted endowment									
	The percentages on lines 2a, 2b, and 2c sho	•								
за	Are there endowment funds not in the posse	ession of the organiz	ation that	are held a	and administere	ed for the	organization	1		
	by:								Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							. 3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza) 			. 3b		l
4	Describe in Part XIII the intended uses of the		owment fi	unds.						
Pa	rt VI Land, Buildings, and Equipn	nent.								
	Complete if the organization answere	ed "Yes" on Form 99	0, Part IV	, line 11a.	See Form 990,	Part X, lin	e 10.			
	Description of property	(a) Cost or c	other	(b) Cos	t or other	(c) Accu	imulated	(d) Boo	k valu	е
	-	basis (investi	ment)	basis	(other)	depre	ciation			
1a	Land	6	6,574.		65,000.				131	,574.
	Buildings		5,958.		L,306,396.		563,665.	4	,278	,689,
	Leasehold improvements		·				· · · · · · · · · · · · · · · · · · ·		- '	
	Equipment				288,223.		252,978.		35	,245,
	Other				,		,			
	I. Add lines 1a through 1e. (Column (d) must e		X colum	n (R) line	10c.)			4	,445	508
- uld			.,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				-	,,	, .

Schedule D (Form 990) 2016

REINVESTMENT CORPORATION

Schedule D (Form 990) 2016 REINVESTMENT CORP	ORATION	43-1769074 Page	3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1)			
(2)			_
(3)			
(4)			

(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) 🕨	

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	7,160,766.
(2) ACCRUED INTEREST RECEIVABLE	83,039.
(3) INVESTMENT IN SUBSIDIARY	4,139,242.
(4) OTHER	53,955.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	11,437,002.

Other Liabilities. Part X

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DUE TO AFFILIATE	314,215.
(3)	SECURITY DEPOSITS	10,540.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.) 🕨	324,755.

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

	JUSTINE PETERSEN HOUSING AND				
Sche	dule D (Form 990) 2016 REINVESTMENT CORPORATION			43-1769074	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With F	Revenue per R	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	-			
1	Total revenue, gains, and other support per audited financial statements			1	6,016,010.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	119,986.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d	191,882.		
е	Add lines 2a through 2d			2e	311,868.
3	Subtract line 2e from line 1			3	5,704,142.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	4b	397,295.		
с	Add lines 4a and 4b			4c	397,295.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	6,101,437.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	nents With	Expenses per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	-			
1	Total expenses and losses per audited financial statements			1	5,475,415.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	119,986.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	_ 2d	411,426.		
е	Add lines 2a through 2d			2e	531,412.
3	Subtract line 2e from line 1			3	4,944,003.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	4,944,003.
Pa	rt XIII Supplemental Information.				

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

PART IV, LINE 1B:

THE ORGANIZATION HAS ASSETS RECORDED FOR WHICH THERE IS A CORRESPONDING

LIABILITY FOR FUNDS HELD IN TRUST. AMOUNTS HELD IN TRUST INCLUDE SECURITY

DEPOSITS AND CLIENT REPAIR FUNDS.

PART X, LINE 2:

JUSTINE PETERSEN AND GRCT ARE NOT-FOR-PROFIT ORGANIZATIONS AND ARE EXEMPT

FROM FEDERAL AND MISSOURI INCOME TAXES UNDER SECTION 501(A) OF THE

INTERNAL REVENUE CODE AS AN ORGANIZATION DESCRIBED UNDER SECTION

501(C)(3).

MANAGEMENT BELIEVES THERE ARE NO UNCERTAIN TAX POSITIONS AS OF DECEMBER

JUSTINE PETERSEN HOUSING AND		
Schedule D (Form 990) 2016 REINVESTMENT CORPORATION	43-1769074	Page 5
Part XIII Supplemental Information (continued)		
31, 2016 AND 2015. THE CORPORATION'S TAX RETURNS ARE SUBJECT TO		
EXAMINATION BY THE RESPECTIVE TAXING AUTHORITIES, GENERALLY FOR THREE		
YEARS AFTER THEY WERE FILED.		
PART XI, LINE 2D - OTHER ADJUSTMENTS:		
RENTAL EXPENSE RECLASSED AGAINST INCOME 191,882.		
PART XI, LINE 4B - OTHER ADJUSTMENTS:		
EQUITY IN EARNINGS OF SUBSIDIARIES 397,295.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:		
RENTAL EXPENSE RECLASSED AGAINST INCOME 191,882.		
IMPAIRMENT LOSS 219,544.		
TOTAL TO SCHEDULE D, PART XII, LINE 2D 411,426.		

SC	HEDULE J	Compensation Information		OMB No.	1545-00	47	
(Form 990)		For certain Officers, Directors, Trustees, Key Employees, and Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part	•	20	16		
Depa	tment of the Treasury	Attach to Form 990.	IV, IIII C 23.	Open to Public			
Intern	al Revenue Service	▶ Information about Schedule J (Form 990) and its instructions is at ww		Inspection			
Nam	e of the organizatio	DN JUSTINE PETERSEN HOUSING AND	Employer	identification	on nu	mber	
		REINVESTMENT CORPORATION	43-17	69074			
Pa	rt I Question	is Regarding Compensation					
					Yes	No	
1a	Check the appropr	riate box(es) if the organization provided any of the following to or for a person lis	ted on Form 990,				
	Part VII, Section A,	, line 1a. Complete Part III to provide any relevant information regarding these iter	ms.				
	First-class or o	charter travel Housing allowance or residen	ce for personal use				
	Travel for com	npanions Payments for business use of	personal residence				
	Tax indemnifie	cation and gross-up payments Health or social club dues or i	nitiation fees				
	Discretionary	spending account Personal services (such as, m	aid, chauffeur, chef)				
b		on line 1a are checked, did the organization follow a written policy regarding pay					
		provision of all of the expenses described above? If "No," complete Part III to exp		1 b			
2	Did the organizatio	on require substantiation prior to reimbursing or allowing expenses incurred by all	directors,				
	trustees, and office	ers, including the CEO/Executive Director, regarding the items checked on line 1a	a?	2			
3		ny, of the following the filing organization used to establish the compensation of					
		ector. Check all that apply. Do not check any boxes for methods used by a relate	ed organization to				
	establish compens	sation of the CEO/Executive Director, but explain in Part III.					
	Compensation						
		compensation consultant	•				
	Form 990 of o	other organizations	pensation committee				
	D · · · · · · ·						
4		d any person listed on Form 990, Part VII, Section A, line 1a, with respect to the f	iling				
_		elated organization:		4-		v	
a L		ce payment or change-of-control payment?				x x	
b		eceive payment from, a supplemental nonqualified retirement plan?				X	
С		eceive payment from, an equity-based compensation arrangement?		4c			
	If "Yes" to any of III	nes 4a-c, list the persons and provide the applicable amounts for each item in Pa	art III.				
	Only contion 501/	a^{3} 501(a^{3}) and 501(a^{3}) organizations must complete lines 5.0					
5		c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any o	compensation				
5	contingent on the r		ompensation				
а	•			5a		х	
a h	Any related organization	zation?		5a 5b		X	
		or 5b, describe in Part III.					
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	compensation				
Ŭ	contingent on the r		compensation				
а				6a		х	
		zation?				X	
~		or 6b, describe in Part III.					
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixe	ed payments				
-		nes 5 and 6? If "Yes," describe in Part III		7		х	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was					
5	•	eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Par	-	8		х	
9		did the organization also follow the rebuttable presumption procedure described					
2		n 53.4958-6(c)?		9			
I HA		Reduction Act Notice, see the Instructions for Form 990.		dule J (Forn	n 990)	2016	

REINVESTMENT CORPORATION

Schedule J (Form 990) 2016

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

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

43-1769074

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SHERI FLANIGAN-VAZQUEZ	(i)	145,057.	0.	0.	0.	16,500.		0.
CHIEF OPERATING OFFICER	(ii)	0.	Ο.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 2

REINVESTMENT CORPORATION

Schedule J (Form 990) 2016

Page 3

Part III Supplemental Information

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

Schedule J (Form 990) 2016

SCHEDULE L	Tra	ansactior	ns V	Vith	Interested	Persons			ON	MB No.	1545-00	47
(Form 990 or 990-EZ) ► 0	Complete if the	28b, or 28c,	or For	m 990 [.]	s" on Form 990, Par -EZ, Part V, line 38a	a or 40b.	26, 27	, 28a,		20	16)
Department of the Treasury Internal Revenue Service	Information about				990 or Form 990-E2 EZ) and its instruction		orm99	0.		pen To spect		lic
Name of the organization	JUSTINE PETER	SEN HOUSING	AND				Em	ploye	r ident	ificati	on nu	mber
	REINVESTMENT							1769	074			
					ion 501(c)(4), and 50							
Complete if the	-	wered "Yes" on Relationship bet			art IV, line 25a or 25l lified	b, or Form 990-EZ, F	art V,	line 40	JD.	(4)	Corre	cted?
(a) Name of disqualified	person (5)	person and o			(c) Description of transaction			· · ·	d) Corrected? Yes No			
										—		
										+		
										+		
2 Enter the amount of tax	-	•	•			e ,						
section 4958 3 Enter the amount of tax								► \$				
3 Enter the amount of tax	, if any, on line 2,	above, reimbur	sed by	the or	ganization			▶ \$				
Part II Loans to an	d/or From In	terested Per	rsons	5.								
Complete if the	organization ans	wered "Yes" on	Form	990-EZ	, Part V, line 38a or l	Form 990, Part IV, lir	ne 26;	or if th	ne orga	anizati	on	
reported an amo	ount on Form 99	<u>í </u>				1			WI \ Acc	Provod		
(a) Name of interested person	(b) Relationship with organizatior		fror	oan to or n the ization?	(e) Original principal amount	(f) Balance due) In ault?	(h) Apj by boa comm	ard or		'ritten ment?
			То	From			Yes	No	Yes	No	Yes	No
PATRICK BOYLE	FAMILY M	ORDINARY		X	16,250.	16,250.		X	X	├───	X	
										<u> </u>		
										┝───		
Total					▶ \$	16,250.						
Part III Grants or As	ssistance Be	nefiting Inte	reste	ed Pe	rsons.							
	organization ans					(n -						
(a) Name of interested	person	(b) Relationship interested per the organiz	son ar		(c) Amount of assistance	(d) Type assistan) Purp assista		ſ
								-+				

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

Schedule L (Form 990 or 990-EZ) 2016

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	aring of zation's nues?
				Yes	No
Part V Supplemental Information					

Part V Supplemental Information

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

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: PATRICK BOYLE

(B) RELATIONSHIP WITH ORGANIZATION: FAMILY MEMBER OF OFFICER, ROBERT

BOYLE

(C) PURPOSE OF LOAN: ORDINARY COURSE OF BUSINESS - ECONOMIC DEVELOPMENT

THROUGH MICRO-LENDING

SCHE	DULE	Μ
(Form	990)	

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

Open To Public Inspection

Name of the organization	
--------------------------	--

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990. JUSTINE PETERSEN HOUSING AND REINVESTMENT CORPORATION

Employer identification number 43-1769074

Pai	t I Types of Property							
	·	(a) Check if applicable		(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1	(d) Method of de noncash contribu	etermir	•	:S
1	Art - Works of art				9			
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial	Х	2	1,200,00	APPRAISAL AND FM	v		
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()							
26	Other ► ()							
27	Other ► ()							
28	Other ► ()							
29	Number of Forms 8283 received by the organi	zation during	g the tax year for o	contributions				
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowled	gement 29			0	
							Yes	No
30a	During the year, did the organization receive b	y contributio	on any property rej	ported in Part I, lines 1 thre	ough 28, that it			
	must hold for at least three years from the date	e of the initia	al contribution, and	d which isn't required to be	e used for			
	exempt purposes for the entire holding period	?				30a		х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard contr	butions?	31	Х	
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell nonca	sh			
	contributions?					32a		х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column (a) is c	hecked,			
	describe in Part II.							
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.	Schedule M	(Form	990) ((2016)

JUSTINE PETERSEN HOUSING AND Schedule M (Form 990) (2016) REINVESTMENT CORPORATION 43-1769074 **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete Part II this part for any additional information. SCHEDULE M, PART I, COLUMN (B): ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS

S	С	Η	E	D	U	L	E	(0	

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at <u>www.irs.gov/form990</u>.



Employer identification number 43-1769074

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

ECONOMIC DEVELOPMENT (CONTINUED):

AND 28 KANSAS COUNTIES AND THE ENTIRE STATE OF MISSOURI.

IN 2016, JUSTINE PETERSEN PROVIDED TECHNICAL ASSISTANCE AND TRAINING TO

JUSTINE PETERSEN HOUSING AND

REINVESTMENT CORPORATION

NEARLY 3,500 ENTREPRENEURS AND ORIGINATED \$12 MILLION IN OVER 840

MICRO- AND SMALL BUSINESS LOANS.

JUSTINE PETERSEN ALSO ADMINISTERS A CONTRACTOR LOAN FUND TO MEET THE

NEEDS OF SMALL AND MINORITY CONTRACTORS WHO LACK THE FINANCIAL CAPACITY

TO SUCCESSFULLY BID, ACCEPT AND CARRY OUT THE WORK OF LARGE SCALE

PROPERTY DEVELOPMENT CONTRACTS. IN 2016, JUSTINE PETERSEN ORIGINATED

\$3.7 MILLION IN 113 CONTRACTOR LOANS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

SAVINGS (CONTINUED):

MASSACHUSETTS, ILLINOIS, WISCONSIN, PENNSYLVANIA, MICHIGAN, OKLAHOMA,

IOWA, AND RHODE ISLAND ON ITS CREDIT BUILDING METHOD AND CONTINUED

SERVICES THROUGH THE JP TRAINING CENTER (JPTRAININGCENTER.ORG).

FORM 990, PART VI, SECTION A, LINE 8B:

NO COMMITTEES HAVE BEEN ESTABLISHED WITH AUTHORITY TO ACT ON BEHALF OF THE

GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11B:

JUSTINE PETERSEN HOUSING AND REINVESTMENT CORPORATION'S 990 IS FIRST

REVIEWED BY THE CONTRO THE COO APPROVES THE 9 FOR THEIR REVIEW AND A REVIEWS THE 990. ONCE ORGANIZATION'S ACCOUNT FORM 990, PART VI, SEC	USTINE PETERSEN HOUSING AND EINVESTMENT CORPORATION LLER AND THE CHIEF OPERATING OFFICER ("COO"). ONCE 90, IT IS THEN PRESENTED TO THE BOARD OF DIRECTORS PPROVAL. THE CHIEF EXECUTIVE OFFICER ("CEO") THEN THE CEO APPROVES THE 990, IT IS SIGNED AND THE ANTS ARE NOTIFIED OF THE CONSENT TO FILE THE FORM. TION B, LINE 12C: EWS THE APPLICATION OF THE CONFLICT OF INTEREST	Employer identification number 43-1769074
REVIEWED BY THE CONTRO THE COO APPROVES THE 9 FOR THEIR REVIEW AND A REVIEWS THE 990. ONCE ORGANIZATION'S ACCOUNT FORM 990, PART VI, SEC	LLER AND THE CHIEF OPERATING OFFICER ("COO"). ONCE 90, IT IS THEN PRESENTED TO THE BOARD OF DIRECTORS PPROVAL. THE CHIEF EXECUTIVE OFFICER ("CEO") THEN THE CEO APPROVES THE 990, IT IS SIGNED AND THE ANTS ARE NOTIFIED OF THE CONSENT TO FILE THE FORM. TION B, LINE 12C:	
THE COO APPROVES THE 9 FOR THEIR REVIEW AND A REVIEWS THE 990. ONCE DRGANIZATION'S ACCOUNT. FORM 990, PART VI, SEC	90, IT IS THEN PRESENTED TO THE BOARD OF DIRECTORS PPROVAL. THE CHIEF EXECUTIVE OFFICER ("CEO") THEN THE CEO APPROVES THE 990, IT IS SIGNED AND THE ANTS ARE NOTIFIED OF THE CONSENT TO FILE THE FORM. TION B, LINE 12C:	
FOR THEIR REVIEW AND A REVIEWS THE 990. ONCE ORGANIZATION'S ACCOUNT FORM 990, PART VI, SEC	PPROVAL. THE CHIEF EXECUTIVE OFFICER ("CEO") THEN THE CEO APPROVES THE 990, IT IS SIGNED AND THE ANTS ARE NOTIFIED OF THE CONSENT TO FILE THE FORM. TION B, LINE 12C:	
REVIEWS THE 990. ONCE ORGANIZATION'S ACCOUNT FORM 990, PART VI, SEC	THE CEO APPROVES THE 990, IT IS SIGNED AND THE ANTS ARE NOTIFIED OF THE CONSENT TO FILE THE FORM. TION B, LINE 12C:	
REVIEWS THE 990. ONCE ORGANIZATION'S ACCOUNT FORM 990, PART VI, SEC	THE CEO APPROVES THE 990, IT IS SIGNED AND THE ANTS ARE NOTIFIED OF THE CONSENT TO FILE THE FORM. TION B, LINE 12C:	
ORGANIZATION'S ACCOUNT FORM 990, PART VI, SEC	ANTS ARE NOTIFIED OF THE CONSENT TO FILE THE FORM. TION B, LINE 12C:	
FORM 990, PART VI, SEC	TION B, LINE 12C:	
POLICY ON ANY REAL OR	PERCEIVED ISSUES THAT OCCURRED DURING THEY YEAR. THE	
APPROPRIATENESS OF THE	POLICY IS DISCUSSED WITH ATTENTION TO THE	
REQUIREMENTS OF FUNDIN	G SOURCES. IF MODIFICATIONS TO THE POLICY ARE	
NECCESSARY, THEY ARE P	RESENTED FOR BOARD APPROVAL. THE BOARD OF DIRECTORS	
SIGN A STATEMENT YEARL	Y THAT CONFIRMS THAT THEY HAVE READ AND ARE STILL	
FOLLOWING THE CONFLICT	OF INTEREST POLICY.	
FORM 990, PART VI, SEC	TION B, LINE 15:	
JUSTINE PETERSEN HOUSI	NG AND REINVESTMENT CORPORATION DETERMINES	
COMPENSATION FOR ITS O	FFICIALS AND DIRECTORS BY COMPARING SALARIES OF OTHER	
OFFICERS IN SIMILAR IN	DUSTRIES. THE ORGANIZATION NEGOTIATES WITH THE CHIEF	
EXECUTIVE OFFICER AND	CHIEF OPERATING OFFICER TO DETERMINE COMPENSATION FOR	
THESE KEY POSITIONS.		

JUSTINE PETERSEN HOUSING AND REINVESTMENT CORPORATION MAKES ITS GOVERNING

DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE

TO THE PUBLIC BY PROVIDING COPIES TO THOSE WHO REQUEST THE AFOREMENTIONED

DOCUMENTS.

Schedule O (Form 990 or 990-E	<u>=2)(2016)</u> STINE PETERSEN HOUSING AND		Page Employer identification numbe
i ante el tre el gamination	INVESTMENT CORPORATION		43-1769074
FORM 990, PART IX AND P	ART X:		
IN 2016, JUSTINE PETERS	EN ESTABLISHED GRCC II LLC (A	DISREGARDED	
ENTITY) TO PURCHASE A N	OTE FROM A BANK. THE FACE VALU	E OF THE NOTE	
PURCHASED WAS \$498,250.	64; GRCC II LLC PAID ONLY \$234	,035.20 FOR THE	
NOTE. IN ADDITION, AN A	LLOWANCE FOR DOUBTFUL ACCOUNTS	AMOUNT OF	
\$132,104.72 WAS CHARGED	TO THE INCOME STATEMENT AS BA	D DEBT EXPENSE.	
THIS IS INCLUDED IN PAR	T IX, LINE 24A - BAD DEBT EXPE	NSE. THIS	
FINANCIAL INFORMATION F	OR GRCC II LLC IS INCLUDED IN	THIS FORM 990 AS	
FILED BY JUSTINE PETERS	EN. PLEASE ALSO SEE SCHEDULE R	FOR ADDITIONAL	
INFORMATION REGARDING T	HE DISREGARDED ENTITY.		
FORM 990, PART XI, LINE	9, CHANGES IN NET ASSETS:		
IMPAIRMENT LOSS		-219,544.	
EQUITY IN LOSS FROM SUB	SIDIARY	-397,295.	
TOTAL TO FORM 990, PART	XI, LINE 9	-616,839.	
FORM 990, PART XII, LIN	E 2C:		
THE ORGANIZATION HAS A	COMMITTEE THAT OVERSEES THE AU	DIT OF ITS	
FINANCIAL STATEMENTS AN	D SELECTION OF THE INDEPENDENT	ACCOUNTANT. THE	
PROCESS HAS NOT CHANGED	FROM THE PRIOR YEAR.		

SCHE	DULE R
·	

(Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

2016

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service	 Attach to Form 990. Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. 		Open to Public Inspection
Name of the organization	JUSTINE PETERSEN HOUSING AND	Employer id	entification number
	REINVESTMENT CORPORATION	43-1769	074

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
apart 110 42 1260024					
	FACILITATE NOTE RECEIVABLE PURCHASE	MISSOURI	0.		JUSTINE PETERSEN HOUSING & REINV CORP
ST. LOUIS, MO 63106		MISSOURI	0.	132,108.	ROUSING & REINV CORP
	-				
	-				
	-				

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
GREAT RIVERS COMMUNITY TRUST - 43-1925293					JUSTINE PETERSEN		
1023 N GRAND BLVD	TO APPLY FOR TAX CREDITS				HOUSING & REINV		
ST. LOUIS, MO 63106	AND ADMINISTER IDA PROGRAM	MISSOURI	501(C)(3)	LINE 7	CORP	х	

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

Schedule R (Form 990) 2016

Schedule R (Form 990) 2016 REINVESTMENT CORPORATION

43-1769074 Page 2

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	ר)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Share of end-of-year		amount in box 20 of Schedule	mana partn	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No
TWENTY FIRST HOMES, LP -	RESIDENTIAL										
26-1484330, 1023 N GRAND	RENTAL REAL		JUSTINE								
BLVD, ST. LOUIS, MO 63106	ESTATE	IL	PETERSEN H&RC	RELATED	-181,950.	3,977,884.		x	N/A	X	99.99%
JP EMERGING MARKETS FUND I											
LLC - 81-4656935, 1023 N											
GRAND BLVD, ST. LOUIS, MO	COMMUNITY		JUSTINE								
63106	DEVELOPMENT	со	PETERSEN H&RC	RELATED	0.	1.		х	N/A	х	.00%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(conti ent	(i) ction (b)(13) trolled tity?
GREAT RIVERS COMMUNITY CAPITAL - 43-1862691 1023 N GRAND BLVD	COMMUNITY DEV & INV FOR LOW TO MODERATE		JUSTINE					Yes	No
ST. LOUIS, MO 63106	INCOME FAMILIES		PETERSEN H&RC	C CORP	333,173.	13,627,040.	100.00%	х	
TWENTY FIRST HOMES DEVELOPERS NFP - 26-1484259, 1023 N GRAND BLVD, ST. LOUIS, MO 63106	DEV RESIDENTIAL RENTAL REAL ESTATE	IL	JUSTINE PETERSEN H&RC	C CORP	-18.	290.	100.00%	x	
	-								
	-								
	-								

Schedule R (Form 990) 2016 REINVESTMENT CORPORATION

lote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	; N
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
b Gift, grant, or capital contribution to related organization(s)			2
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)		Х	
e Loans or loan guarantees by related organization(s)		X	
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g		
n Purchase of assets from related organization(s)	1h		
Exchange of assets with related organization(s)	1i		
j Lease of facilities, equipment, or other assets to related organization(s)	1j		
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)	11		
n Performance of services or membership or fundraising solicitations by related organization(s)			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		Х	
Sharing of paid employees with related organization(s)		X	Ŧ
p Reimbursement paid to related organization(s) for expenses			
a Reimbursement paid by related organization(s) for expenses		X	T
Other transfer of cash or property to related organization(s)	1r		
s Other transfer of cash or property from related organization(s)			

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) GREAT RIVERS COMMUNITY CAPITAL	D	1,511,446.	FAIR MARKET VALUE
(2) TWENTY FIRST HOMES	D	51,979.	FAIR MARKET VALUE
(3) JP EMERGING MARKETS FUND I	E	50,000.	FAIR MARKET VALUE
(4) GREAT RIVERS COMMUNITY CAPITAL	N	113,006.	FAIR MARKET VALUE
(5) GREAT RIVERS COMMUNITY CAPITAL	0	294,540.	FAIR MARKET VALUE
(6) GREAT RIVERS COMMUNITY CAPITAL	Q	64,656.	FAIR MARKET VALUE

Schedule R (Form 990) 2016 REINVESTMENT CORPORATION

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

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

(a)	(b)	(c)				(f)	(g)	0	h)	(i)	(j)	(k)																														
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	e Are partners 501 (c orgs	all s sec	Share of	Share of		opor-	Code V-UBI	General c	Percentage																														
of entity	, , ,	(state or foreign	(related, unrelated,	501(c	c)(3)	total	end-of-year	tior alloca	ropor- nate tions?	amount in box 20	managing partner?	ownership																														
		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Yes	No	income	assets	Yes	No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) General or Percen managing partner? (Yes No																																

Schedule R (Form 990) 2016

REINVESTMENT CORPORATION Schedule R (Form 990) 2016 Part VII Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions.

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 9.x products and later products, select "None"in the "Page Scaling" selection box in the Adobe "Print" dialog.

STATE COPY

JUSTINE PETERSEN HOUSING AND REINVESTMENT CORPORATION 1023 N. GRAND BLVD. SAINT LOUIS, MO 63106

> OFFICE OF THE ATTORNEY GENERAL CHARITABLE TRUST BUREAU 100 WEST RANDOLPH ST., 11TH FLOOR CHICAGO, IL 60601-3175

TAX RETURN FILING INSTRUCTIONS

ILLINOIS FORM AG990-IL

FOR THE YEAR ENDING

DECEMBER 31, 2016

Prepared for	JUSTINE PETERSEN HOUSING AND REINVESTMENT CORPORATION 1023 N. GRAND BLVD. SAINT LOUIS, MO 63106
Prepared by	BROWN SMITH WALLACE LLP 6 CITYPLACE DRIVE, SUITE 900 ST. LOUIS, MO 63141
Amount due or refund	BALANCE DUE OF \$15.00
Make check payable to	ILLINOIS CHARITY BUREAU FUND
Mail tax return and check (if applicable) to	OFFICE OF THE ATTORNEY GENERAL CHARITABLE TRUST BUREAU 100 WEST RANDOLPH ST., 11TH FLOOR CHICAGO, IL 60601-3175
Return must be mailed on or before	AUGUST 29, 2017
Special Instructions	THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S).

For Of	fice Use Only ILLINOIS CHARITABLE ORGANIZATION ANNUAL	REPORT		Form AG990-IL Revised 3/05
PMT				neviseu 3/00
	Charitable Trust Bureau, 100 West Rando	lph Co	0 <u>#</u>	
	11th Floor, Chicago, Illinois 60601		Check a	ll items attached:
AMT	Report for the Fiscal Period:	x	Copy of	IRS Return
		Make Checks 🛛 🗴	Audited I	Financial Statements
		Payable to	Copy of I	
INIT		Charity <u>x</u>	_ ·	Annual Report Filing Fee
		Bureau Fund	\$100.00	Late Report Filing Fee
	al ID # <u>43-1769074</u> MO DAY YR		М	
Are c	,,,,,,,	panization was crea	ted: (01/01/1997
	LEGAL JUSTINE PETERSEN HOUSING AND	Year-end		
	NAME REINVESTMENT CORPORATION	amounts		
	MAIL	A) ASSETS	A) \$	27,526,853.
	DDRESS 1023 N. GRAND BLVD.	B) LIABILITIES	B) \$	19,840,884.
	(, STATE SAINT LOUIS, MO	C) NET ASSETS	C) \$	7,685,969.
_	IP CODE 63106 SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE		AMOUNT
1.			D) \$	
	D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	57.433% 42.699%		3,504,261.
	E) GOVERNMENT GRANTS & MEMBERSHIP DUESF) OTHER REVENUES	-0.133%	,	2,605,266. -8,090.
	r) UTHER REVENUES	-0.133%	τ) φ	_0,090.
	G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) \$	6,101,437.
п.	SUMMARY OF ALL EXPENDITURES DURING THE YEAR:	100 %	φ.	•,101,107.
.	H) OPERATING CHARITABLE PROGRAM EXPENSE	96.188%	H) \$	4,755,517.
			ψ	
	I) EDUCATION PROGRAM SERVICE EXPENSE	%	1) \$	
	.,			
	J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	96.188%	J) \$	4,755,517.
	,			
	J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J): \$			
	K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	%	K) \$	
	L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	96.188%	L) \$	4,755,517.
	M) MANAGEMENT AND GENERAL EXPENSE	2.647%	M)\$	130,872.
		1 1 (50 (55 614
	N) FUNDRAISING EXPENSE	1.165%	N) \$	57,614.
		100 %	0) \$	4,944,003.
	0) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100 /0	- Ο)φ	4,544,005.
III .	SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES:			
	(Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.) PROFESSIONAL FUNDRAISERS:			
	P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$	0.
	.,		, ,	
	Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$	
	R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$	
	PROFESSIONAL FUNDRAISING CONSULTANTS:			
	S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$	0.
IV.	COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YE	AR:		
1	T) NAME, TITLE: SHERI K. FLANIGAN-VAZQUEZ - CHIEF OPERATING OFC		T) \$	145,057.
1	U) NAME, TITLE: AIDA IBRAGIMOVA - CHIEF LOAN OFFICER		U) \$	107,594.
1	V) NAME, TITLEROBERT F. BOYLE - CHIEF EXECUTIVE OFFICER		V) \$	107,319.
V .	CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDE CODE CATEGORIES	D)	List on	back side of instructions
1-16				CODE
698091 04-01-16	W) DESCRIPTION: ECONOMIC DEVELOPMENT		W)#	300
18091	X) DESCRIPTION: HOUSING		X) #	131
66	Y) DESCRIPTION: SAVINGS		Y) #	300

IF	THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.		Х
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?	2.		X
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	3.		X
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?	4.		X
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	5.		X
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.		X
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.		X
7b.	IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$			
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	8.		X
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?	9.		X
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10.		X
11.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:			
	US BANK - 5375 SOUTHWEST AVE., SAINT LOUIS, MO 63139			
	PNC BANK - 3526 PAGE BLVD., SAINT LOUIS, MO 63106			
	RELIANCE BANK - 10401 CLAYTON RD., FRONTENAC, MO 63131			
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: <u>ROBERT BOYLE - 314.533.2411</u>			

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:	ROBERT BOYLE		
1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.	PRESIDENT OR TRUSTEE (PRINT NAME)	SIGNATURE	DATE
2.) FOR FEES DUE SEE INSTRUCTIONS.	ALLAN D. IVIE, IV		
3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.	TREASURER OF TRUSTEE (PRINT NAME)	SIGNATURE	DATE
	JENNIFER M. VACHA		
698101 04-01-16	PREPARER (PRINT NAME)	SIGNATURE	DATE

** PUBLIC DISCLOSURE COPY

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

▶ Do not enter social security numbers on this form as it may be made public.

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

Department of the Treasury Internal Revenue Service

Form

aar

AH	or th	e 2016 calendar year, or tax year beginning and	ending				
B c	Check if Ipplicab	C Name of organization JUSTINE PETERSEN HOUSING AND		D Employer identifi	cation number		
	Addre						
	Name			43-176	9074		
	Initial return	Number and street (or P.0. box if mail is not delivered to street address)	E Telephone numbe	r			
	 Final return		Room/suite		3.2411		
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	6,293,319.		
	Amen return	ded GATNE LOUIS NO 63106		H(a) Is this a group r	eturn		
	Applie tion	F Name and address of principal officer: ROBERT BOYLE		for subordinates			
	pendi	ng SAME AS C ABOVE		H(b) Are all subordinates i			
11	Tax-ex	empt status: 🗴 501(c)(3) 🛄 501(c) () ◀ (insert no.) 🛄 4947(a)(1) c	or 527	1	list. (see instructions)		
J /	Nebsi	te: WWW.JUSTINEPETERSEN.ORG		H(c) Group exemptic	n number 🕨		
κF	orm o	forganization: 🗴 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year		✓ State of legal domicile: MO		
Pa	art I	Summary					
e	1	Briefly describe the organization's mission or most significant activities: CREATE	ENDURING	CHANGE FOR			
Activities & Governance		LOW/MODERATE INCOME FAMILIES VIA HOUSING, SAVINGS AND ECONOMI					
sr n (2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more	than 25% of its net a	ssets.		
No.	3	Number of voting members of the governing body (Part VI, line 1a)			6		
ي م	4	Number of independent voting members of the governing body (Part VI, line 1b) _			6		
es	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		5	35		
iviti	6	Total number of volunteers (estimate if necessary)			11		
Acti		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.		
				Prior Year	Current Year		
e	8	Contributions and grants (Part VIII, line 1h)		2,140,538.	4,275,659.		
eni	9	Program service revenue (Part VIII, line 2g)		1,625,053.	1,833,868.		
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		39.	0.		
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		186,371.	-8,090.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		3,952,001.	6,101,437.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,614,164.	1,696,997.		
ens		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
Expenses			614.	1,750,977.	3,247,006.		
_			es (Part IX, column (A), lines 11a-11d, 11f-24e)				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,365,141.	4,944,003.		
or	19	Revenue less expenses. Subtract line 18 from line 12		586,860.			
ance	200	Tatel assats (Dart V. line 16)		ginning of Current Year 23,198,870.	End of Year		
t Assets	20	Total assets (Part X, line 16)		16,053,496.	27,526,853. 19,840,884.		
Vet /		Total liabilities (Part X, line 26)		7,145,374.	7,685,969.		
		Net assets or fund balances. Subtract line 21 from line 20		1,140,0/4.	7,000,909.		
		alties of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents and to the hest of m	v knowledge and helief it is		
onu	οι μοιιί	ando or porjary, racolaro maci navo chaminou mis roturn, moluanty accompanyiny schedules	5 այս ծաները	onio, ana io ino bosi 0111	y Knowlougo and Dollol, It is		

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer ROBERT BOYLE, CEO Type or print name and title			Date		
Paid	Print/Type preparer's name JENNIFER M. VACHA	Preparer's signature	Date	Check if self-employed	PTIN P01251998	
Preparer	Firm's name BROWN SMITH WALLACE LLP		ŀ	Firm's EIN 🕨 43	-1001367	
Use Only	Firm's address 🖕 6 CITYPLACE DRIVE, SUITE	900				
	ST. LOUIS, MO 63141		F	Phone no.314.983	3.1200	
May the II	RS discuss this return with the preparer shown abo	ove? (see instructions)			X Yes	No
					- 00	0 (00 1 0)



Open to Public

Inspection

	JUSTINE PETERSEN HOUSING AND		
Form	990 (2016) REINVESTMENT CORPORATION	43-1769074	Page 2
	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	JUSTINE PETERSEN'S MISSION IS TO PROMOTE HOUSING, SAVINGS, AND		
	ECONOMIC DEVELOPMENT OF LOW AND MODERATE INCOME FAMILIES TO BUILD		
	ASSETS AND CREATE ENDURING CHANGE.		
2	Did the organization undertake any significant program services during the year which were not listed	on the	
	prior Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	services?	Yes X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program se	rvices, as measured by exp	enses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation	ns to others, the total expe	nses, and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 3,955,941. including grants of \$) (Revenue \$	1,825,778.)
	ECONOMIC DEVELOPMENT - COUNSELORS PROVIDE TRAINING, TECHNICAL		
	ASSISTANCE AND LENDING TO SMALL BUSINESSES AND MICRO-ENTERPRISES. AS		
	THE NATION'S LARGEST SBA MICRO-LOAN INTERMEDIARY, JUSTINE PETERSEN		
	BORROWS MONEY DIRECTLY FROM THE SBA AND ORIGINATES MICRO-ENTERPRISE		
	LOANS UNDER \$50,000 IN ACCORDANCE WITH ITS OWN UNDERWRITING GUIDELINES		
	TO SMALL BUSINESS OWNERS THAT MAY NOT BE ABLE TO SECURE CAPITAL		
	ELSEWHERE. JUSTINE PETERSEN PARTICIPATES IN THE USDA INTERMEDIARY		
	RELENDING PROGRAM FOR ITS RURAL LENDING. GREAT RIVERS COMMUNITY CAPITAL		
	ALSO ORIGINATES MICRO-ENTERPRISE AND SMALL BUSINESS LOANS.		
	GEOGRAPHICALLY, JUSTINE PETERSEN/GREAT RIVERS CURRENTLY OFFER		
	MICROENTERPRISE/SMALL BUSINESS LOANS IN 73 ILLINOIS (SEE SCHEDULE O)		
4b	(Code:) (Expenses \$ 493, 282. including grants of \$) (Revenue \$)
	HOUSING - AS A HUD CERTIFIED HOUSING COUNSELING AGENCY, COUNSELORS		
	ASSIST LOW TO MODERATE INCOME FAMILIES AND INDIVIDUALS TO ADDRESS		
	CREDIT AND OTHER BARRIERS TO PURCHASING OR REFINANCING A HOME. JUSTINE		
	PETERSEN IMPLEMENTS FINANCIAL COUNSELING, STRATEGIES AND PRODUCTS		
	INCLUDING BUDGETING, FINANCIAL EDUCATION, LOAN COUNSELING AND HOMEBUYER		
	EDUCATION TO ASSIST HOMEOWNERS STRUGGLING TO PAY THEIR MORTGAGES AND		
	NEGOTIATING WITH THEIR LENDER.		
	IN 2016, 83 FAMILIES PURCHASED HOMES AFTER PARTICIPATING IN JUSTINE		
	PETERSEN'S HOMEBUYER COUNSELING AND EDUCATION AND 53 FAMILIES IN FORECLOSURE RECEIVED ASSISTANCE.		
	FORECHOSORE RECEIVED ASSISTANCE.		
4c	(Code:) (Expenses \$ 306, 294. including grants of \$) (Revenue \$	۱
40	SAVINGS - JUSTINE PETERSEN BELIEVES THAT A STRONG CREDIT PROFILE IS	_) (Revenue \$)
	ONE'S MOST IMPORTANT FINANCIAL ASSET AND THEIR COUNSELORS TEACH HOW TO		
	BUILD AND MAINTAIN A STRONG CREDIT PROFILE. IN 2016, 1,261 LOW- AND		
	MODERATE-INCOME INDIVIDUALS PARTICIPATED IN JUSTINE PETERSEN CREDIT		
	BUILDING SERVICES. IN 2016, THE AVERAGE FICO CREDIT SCORE INCREASED 50		
	POINTS AFTER SIX MONTHS OF PROGRAM PARTICIPATION.		
	AS A LEADER IN THE CREDIT BUILDING AND FINANCIAL CAPABILITY FIELD,		
	JUSTINE PETERSEN TEACHES FINANCIAL COUNSELORS ACROSS THE COUNTRY HOW TO		
	OFFER CREDIT BUILDING SERVICES. IN 2016, JUSTINE PETERSEN TRAINED 479		
	FINANCIAL COUNSELORS FROM ORGANIZATIONS IN INDIANA, KENTUCKY,		
	MINNESOTA, KANSAS, MISSOURI, CALIFORNIA, (SEE SCHEDULE O)		
4d	Other program services (Describe in Schedule O.)		
-	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 4,755,517.		

	COSTINE FEIERSEN ROOSING AND			-
	990 (2016) REINVESTMENT CORPORATION 43-1769074		P	age 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	Х	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х

Form **990** (2016)

Part M Checklist of Required Schedules (continued) Yes, No. 20a Det the organization operate one or more hospital facilities? If Yes, "complete Schedule H 20a	Form	1990 (2016) REINVESTMENT CORPORATION 43-176907	4	Р	age 4
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule I 20a x 21 Did the organization report more than \$3.000 of grants or other assistance to any domestic organization or domestic government on Part X, column (A), line 1? II "Yes," complete Schedule I, Parts I and II 21 X 21 Did the organization report more than \$3.000 of grants or other assistance to or for obmesitic dividuals on Part IX, column (A), line 2? II "Yes," complete Schedule I, Parts I and II 22 X 24 Did the organization networe than \$3.000 of grants or other assistance to or for obmesitic dividuals on Part IX, column (A), line 2? II "Yes," complete Schedule I, Parts I and II 22 X 24 Did the organization networe thore \$10, 2002? II "Yes," answer lines 24 bit fructions that \$100,000 as of the last day or the year, that was issued after Docember 31, 2002? II "Yes," answer lines 24 bit fructions 24d and complete Schedule K. II "No", or to line 25a 24b 24d 24d<	Pa	rt IV Checklist of Required Schedules (continued)			
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this neturn? 20a 10 Did the organization report more than 50,000 of grants or other assistance to any domestic organization or domestic operanization report more than 50,000 of grants or other assistance to or for domestic individuals on Part IX, Columin (A), line 21 / "Yes," complete Schedule (J Part I and II 22 X 20 Did the organization report more than 50,000 of grants or other assistance to or for domestic individuals on Part IX, Columin (A), line 21 / "Yes," complete Schedule (J Part I and III 22 X 23 Did the organization networt systems bonds beyond a temporary period exception? 23 X 24 Did the organization mean any proceeds of tax-exempt bonds beyond a temporary period exception? 24a X 24 Did the organization west any proceeds of tax-exempt bonds cutstanding aray time during the year / defase any tax-exempt bonds? 24d X 25 Section 50(c)(6), 50(c)(4), and 50(c)(2) organization. Sector be organization aray time during the year? 24d X 26 Section 50(c)(6), 50(c)(4), and 50(c)(2) organization. To the organization aray time during the year? 24d X 25 Section 50(c)(6), 50(c)(4), and 50(c)(2) organization. To prove any and that the transaction with a disqualified person any othe organization aray time during the				Yes	No
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23 Did the organization answer "Yes" to Part VII. Section A, line 3, 4, or 5 about compensation of the organization is current and forme officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 23 X 24 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 sisued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a 24b X 25 Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24b X 26 Did the organization maintain an escore account other than a refunding escrow at any time during the year? 24d X 27 Did the organization maintain an escore account other than a refunding escrow at any time during the year? 24d X 28 Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction has not been reported on any or the organization's prior Forms 900 or 900 E27 If "Yes," complete Schedule L, Part I 25a X 29 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, director, trustee, nor dispose, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part I 26 X 20 Did the organization provid a grant or other assistance to	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
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Schedule L, Part 1 25b X 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 28 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructors for applicable filing thresholds, conditions, and exceptions): 28a X 29 Did the organization receive controllector, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 28a X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 20 X 30 Did the organization necieve on than \$25,000 in non-cash contributions? If "Yes," complete Schedule M, Part I 30 X 31 Did the organization ilquidate, terminate,	b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I 30 X 31 Did the organization neceive contributions of an entity disregarded as separate from the organization under Regulations sections \$301.7701-2 and 301.7701.3? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 34 X 33 Did the organization neade controlled entity within the meaning of section 512(b)(13)?		that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, contidions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization lequidate, terminate, or disolve and cease operations? If "Yes," complete Schedule M 30 X 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-32 ml Yes," complete Schedule R, Part I 33 X 34 Was the organization neas controlled entity within the meaning of section 512(b)(13)? 35a X 35 Did the organization nealed to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 33 X		Schedule L, Part I	25b		Х
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If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X			35b	X	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X	36				
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X			36		X
	37				
			37		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Note. All Form 990 filers are required to complete Schedule O		Note. All Form 990 filers are required to complete Schedule O	38		

Form **990** (2016)

Form	990 (2016) REINVESTMENT CORPORATION		43-1769074		Р	age 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	29			
	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 to vendors and r		ble gaming			
-	(gambling) winnings to prize winners?			1c	x	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	35			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	L		2b	x	
~	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instruction					
39		,		3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other			0.0		
та	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		x
h	If "Yes," enter the name of the foreign country:	accou		та		
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accour	te (FBAR)			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?			5a 5b		x
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			50 50		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t			50		
0a				6.		x
h	any contributions that were not tax deductible as charitable contributions?			6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contribu		ir gins	Ch		
7	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).	nuinna r	vovidad to the pover?	7-		x
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			7a 7h		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uirea	7.		v
	to file Form 8282?			7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	-+0	7.		v
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		X X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		
-	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		<u> </u>
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			-		
		•••••		8		
9	Sponsoring organizations maintaining donor advised funds.			-		
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	مدا	l			
a L	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		l			
	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				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	? 	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	ι.				
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O		14b		

Form	990 (2016) REINVESTMENT CORPORATION		43	-1769074	ł	P	age 6
Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 thr	ough	7b below	, and for a	a "No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See ii	nstructio	<i>1</i> S.			
	Check if Schedule O contains a response or note to any line in this Part VI						X
Sec	tion A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a			6		
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent	1b			6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		any othe	r	-		
-	officer, director, trustee, or key employee?				2		х
3	Did the organization delegate control over management duties customarily performed by or under the			ision			
•	of officers, directors, or trustees, or key employees to a management company or other person?		-		3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 99				4		х
5	Did the organization become aware during the year of a significant diversion of the organization's asso				5		x
6	Did the organization become aware during the year of a significant diversion of the organization s asso Did the organization have members or stockholders?				6		x
	Did the organization have members, stockholders, or other persons who had the power to elect or ap			•••••	0		
<i>1</i> a					70		х
b	more members of the governing body?				7a		
a	Are any governance decisions of the organization reserved to (or subject to approval by) members, st				71-		x
•	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year			•••	7b		
8					0.	v	
	The governing body?				8a	X	
b	Each committee with authority to act on behalf of the governing body?				8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	at the				w
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			<u></u>	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	e Code.)				
						Yes	No
	Did the organization have local chapters, branches, or affiliates?				10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha						
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befo	re filing t	ne form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>				12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise t				12b	X	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye						
	in Schedule O how this was done				12c	X	
13	Did the organization have a written whistleblower policy?				13	Х	
14	Did the organization have a written document retention and destruction policy?				14	Х	
15	Did the process for determining compensation of the following persons include a review and approval	l by in	depende	nt			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official				15a	X	
b	Other officers or key employees of the organization				15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent w	/ith a				
	taxable entity during the year?				16a	х	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its p	articipati	on			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatio	n's				
	exempt status with respect to such arrangements?			<u></u>	16b	х	
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright IL						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Sect	ion 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other (explain i	in Sch	nedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	flict o	f interest	policy, ar	nd finan	cial	
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks ar	d record	s: ►			
	ROBERT BOYLE - 314.533.2411						
	1023 N GRAND BLVD, SAINT LOUIS, MO 63106						

Form 990 (2		43-1769074	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	ompensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		

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

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

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

JUSTINE PETERSEN HOUSING AND

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week	<u> </u>	cer ar		lirecto	n/trus	(iee)	from	from related	other
	(list any hours for	ndividual trustee or director						the	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	tee			sated		organization (W-2/1099-MISC)	(1099-10130)	organization
	organizations	truste	al trustee		yee	mper				and related
	below	idual	Institutional t	er	Key employee	Highest compensated employee	ler			organizations
	line)	Indiv	Insti	Officer	Key e	High emp	Former			
(1) EDDIE DAVIS	3.00									
PRESIDENT	3.00	Х		х				0.	0.	0.
(2) ROCHELLE BEA	2.00									
SECRETARY	2.00	Х		х				0.	0.	0.
(3) ALLAN D. IVIE, IV	3.00									
TREASURER	3.00	Х		х				0.	0.	0.
(4) MARTINA GUTIERREZ	2.00									
MEMBER	2.00	Х						0.	0.	0.
(5) LAURIE PETERSON	2.00									
MEMBER	2.00	х						0.	0.	0.
(6) TERRY STARK (RESIGNED 3/2016)	2.00									
MEMBER	2.00	х						0.	0.	0.
(7) KEITH A. WILLY	2.00									
MEMBER	2.00	Х						0.	0.	0.
(8) ROBERT F. BOYLE	40.00									
CHIEF EXECUTIVE OFFICER	1.00			х				107,319.	0.	7,607.
(9) SHERI FLANIGAN-VAZQUEZ	40.00									
CHIEF OPERATING OFFICER	1.00			х				145,057.	0.	16,500.
(10) AIDA IBRAGIMOVA	40.00									
CHIEF LENDING OFFICER	0.00					Х		107,594.	0.	4,776.
		<u> </u>								
				<u> </u>			<u> </u>			
		-								
				<u> </u>			<u> </u>			
		-								

Form	990 (2016) REINVESTMENT	CORPORATIO	N							43-1769074	L	P	age 8
	t VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees	, and	d Hi	ghe	st C	compensated Employe	es (continued)			
	(A)	(B)	, 		(C		<u>J</u>		(D)	(E)		(F)	
	Name and title	Average hours per week	box	not c , unle	ss pei	more rson i	than is bot pr/trus	h an	Reportable compensation from	Reportable compensation from related		stimate mount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	f org ar	npensa rom the ganizat Id relat anizati	e tion ted
4 h									359,970.	0		28	,883.
	Sub-total Total from continuation sheets to Part 1								0.	0	-	20,	,005. 0.
	Total (add lines 1b and 1c)								359,970.	0	•	28	.883.
2	Total number of individuals (including but												
_	compensation from the organization						,			,			3
												Yes	No
3	Did the organization list any former office line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i>				-	-	-		highest compensated e		3		х
4	For any individual listed on line 1a, is the s and related organizations greater than \$1		le co	omp	ensa	ation	n and	d oth	her compensation from		4	X	

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If</i> "Yes," <i>complete Schedule J for such person</i>							
Sec	Section B. Independent Contractors						

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

	(A) Name and business address NONE	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those liste \$100,000 of compensation from the organization b 0	d above) who received more than	

Х

			2016) REINVES	TMENT CORPORA				43-1769074	Page
Par	t VI								
			Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII	(B) [(೧)	L
						Total revenue	Related or exempt function revenue	Unrelated business revenue	(D) Revenue exclude from tax under sections 512 - 514
and Other Similar Amounts	1 a	a	Federated campaigns	1a					
DO	ł	b	Membership dues						
Ā			Fundraising events						
ilar	Ċ	d	Related organizations						
Sig			Government grants (contributi		2,605,266.				
e	f		All other contributions, gifts, grant						
Ę			similar amounts not included abov		1,670,393.				
pu		-	Noncash contributions included in lines		1,200,000.	4 975 659			
9	1	n	Total. Add lines 1a-1f			4,275,659.			
	<u>.</u>	~	LOAN INTEREST		Business Code 900099	732,896.	732,896.		
	2 4		LOAN/ADMINISTRATIVE		900099	725,229.	725,229.		
nue	Č	-	PROCESSING/LATE FEES		900099	192,974.	192,974.		
eve	č	-	DEVELOPMENT FEES		900099	142,456.	142,456.		
Revenue	e	е	REAL ESTATE BROKERAGE		900099	27,142.	27,142.		
	f	F	All other program service reve	nue	900099	13,171.	13,171.		
	ģ	g	Total. Add lines 2a-2f			1,833,868.			
	3		Investment income (including	dividends, intere	est, and				
			other similar amounts)		►				
	4		Income from investment of tax		ŕ				
	5		Royalties						
	_			(i) Real	(ii) Personal				
			Gross rents						
			Less: rental expenses	191,882. -8,090.					
			Rental income or (loss) Net rental income or (loss)		►	-8,090.	-8,090.		
			Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory						
	t	b	Less: cost or other basis						
			and sales expenses						
	c	C	Gain or (loss)						
	Ċ	d	Net gain or (loss)		►				
Ð	8 a	a	Gross income from fundraising	g events (not					
			including \$	of					
			contributions reported on line	,					
ē			Part IV, line 18						
3			Less: direct expenses						
			Net income or (loss) from fund		🕨				
	9 8		Gross income from gaming ac						
			Part IV, line 19 Less: direct expenses						
			Net income or (loss) from gam						
.			Gross sales of inventory, less						
			and allowances						
	ł		Less: cost of goods sold						
			Net income or (loss) from sale		►				
			Miscellaneous Revenue	e	Business Code				
Ľ		a							
-	11 a								1
-	11 a k								
-	ł	b							
-	t c	b C d	All other revenue						

ar	t IX Statement of Functional Expense	S			Page
ctic	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All oth	er organizations must co	mplete column (A).	
	Check if Schedule O contains a respons				<u> </u>
	ot include amounts reported on lines 6b, bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
I	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees	276,483.	219,021.	28,731.	28,73
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 010 500	4 450 000	16.047	5.00
	Other salaries and wages	1,210,508.	1,159,200.	46,047.	5,26
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	102 222	07.000	4 441	
	Other employee benefits	103,222.	97,889.	4,441.	89
	Payroll taxes	106,784.	99,122.	5,320.	2,34
	Fees for services (non-employees):				
	Management	14 700	12 720	726	32
	Legal	14,789.	13,729.	736.	
		91,624.	85,055.	4,563.	2,00
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
-	column (A) amount, list line 11g expenses on Sch O.)	338,649.	314,368.	16,865.	7,41
		7,012.	6,509.	349.	, , 41 15
	Advertising and promotion	124,906.	116,062.	6,141.	2,70
	Office expenses Information technology	121,500.	110,002.	•,111.	2,70
	Royalties				
	-	115,955.	107,681.	5,744.	2,53
		64,379.	59,760.	3,207.	1,41
	Travel Payments of travel or entertainment expenses			5,207.	-,
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings	53,664.	49,814.	2,673.	1,17
	Interest	543,908.	543,908.	• • •	-,-,
	Payments to affiliates		· - · / · · - ·		
	Depreciation, depletion, and amortization	47,710.	44,286.	2,377.	1,04
	Insurance	29,003.	27,864.	791.	34
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)	,	,		
а	BAD DEBT EXPENSE	1,393,717.	1,393,717.		
b	PROGRAMM RE ACTIVITY	262,309.	262,309.		
с	CLIENT ASSISTANCE	101,441.	101,441.		
d	CREDIT REPORT CHARGES	40,305.	37,413.	2,008.	88
е	All other expenses	17,635.	16,369.	879.	38
	Total functional expenses. Add lines 1 through 24e	4,944,003.	4,755,517.	130,872.	57,61
i	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				

Par		2016) REINVESTMENT CORPORAT Balance Sheet				43-176	9074 Page 1
		Check if Schedule O contains a response or not	te to any line	in this Part X			
		· ·	<u> </u>		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,023,537.	1	2,990,267
	2	Savings and temporary cash investments			746,013.	2	550,632
	3	Pledges and grants receivable, net			633,723.	3	516,983
		Accounts receivable, net			107,379.	4	82,328
		Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated employe	ees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	n 4958(c)(3)(E	3), and contributing			
		employers and sponsoring organizations of sect	tion 501(c)(9)	voluntary			
3		employees' beneficiary organizations (see instr).	Complete P	art II of Sch L		6	16,250
01000L	7	Notes and loans receivable, net			7,695,682.	7	7,481,268
C	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			3,280.	9	6,61
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	5,262,151.			
	b	Less: accumulated depreciation		816,643.	2,678,603.	10c	4,445,508
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			10,310,653.		11,437,002
	16	Total assets. Add lines 1 through 15 (must equ			23,198,870.		27,526,85
	17	Accounts payable and accrued expenses			161,399.	17	219,153
	18	Grants payable				18	
	19	Deferred revenue			176,124.		213,350
		Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete			152,419.	21	181,430
3	22	Loans and other payables to current and former					
		key employees, highest compensated employee					
		Complete Part II of Schedule L			15 500 500	22	10 000 100
-	23	Secured mortgages and notes payable to unrela	•		15,528,520.		18,902,198
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa	5				
		parties, and other liabilities not included on lines	,		35 034	05	324,755
	06	Schedule D			35,034. 16,053,496.		19,840,884
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958			10,033,490.	26	19,040,004
		complete lines 27 through 29, and lines 33 an					
	27				7,145,374.	27	7,194,772
	28	Unrestricted net assets Temporarily restricted net assets			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	28	491,193
Ĭ	20 29	D				29	
	23	Organizations that do not follow SFAS 117 (A		eck here		25	
-		and complete lines 30 through 34.	00 000, 010				
3	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building, or ec				31	
	32	Retained earnings, endowment, accumulated in				32	
2		Total net assets or fund balances			7,145,374.		7,685,969
- 1							, ,

	JUSTINE PETERSEN HOUSING AND				
Form	1990 (2016) REINVESTMENT CORPORATION	43-1769074		Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>,437</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2			,003.
3	Revenue less expenses. Subtract line 2 from line 1	3			,434.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7	,145	,374.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-616	,839.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
_	column (B))	10	7	,685	,969.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Audit			
	Act and OMB Circular A-133?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Х	
			_	000	

Form **990** (2016)

	Department of the Treasury			Public Charity Status and Public Support complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.					orm990	OMB No. 1545-0047 2016 Open to Public Inspection
BITWISENTER: CORPORATION 43-2769074 43-2769074 43-2769074 43-2769074 43-2769074 43-2769074 43-2769074 43-2769074 43-2769074 43-2769074 43-2769074 43-2769074 43-276974 43-276974 43-276974 43-276974 43-276974 43-276974 43-276974 43-276974 43-276974 43-276974 43-276974 43-276974 43-276974 43-276974 43-276974 43-276974 43-276974 43-276974 43-276974 44-2769 44-2769 44-2769 44-276 44-276 44-276 44-276	Name of	the organizati				its instruct	ions is at m	ww.ii3.gov/ic		-
Part II Rescon for Public Charity Status (Air organizations must complete this part) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, chack only one box.) A school described in section 170(b) (1)A(0). A Acurch, convention of churches, or association of churches. A school described in section 170(b) (1)A(0). A Acurch, acurch of churches, or association of churches. A school described in section 170(b) (1)A(0). A modal research organization operated in conjunction with a hospital described in section 170(b) (1)A(0). A modal research organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b) (1)A(0). A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b) (1)A(0). B A Acomanization that normally incovers association 18 section 170(b) (1)A(0). B A community thust described in section 170(b) (1)A(0). B A community thust described in section 170(b) (1)A(0). C A community trust described in section 170(b) (1)A(0). B A community trust described in section 170(b) (1)A(0). A organization organization described in section 170(b) (1)A(0). C an organization organization described in section 170(b) (1)A(0). A modanization organization described in section 170(b) (1)A(0). A modanization organization andin section 170(b) (1)A(0).	Name of	the organizati								
The organization is not a private foundation because it is (For Ines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170b(1)(A)(I). A church, convention of churches, or association of churches described in section 170b(1)(A)(III). A church, convention of churches, or association conjunction with a hospital described in section 170b(1)(A)(III). A church, convention conjunction with a hospital described in section 170b(1)(A)(III). A conganization operated in conjunction with a hospital described in section 170b(1)(A)(III). A conganization operated growment or governmental unit described in section 170b(1)(A)(IV). A organization operated growment or governmental unit described in section 170b(1)(A)(V). A organization that normally receives a substantial part of its support from a governmental unit described in section 170b(1)(IA)(V). A organization that normally receives a substantial part of its support from a governmental unit described in section 170b(1)(IA)(V). A organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support of organization after June 30, 1975. See section 509(A)(2). Complete Part III. A organization organized and operated exclusively to test for public safety. See section 509(A)(2). Complete Part III. Type I. A supporting organization sectorical exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization described in sectorical organization and complete that the section 509(A)(2). See section 509(A)(2). Complete Part III) A organization organized and operated exclusively for test for public safety. See section 509(A)(2). Complete Part II) Type I. A supporting organization sectorid oreganization after June 30, 1975. See section 509(A)(2). See sect	Part I	Reason				omploto th	is part) S	oo instruction		5-1705074
1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). 2 A school described in section 170(b)(1)(A)(iii). (Attach Schedule [Grom 900 or 900 EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state; 5 A norganization operated for the benefit of a collego or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). 7 A roganization that normally receives a subdatatila part of its support form a governmental unit of rom the general public described in section 170(b)(1)(A)(v). 7 A roganization that normally receives a subdatatila part of its support form a governmental unit of rom the general public described in section 170(b)(1)(A)(v). 8 A community that described in section 170(b)(1)(A)(v). (Complete Part II.) 9 A arganization that normally receives a subject to cortain exceptions, and (2) is normal and 31/3% of its support from contributions, membership tess, and gross receipts from achilter struct ons; addited and aperated exclusively for the banetit of, to perform the functions of, or to carry out the purposes of one or more public) supported and operated exclusively for the banetit of, to perform the functions (0), type(a)(b), by ding the supporting organization organization adjaration organization adjaration organization adjaration sectismed in section 509(a)(2). 10 An organization organization described and operated exclusively for the banetit of, to perform the functions (0), the purposes of one or more publi									5.	
section 170(b)(1)(A)(V). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(V). 7 A organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(V). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(V) (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(V) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university or a non-land grant college of agriculture (see instructions). Enter the mame, city, and state of the college or university is related to the scenept functions = subject to carrial neceptions, and (2) no more than 33 1/3% of its support from goss investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization agrinzed and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization describes in the toro support the gorganization and complete Ines 12e. 1/2, See section 509(4)(3). Check the box in lines 12e through 12d that describes the type of supporting organization and complete Ines 12e. 1/2, and 12g. a Type I. A supporting organization aperated, supervised, or controled by its supported organization(s), typically by giving the supporting organization operated, supervised or controled in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Secti	1 2 3	A church, con A school des A hospital or A medical res	nvention of ch cribed in sect a cooperative search organiz	urches, or association ion 170(b)(1)(A)(ii). (hospital service organization	on of churches describe Attach Schedule E (Forn anization described in s e	d in section 1990 or 99 Action 170	on 170(b)(90-EZ).) 0 (b)(1)(A)(i	1)(A)(i). ii).)(iii). Enter	the hospital's name,
6 A federal, state, or local government argument and unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) 9 An againztation that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its axempt functions - subject to cartain exceptions, and (2) no more than 33 1/3% of its support form granization after June 30, 1975. 10 IX An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its axempt functions - subject to cartain exceptions, and (2) no more than 33 1/3% of its support for granization after June 30, 1975. 11 An organization organization adoperated exclusively to test for public safety. See section 509(a)(4). 12 An organization organization adoperated exclusively to test for public safety. See section 509(a)(4). 12 An organization adoperated exclusively to test for public safety. See section 509(a)(4). 13 In organization adoperated exclusively to test or public safety. See section 509(a)(3). Check the box in lines 12a through 12d that described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that described in section 509(a)(1) or section 509(a)(3). 14 <td>5</td> <td></td> <td></td> <td></td> <td>llege or university owned</td> <td>d or opera</td> <td>ted by a g</td> <td>overnmental</td> <td>unit descrit</td> <td>oed in</td>	5				llege or university owned	d or opera	ted by a g	overnmental	unit descrit	oed in
 An organization that normally receives substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(A). (Complete Part II.) An apricultural research organization described in section 170(b)(1)(A)(A) operated in conjunction with a land-grant college or university or anon-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university. An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions = subject to certain exceptions, and (2) no more than 33 1/3% of its support from gosinvestment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(2). Clean the purposes of one or more publicly supported organization described in section 509(a)(2). See section 509(a)(2). Clean the purposes of one or more publicly supported organization of describes the type of supporting organization and complete lines 12e, 172, and 12g. Type I.A supporting organization sperieds dy controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization vested in the same persons that control or manage the supported organization (s) (see instructions). You must complete Part IV. Sections A and B. C Type III functionally integrated. A supporting organization operated in connection with its supported organization(s) the power to regularization general must controle or manage the supported organization operated in connection with asupported organization(s) the prote Part IV. Sections A and	6	1			nontal unit described in	soction 17	70(6)(1)(4)	60		
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A community trust described in section 170(b)(1)(A)(v), (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a norval-and-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university or a norval-and-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university or a norval-and-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university or a norval-and-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university or a norval-and grant college of agriculture (see instructions). The one of the name of the support for more subject to certain exceptions, and (2) no more than 33 1/3% of its support for gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support or grass receipts from activities related business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(2), check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g, a Type I. A supporting organization operated, supervised or controlled by its supported organization(s), typically by giving the supported organization sperited, supporting organization and the supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). (see instructions). You must complete Part IV, Sections A and C: Type III functionaling integrated. A supporting organization oper		-		-	initial part of its support	ioni a gov	ernnenta		ine general	public described in
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10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization operated is supporting organization and complete lines 12e, 12f, and 12g. a Type I. A supporting organization operated supervised, or controlled by its supported organization(s), typically by giving the supporting organization supervised or controlled in connection with its support or granization (s), by point or granization and complete lines 12e, 12f, and 12g. b Type II. A supporting organization supervised or controlled in connection with its support or management of the supporting organization wested in tensene persons that control or manage the supported organization(s), toy unst complete Part IV, Sections A and G. c Type III functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its support organization(s) that is not functionally integrated. A supporting organization operated in connection with its support dorganization(s) that is not functionally integrated. A supporting organization operated in con	5	or university								
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Schedule A (Form 990 or 990-EZ) 2016	REINVESTMENT	CORPORATION

Part II

43-1769074

Page **2**

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

See	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 201	16 (f) To	otal
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Tax revenues levied for the organ-							
	ization'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 \dots							
4	Total. Add lines 1 through 3							
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)							
6	Public support. Subtract line 5 from line 4.							
See	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 201	16 (f) To	otal
7	Amounts from line 4							
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources							
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities,	etc. (see instruct	ions)		-	12		
13	First five years. If the Form 990 is for	the organization'				on 501(c)(3)		
	organization, check this box and stop							
See	ction C. Computation of Publ	ic Support Pe	ercentage					
14	Public support percentage for 2016 (I	ine 6, column (f) c	livided by line 11,	column (f))		14		%
15	Public support percentage from 2015	Schedule A, Part	II, line 14			15		%
16a	33 1/3% support test - 2016. If the c	organization did no	ot check the box o	on line 13, and line	e 14 is 33 1/3% or	more, check	this box and	
	stop here. The organization qualifies	as a publicly supp	oorted organizatio	n			!	
b	33 1/3% support test - 2015. If the c	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	% or more, c	heck this box	
	and stop here. The organization qual	ifies as a publicly	supported organi	zation			!	
17a	10% -facts-and-circumstances test							
	and if the organization meets the "fac							_
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	a publicly supporte	ed organization		!	
b	10% -facts-and-circumstances test							
	more, and if the organization meets th	ne "facts-and-circi	umstances" test, o	check this box and	d stop here. Explai	in in Part VI h	now the	_
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a pub	licly supported org	ganization	!	▶□
18	Private foundation. If the organizatio							

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 REINVESTMENT CORPORATION

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

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

Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 1,172,074 2,031,546 1,950,963 2,140,538 4,275,659 11,570,780. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 861,443. 909,039 1,456,469 1,625,053 1,833,868 6,685,872. 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 2,033,517 2,940,585 3,407,432 3,765,591 6,109,527 18,256,652. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and Ο. 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 0. 0. c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6.) 18,256,652. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2012 (c) 2014 (d) 2015 (e) 2016 (b) 2013 (f) Total 9 Amounts from line 6 2,033,517 2,940,585 3,407,432 3,765,591 6,109,527 18,256,652. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties 1,966, 83,253 88,181 138,319 183,792 495,511. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 1,966 83,253 88,181 138,319 183,792 495,511. c 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 from the sale of capital 3,877 65,114 147.317 216,308. assets (Explain in Part VI.) 3,027,715. 3,560,727. 4,051,227. 6,293,319. 18,968,471. **13** Total support. (Add lines 9, 10c, 11, and 12.) 2,035,483. 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f) 96.25 % 15 96.43 16 Public support percentage from 2015 Schedule A, Part III, line 15 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f) 2 61 17 % 2.02 18 Investment income percentage from 2015 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not ► X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2016 REINVESTMENT CORPORATION

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

10b

Page 4

No

Yes

Sche	edule A (Form 990 or 990-EZ) 2016 REINVESTMENT CORPORATION	42 1760074	-	
		43-1769074	Pa	age 5
	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
u	below, the governing body of a supported organization?	11a		
h				
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above?If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations		1	1
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	stion C. Type II Supporting Organizations	2		
			Yes	No
			165	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior ta	x		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	_		
Ŭ	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
0.00	supported organizations played in this regard.	3		
-	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see in	structions).		
а	The organization satisfied the Activities Test. <i>Complete line 2</i> below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government en	tity (see instructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If* "Yes," *explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

2a

2b

3a

3b

JUSTINE	PETERSEN	HOUSING	AND

Schedule A (Form 990 or 990-EZ) 2016 REINVESTMENT CORPORATION

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or 6 collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d 3 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 4 see instructions) 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 1 2 Enter 85% of line 1 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 4 Enter greater of line 2 or line 3 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 6 emergency temporary reduction (see instructions) 6

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

Schedule A (Form 990 or 990-EZ) 2016

Sche	dule A (Form 990 or 990-EZ) 2016 REINVESTMENT CORPORA	ATION	43	3-1769074 Page 7
Pa		(a)(3) Supporting Org	anizations (continued)	r ugo r
Sect	ion D - Distributions	()(.) =		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemption			
-	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	he organization is responsive	9	
-	(provide details in Part VI). See instructions		-	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	,	(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
с	From 2013			
d	From 2014			
e	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
-	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
•	and 4c			
8	Breakdown of line 7:			
	Broandown of line 7.			

Schedule A (Form 990 or 990-EZ) 2016

а

b Excess from 2013 c Excess from 2014 d Excess from 2015 e Excess from 2016

Schedule A	(Form 990 or 990-EZ) 2016 REINVESTMENT CORPORATION	43-1769074	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, I line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any a (See instructions.)	lines 1 and 2; Part IV, Sect Part V, Section B, line 1e;	; ion C,

		al Financial Statements		OMB No. 1545-0047
(Fori	Part IV, line 6, 7, 8, 9, 10	janization answered "Yes" on Form 990,), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		
	ment of the Treasury	Attach to Form 990. rm 990) and its instructions is at www.irs.go	ov/form9	Open to Public 90. Inspection
	e of the organization JUSTINE PETERSEN HOUSING AN			ployer identification number
	REINVESTMENT CORPORATION			43-1769074
Pa	t I Organizations Maintaining Donor Advise		r Acco	unts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir			
		(a) Donor advised funds	(b) Fur	nds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3 4	Aggregate value of grants from (during year)			
4 5	Aggregate value at end of year Did the organization inform all donors and donor advisors in		funds	
Ŭ	are the organization's property, subject to the organization's	-		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor	0 0		
	impermissible private benefit?			
Pa	rt II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Par	t IV, line 7	7.
1	Purpose(s) of conservation easements held by the organizat			
	Preservation of land for public use (e.g., recreation or			
	Protection of natural habitat	Preservation of a certified	d historic	structure
•	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form of a	a conserv	Held at the End of the Tax Year
2	day of the tax year. Total number of conservation easements		2a	Helu al life citu of life fax feat
a b	Total acreage restricted by conservation easements			
c	Number of conservation easements on a certified historic st			
	Number of conservation easements included in (c) acquired			
	listed in the National Register			
3	Number of conservation easements modified, transferred, re			n during the tax
	year ►			
4	Number of states where property subject to conservation ea	asement is located		
5	Does the organization have a written policy regarding the pe			
	violations, and enforcement of the conservation easements			
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing conserv	/ation ea	sements during the year
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing concernation		onto during the year
7	Amount of expenses incurred in monitoring, inspecting, name \$	ding of violations, and enforcing conservation	reaseme	ents during the year
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(b)(4)(B)(i)	
-	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservat			
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes the	organiza	ation's accounting for
	conservation easements.			
Pa	rt III Organizations Maintaining Collections of		ər Simi	lar Assets.
	Complete if the organization answered "Yes" on Forn			
1a	If the organization elected, as permitted under SFAS 116 (A			
	historical treasures, or other similar assets held for public ex		of public	c service, provide, in Part XIII,
h	the text of the footnote to its financial statements that descr If the organization elected as permitted under SEAS 116 (A)		d balanc	a shoot works of art historical
u	If the organization elected, as permitted under SFAS 116 (As treasures, or other similar assets held for public exhibition, e			
	relating to these items:		30, 100,	provide the following amounts
	(i) Revenue included on Form 990, Part VIII, line 1		►	\$
	···· · · · · · · · · · · · · · · · · ·		•	
2	If the organization received or held works of art, historical tre			
	the following amounts required to be reported under SFAS 1		-	
а	Revenue included on Form 990, Part VIII, line 1		►	\$
b	Assets included in Form 990, Part X			\$

	,
LHA For Paperwork Reduction A	Act Notice, see the Instructions for Form 990.
632051 08-29-16	

JUSTINE PETERSEN HOUSING AN

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Sche	edule D (Form 990) 2016 REINVESTMER	NT CORPORATION					43-1769	074	P	age 2
Pa	rt III Organizations Maintaining C	Collections of A	rt, Hist	orical Ti	reasures, or	Other	Similar Asse	ts(contii	nued)	
3	Using the organization's acquisition, access	ion, and other record	ds, check	any of the	following that	are a sign	ificant use of its	collectio	n iterr	IS
	(check all that apply):									
а	Public exhibition	c	1 🗆 L	oan or exc	hange program	าร				
b	Scholarly research	e		Other	0 1 0					
с	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explain	in how the	ev further t	the organization	ı's exemp	t purpose in Par	t XIII		
5	During the year, did the organization solicit of	•		•	•	•		. ,		
Ŭ	to be sold to raise funds rather than to be m		-					Yes] No
Pa	rt IV Escrow and Custodial Arran									
	reported an amount on Form 990, Pa			organizatio	in answered i		111 330, 1 att 1v,	in le 3, 0		
10	Is the organization an agent, trustee, custod		dian (for a	ontributio	a or other and	oto not inc	ludod			
Ia								Yes	v	No
	on Form 990, Part X?						······ └─-	_ res	_ <u>A</u>	
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	blowing ta	able:				•		
								Amoun	t	
	0 0						1c			
	Additions during the year						1d			
е	0, ,						1e			
f	Ending balance						1f	_		
2a	Did the organization include an amount on F	Form 990, Part X, line	e 21, for e	scrow or c	ustodial accou	nt liability'	?	Yes		No
	If "Yes," explain the arrangement in Part XIII									
Pa	rt V Endowment Funds. Complete	if the organization ar	nswered "	Yes" on F	orm 990, Part I	V, line 10.				
		(a) Current year	(b) Pr	ior year	(c) Two years	back (d)	Three years back	(e) Fou	' years	back
1a	Beginning of year balance									
b	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur		l na (lina 1 c		a)) held as:					
	Board designated or quasi-endowment	Terri year end baland	%	, column (
		%								
	Permanent endowment									
С	Temporarily restricted endowment									
	The percentages on lines 2a, 2b, and 2c sho	•								
за	Are there endowment funds not in the posse	ession of the organiz	ation that	are held a	and administere	ed for the	organization	1		
	by:								Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							. 3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza) 			. 3b		l
4	Describe in Part XIII the intended uses of the		owment fi	unds.						
Pa	rt VI Land, Buildings, and Equipn	nent.								
	Complete if the organization answere	ed "Yes" on Form 99	0, Part IV	, line 11a.	See Form 990,	Part X, lin	e 10.			
	Description of property	(a) Cost or c	other	(b) Cos	t or other	(c) Accu	imulated	(d) Boo	k valu	е
	-	basis (investi	ment)	basis	(other)	depre	ciation			
1a	Land	6	6,574.		65,000.				131	,574.
	Buildings		5,958.		L,306,396.		563,665.	4	,278	,689,
	Leasehold improvements		·				· · · · · · · · · · · · · · · · · · ·		- '	
	Equipment				288,223.		252,978.		35	,245,
	Other				,		,			
	I. Add lines 1a through 1e. (Column (d) must e		X colum	n (R) line	10c.)			4	,445	508
- uld			.,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				-	,,	, .

Schedule D (Form 990) 2016

REINVESTMENT CORPORATION

Schedule D (Form 990) 2016 REINVESTMENT CORP	ORATION	43-1769074 Page	3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1)			
(2)			_
(3)			
(4)			

(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) 🕨	

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	7,160,766.
(2) ACCRUED INTEREST RECEIVABLE	83,039.
(3) INVESTMENT IN SUBSIDIARY	4,139,242.
(4) OTHER	53,955.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	11,437,002.

Other Liabilities. Part X

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DUE TO AFFILIATE	314,215.
(3)	SECURITY DEPOSITS	10,540.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.) 🕨	324,755.

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

	JUSTINE PETERSEN HOUSING AND				
Sche	dule D (Form 990) 2016 REINVESTMENT CORPORATION			43-1769074	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With F	Revenue per R	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	-			
1	Total revenue, gains, and other support per audited financial statements			1	6,016,010.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	119,986.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d	191,882.		
е	Add lines 2a through 2d			2e	311,868.
3	Subtract line 2e from line 1			3	5,704,142.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	4b	397,295.		
с	Add lines 4a and 4b			4c	397,295.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	6,101,437.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	nents With	Expenses per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	-			
1	Total expenses and losses per audited financial statements			1	5,475,415.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	119,986.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	_ 2d	411,426.		
е	Add lines 2a through 2d			2e	531,412.
3	Subtract line 2e from line 1			3	4,944,003.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	4,944,003.
Pa	rt XIII Supplemental Information.				

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

PART IV, LINE 1B:

THE ORGANIZATION HAS ASSETS RECORDED FOR WHICH THERE IS A CORRESPONDING

LIABILITY FOR FUNDS HELD IN TRUST. AMOUNTS HELD IN TRUST INCLUDE SECURITY

DEPOSITS AND CLIENT REPAIR FUNDS.

PART X, LINE 2:

JUSTINE PETERSEN AND GRCT ARE NOT-FOR-PROFIT ORGANIZATIONS AND ARE EXEMPT

FROM FEDERAL AND MISSOURI INCOME TAXES UNDER SECTION 501(A) OF THE

INTERNAL REVENUE CODE AS AN ORGANIZATION DESCRIBED UNDER SECTION

501(C)(3).

MANAGEMENT BELIEVES THERE ARE NO UNCERTAIN TAX POSITIONS AS OF DECEMBER

JUSTINE PETERSEN HOUSING AND		
Schedule D (Form 990) 2016 REINVESTMENT CORPORATION	43-1769074	Page 5
Part XIII Supplemental Information (continued)		
31, 2016 AND 2015. THE CORPORATION'S TAX RETURNS ARE SUBJECT TO		
EXAMINATION BY THE RESPECTIVE TAXING AUTHORITIES, GENERALLY FOR THREE		
YEARS AFTER THEY WERE FILED.		
PART XI, LINE 2D - OTHER ADJUSTMENTS:		
RENTAL EXPENSE RECLASSED AGAINST INCOME 191,882.		
PART XI, LINE 4B - OTHER ADJUSTMENTS:		
EQUITY IN EARNINGS OF SUBSIDIARIES 397,295.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:		
RENTAL EXPENSE RECLASSED AGAINST INCOME 191,882.		
IMPAIRMENT LOSS 219,544.		
TOTAL TO SCHEDULE D, PART XII, LINE 2D 411,426.		

SC	HEDULE J	Compensation Information		OMB No.	1545-00	47	
		For certain Officers, Directors, Trustees, Key Employees, and Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part	•	20	16		
Depa	tment of the Treasury	Attach to Form 990.	IV, IIII C 23.	Open to Public			
Intern	al Revenue Service	▶ Information about Schedule J (Form 990) and its instructions is at ww		Inspe			
Nam	e of the organizatio	DN JUSTINE PETERSEN HOUSING AND	Employer	identification	on nu	mber	
		REINVESTMENT CORPORATION	43-17	69074			
Pa	rt I Question	is Regarding Compensation					
					Yes	No	
1a	Check the appropr	riate box(es) if the organization provided any of the following to or for a person lis	ted on Form 990,				
	Part VII, Section A,	, line 1a. Complete Part III to provide any relevant information regarding these iter	ms.				
	First-class or o	charter travel Housing allowance or residen	ce for personal use				
	Travel for com	npanions Payments for business use of	personal residence				
	Tax indemnifie	cation and gross-up payments Health or social club dues or i	nitiation fees				
	Discretionary	spending account Personal services (such as, m	aid, chauffeur, chef)				
b		on line 1a are checked, did the organization follow a written policy regarding pay					
		provision of all of the expenses described above? If "No," complete Part III to exp		1 b			
2	Did the organizatio	on require substantiation prior to reimbursing or allowing expenses incurred by all	directors,				
	trustees, and office	ers, including the CEO/Executive Director, regarding the items checked on line 1a	a?	2			
3		ny, of the following the filing organization used to establish the compensation of					
		ector. Check all that apply. Do not check any boxes for methods used by a relate	ed organization to				
	establish compens	sation of the CEO/Executive Director, but explain in Part III.					
	Compensation						
		compensation consultant	•				
	Form 990 of o	other organizations	pensation committee				
	D · · · · · · ·						
4		d any person listed on Form 990, Part VII, Section A, line 1a, with respect to the f	iling				
_		elated organization:		4-		v	
a L		ce payment or change-of-control payment?				x x	
b		eceive payment from, a supplemental nonqualified retirement plan?				X	
С		eceive payment from, an equity-based compensation arrangement?		4c			
	If "Yes" to any of III	nes 4a-c, list the persons and provide the applicable amounts for each item in Pa	art III.				
	Only contion 501/	a^{3} 501(a^{3}) and 501(a^{3}) organizations must complete lines 5.0					
5		c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any o	compensation				
5	contingent on the r		ompensation				
а	•			5a		х	
a h	Any related organization	zation?		5a 5b		X	
		or 5b, describe in Part III.					
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	compensation				
Ŭ	contingent on the r		compensation				
а				6a		х	
		zation?				X	
~		or 6b, describe in Part III.					
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixe	ed payments				
-		nes 5 and 6? If "Yes," describe in Part III		7		х	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was					
5	•	eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Par	-	8		х	
9		did the organization also follow the rebuttable presumption procedure described					
2		n 53.4958-6(c)?		9			
I HA		Reduction Act Notice, see the Instructions for Form 990.		dule J (Forn	n 990)	2016	

REINVESTMENT CORPORATION

Schedule J (Form 990) 2016

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

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

43-1769074

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

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable	(E) Total of columns		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) SHERI FLANIGAN-VAZQUEZ	(i)	145,057.	0.	0.	0.	16,500.		0.
CHIEF OPERATING OFFICER	(ii)	Ο.	Ο.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 2

REINVESTMENT CORPORATION

Schedule J (Form 990) 2016

Page 3

Part III Supplemental Information

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

Schedule J (Form 990) 2016

SCHEDULE L	Tra	ansactior	ns V	Vith	Interested	Persons			ON	MB No.	1545-00	47
(Form 990 or 990-EZ) ► 0	Complete if the	28b, or 28c,	or For	m 990 [.]	s" on Form 990, Par -EZ, Part V, line 38a	a or 40b.	26, 27	, 28a,		20	16)
Department of the Treasury Internal Revenue Service	Information about				990 or Form 990-E2 EZ) and its instruction		orm99	0.		pen To spect		lic
Name of the organization	JUSTINE PETER	SEN HOUSING	AND				Em	ploye	r ident	ificati	on nu	mber
	REINVESTMENT							1769	074			
					ion 501(c)(4), and 50							
Complete if the	-	wered "Yes" on Relationship bet			art IV, line 25a or 25l lified	b, or Form 990-EZ, F	art V,	line 40	JD.	(4)	Corre	cted?
(a) Name of disqualified	person (5)	person and o			(4	c) Description of trar	sactio	on		· · ·	es	No
										—		
										+		
										+		
2 Enter the amount of tax	-	•	•			e ,						
section 4958 3 Enter the amount of tax								► \$				
3 Enter the amount of tax	, if any, on line 2,	above, reimbur	sed by	the or	ganization			▶ \$				
Part II Loans to an	d/or From In	terested Per	rsons	5.								
Complete if the	organization ans	wered "Yes" on	Form	990-EZ	, Part V, line 38a or l	Form 990, Part IV, lir	ne 26;	or if th	ne orga	anizati	on	
reported an amo	ount on Form 99	<u>í </u>				1			WI \ Acc	Provod		
(a) Name of interested person	(b) Relationship with organizatior		fror	oan to or n the ization?	(e) Original principal amount	(f) Balance due	e (g) In default?		(h) Approved by board or committee?			'ritten ment?
			То	From			Yes	No	Yes	No	Yes	No
PATRICK BOYLE	FAMILY M	ORDINARY		X	16,250.	16,250.		X	X	├───	X	
										<u> </u>		
										┝───		
Total					▶ \$	16,250.						
Part III Grants or As	ssistance Be	nefiting Inte	reste	ed Pe	rsons.							
	organization ans					(n-						
interest		(b) Relationship interested per the organiz	son ar		(c) Amount of assistance	(d) Type assistan			(e) Purpose of assistance		ſ	
								-+				

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

Schedule L (Form 990 or 990-EZ) 2016

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing o organization revenues?	
				Yes	No
Part V Supplemental Information					

Part V Supplemental Information

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

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: PATRICK BOYLE

(B) RELATIONSHIP WITH ORGANIZATION: FAMILY MEMBER OF OFFICER, ROBERT

BOYLE

(C) PURPOSE OF LOAN: ORDINARY COURSE OF BUSINESS - ECONOMIC DEVELOPMENT

THROUGH MICRO-LENDING

SCHE	DULE	Μ
(Form	990)	

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

Open To Public Inspection

Name of the organization	
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► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990. JUSTINE PETERSEN HOUSING AND REINVESTMENT CORPORATION

Employer identification number 43-1769074

Pai	t I Types of Property							
	·	(a) Check if applicable		(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1	(d) Method of de noncash contribu	etermir	•	:S
1	Art - Works of art				9			
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial	Х	2	1,200,00	APPRAISAL AND FM	v		
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()							
26	Other ► ()							
27	Other ► ()							
28	Other ► ()							
29	Number of Forms 8283 received by the organi	zation during	g the tax year for o	contributions				
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowled	gement 29			0	
							Yes	No
30a	During the year, did the organization receive b	y contributio	on any property rej	ported in Part I, lines 1 thre	ough 28, that it			
	must hold for at least three years from the date	e of the initia	al contribution, and	d which isn't required to be	e used for			
	exempt purposes for the entire holding period	?				30a		х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard contr	butions?	31	Х	
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell nonca	sh			
	contributions?					32a		х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column (a) is c	hecked,			
	describe in Part II.							
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.	Schedule M	(Form	990) ((2016)

JUSTINE PETERSEN HOUSING AND Schedule M (Form 990) (2016) REINVESTMENT CORPORATION 43-1769074 **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete Part II this part for any additional information. SCHEDULE M, PART I, COLUMN (B): ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS

S	С	Η	E	D	U	L	E	(0	

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at <u>www.irs.gov/form990</u>.



Employer identification number 43-1769074

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

ECONOMIC DEVELOPMENT (CONTINUED):

AND 28 KANSAS COUNTIES AND THE ENTIRE STATE OF MISSOURI.

IN 2016, JUSTINE PETERSEN PROVIDED TECHNICAL ASSISTANCE AND TRAINING TO

JUSTINE PETERSEN HOUSING AND

REINVESTMENT CORPORATION

NEARLY 3,500 ENTREPRENEURS AND ORIGINATED \$12 MILLION IN OVER 840

MICRO- AND SMALL BUSINESS LOANS.

JUSTINE PETERSEN ALSO ADMINISTERS A CONTRACTOR LOAN FUND TO MEET THE

NEEDS OF SMALL AND MINORITY CONTRACTORS WHO LACK THE FINANCIAL CAPACITY

TO SUCCESSFULLY BID, ACCEPT AND CARRY OUT THE WORK OF LARGE SCALE

PROPERTY DEVELOPMENT CONTRACTS. IN 2016, JUSTINE PETERSEN ORIGINATED

\$3.7 MILLION IN 113 CONTRACTOR LOANS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

SAVINGS (CONTINUED):

MASSACHUSETTS, ILLINOIS, WISCONSIN, PENNSYLVANIA, MICHIGAN, OKLAHOMA,

IOWA, AND RHODE ISLAND ON ITS CREDIT BUILDING METHOD AND CONTINUED

SERVICES THROUGH THE JP TRAINING CENTER (JPTRAININGCENTER.ORG).

FORM 990, PART VI, SECTION A, LINE 8B:

NO COMMITTEES HAVE BEEN ESTABLISHED WITH AUTHORITY TO ACT ON BEHALF OF THE

GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11B:

JUSTINE PETERSEN HOUSING AND REINVESTMENT CORPORATION'S 990 IS FIRST

Schedule O (Form 990 or 9		Page
Name of the organization	JUSTINE PETERSEN HOUSING AND REINVESTMENT CORPORATION	Employer identification numbe
	KEINVESIMENT CONFORMITON	43 1705074
REVIEWED BY THE CONT	ROLLER AND THE CHIEF OPERATING OFFICER ("COO"). ONCE	
THE COO APPROVES THE	2 990, IT IS THEN PRESENTED TO THE BOARD OF DIRECTORS	
FOR THEIR REVIEW AND) APPROVAL. THE CHIEF EXECUTIVE OFFICER ("CEO") THEN	
REVIEWS THE 990. ONC	E THE CEO APPROVES THE 990, IT IS SIGNED AND THE	
ORGANIZATION'S ACCOU	INTANTS ARE NOTIFIED OF THE CONSENT TO FILE THE FORM.	
FORM 990, PART VI, S	SECTION B, LINE 12C:	
SENIOR MANAGEMENT RE	VIEWS THE APPLICATION OF THE CONFLICT OF INTEREST	
POLICY ON ANY REAL C	OR PERCEIVED ISSUES THAT OCCURRED DURING THEY YEAR. THE	
ADDDODDTATENESS OF T	HE POLICY IS DISCUSSED WITH ATTENTION TO THE	
	The Folici is discossed with Altention to the	
REQUIREMENTS OF FUND	DING SOURCES. IF MODIFICATIONS TO THE POLICY ARE	
NECCESSARY, THEY ARE	PRESENTED FOR BOARD APPROVAL. THE BOARD OF DIRECTORS	
SIGN A STATEMENT YEA	ARLY THAT CONFIRMS THAT THEY HAVE READ AND ARE STILL	
FOLLOWING THE CONFLI	CT OF INTEREST POLICY.	
FORM 990, PART VI, S	SECTION B, LINE 15:	
JUSTINE PETERSEN HOU	JSING AND REINVESTMENT CORPORATION DETERMINES	
COMPENSATION FOR ITS	3 OFFICIALS AND DIRECTORS BY COMPARING SALARIES OF OTHER	
OFFICERS IN SIMILAR	INDUSTRIES. THE ORGANIZATION NEGOTIATES WITH THE CHIEF	
EXECUTIVE OFFICER AN	ID CHIEF OPERATING OFFICER TO DETERMINE COMPENSATION FOR	
THESE KEY POSITIONS.		
FORM 990, PART VI, S	DECITON C, LINE IN:	

JUSTINE PETERSEN HOUSING AND REINVESTMENT CORPORATION MAKES ITS GOVERNING

DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE

TO THE PUBLIC BY PROVIDING COPIES TO THOSE WHO REQUEST THE AFOREMENTIONED

DOCUMENTS.

Schedule O (Form 990 or 990-E	<u>=2)(2016)</u> STINE PETERSEN HOUSING AND		Page Employer identification numbe
i ante el tre el gamination	INVESTMENT CORPORATION		43-1769074
FORM 990, PART IX AND P	ART X:		
IN 2016, JUSTINE PETERS	EN ESTABLISHED GRCC II LLC (A	DISREGARDED	
ENTITY) TO PURCHASE A N	OTE FROM A BANK. THE FACE VALU	E OF THE NOTE	
PURCHASED WAS \$498,250.	64; GRCC II LLC PAID ONLY \$234	,035.20 FOR THE	
NOTE. IN ADDITION, AN A	LLOWANCE FOR DOUBTFUL ACCOUNTS	AMOUNT OF	
\$132,104.72 WAS CHARGED	TO THE INCOME STATEMENT AS BA	D DEBT EXPENSE.	
THIS IS INCLUDED IN PAR	T IX, LINE 24A - BAD DEBT EXPE	NSE. THIS	
FINANCIAL INFORMATION F	OR GRCC II LLC IS INCLUDED IN	THIS FORM 990 AS	
FILED BY JUSTINE PETERS	EN. PLEASE ALSO SEE SCHEDULE R	FOR ADDITIONAL	
INFORMATION REGARDING T	HE DISREGARDED ENTITY.		
FORM 990, PART XI, LINE	9, CHANGES IN NET ASSETS:		
IMPAIRMENT LOSS		-219,544.	
EQUITY IN LOSS FROM SUB	SIDIARY	-397,295.	
TOTAL TO FORM 990, PART	XI, LINE 9	-616,839.	
FORM 990, PART XII, LIN	E 2C:		
THE ORGANIZATION HAS A	COMMITTEE THAT OVERSEES THE AU	DIT OF ITS	
FINANCIAL STATEMENTS AN	D SELECTION OF THE INDEPENDENT	ACCOUNTANT. THE	
PROCESS HAS NOT CHANGED	FROM THE PRIOR YEAR.		

SCHE	DULE R

(Form 990)

Related Organizations and Unrelated Partnerships

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

2016

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service	 Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. 		Open to Public Inspection
Name of the organization	JUSTINE PETERSEN HOUSING AND	Employer id	entification numbe
	REINVESTMENT CORPORATION	43-1769	074

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
GRCCII, LLC - 43-1769074					
1023 N GRAND BLVD	FACILITATE NOTE RECEIVABLE PURCHASE	MISSOURI	0.		JUSTINE PETERSEN HOUSING & REINV CORP
ST. LOUIS, MO 63106		MISSOURI	0.	132,108.	ROUSING & REINV CORP
	-				
	-				
	-				

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
GREAT RIVERS COMMUNITY TRUST - 43-1925293					JUSTINE PETERSEN		
1023 N GRAND BLVD	TO APPLY FOR TAX CREDITS				HOUSING & REINV		
ST. LOUIS, MO 63106	AND ADMINISTER IDA PROGRAM	MISSOURI	501(C)(3)	LINE 7	CORP	x	
	-						
	-						

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

Schedule R (Form 990) 2016 REINVESTMENT CORPORATION

43-1769074 Page 2

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	ר)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disprop alloca	ortionate tions?	amount in box 20 of Schedule	mana partn	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No
TWENTY FIRST HOMES, LP -	RESIDENTIAL										
26-1484330, 1023 N GRAND	RENTAL REAL		JUSTINE								
BLVD, ST. LOUIS, MO 63106	ESTATE	IL	PETERSEN H&RC	RELATED	-181,950.	3,977,884.		x	N/A	X	99.99%
JP EMERGING MARKETS FUND I											
LLC - 81-4656935, 1023 N											
GRAND BLVD, ST. LOUIS, MO	COMMUNITY		JUSTINE								
63106	DEVELOPMENT	со	PETERSEN H&RC	RELATED	0.	1.		х	N/A	х	.00%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(conti ent	(i) ction (b)(13) trolled tity?
GREAT RIVERS COMMUNITY CAPITAL - 43-1862691 1023 N GRAND BLVD	COMMUNITY DEV & INV FOR LOW TO MODERATE		JUSTINE					Yes	No
ST. LOUIS, MO 63106	INCOME FAMILIES		PETERSEN H&RC	C CORP	333,173.	13,627,040.	100.00%	х	
TWENTY FIRST HOMES DEVELOPERS NFP - 26-1484259, 1023 N GRAND BLVD, ST. LOUIS, MO 63106	DEV RESIDENTIAL RENTAL REAL ESTATE	IL	JUSTINE PETERSEN H&RC	C CORP	-18.	290.	100.00%	x	
	-								
	-								
	-								

JUSTINE PETERSEN HOUSING AND

Schedule R (Form 990) 2016 REINVESTMENT CORPORATION

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	; N
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
b Gift, grant, or capital contribution to related organization(s)			2
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)		Х	
e Loans or loan guarantees by related organization(s)		X	\square
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g		
n Purchase of assets from related organization(s)	1h		
Exchange of assets with related organization(s)	1i		
j Lease of facilities, equipment, or other assets to related organization(s)	1j		
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)	11		
n Performance of services or membership or fundraising solicitations by related organization(s)			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		Х	
Sharing of paid employees with related organization(s)		X	Ŧ
p Reimbursement paid to related organization(s) for expenses			
a Reimbursement paid by related organization(s) for expenses		X	T
Other transfer of cash or property to related organization(s)	1r		
s Other transfer of cash or property from related organization(s)			T

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) GREAT RIVERS COMMUNITY CAPITAL	D	1,511,446.	FAIR MARKET VALUE
(2) TWENTY FIRST HOMES	D	51,979.	FAIR MARKET VALUE
(3) JP EMERGING MARKETS FUND I	E	50,000.	FAIR MARKET VALUE
(4) GREAT RIVERS COMMUNITY CAPITAL	N	113,006.	FAIR MARKET VALUE
(5) GREAT RIVERS COMMUNITY CAPITAL	0	294,540.	FAIR MARKET VALUE
(6) GREAT RIVERS COMMUNITY CAPITAL	Q	64,656.	FAIR MARKET VALUE

JUSTINE PETERSEN HOUSING AND

Schedule R (Form 990) 2016 REINVESTMENT CORPORATION

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

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

(a)	(b)	(c)			.)	(f)	(g)	(1	ו)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	e Are partners 501 (c orgs	all s sec.	Share of	Share of	Dispr	opor-	Code V-UBI	General c	Percentage
of entity		(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(c orgs	:)(3) 5.?	total	end-of-year	alloca	tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?	ownership
		country)	sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes NO	

Schedule R (Form 990) 2016

REINVESTMENT CORPORATION Schedule R (Form 990) 2016 Part VII Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions.