# EXTENDED TO MAY 15, 2019

Internal Revenue Service

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

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

| Α                              | For the                    | $\pm$ 2017 calendar year, or tax year beginning $\pm$ JUI               | $oldsymbol{L} 1$ , $2017$ and  | lending J        | UN 30, 2018                | 3  |
|--------------------------------|----------------------------|---|--------------------------------|------------------|----------------------------|--|
| В                              | Check if applicable        | C Name of organization  |                                |                  | D Employer identi          | fication number                                  |
|                                | Addres                     | READING PARTNERS  |                                |                  |                            |  |
|                                | Name<br>change             | Doing business as   |                                |                  | 77-0                       | 0568469  |
|                                | Initial return             | Number and street (or P.O. box if mail is not deliver                   | ed to street address)          | Room/suite 8 0 0 | E Telephone numb           |  |
| L                              | Final<br>return/<br>termin |   |                                | 000              |                            | -444-9800<br>30,698,218.                         |
|                                | ated Ameno                 | City or town, state or province, country, and ZIF OAKLAND, CA 94612     | or foreign postal code         |                  | G Gross receipts \$        |  |
| $\vdash$                       | ⊥lreturn<br>□Applic        | OARDAND, CA 94012   | IE ADOLLON                     |                  | H(a) Is this a group       | 77   |
| _                              | ⊥ltiön<br>pendir           | SAME AS C ABOVE   | NE ALOUDON                     |                  | for subordinate            |  |
| _                              | Tay ay                     |   | (insert no.) 4947(a)(1)        | or 527           | H(b) Are all subordinates  |  |
|                                |                            | e: NWW.READINGPARTNERS.ORG  | (IIISELLIIU.) 4947(a)(1)       | 01 321           | H(c) Group exempti         | a list. (see instructions)                       |
|                                |                            | organization: X Corporation Trust Associ                                | siation Other                  | I Vear           |                            | M State of legal domicile: CA                    |
|                                |                            | Summary   | Jane Carlot P                  | L Toal           | or formation. 2001         | IVI Otate of legal dofficite. C11                |
|                                |                            | Briefly describe the organization's mission or most sig                 | unificant activities: THE      | ORGANI           | ZATION PAR                 | TNERS WITH                                       |
| Governance                     | '                          | SCHOOLS TO PROVIDE ONE-ON-C   | NE LITERACY T                  | UTORIN           | IG.                        |  |
| naı                            | 1 .                        | Check this box  if the organization disconting                          |                                |                  |                            | assets   |
| ĕ                              |                            | Number of voting members of the governing body (Pa                      |                                |                  | 3                          | 1 40   |
| ၓ                              |                            | Number of independent voting members of the gover                       |                                |                  | 4                          | 12   |
| တ္                             |                            | Total number of individuals employed in calendar yea                    |                                |                  |                            | 945  |
| /itie                          |                            | Total number of volunteers (estimate if necessary)                      |                                |                  |                            | 11000  |
| Activities &                   |                            | Total unrelated business revenue from Part VIII, colun                  |                                |                  |                            | <del>                                     </del> |
| ⋖                              |                            | Net unrelated business taxable income from Form 99                      |                                |                  |                            | 0.   |
|                                |                            |   |                                |                  | Prior Year                 | Current Year                                     |
| Ф                              | 8                          | Contributions and grants (Part VIII, line 1h)                           |                                |                  | 24,601,888                 | 25,930,100.                                      |
| nue                            |                            | Program service revenue (Part VIII, line 2g)                            |                                |                  | 4,550,822                  |  |
| Revenue                        |                            | Investment income (Part VIII, column (A), lines 3, 4, ar                |                                |                  | 98                         |  |
| <u> </u>                       |                            | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9d               |                                | 131,241          | <u> </u>                   |  |
|                                | 12                         | Total revenue - add lines 8 through 11 (must equal Pa                   | rt VIII, column (A), line 12)  |                  | 29,284,049                 | 30,439,368.                                      |
|                                | 13                         | Grants and similar amounts paid (Part IX, column (A),                   | lines 1-3)                     |                  | 0                          |  |
|                                | 14                         | Benefits paid to or for members (Part IX, column (A), li                | ine 4)                         |                  | 0                          | -  |
| es                             | 15                         | Salaries, other compensation, employee benefits (Par                    | t IX, column (A), lines 5-10)  |                  | 24,213,993                 |  |
| Expenses                       | 16a                        | Professional fundraising fees (Part IX, column (A), line                | 11e)                           |                  | 0                          | 0.   |
| ă                              | b                          | Total fundraising expenses (Part IX, column (D), line 2                 | $\rightarrow 2,611,7$          | 25.              | 1 5 4 5 6 5 5              | 4 540 000  |
| ш                              | 17                         | Other expenses (Part IX, column (A), lines 11a-11d, 11                  |                                |                  |                            | 4,748,920.                                       |
|                                |                            | Total expenses. Add lines 13-17 (must equal Part IX, o                  |                                |                  | 28,959,670                 |  |
|                                | 19                         | Revenue less expenses. Subtract line 18 from line 12                    |                                |                  | 324,379                    |  |
| Net Assets or<br>Fund Balances |                            |   |                                | Ве               | ginning of Current Year    |  |
| SSE                            | 20                         |   |                                |                  | 9,406,050<br>3,987,634     |  |
| let A                          | 21                         | Total liabilities (Part X, line 26)                                     |                                |                  | 5,418,416                  |  |
|                                | 22<br>art II               | Net assets or fund balances. Subtract line 21 from line Signature Block | e 20                           |                  | 3,410,410                  | 10,374,1300                                      |
| _                              |                            | Ities of perjury, I declare that I have examined this return, inc       | luding accompanying schedule   | es and statem    | ents, and to the hest of i | my knowledge and helief, it is                   |
|                                | •                          | t, and complete. Declaration of preparer (other than officer) is        |                                |                  | •                          | ny kitowiougo una bollot, it lo                  |
|                                | ,, 001100                  | · · ·   | based on an information of the | mon propuror     | 11/6/2                     | 018  |
| Sig                            | ın                         | Signature of office   |                                |                  | Date                       | .010   |
| He                             |                            | KARINE APOLLON, CHIEF EX  | ECUTIVE OFFIC                  | ER               |                            |  |
|                                |                            | Type or print name and title  |                                |                  |                            |  |
|                                |                            | Print/Type preparer's name Pr   | eparer's signature             | [[               | Date Check                 | PTIN   |
| Pai                            | d                          | DEBORAH KAMINSKI  | . •                            |                  | if<br>self-empl            | P00645581  |
| Pre                            | parer                      | Firm's name SQUAR MILNER LLP  |                                | I                | Firm's EIN                 | 33-0835986                                       |
|                                | Only                       | Firm's address 135 MAIN STREET, 9                                       |                                |                  |                            |  |
|                                |                            | SAN FRANCISCO, CA   |                                |                  | Phone no. (                | <b>1</b> 15) 781-2500                            |
| Ma                             | v the IF                   | RS discuss this return with the preparer shown above                    |                                |                  |                            | X Yes No   |

| Ра | rt III Statement of Program Service Accomplishments  |
|----|--|
|    | Check if Schedule O contains a response or note to any line in this Part III   |
| 1  | Briefly describe the organization's mission:   |
|    | READING PARTNERS COLLABORATES WITH LOCAL PUBLIC SCHOOLS AND MOBILIZES  |
|    | COMMUNITY VOLUNTEERS TO PROVIDE STUDENTS IN UNDER-RESOURCED SCHOOLS  |
|    | WITH THE PROVEN, INDIVIDUALIZED READING SUPPORT THEY NEED TO READ AT   |
|    | GRADE LEVEL BY FOURTH GRADE.   |
| 2  | Did the organization undertake any significant program services during the year which were not listed on the                                 |
|    | prior Form 990 or 990-EZ?  |
|    | If "Yes," describe these new services on Schedule O.   |
| 3  | Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No                       |
|    | If "Yes," describe these changes on Schedule O.  |
| 4  | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.         |
|    | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
|    | revenue, if any, for each program service reported.  |
| 4a | (Code: ) (Expenses \$ 19,983,040 • including grants of \$ ) (Revenue \$ 4,289,679 • )  |
|    | LITERACY INTERVENTION PROGRAM : READING PARTNERS RECRUITS AND TRAINS   |
|    | COMMUNITY VOLUNTEERS TO PROVIDE ONE-ON-ONE TUTORING FOR STUDENTS BOTH  |
|    | DURING THE SCHOOL DAY AND AFTER SCHOOL. AT EACH PARTNERS SCHOOL, THE   |
|    | ORGANIZATION TAKES ON A DEDICATED SPACE, TRANSFORMS IT INTO A READING  |
|    | CENTER, AND PLACES A FULL TIME STAFF MEMBER ON SITE TO SUPERVISE ALL   |
|    | PROGRAM SERVICES AND SERVE AS THE LIAISON TO CLASSROOM TEACHERS. A   |
|    | TYPICAL READING CENTER WILL SERVE BETWEEN 30 AND 90 STUDENTS.  |
|    | TITION REPLIES CONTENT WITH BUILT SO IND 30 BIODERIDA  |
|    | THE PRIMARY PROGRAM COMPONENT, ONE-ON-ONE TUTORING, IS SUPPLEMENTED  |
|    | WITH PARENT AND FAMILY INVOLVEMENT. STUDENTS ENROLLED IN THE READING   |
|    | PARTNERS PROGRAM ARE SEEN TWICE PER WEEK FOR 45 MINUTE ONE-ON-ONE  |
|    | TUTORING SESSIONS WITH TRAINED COMMUNITY VOLUNTEERS. EACH SESSION IS   |
|    |  |
| 4b | (Code:) (Expenses \$   |
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| 4c | (Code:) (Expenses \$   |
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|    |  |
| 4d | Other program services (Describe in Schedule O.)   |
|    | (Expenses \$ including grants of \$ ) (Revenue \$ )  |
| 4e | Total program service expenses ► 19,983,040.   |

# Form 990 (2017) READING PART Part IV Checklist of Required Schedules

|     |  |     | Yes          | No |
|-----|--|-----|--------------|----|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A   | 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  |     |              |    |
| 3   | public office? If "Yes," complete Schedule C, Part I   | 3   |              | Х  |
| 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   |              | Х  |
| 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   |              | Х  |
| 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   |              | X  |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10  |              | х  |
| 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   |     |              | 37 |
|     | Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d |              | X  |
|     | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e |              | Х  |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses  |     | х            |    |
| 40- | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X   | 11f | Λ            |    |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete  | 100 | х            |    |
| h   | Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?  | 12a | -23          |    |
| b   | 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  |              | X  |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a |              | Х  |
|     | 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  |              | X  |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,  |     |              | 77 |
|     | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I   | 17  |              | X  |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines   |     | <sub>v</sub> |    |
| 40  | 1c and 8a? If "Yes," complete Schedule G, Part II  | 18  | Х            |    |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"   | 40  |              | х  |
|     | complete Schedule G, Part III  | 19  |              | 22 |

# Form 990 (2017) READING PARTNERS Part IV Checklist of Required Schedules (continued)

|     |   |     | Yes | NO |
|-----|---|-----|-----|----|
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                                     | 20a |     | X  |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                    | 20b |     |    |
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or                     |     |     |    |
|     | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II                               | 21  |     | X  |
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on                   |     |     |    |
|     | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22  |     | Х  |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current      |     |     |    |
|     | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete                  |     |     |    |
|     | Schedule J  | 23  | Х   |    |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the         |     |     |    |
|     | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete              |     |     |    |
|     | Schedule K. If "No", go to line 25a   | 24a |     | X  |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                               | 24b |     |    |
| С   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease            |     |     |    |
|     | any tax-exempt bonds?   | 24c |     |    |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                         | 24d |     |    |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit                    |     |     |    |
|     | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I                                   | 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-EZ? If "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 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  |     | Х  |
| 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):   |     |     |    |
| а   | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV                         | 28a |     | Х  |
| b   | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV      | 28b |     | X  |
| С   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, |     |     |    |
|     | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  | 28c |     | Х  |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M                        | 29  | Х   |    |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation     |     |     |    |
|     | contributions? If "Yes," complete Schedule M  | 30  |     | Х  |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations?  |     |     |    |
|     | If "Yes," complete Schedule N, Part I   | 31  |     | Х  |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete                |     |     |    |
|     | Schedule N, Part II   | 32  |     | Х  |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations                      |     |     |    |
|     | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   | 33  |     | 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  | 34  |     | Х  |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a |     | Х  |
| 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 |     |    |
| 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  |     | Х  |
| 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  |     | Х  |
| 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   | 38  | Х   |    |

# Part V Statements Regarding Other IRS Filings and Tax Compliance

| Enter the number reported in Box 3 of Form 1096. Enter 0-if not applicable   1a   55   5  |     | Check if Schedule O contains a response or note to any line in this Part V  |     |     |     |
|---|-----|---|-----|-----|-----|
| b Enter the number of Forms W20 included in line 1a. Enter 0-if not applicable  |     |   |     | Yes | No  |
| b Enter the number of Forms W-26 included in line 1a. Enter 0- if not applicable  | 1a  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  |     |     |     |
| Column   Complete           |     |   |     |     |     |
| Gamblingly winnings to prize winners?  ■ Effect the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,  ##Red for the calendar year ending with or within the year covered by this return  ##Red for the calendar year ending with or within the year covered by this return  ##Red for the calendar year ending with or within the year covered by this return  ##Red for the calendar year ending with or within the year covered by this return  ##Red for the calendar year did the organization file all required federal employment tax returns?  ##Red for the calendar year, did the organization file all required federal employment tax returns?  ##Red for the calendar year, did the organization file all required federal employment tax returns?  ##Red for the calendar year, did the organization file all required federal employment tax returns?  ##Red for the calendar year, did the organization file and interest in, or a signature or other authority over, a financial account is a foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  ##Red financial accounts in foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  ##Red was the organization should tax shelter transaction at any time during the tax year?  ##Red was the organization should tax shelter transaction at any time during the tax year?  ##Red for the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible form 88867 to tax shelter transaction and partly for goods and services provided to the payor?  ##Red for the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any outside the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible or tax deductibles schartable contributions?  ##Red for the organization received a contrib     |     |   |     |     |     |
| tiled for the calendary year endring with or within the year covered by this return    1  |     |   | 1c  | Х   |     |
| tiled for the calendary year endring with or within the year covered by this return    1  | 2a  | l l   |     |     |     |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a   |     |   |     |     |     |
| 3a  | b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?                                  | 2b  | Х   |     |
| the fif "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O  4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account; or the financial        |     | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)                                       |     |     |     |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account; or but in the property of the pr       | За  | Did the organization have unrelated business gross income of \$1,000 or more during the year?   | 3a  |     | X   |
| financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b (fi "Yes," enter the name of the foreign country: "See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any atable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b X  c If "Yes," to line 5a or 5b, did the organization file Form 8886-17  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solict any contributions that tween or tax deductible orotributions?  6a X  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization notify the donor of the value of the goods or services provided?  7 Did the organization notify the donor of the value of the goods or services provided?  7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to tile Form 2822?  6 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 To X  9 If the organization received a contribution of qualified intellectual property, did the organization file Form 1098-C7  8 Sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Section 501(c)(12) organizations. Enter:  a initiation fees and capital contributions included on Part VIII, line 12  b Gross received from them.)  12 Section 501(c)(29) qualified nonprofit health insurance issuers.  a list the organization is concr     | b   | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O                                    | 3b  |     |     |
| b If "Yes," enter the name of the foreign country: Psee instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization party to a prohibited tax shelter transaction at any time during the tax year?  5b Z X  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6a X  5b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization notify the donor of the value of the goods or services provided to the payor?  7 b If "Yes," did the organization notify the donor of the value of the goods or services provided?  7 b If the organization explains on the sale of the sale of the goods or services provided?  7 c X  7 d If the organization received a contribution of carls globe personal property for which it was required?  7 to lid the organization mechanism of the sale of the goods or services provided?  7 to life the organization received a contribution of qualified intellectual property, did the organization file Form 899 as required?  7 to If the organization received a contribution of carls, boats, applanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organization make any taxable distributions under section 4966?  9 b If the sponsoring organization make any taxable distributions to adorr, donor advised fund maintained by the sponsoring or     | 4a  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a                       |     |     |     |
| See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b X  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b X  c If "Yes," to line 5a or 5b, did the organization file Form 886-T?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6a X  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible;  7 Organizations that may receive deductible contributions under section 170(c).  a bid the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  5 If "Yes," indicate the number of rorms 8262 filed during the year point of the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required  7 To Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 To Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 To X  9 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  8 Sponsoring organization maken training donor advised funds. Did a donor advised fund maintained by the sponsoring organization maken at yaxable distributions under section 4966?  9 Sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a possible sholdings at any time during the year?  9 Sponsoring organization maken schemica    |     | financial account in a foreign country (such as a bank account, securities account, or other financial account)?                                | 4a  |     | X   |
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| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  65  |     | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                             |     |     |     |
| tif "Yes," to line 5a or 5b, did the organization file Form 8886-T?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7 Organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  8 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7 To Side Form 8282?  8 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  8 To Side Form 8282?  9 Did the organization receive a payment in excess of tangible personal property for which it was required  9 to file Form 8282?  10 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  10 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  11 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1998-C?  12 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1998-C?  13 Sponsoring organization make any taxable distributions under section 4966?  14 Did the sponsoring organization make any taxable distributions under section 4966?  15 Section 501(c)(12) organization make any taxable distributions under section 4966?  16 Did the sponsoring organization make any taxable d | 5a  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   | 5a  |     |     |
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| b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  f If the organization smaintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organizations maintaining donor advised funds.  b Gross receipts, included on Form 990, Part VIII, line 12  a Gross income from members or shareholders  b Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  11b  12a Section 501(c)(12) organizations. Enter:  a 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.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional inform      | 7   | Organizations that may receive deductible contributions under section 170(c).   |     |     |     |
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| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  9 Sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10a  b Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b  15 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  c Enter the amount of reserves on hand   |     | 1 1   | 7c  |     | X   |
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| sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 110b Did Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a Did Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 11b Did Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c Did the organization receive any payments for indoor tanning services during the tax year?  14a X  | _   |   | /n  |     |     |
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| a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9b   | ^   |   | 8   |     |     |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  |     |   | 00  |     |     |
| 10 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  |     |   |     |     |     |
| a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  11 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  14a X  |     |   | 90  |     |     |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   |     |   |     |     |     |
| a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X   |     |   |     |     |     |
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| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  2 India  |     | ,   |     |     |     |
| amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b 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.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand 13c  14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X   |     |   |     |     |     |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year   | ~   |   |     |     |     |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c  14a X   | 12a |   | 12a |     |     |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c  14a X  |     |   |     |     |     |
| a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c  14a  X  | 13  | · · ·   |     |     |     |
| 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 organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13b  14a X   |     |   | 13a |     |     |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X   |     |   |     |     |     |
| organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c  14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X   | b   | · · · · · · · · · · · · · · · · · · ·   |     |     |     |
| c Enter the amount of reserves on hand  |     |   |     |     |     |
| 14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X   | С   |   |     |     |     |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O   |     |   | 14a |     | X   |
|   | b   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O                                       | 14b |     |     |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

| 1a Enter the number of voting members of the governing body at the end of the tax year   1a   |             | Check if Schedule O contains a response or note to any line in this Part VI  |         |      | X                |
|---|-------------|--|---------|------|------------------|
| table the number of voting members of the governing body at the end of the tax year if there are material differences in voting rights among members of the governing body, or if the governing body delegated troad authority to an executive committee or similar committee, explain in Schedule 0.  b Enter the number of voting members included in line 1a, above, who are independent   2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, directors, or trustees, or key employee have a family relationship or a business relationship with any other officer, directors, or trustees, or key employees to a management company or other person?  3 Did the organization have come aware during the year of a significant diversion of the organization's assets?  5 Did the organization have members or stockholders?  7 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  7 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  7 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  a The governing body?  5 Each committee with authority to act on behalf of the governing body?  8 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have with authority to act on behalf of the governing body?  9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have local chapters, branches, or affiliates?  10 In the organization have local chapters, branches, or affiliates?  11 Jesus of the organization have written policios and procedures governing the | Sec         |  |         |      |                  |
| if there are material differences in voting rights among members of the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.  b Enter the number of voting members included in line 1a, above, who are independent  2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees  2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, director, sort usasses, or key employees to a management company or other person?  3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  4 Did the organization have members or stockholders?  5 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  5 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  6 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  8 Did the organization have members and the properties of the governing body?  9 Is the end of the governing body?  8 Did be a possible of the properties of the governing body?  9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have winten policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization to review this Form 900  10 Did the organization have a written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their op |             |  |         | Yes  | No               |
| b Enter the number of voting members included in line 1a, above, who are independent 1 12 2 12 12 12 12 12 12 12 12 12 12 12  | 1a          | Enter the number of voting members of the governing body at the end of the tax year  |         |      |                  |
| b Enter the number of voting members included in line 13, above, who are independent  |             | If there are material differences in voting rights among members of the governing body, or if the governing  |         |      |                  |
| Did any officer, director, frustee, or key employee have a family relationship or a business relationship with any other officer, director, rutsee, or key employee?  2   |             |  |         |      |                  |
| and filter contributes, or key employee?  Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization have members or stockholders?  Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  Did the organization in a second the properties of the year and addresses in Schedule O  Did the organization have written policies and procedures governing body?  Did the organization have of the propess, if any used by the organization to reveiw this form 990. If If Yes, if describe in Schedule O the process, if any used by the organization to reveiw this form 990. If If Yes, if describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written whistleblo | b           | Enter the number of voting members included in line 1a, above, who are independent 1b 12   |         |      |                  |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?  4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  5 Did the organization become aware during the year of a significant diversion of the organization's assets?  5 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  5 Did the organization contempraneously document the meetings held or written actions undertaken during the year by the following:  8 The governing body?  9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organizations mailing address? If "Yes," provide the names and addresses in Schedule O  9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  10a Did the organization have local chapters, branches, or affiliates?  b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  10b If the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to tensure their operations are consistent with the organization's exempt purposes?  10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  10c Did the organization have a written organization of the dispension of the proce | 2           | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other   |         |      |                  |
| or officers, directors, or trustees, or key employees to a management company or other person?  4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  5 Did the organization become aware during the year of a significant diversion of the organization's assets?  5 Did the organization have members or stockholders?  6 Did the organization have members or stockholders?  7 Did the organization have members or stockholders?  8 Did the organization have members or stockholders or other persons who had the power to elect or appoint one or more members of the governing body?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  8 The governing body?  9 Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O  9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  10a Did the organization have local chapters, branches, or affiliates?  10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  10b Describe in Schedule O the process, if any, used by the organization is exempt purposes?  10c Did the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  11b Lessribe in Schedule O the process, if any, used by the organization or review this Form 990.  11c Did the organization have a written continct of interest policy? If "No," go to line 13  11c Did the organization have a written continct of interest policy? If "No," go to line 13  11c Did the organization have a written continct of interest policy? If "No," go to line 13  11c Did the organization have |             |  | 2       |      | X                |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  5 Did the organization become aware during the year of a significant diversion of the organization's assets?  6 Did the organization have members or stockholders?  7 Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  8 The governing body?  9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organizations mailing address? If I 'Yes,' provide the names and addresses in Schedule O  Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  10a Did the organization have local chapters, branches, or affiliates?  10b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  10b Boscribe in Schedule O the process, if any, used by the organization to review this Form 90 to all members of its governing body before filing the form?  11b Describe in Schedule O the process, if any, used by the organization to review this Form 90 to all members of the governing body before filing the form?  11b Describe in Schedule O the process, if any, used by the organization to review this Form 90 to all members of its governing body before filing the form?  12c Did the organization provided a complete copy of this Form 90 to all members of its governing body before filing the form?  12c Did the organization provided a complete copy of the Form 90 to all memb | 3           | Did the organization delegate control over management duties customarily performed by or under the direct supervision  |         |      |                  |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets?  5 To Did the organization have members or stockholders?  7 Did the organization have members or stockholders?  7 Did the organization have members or stockholders?  7 Did the organization have members or stockholders?  8 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  8 The governing body?  9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization is mailing address? If Yes, *provide the names and addresses in Schedule O  9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  10 Did the organization have local chapters, branches, or affiliates?  10 Did the organization have veritten policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization is exempt purposes?  10 Did the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  11 Describe in Schedule O the process, if any, used by the organization to review this Form 990.  12 Did the organization have a written condict of interest policy? If *No.* go to line 13  13 Did the organization have a written occurrent of disches annually interests that could give rise to conflicts?  14 Did the organization have a written occurrent retention and destruction policy?  15 Did the organization have a written occurrent retention and destruction policy?  16 Did the organization have a written occurrent retention and destruction policy?  17 Did the organization have a written policy or procedure requiring the organization to evaluate its par |             | of officers, directors, or trustees, or key employees to a management company or other person?   | 3       |      | X                |
| 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8 Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 esction B. Politicies (This Section B requests information about policies not required by the Internal Revenue Code.)  10a Did the organization have local chapters, branches, or affiliates? 10 If "Yes," did the organization have organization are consistent with the organization's exempt purposes? 10 If sees the in Schedule O the process, if any, used by the organization's exempt purposes? 10 Bescribe in Schedule Of the process, if any, used by the organization to review this Form 990.  12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12 bescribes, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b bescribes, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization have a written document retention and destruction policy? 13 Did the organization fave a written whistleblower policy? 14 Did the organization fave a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantia | 4           | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   | 4       |      | Х                |
| Ta Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  A ver any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  B Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  a The governing body?  B Section B, Politicies (This Section B requests information about policies not required by the Internal Revenue Code.)  Section B, Politicies (This Section B requests information about policies not required by the Internal Revenue Code.)  Y 10a Did the organization have local chapters, branches, or affiliates?  10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  b Describe in Schedule O the process, if any, used by the organization to review this Form 990.  12a Did the organization are a written conflict of interest policy? If "No.," go to line 13  b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  12b Did the organization have a written whistleblower policy?  13 Did the organization have a written ordinic of interest policy? If "No.," go to line 13  The organization have a written ordinic of interest policy?  14 Did the organization have a written ordinic of interest policy?  15b Did the organization have a written ordinic of the process in Schedule O for the deliberation and decision?  15c Did the organization have a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take st | 5           |  |         |      | Х                |
| more members of the governing body?  5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  5 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  5 The governing body?  5 Each committee with authority to act on behalf of the governing body?  5 Each committee with authority to act on behalf of the governing body?  5 Each committee with authority to act on behalf of the governing body?  5 Est there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's malling address #1 *Ves,* provide the manes and addresses in Schedule O  5 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  7 The policies (This Section B requests information about policies not required by the Internal Revenue Code.)  8 The section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  8 The section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  10 If "Yes," did the organization have written policies and procedures governing body before filing the form?  11 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  12 Did the organization have a written conflict of interest policy? If "No," go to line 13  12 Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  13 Did the organization have a written whistleblower policy?  14 Did the organization have a written whistleblower policy?  15 Did the organization have a written policy are policies in a po |             |  | 6       |      | Х                |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  8 The governing body?  9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O  Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  10a Did the organization have local chapters, branches, or affiliates?  10 If "Yes," did the organization have virtlen policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  10b and branches to ensure their operations are consistent with the organization's exempt purposes?  10c b escribe in Schedule O the process, if any, used by the organization to review this Form 990.  11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  12b Describe in Schedule O the process, if any, used by the organization to review this Form 990.  12c Did the organization have a written conflict of interest policy? If "No," go to line 13  12a Did the organization have a written whistieblower policy?  13 Did the organization have a written whistieblower policy?  14 Did the organization have a written whistieblower policy?  15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  15c Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of  | 7a          |  |         |      |                  |
| persons other than the governing body?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  8 The governing body?  9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O  9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)    10a Did the organization have local chapters, branches, or affiliates?   10a Did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?   10b III Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? bescribe in Schedule O the process, if any, used by the organization to review this Form 990.  12a Did the organization have a written conflict of interest policy? If "No," go to line 13 to the organization trustes, and key employees required to discloss annually interests that could give rise to conflicts? to be in Schedule O how this was done 12c to the organization have a written whistleblower policy? 12b to the organization have a written whistleblower policy? 13 to the organization have a written whistleblower policy? 14 to the organization have a written whistleblower policy? 15 bid the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 bid the organization is comparable for policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's books and records:   |             | more members of the governing body?  | 7a      |      | X                |
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| Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Dother officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  Did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  List the states with which a copy of this Form 990 is required to be filled ▶CA, CO, MN, NJ, DC, VA, MD, MA, SC, OH, 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website Another's website X Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  | 13          |  |         | X    |                  |
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| persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  16b Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶CA, CO, MN, NJ, DC, VA, MD, MA, SC, OH, 1  18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website Another's website X Upon request Other (explain in Schedule O)  19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financia statements available to the public during the tax year.  20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶   |             |  |         |      |                  |
| a The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶CA, CO, MN, NJ, DC, VA, MD, MA, SC, OH, 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website Another's website X Upon request Other (explain in Schedule O)  19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financia statements available to the public during the tax year.  20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶   |             |  |         |      |                  |
| b Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16a  16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  17 List the states with which a copy of this Form 990 is required to be filed ►CA, CO, MN, NJ, DC, VA, MD, MA, SC, OH, Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website Another's website X Upon request Other (explain in Schedule O)  19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financia statements available to the public during the tax year.  20 State the name, address, and telephone number of the person who possesses the organization's books and records: ►  | а           |  | 15a     | 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 arrangement with a taxable entity during the year?  16a  16a  16a  16a  16a  16a  16a  16   |             |  |         | Х    |                  |
| 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16a  b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  16b  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶CA, CO, MN, NJ, DC, VA, MD, MA, SC, OH, N  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website Another's website X Upon request Other (explain in Schedule O)  19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶  |             |  |         |      |                  |
| taxable entity during the year?  b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ►CA, CO, MN, NJ, DC, VA, MD, MA, SC, OH, 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website Another's website X Upon request Other (explain in Schedule O)  19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  20 State the name, address, and telephone number of the person who possesses the organization's books and records: ►  | 16a         |  |         |      |                  |
| b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ►CA, CO, MN, NJ, DC, VA, MD, MA, SC, OH, N  18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website Another's website X Upon request Other (explain in Schedule O)  19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  20 State the name, address, and telephone number of the person who possesses the organization's books and records: ►  |             |  | 16a     |      | Х                |
| Exampt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ►CA, CO, MN, NJ, DC, VA, MD, MA, SC, OH, NOTO, WA, MD, SCA, WA, MD, MA, SC | b           |  |         |      |                  |
| <ul> <li>Section C. Disclosure</li> <li>List the states with which a copy of this Form 990 is required to be filed ►CA, CO, MN, NJ, DC, VA, MD, MA, SC, OH, NS</li> <li>Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.</li> <li>X Own website Another's website X Upon request Other (explain in Schedule O)</li> <li>Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.</li> <li>State the name, address, and telephone number of the person who possesses the organization's books and records: ►</li> </ul>   |             | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's   |         |      |                  |
| <ul> <li>List the states with which a copy of this Form 990 is required to be filed ►CA, CO, MN, NJ, DC, VA, MD, MA, SC, OH, NS</li> <li>Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.</li> <li>X Own website Another's website X Upon request Other (explain in Schedule O)</li> <li>Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.</li> <li>State the name, address, and telephone number of the person who possesses the organization's books and records: ►</li> </ul>  |             | exempt status with respect to such arrangements?   | 16b     |      |                  |
| <ul> <li>Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.</li></ul>   | Sec         |  |         |      |                  |
| for public inspection. Indicate how you made these available. Check all that apply.  X Own website Another's website X Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and records:   | 17          | List the states with which a copy of this Form 990 is required to be filed ►CA, CO, MN, NJ, DC, VA, MD, MA, SC   | ,OH     | ,WA  | ,OK              |
| <ul> <li>X Own website</li></ul>  | 18          | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)   | availab | le   |                  |
| <ul> <li>Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.</li> <li>State the name, address, and telephone number of the person who possesses the organization's books and records:</li> </ul>  |             | for public inspection. Indicate how you made these available. Check all that apply   |         |      |                  |
| statements available to the public during the tax year.  20 State the name, address, and telephone number of the person who possesses the organization's books and records:   |             | X Own website Another's website X Upon request Other (explain in Schedule O)   |         |      |                  |
| 20 State the name, address, and telephone number of the person who possesses the organization's books and records:  | 19          | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and  | d finan | cial |                  |
| 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ► READING PARTNERS ACCOUNTING DEPARTMENT - 510-444-9800  |             |  |         |      |                  |
| READING PARTNERS ACCOUNTING DEPARTMENT - 510-444-9800   | 20          | State the name, address, and telephone number of the person who possesses the organization's books and records:  |         |      |                  |
| 180 GRAND AVENUE SUITTE 800 OAKLAND CA 94612  |             |  |         |      |                  |

77-0568469

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A)                        | (B)  | l g                            |                       | ((            | C)           |                              | , iou  | (D)                                    | (E)  | (F)  |
|----------------------------|--|--------------------------------|-----------------------|---------------|--------------|------------------------------|--------|--|--|--|
| Name and Title             | Average<br>hours per<br>week   | box                            | not c<br>, unle       | heck<br>ss pe | rson         | than<br>is bot<br>or/trus    | h an   | Reportable<br>compensation<br>from     | Reportable<br>compensation<br>from related | Estimated<br>amount of<br>other  |
|                            | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director | Institutional trustee | Officer       | Key employee | Highest compensated employee | Former | the<br>organization<br>(W-2/1099-MISC) | organizations<br>(W-2/1099-MISC)           | compensation<br>from the<br>organization<br>and related<br>organizations |
| (1) SUSAN HAYES MEMBER     | 4.00   | X                              |                       |               |              |                              |        | 0.                                     | 0.   | 0.   |
| (2) WALTER ELCOCK          | 4.00   | 122                            |                       |               |              |                              |        | 0.                                     | •  | <u></u>  |
| VICE CHAIRMAN              | 4.00   | X                              |                       | x             |              |                              |        | 0.                                     | 0.   | 0.   |
| (3) DAN CARROLL            | 4.00   | 123                            |                       |               |              |                              |        |  | •  |  |
| CHAIRMAN                   |  | X                              |                       | x             |              |                              |        | 0.                                     | 0.   | 0.   |
| (4) STEPHANIE COHEN        | 4.00   |                                |                       |               |              |                              |        | -                                      |  |  |
| SECRETARY                  |  | X                              |                       | х             |              |                              |        | 0.                                     | 0.   | 0.   |
| (5) JAMIE SLAUGHTER        | 4.00   |                                |                       |               |              |                              |        |  |  |  |
| MEMBER                     |  | Х                              |                       |               |              |                              |        | 0.                                     | 0.   | 0.   |
| (6) KRISTYN KLEI BORRERO   | 4.00   |                                |                       |               |              |                              |        |  |  |  |
| MEMBER                     |  | Х                              |                       |               |              |                              |        | 0.                                     | 0.   | 0.   |
| (7) JEREMY SMITH           | 4.00   |                                |                       |               |              |                              |        |  |  |  |
| MEMBER                     |  | Х                              |                       |               |              |                              |        | 0.                                     | 0.   | 0.   |
| (8) HARRIS LARNEY          | 4.00   |                                |                       |               |              |                              |        |  | _  | _  |
| MEMBER                     |  | Х                              |                       |               |              |                              |        | 0.                                     | 0.   | 0.   |
| (9) BRAD CRESWELL          | 4.00   | ۱                              |                       | l             |              |                              |        |  | •  |  |
| TREASURER                  | 4 00   | Х                              |                       | Х             |              |                              |        | 0.                                     | 0.   | 0.   |
| (10) IAN CAMERON           | 4.00   | ۱.,                            |                       |               |              |                              |        |  | 0  | _  |
| MEMBER                     | 4 00   | Х                              |                       |               |              |                              |        | 0.                                     | 0.   | 0.   |
| (11) ANN CHEN              | 4.00   | X                              |                       |               |              |                              |        |  | 0  | ^  |
| MEMBER                     | 4.00   | ^                              |                       |               |              |                              |        | 0.                                     | 0.   | 0.   |
| (12) JEHAN VELJI<br>MEMBER | 4.00   | X                              |                       |               |              |                              |        | 0.                                     | 0.   | 0.   |
| (13) KARINE APOLLON        | 40.00  | ^                              |                       |               |              |                              |        | 0.                                     | 0.   | <u></u>  |
| CEO                        | 40.00  | 1                              |                       | x             |              |                              |        | 362,539.                               | 0.   | 15,030.  |
| (14) NOLENE FABRE          | 40.00  |                                |                       |               |              |                              |        | 302,333.                               | •  | 13,0301  |
| CFO (FROM 10/20/17)        | 1000   | 1                              |                       | х             |              |                              |        | 32,452.                                | 0.   | 1,485.   |
| (15) DEAN ELSON            | 40.00  |                                |                       | <del> </del>  |              |                              |        | 02,72023                               | -  |  |
| INTERIM COO                |  | 1                              |                       |               |              | X                            |        | 159,000.                               | 0.   | 25,639.  |
| (16) SUSAN SLATER          | 40.00  |                                |                       |               |              |                              |        |  |  | <u> </u>   |
| SVP- REGIONAL OPS          |  | 1                              |                       |               |              | Х                            |        | 128,769.                               | 0.   | 25,508.  |
| (17) KAREN CASANOVA        | 40.00  |                                |                       |               |              |                              |        |  |  |  |
| SVP - NATIONAL DEVELOPMENT |  |                                |                       |               |              | Х                            |        | 139,846.                               | 0.   | 25,551.  |
| 732007 11-28-17            |  |                                |                       |               |              |                              |        | · · · · · · · · · · · · · · · · · · ·  |  | Form <b>990</b> (2017)   |

77-0568469

| Part VII Section A. Officers, Directors, Tru     | stees, Key Em  | ploy                           | rees                  | , and            | d Hi         | ighe                         | st C         | ompensated Employe       | es (continued)     |       |         |                      |      |
|--|--|--------------------------------|-----------------------|------------------|--------------|------------------------------|--------------|--------------------------|--------------------|-------|---------|----------------------|------|
| (A)  | (B)  |                                |                       | (C               | C)           |                              |              | (D)                      | (E)                |       |         | (F)                  |      |
| Name and title                                   | Position<br>(do not check more than one<br>box, unless person is both an |                                |                       |                  |              | one                          | Reportable   | Reportable               | )                  | Es    | timate  | ed                   |      |
|  |  |                                |                       |                  |              | h an                         | compensation | compensation             | on                 | an    | nount ( | of                   |      |
|  | Week   officer and a director/trustee)   from   from related             |                                |                       |                  |              |                              |              |                          |                    |       |         | other                |      |
|  | (list any  | rector                         |                       |                  |              |                              |              | the                      | organization       |       | l       | pensa                |      |
|  | hours for related  | or di                          | 98                    |                  |              | ated                         |              | organization             | (W-2/1099-MI       | SC)   | e       |                      |      |
|  | organizations  | ustee                          | trust                 |                  | gy.          | suadı                        |              | (W-2/1099-MISC)          |                    |       | _ ~     | anizati              |      |
|  | below  | ual tr                         | ional                 |                  | ploye        | t con                        | L            |                          |                    |       | l       | d relate<br>anizatio |      |
|  | line)  | Individual trustee or director | Institutional trustee | Officer          | Key employee | Highest compensated employee | Former       |                          |                    |       | l       | ai iiZati            | 5115 |
|  | <u> </u>   | =                              | =                     | 0                | 호            | Ξ 0                          | ш.           |                          |                    |       |         |                      |      |
|  |  | 1                              |                       |                  |              |                              |              |                          |                    |       |         |                      |      |
|  |  |                                |                       |                  |              | $\vdash$                     |              |                          |                    |       |         |                      |      |
|  |  | 1                              |                       |                  |              |                              |              |                          |                    |       |         |                      |      |
|  |  |                                |                       |                  |              | 1                            |              |                          |                    |       |         |                      |      |
|  |  | 1                              |                       |                  |              |                              |              |                          |                    |       |         |                      |      |
|  |  |                                |                       |                  |              | $\vdash$                     |              |                          |                    |       |         |                      |      |
|  |  | ł                              |                       |                  |              |                              |              |                          |                    |       |         |                      |      |
|  |  |                                |                       |                  |              |                              |              |                          |                    |       |         |                      |      |
|  |  | ł                              |                       |                  |              |                              |              |                          |                    |       |         |                      |      |
|  |  |                                |                       |                  |              | -                            |              |                          |                    |       |         |                      |      |
|  |  | 4                              |                       |                  |              |                              |              |                          |                    |       |         |                      |      |
|  |  |                                |                       |                  |              | _                            |              |                          |                    |       |         |                      |      |
|  |  | 4                              |                       |                  |              |                              |              |                          |                    |       |         |                      |      |
|  |  |                                |                       |                  |              |                              |              |                          |                    |       |         |                      |      |
|  |  |                                |                       |                  |              |                              |              |                          |                    |       |         |                      |      |
|  |  |                                |                       |                  |              |                              |              |                          |                    |       |         |                      |      |
|  |  | 4                              |                       |                  |              |                              |              |                          |                    |       |         |                      |      |
|  |  |                                |                       |                  |              |                              |              | 000 606                  |                    |       | _       | 2 2                  | 4.5  |
| 1b Sub-total                                     |  |                                |                       |                  |              |                              |              | 822,606.                 |                    | 0.    | 9       | 3,2                  |      |
| c Total from continuation sheets to Part \       | II, Section A  |                                |                       |                  |              |                              |              | 0.                       |                    | 0.    |         |                      | 0.   |
| d Total (add lines 1b and 1c)                    |  |                                |                       |                  |              |                              | <u> </u>     | 822,606.                 |                    | 0.    | 9       | 3,2                  | 13.  |
| 2 Total number of individuals (including but     | not limited to th  | nose                           | liste                 | ed al            | bove         | e) wł                        | no re        | eceived more than \$100  | ,000 of reportab   | le    |         |                      |      |
| compensation from the organization               |  |                                |                       |                  |              |                              |              |                          |                    |       |         |                      | 20   |
|  |  |                                |                       |                  |              |                              |              |                          |                    |       |         | Yes                  | No   |
| 3 Did the organization list any former officer   |  |                                | -                     | •                | •            | •                            |              | •                        |                    |       |         |                      |      |
| line 1a? If "Yes," complete Schedule J for       | such individual  |                                |                       |                  |              |                              |              |                          |                    |       | 3       |                      | X    |
| 4 For any individual listed on line 1a, is the s | um of reportab   | le co                          | omp                   | ensa             | atior        | n and                        | d oth        | her compensation from    | the organization   |       |         |                      |      |
| and related organizations greater than \$15      | 50,000? If "Yes,   | " co                           | mple                  | ete S            | Sche         | edule                        | e J f        | for such individual      |                    |       | 4       | Х                    |      |
| 5 Did any person listed on line 1a receive or    | accrue compe   | nsat                           | ion 1                 | from             | any          | / unr                        | elat         | ed organization or indiv | idual for services | 6     |         |                      |      |
| rendered to the organization? If "Yes," cor      | nplete Schedul   | e J f                          | or s                  | uch <sub>I</sub> | pers         | son .                        |              |                          |                    |       | 5       |                      | X    |
| Section B. Independent Contractors               |  |                                |                       |                  |              |                              |              |                          |                    |       |         |                      |      |
| 1 Complete this table for your five highest c    | ompensated in  | depe                           | ende                  | ent c            | onti         | racto                        | ors t        | hat received more than   | \$100,000 of con   | npens | ation 1 | rom                  |      |
| the organization. Report compensation for        | the calendar y   | ear (                          | endi                  | ng v             | vith         | or w                         | ithir        | n the organization's tax | year.              |       |         |                      |      |
| (A)  |  |                                |                       |                  |              |                              |              | (B)                      |                    |       | (0      |                      |      |
| Name and busines                                 | s address  | N                              | INC                   | 3                |              |                              |              | Description of s         | ervices            | C     | compe   | nsatio               | n    |
|  |  |                                |                       |                  |              |                              |              |                          |                    |       |         |                      |      |
|  |  |                                |                       |                  |              |                              |              |                          |                    |       |         |                      |      |
|  |  |                                |                       |                  |              |                              |              |                          |                    |       |         |                      |      |
|  |  |                                |                       |                  |              |                              |              |                          |                    |       |         |                      |      |
|  |  |                                |                       |                  |              |                              |              |                          |                    |       |         |                      |      |
|  |  |                                |                       |                  |              |                              |              |                          |                    |       |         |                      |      |
|  |  |                                |                       |                  |              |                              |              |                          |                    |       |         |                      |      |
|  |  |                                |                       |                  |              |                              |              |                          |                    |       |         |                      |      |
|  |  |                                |                       |                  |              |                              | 一            |                          |                    |       |         |                      |      |
|  |  |                                |                       |                  |              |                              |              |                          |                    |       |         |                      |      |
| 2 Total number of independent contractors        | (including but r   | ot li                          | mite                  | d to             | tho          | se li                        | sted         | d above) who received m  | nore than          |       |         |                      |      |
| \$100,000 of compensation from the organ         |  |                                |                       |                  |              | 0                            |              | •                        |                    |       |         |                      |      |
|  |  |                                |                       |                  |              |                              |              |                          |                    |       |         | 990 <i>(</i>         |      |

77-0568469

| Part VIII Statement of Revenue |
|--------------------------------|
|--------------------------------|

|  |      | Check if Schedule O cont                       | ains a response  | or note to any lin | e in this Part VIII         |  |   |  |
|--|------|--|------------------|--------------------|-----------------------------|--|---|--|
|  |      |  |                  | ,                  | <b>(A)</b><br>Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | Revenue excluded from tax under sections 512 - 514 |
| nts<br>nts   | 1 a  | Federated campaigns                            | 1a               |                    |                             |  |   |  |
| ar<br>our  |      | Membership dues                                |                  |                    |                             |  |   |  |
| s, G   | С    | Fundraising events                             |                  | 473,779.           |                             |  |   |  |
| Sift<br>lar  |      |  | 1d               |                    |                             |  |   |  |
| Contributions, Gifts, Grants and Other Similar Amounts | е    | Government grants (contribut                   | ions) 1e         | 5,044,397.         |                             |  |   |  |
|  | f    | All other contributions, gifts, gran           | ts, and          |                    |                             |  |   |  |
|  |      | similar amounts not included above             | ve 1f            | 20,411,924.        |                             |  |   |  |
| 함  | g    | Noncash contributions included in lines        | 1a-1f: \$        | 114,369.           |                             |  |   |  |
| a C  |      | Total. Add lines 1a-1f                         |                  | <b>&gt;</b>        | 25,930,100.                 |  |   |  |
|  |      |  |                  | Business Code      |                             |  |   |  |
| စ္ပ  | 2 a  | TUTORING SERVICE FEES                          |                  | 611710             | 4,289,679.                  | 4,289,679.                             |   |  |
| ه کِز  | b    |  |                  |                    |                             |  |   |  |
| Sul  | С    |  |                  |                    |                             |  |   |  |
| ar   | d    |  | _                |                    |                             |  |   |  |
| Program Service<br>Revenue                             | е    | ·  | _                |                    |                             |  |   |  |
| <u> </u>   | f    | All other program service reve                 | enue             |                    |                             |  |   |  |
|  | g    | Total. Add lines 2a-2f                         |                  |                    | 4,289,679.                  |  |   |  |
|  | 3    | Investment income (including                   | dividends, inter | rest, and          |                             |  |   |  |
|  |      | other similar amounts)                         |                  | <b>&gt;</b>        | 50.                         |  |   | 50.  |
|  | 4    | Income from investment of tax                  |                  |                    |                             |  |   |  |
|  | 5    | Royalties                                      |                  |                    |                             |  |   |  |
|  |      |  | (i) Real         | (ii) Personal      |                             |  |   |  |
|  | 6 a  | Gross rents                                    |                  |                    |                             |  |   |  |
|  | b    | Less: rental expenses                          |                  |                    |                             |  |   |  |
|  | С    | Rental income or (loss)                        |                  |                    |                             |  |   |  |
|  | d    | Net rental income or (loss)                    |                  |                    |                             |  |   |  |
|  | 7 a  | Gross amount from sales of                     | (i) Securities   | (ii) Other         |                             |  |   |  |
|  |      | assets other than inventory                    |                  |                    |                             |  |   |  |
|  | b    | Less: cost or other basis                      |                  |                    |                             |  |   |  |
|  |      | and sales expenses                             |                  |                    |                             |  |   |  |
|  | С    | Gain or (loss)                                 |                  |                    |                             |  |   |  |
|  |      | Net gain or (loss)                             |                  |                    |                             |  |   |  |
| enue   |      | Gross income from fundraising including \$ 473 | g events (not    |                    |                             |  |   |  |
| eve  |      | contributions reported on line                 |                  |                    |                             |  |   |  |
| <u>ج</u><br>ج  |      | Part IV, line 18                               |                  | 258,850.           |                             |  |   |  |
| Other Rever  | b    | Less: direct expenses                          |                  | 258,850.           |                             |  |   |  |
| 0  |      | Net income or (loss) from fund                 |                  |                    | 0.                          |  |   |  |
|  |      | Gross income from gaming ac                    |                  |                    |                             |  |   |  |
|  |      | Part IV, line 19                               |                  | a                  |                             |  |   |  |
|  | b    | Less: direct expenses                          |                  | ,                  |                             |  |   |  |
|  |      | Net income or (loss) from gam                  |                  |                    |                             |  |   |  |
|  |      | Gross sales of inventory, less                 |                  |                    |                             |  |   |  |
|  |      | and allowances                                 |                  | a                  |                             |  |   |  |
|  | b    | Less: cost of goods sold                       |                  | ,                  |                             |  |   |  |
|  |      | Net income or (loss) from sale                 |                  |                    |                             |  |   |  |
|  |      | Miscellaneous Revenu                           |                  | Business Code      |                             |  |   |  |
|  | 11 a | RENTAL INCOME                                  |                  | 532000             | 219,539.                    |  |   | 219,539.   |
|  | b    |  |                  |                    |                             |  |   |  |
|  | С    |  |                  |                    |                             |  |   |  |
|  | d    | All other revenue                              |                  |                    |                             |  |   |  |
|  |      | Total. Add lines 11a-11d                       |                  |                    | 219,539.                    |  |   |  |
|  | 12   | Total revenue. See instructions.               |                  |                    | 30,439,368.                 | 4,289,679.                             | 0                                       | 219,589.   |

### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) (B) (D) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses 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, 414,430. 219,328. 915,819. 282,061. trustees, and key employees ..... Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 16,044,348. 13,747,376. 859,179. 1,437,793. 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 2,394,880. 248,736. 1,992,212. 153,932. Other employee benefits 9 77,862. 1,290,147. 1,082,745. 129,540. Payroll taxes 10 Fees for services (non-employees): 11 a Management 32,513. 8,144. 18,468. 5,901. Legal 186,337. 33,818. 46,675. 105,844. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 576,176. 144,323. 327,283. 104,570. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 Office expenses 13 Information technology 14 15 Royalties 1,136,522. 16,145. 1,662,072. 509,405. 16 Occupancy 262,193. 41,576. 162,631. 57,986. 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 54,232. 54,232. 20 21 Payments to affiliates ..... 168,604. 142,498. 25,461. 645. Depreciation, depletion, and amortization ..... 22 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 1,280,248. 689,208. 300,348. 290,692. OTHER BOOKS AND SUPPLIES 476,907. 377,554. 83,336. 16,017. 38,722. PROFESSIONAL DEVELOPMEN 49,638. 6,685. 4,231. d All other expenses е 25,394,114. 19,983,040. 2,799,349. 2,611,725. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Check here

if following SOP 98-2 (ASC 958-720)

Form 990 (2017)
Part X Balance Sheet

| Ра            | rt X | Balance Sheet   |                       |                            |                                 |             |                           |
|---------------|------|---|-----------------------|----------------------------|---------------------------------|-------------|---------------------------|
|               |      | Check if Schedule O contains a response or not                                  | e to an               | y line in this Part X      |                                 |             |                           |
|               |      |   |                       |                            | <b>(A)</b><br>Beginning of year |             | <b>(B)</b><br>End of year |
|               | 1    | Cash - non-interest-bearing   |                       |                            |                                 | 1           |                           |
|               | 2    | Savings and temporary cash investments  |                       |                            | 957,671.                        | 2           | 814,798.                  |
|               | 3    | Pledges and grants receivable, net  |                       |                            | 7,527,587.                      | 3           | 10,339,216.               |
|               | 4    | Accounts receivable, net  |                       |                            | 29,935.                         | 4           | 259,233.                  |
|               | 5    | Loans and other receivables from current and fo                                 |                       |                            |                                 |             |                           |
|               |      | trustees, key employees, and highest compensa                                   |                       |                            |                                 |             |                           |
|               |      | Part II of Schedule L   |                       |                            |                                 | 5           |                           |
|               | 6    | Loans and other receivables from other disquali                                 |                       |                            |                                 |             |                           |
|               |      | section 4958(f)(1)), persons described in section                               | 4958(                 | c)(3)(B), and contributing |                                 |             |                           |
|               |      | employers and sponsoring organizations of sect                                  | ion 50                | 1(c)(9) voluntary          |                                 |             |                           |
| ş             |      | employees' beneficiary organizations (see instr).                               | lete Part II of Sch L |                            | 6                               |             |                           |
| Assets        | 7    | Notes and loans receivable, net   |                       |                            |                                 | 7           |                           |
| Ř             | 8    | Inventories for sale or use   |                       |                            |                                 | 8           |                           |
|               | 9    |   |                       |                            | 238,822.                        | 9           | 318,786.                  |
|               | 10a  | Land, buildings, and equipment: cost or other                                   |                       |                            |                                 |             |                           |
|               |      | basis. Complete Part VI of Schedule D Less: accumulated depreciation            | 10a                   | 1,267,556.                 |                                 |             |                           |
|               | b    | Less: accumulated depreciation  | 10b                   | 979,787.                   | 449,157.                        | 10c         | 287,769.                  |
|               | 11   | Investments - publicly traded securities  |                       |                            | 6,159.                          | 11          | 7,668.                    |
|               | 12   | Investments - other securities. See Part IV, line 1                             | 1                     |                            |                                 | 12          |                           |
|               | 13   | Investments - program-related. See Part IV, line                                |                       |                            | 13                              |             |                           |
|               | 14   | Intangible assets   | 104 -10               | 14                         |                                 |             |                           |
|               | 15   | Other assets. See Part IV, line 11  | 196,719.              | 15                         | 145,554.                        |             |                           |
|               | 16   | Total assets. Add lines 1 through 15 (must equa                                 |                       | 9,406,050.                 | 16                              | 12,173,024. |                           |
|               | 17   | Accounts payable and accrued expenses   | 3,919,891.            | 17                         | 1,406,833.                      |             |                           |
|               | 18   | Grants payable  |                       |                            | 65 542                          | 18          | 100 050                   |
|               | 19   | Deferred revenue  |                       | 67,743.                    | 19                              | 192,053.    |                           |
|               | 20   | Tax-exempt bond liabilities   |                       |                            | 20                              |             |                           |
|               | 21   | Escrow or custodial account liability. Complete F                               |                       |                            |                                 | 21          |                           |
| es            | 22   | Loans and other payables to current and former                                  |                       |                            |                                 |             |                           |
| Ħ             |      | key employees, highest compensated employee                                     |                       |                            |                                 |             |                           |
| Liabilities   |      | Complete Part II of Schedule L  |                       |                            |                                 | 22          |                           |
| _             | 23   | Secured mortgages and notes payable to unrela                                   |                       |                            |                                 | 23          |                           |
|               | 24   | Unsecured notes and loans payable to unrelated                                  |                       |                            |                                 | 24          |                           |
|               | 25   | Other liabilities (including federal income tax, pa                             |                       |                            |                                 |             |                           |
|               |      | parties, and other liabilities not included on lines                            | 17-24                 | ). Complete Part X of      |                                 |             |                           |
|               |      | Schedule D  |                       |                            | 3,987,634.                      | 25          | 1,598,886.                |
|               | 26   |   |                       | <b>.</b> .                 | 3,301,034.                      | 26          | 1,330,000.                |
|               |      | Organizations that follow SFAS 117 (ASC 958                                     |                       | ck nere   A and            |                                 |             |                           |
| ces           |      | complete lines 27 through 29, and lines 33 an                                   |                       |                            | -827,472.                       | 07          | -471,913.                 |
| lan           | 27   | Unrestricted net assets   |                       | 6,245,888.                 | 27                              | 11,046,051. |                           |
| Fund Balances | 28   | Temporarily restricted net assets   |                       |                            | 0,243,000.                      | 28          | 11,040,031.               |
| ဋ             | 29   | Permanently restricted net assets  Organizations that do not follow SFAS 117 (A |                       | 2) abask bara N            |                                 | 29          |                           |
|               |      |   | SC 956                | s), check here             |                                 |             |                           |
| ပ္            | 200  | and complete lines 30 through 34.   |                       |                            |                                 | 20          |                           |
| se            | 30   | Capital stock or trust principal, or current funds                              |                       |                            |                                 | 30<br>31    |                           |
| Net Assets or | 31   | Paid-in or capital surplus, or land, building, or eq                            |                       |                            |                                 | 32          |                           |
| Ne.           | 32   | Retained earnings, endowment, accumulated in                                    |                       |                            | 5,418,416.                      | 33          | 10,574,138.               |
|               | 33   | Total liabilities and not assets/fund balances                                  |                       |                            | 9,406,050.                      | 34          | 12,173,024.               |
|               | 34   | Total liabilities and net assets/fund balances                                  |                       |                            | J, ±00,030•                     | J4          | 12,17,004.                |

| Form | 1 990 (2017) READING PARTNERS  | 77-     | -0568469 | Pa         | ge <b>12</b> |
|------|--|---------|----------|------------|--------------|
| Pa   | rt XI Reconciliation of Net Assets   |         |          |            |              |
|      | Check if Schedule O contains a response or note to any line in this Part XI  |         |          |            |              |
|      |  |         |          |            |              |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)  | 1       | 30,43    |            |              |
| 2    | Total expenses (must equal Part IX, column (A), line 25)   | 2       | 25,39    | 4,1        | <u>14.</u>   |
| 3    | Revenue less expenses. Subtract line 2 from line 1   | 3       | 5,04     |            |              |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                          | 4       | 5,41     | 8,4        | 16.          |
| 5    | Net unrealized gains (losses) on investments   | 5       |          |            | 76.          |
| 6    | Donated services and use of facilities   | 6       | 10       | 8,2        | 92.          |
| 7    | Investment expenses  | 7       |          |            |              |
| 8    | Prior period adjustments   | 8       |          |            |              |
| 9    | Other changes in net assets or fund balances (explain in Schedule O)   | 9       |          |            | 0.           |
| 10   | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,                 |         |          |            |              |
|      | column (B))  | 10      | 10,57    | <u>4,1</u> | <u>38.</u>   |
| Pa   | rt XIII 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     |         |          |            |              |
| 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 reviewed    | d on a  |          |            |              |
|      | separate basis, consolidated basis, or both:   |         |          |            |              |
|      | Separate basis Consolidated basis Both consolidated and separate basis   |         |          | 37         |              |
| b    | Were the organization's financial statements audited by an independent accountant?                                 |         |          | X          |              |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate   | e basis | 5,       |            |              |
|      | consolidated basis, or both:   |         |          |            |              |
|      | X Separate basis 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 |         |          | 37         |              |
|      | review, or compilation of its financial statements and selection of an independent accountant?                     |         |          | X          |              |
|      | 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 Si | ngle Au |          | v          |              |
|      | 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 requ  |         |          | v          |              |
|      | or audits, explain why in Schedule O and describe any steps taken to undergo such audits                           |         |          | X          | Щ_           |

Form **990** (2017)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

# **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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization READING PARTNERS 77-0568469 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

# Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec  | ction A. Public Support  |             |                       |                        |                     |             |              |  |
|------|--|-------------|-----------------------|------------------------|---------------------|-------------|--------------|--|
| Cale | ndar year (or fiscal year beginning in) 🕨  | (a) 2013    | <b>(b)</b> 2014       | (c) 2015               | (d) 2016            | (e) 2017    | (f) Total    |  |
| 1    | Gifts, grants, contributions, and  |             |                       |                        |                     |             |              |  |
|      | membership fees received. (Do not  |             |                       |                        |                     |             |              |  |
|      | include any "unusual grants.")   | 15,812,008. | 22,290,660.           | 20,342,270.            | 24,601,888.         | 25,930,100. | 108,976,926. |  |
| 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  |             |                       |                        |                     |             |              |  |
| 4    | Total. Add lines 1 through 3   | 15,812,008. | 22,290,660.           | 20,342,270.            | 24,601,888.         | 25,930,100. | 108,976,926. |  |
| 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)   |             |                       |                        |                     |             | 6,698,605.   |  |
|      | Public support. Subtract line 5 from line 4.   |             |                       |                        |                     |             | 102,278,321. |  |
|      | ction B. Total Support   |             |                       |                        | <b>-</b>            |             |              |  |
|      | ndar year (or fiscal year beginning in) 🕨  | (a) 2013    | <b>(b)</b> 2014       | (c) 2015               | (d) 2016            | (e) 2017    | (f) Total    |  |
|      | Amounts from line 4  | 15,812,008. | 22,290,660.           | 20,342,270.            | 24,601,888.         | 25,930,100. | 108,976,926. |  |
| 8    | Gross income from interest,  |             |                       |                        |                     |             |              |  |
|      | dividends, payments received on  |             |                       |                        |                     |             |              |  |
|      | securities loans, rents, royalties,  | 0.05        | П.С                   | 0.50                   |                     | F 0         | D.C.1        |  |
|      | and income from similar sources  | 287.        | 76.                   | 250.                   | 98.                 | 50.         | 761.         |  |
| 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   | 20 166      | 10 754                | 10 000                 | 121 241             | 101 070     | 250 020      |  |
|      | assets (Explain in Part VI.)   | 20,166.     | 13,/54.               | 10,899.                | 131,241.            | 181,978.    |              |  |
|      | <b>Total support.</b> Add lines 7 through 10   |             |                       |                        |                     | 10          | 109,335,725. |  |
| 12   | Gross receipts from related activities,  |             |                       |                        |                     |             | ,845,699.    |  |
| 13   | •  | -           | s first, second, thir | d, fourth, or fifth ta | ax year as a sectio | n 501(c)(3) |              |  |
| Sec  | organization, check this box and stop here  Section C. Computation of Public Support Percentage  |             |                       |                        |                     |             |              |  |
|      | Public support percentage for 2017 (   |             |                       | volumn (f))            |                     | 14          | 93.55 %      |  |
| 14   |  |             |                       |                        |                     | 15          | 95.06 %      |  |
| 15   | Public support percentage from 2016  |             |                       |                        |                     |             | ,,,          |  |
| 104  | 16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization   |             |                       |                        |                     |             |              |  |
| h    |  |             |                       |                        |                     |             |              |  |
|      | b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box   |             |                       |                        |                     |             |              |  |
| 172  | and stop here. The organization qualifies as a publicly supported organization   |             |                       |                        |                     |             |              |  |
| 174  | 17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,   |             |                       |                        |                     |             |              |  |
|      | •  |             | •                     | -                      | •                   | •           |              |  |
| h    |  |             |                       |                        |                     |             |              |  |
|      |  | _           |                       |                        |                     |             |              |  |
|      |  |             | •                     |                        |                     |             |              |  |
| 18   |  |             |                       |                        |                     |             | s            |  |
|      | and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions |             |                       |                        |                     |             |              |  |

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

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

| Section A. Public Support   | now, please com   | piete Part II.)       |                        |                    |                     |           |
|---|-------------------|-----------------------|------------------------|--------------------|---------------------|-----------|
| Calendar year (or fiscal year beginning in)   | (a) 2013          | <b>(b)</b> 2014       | (c) 2015               | (d) 2016           | (e) 2017            | (f) Total |
| 1 Gifts, grants, contributions, and   | (-, -5.5          | (-,,                  | (-,,                   | (-, 25.5           | (-,,                | (-)       |
| membership fees received. (Do not   |                   |                       |                        |                    |                     |           |
| include any "unusual grants.")  |                   |                       |                        |                    |                     |           |
| <b>2</b> Gross receipts from admissions,  |                   |                       |                        |                    |                     |           |
| merchandise sold or services per-   |                   |                       |                        |                    |                     |           |
| formed, or facilities furnished in  |                   |                       |                        |                    |                     |           |
| any activity that is related to the organization's tax-exempt purpose               |                   |                       |                        |                    |                     |           |
| 3 Gross receipts from activities that   |                   |                       |                        |                    |                     |           |
| are not an unrelated trade or bus-  |                   |                       |                        |                    |                     |           |
| iness under section 513   |                   |                       |                        |                    |                     |           |
| 4 Tax revenues levied for the organ-  |                   |                       |                        |                    |                     |           |
| ization'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   |                   |                       |                        |                    |                     |           |
| · · · ·   |                   |                       |                        |                    |                     |           |
| <b>6 Total.</b> Add lines 1 through 5   |                   |                       |                        |                    |                     |           |
| 3 received from disqualified persons  |                   |                       |                        |                    |                     |           |
| <b>b</b> Amounts included on lines 2 and 3 received                                 |                   |                       |                        |                    |                     |           |
| from other than disqualified persons that   |                   |                       |                        |                    |                     |           |
| exceed the greater of \$5,000 or 1% of the  |                   |                       |                        |                    |                     |           |
| amount on line 13 for the year  |                   |                       |                        |                    |                     |           |
| c Add lines 7a and 7b   |                   |                       |                        |                    |                     |           |
| 8 Public support. (Subtract line 7c from line 6.)  Section B. Total Support         |                   |                       |                        |                    |                     |           |
| Calendar year (or fiscal year beginning in)   | (a) 2013          | <b>(b)</b> 2014       | (c) 2015               | (d) 2016           | (e) 2017            | (f) Total |
| 9 Amounts from line 6   | (a) 2013          | (b) 2014              | (6) 2015               | (u) 2010           | (e) 2017            | (I) Total |
| 10a Gross income from interest,   |                   |                       |                        |                    |                     |           |
| dividends, payments received on   |                   |                       |                        |                    |                     |           |
| securities loans, rents, royalties,   |                   |                       |                        |                    |                     |           |
| and income from similar sources   |                   |                       |                        |                    |                     |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses |                   |                       |                        |                    |                     |           |
| acquired after June 20, 1075  |                   |                       |                        |                    |                     |           |
|   |                   |                       |                        |                    |                     |           |
| c Add lines 10a and 10b   |                   |                       |                        |                    |                     |           |
| activities not included in line 10b,  |                   |                       |                        |                    |                     |           |
| whether or not the business is  |                   |                       |                        |                    |                     |           |
| regularly carried on  |                   |                       |                        |                    |                     |           |
| or loss from the sale of capital  |                   |                       |                        |                    |                     |           |
| assets (Explain in Part VI.)  |                   |                       |                        |                    |                     |           |
| 13 Total support. (Add lines 9, 10c, 11, and 12.)                                   |                   |                       | <u> </u>               |                    |                     | <u> </u>  |
| <b>14 First five years.</b> If the Form 990 is for                                  | the organization  | 's first, second, thi | rd, fourth, or fifth t | ax year as a secti | on 501(c)(3) organi | zation,   |
|   |                   |                       |                        |                    |                     | <b>P</b>  |
| Section C. Computation of Publi   |                   |                       | . (0)                  |                    | T .= I              |           |
| 15 Public support percentage for 2017 (li   |                   |                       |                        |                    |                     | %         |
| 16 Public support percentage from 2016  |                   |                       |                        |                    | 16                  | %         |
| Section D. Computation of Inves   |                   |                       |                        |                    | T .= I              |           |
| 17 Investment income percentage for 20  |                   |                       |                        |                    |                     | %         |
| 18 Investment income percentage from 2  |                   |                       |                        |                    | 18                  | %         |
| 19a 33 1/3% support tests - 2017. If the  | -                 |                       |                        |                    |                     |           |
| more than 33 1/3%, check this box an  |                   |                       |                        |                    |                     |           |
| b 33 1/3% support tests - 2016. If the  | · ·               |                       |                        | ·                  | •                   |           |
| line 18 is not more than 33 1/3%, chec  |                   |                       |                        |                    |                     |           |
| 20 Private foundation. If the organization  | n did not check a | box on line 14, 19    | a, or 19b, check t     | his box and see ir | nstructions         | ▶Ш        |

# 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 disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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.)

|     |          | Yes   | No   |
|-----|----------|-------|------|
|     |          |       |      |
|     | 1        |       |      |
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|     | За       |       |      |
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|     | ЭIJ      |       |      |
|     | 9с       |       |      |
|     |          |       |      |
|     | 10a      |       |      |
|     | .oa      |       |      |
|     | 10b      |       |      |
| n 9 | 90 or 99 | 90-EZ | 2017 |

| Par        | art IV   Supporting Organizations (continued)   |                  |     |          |
|------------|---|------------------|-----|----------|
|            | ii o (continued)  |                  | Yes | No       |
| 11         | Has the organization accepted a gift or contribution from any of the following persons?                                 |                  |     |          |
|            |   |                  |     |          |
| _          | below, the governing body of a supported organization?  | 11a              |     |          |
| b          | 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              |     |          |
|            | ction B. Type I Supporting Organizations  |                  |     | I        |
|            |   |                  | Yes | No       |
| 1          | Did the directors, trustees, or membership of one or more supported organizations have the power to                     |                  |     | 110      |
|            | 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 <b>Part VI</b> 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        | ction C. Type II Supporting Organizations   |                  |     | <u> </u> |
|            | 71 11 5 5   |                  | Yes | No       |
| 1          | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors        |                  |     |          |
|            | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control           |                  |     |          |
|            | or management of the supporting organization was vested in the same persons that controlled or managed                  |                  |     |          |
|            | the supported organization(s).  | 1                |     |          |
| Sec        | ction 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 tax   |                  |     |          |
|            | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the  |                  |     |          |
|            | organization's governing documents in effect on the date of notification, to the extent not previously provided?        | 1                |     |          |
| 2          | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported        |                  |     |          |
|            | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how      |                  |     |          |
|            | the organization maintained a close and continuous working relationship with the supported organization(s).             | 2                |     |          |
| 3          | By reason of the relationship described in (2), did the organization's supported organizations have a                   |                  |     |          |
|            | significant voice in the organization's investment policies and in directing the use of the organization's              |                  |     |          |
|            | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's            |                  |     |          |
|            | supported organizations played in this regard.  | 3                |     |          |
| <u>Sec</u> | ction 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 instru | ctions).         |     |          |
| а          | The organization satisfied the Activities Test. Complete line 2 below.  |                  |     |          |
| b          | The organization is the parent of each of its supported organizations. Complete line 3 below.                           |                  |     |          |
| С          |   | see instructions |     |          |
| 2          | Activities Test. Answer (a) and (b) below.  |                  | Yes | No       |
| а          |   |                  |     |          |
|            | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify              |                  |     |          |
|            | those supported organizations and explain how these activities directly furthered their exempt purposes,                |                  |     |          |
|            | how the organization was responsive to those supported organizations, and how the organization determined               | _                |     |          |
|            | that these activities constituted substantially all of its activities.  | 2a               |     |          |
| b          | , , , , , , , , , , , , , , , , , , ,   |                  |     |          |
|            | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the            |                  |     |          |
|            | reasons for the organization's position that its supported organization(s) would have engaged in these                  |                  |     |          |
| _          | activities but for the organization's involvement.  | 2b               |     |          |
| 3          | Parent of Supported Organizations. Answer (a) and (b) below.  |                  |     |          |
| а          |   |                  |     |          |
| 1.         | trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>                              | 3a               |     |          |
| b          | 3 1 71 3 7  | 01-              |     |          |
|            | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.       | 3b               |     | <u></u>  |

| Pai  | <sup>↑</sup> Type III Non-Functionally Integrated 509(a)(3) Supportin          | ig Orgar      | nizations                  |                                |
|------|--|---------------|----------------------------|--------------------------------|
| 1    | Check here if the organization satisfied the Integral Part Test as a qualifyir | g trust on    | Nov. 20, 1970 (explain in  | Part VI.) See instructions. A  |
|      | other Type III non-functionally integrated supporting organizations must co    | omplete Se    | ections A through E.       |                                |
| Sect | ion A - Adjusted Net Income  |               | (A) Prior Year             | (B) Current Year<br>(optional) |
| 1    | Net short-term capital gain  | 1             |                            |                                |
| 2    | Recoveries of prior-year distributions   | 2             |                            |                                |
| 3    | Other gross income (see instructions)  | 3             |                            |                                |
| 4    | Add lines 1 through 3  | 4             |                            |                                |
| 5    | Depreciation and depletion   | 5             |                            |                                |
| 6    | Portion of operating expenses paid or incurred for production or               |               |                            |                                |
|      | collection of gross income or for management, conservation, or                 |               |                            |                                |
|      | maintenance of property held for production of income (see instructions)       | 6             |                            |                                |
| 7    | Other expenses (see instructions)  | 7             |                            |                                |
| 8    | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)                   | 8             |                            |                                |
| Sect | ion B - Minimum Asset Amount   |               | (A) Prior Year             | (B) Current Year<br>(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):              |               |                            |                                |
| а    | Average monthly value of securities  | 1a            |                            |                                |
| b    | Average monthly cash balances  | 1b            |                            |                                |
| С    | Fair market value of other non-exempt-use assets                               | 1c            |                            |                                |
| d    | Total (add lines 1a, 1b, and 1c)   | 1d            |                            |                                |
| е    | Discount claimed for blockage or other   |               |                            |                                |
|      | factors (explain in detail in Part VI):  |               |                            |                                |
| 2    | Acquisition indebtedness applicable to non-exempt-use assets                   | 2             |                            |                                |
| 3    | Subtract line 2 from line 1d   | 3             |                            |                                |
| 4    | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,   |               |                            |                                |
|      | see instructions)  | 4             |                            |                                |
| _5   | Net value of non-exempt-use assets (subtract line 4 from line 3)               | 5             |                            |                                |
| _6   | Multiply line 5 by .035  | 6             |                            |                                |
| _7_  | Recoveries of prior-year distributions   | 7             |                            |                                |
| 8    | Minimum Asset Amount (add line 7 to line 6)                                    | 8             |                            |                                |
| Sect | ion C - Distributable Amount   |               |                            | Current Year                   |
| 1    | Adjusted net income for prior year (from Section A, line 8, Column A)          | 1             |                            |                                |
| 2    | Enter 85% of line 1  | 2             |                            |                                |
| 3    | Minimum asset amount for prior year (from Section B, line 8, Column A)         | 3             |                            |                                |
| 4    | Enter greater of line 2 or line 3  | 4             |                            |                                |
| 5    | Income tax imposed in prior year   | 5             |                            |                                |
| 6    | Distributable Amount. Subtract line 5 from line 4, unless subject to           |               |                            |                                |
|      | emergency temporary reduction (see instructions)                               | 6             |                            |                                |
| 7    | Check here if the current year is the organization's first as a non-functiona  | lly integrate | ed Type III supporting org | anization (see                 |
|      | instructions).   |               |                            |                                |

Schedule A (Form 990 or 990-EZ) 2017

| Par   | rt V │ Type III Non-Functionally Integrated 50                | 9(a)(3) Supporting Orga        | anizations <sub>(continued)</sub>      |   |
|-------|---|--------------------------------|--|---|
| Secti | ion D - Distributions   | Current Year                   |  |   |
| 1     | Amounts paid to supported organizations to accomplish ex      | empt purposes                  |  |   |
| 2     | Amounts paid to perform activity that directly furthers exen  |                                |  |   |
|       | organizations, in excess of income from activity              |                                |  |   |
| 3     | Administrative expenses paid to accomplish exempt purpo       | ses of supported organizatior  | าร                                     |   |
| 4     | Amounts paid to acquire exempt-use assets                     |                                |  |   |
| 5     | Qualified set-aside amounts (prior IRS approval required)     |                                |  |   |
| 6     | Other distributions (describe in Part VI). See instructions.  |                                |  |   |
| 7     | Total annual distributions. Add lines 1 through 6.            |                                |  |   |
| 8     | Distributions to attentive supported organizations to which   | the organization is responsive | е                                      |   |
|       | (provide details in Part VI). See instructions.               |                                |  |   |
| 9     | Distributable amount for 2017 from Section C, line 6          |                                |  |   |
| 10    | Line 8 amount divided by line 9 amount                        |                                |  |   |
| Secti | ion E - Distribution Allocations (see instructions)           | (i)<br>Excess Distributions    | (ii)<br>Underdistributions<br>Pre-2017 | (iii)<br>Distributable<br>Amount for 2017 |
| 1     | Distributable amount for 2017 from Section C, line 6          |                                |  |   |
| 2     | Underdistributions, if any, for years prior to 2017 (reason-  |                                |  |   |
|       | able cause required- explain in Part VI). See instructions.   |                                |  |   |
| 3     | Excess distributions carryover, if any, to 2017               |                                |  |   |
| а     |   |                                |  |   |
| b     | From 2013   |                                |  |   |
| С     | From 2014   |                                |  |   |
| d     | From 2015   |                                |  |   |
| е     | From 2016   |                                |  |   |
| f     | Total of lines 3a through e                                   |                                |  |   |
| g     | Applied to underdistributions of prior years                  |                                |  |   |
| h     | Applied to 2017 distributable amount                          |                                |  |   |
| i     | Carryover from 2012 not applied (see instructions)            |                                |  |   |
| j     | Remainder. Subtract lines 3g, 3h, and 3i from 3f.             |                                |  |   |
| 4     | Distributions for 2017 from Section D,                        |                                |  |   |
|       | line 7: \$  |                                |  |   |
| а     | Applied to underdistributions of prior years                  |                                |  |   |
| b     | Applied to 2017 distributable amount                          |                                |  |   |
| С     | Remainder. Subtract lines 4a and 4b from 4.                   |                                |  |   |
| 5     | Remaining underdistributions for years prior to 2017, if      |                                |  |   |
|       | any. Subtract lines 3g and 4a from line 2. For result greater |                                |  |   |
|       | than zero, explain in <b>Part VI.</b> See instructions.       |                                |  |   |
| 6     | Remaining underdistributions for 2017. Subtract lines 3h      |                                |  |   |
|       | and 4b from line 1. For result greater than zero, explain in  |                                |  |   |
|       | Part VI. See instructions.                                    |                                |  |   |
| 7     | Excess distributions carryover to 2018. Add lines 3j          |                                |  |   |
|       | and 4c.   |                                |  |   |
| 8     | Breakdown of line 7:  |                                |  |   |
|       | Excess from 2013  |                                |  |   |
| b     | Excess from 2014  |                                |  |   |
| С     | Excess from 2015  |                                |  |   |
| d     | Excess from 2016  |                                |  |   |
| е     | Excess from 2017  |                                |  |   |

Schedule A (Form 990 or 990-EZ) 2017

| Part VI  | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;   |
|----------|---|
| T dit VI | Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, |
|          | Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)   |
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# **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

READING PARTNERS

**Employer identification number** 77-0568469

| Pa | rt I Organizations Maintaining Donor Advise                       | ed Funds or Other Similar Funds               | or Accounts.Complete if the                   |
|----|---|---|---|
|    | organization answered "Yes" on Form 990, Part IV, lir             | ne 6.   |   |
|    |   | (a) Donor advised funds                       | (b) Funds and other accounts                  |
| 1  | Total number at end of year                                       |   |   |
| 2  | Aggregate value of contributions to (during year)                 |   |   |
| 3  | Aggregate value of grants from (during year)                      |   |   |
| 4  | Aggregate value at end of year                                    |   |   |
| 5  | Did the organization inform all donors and donor advisors in      | writing that the assets held in donor advis   | ed funds                                      |
|    | are the organization's property, subject to the organization's    | s exclusive legal control?                    | Yes No  |
| 6  | Did the organization inform all grantees, donors, and donor       |   |   |
|    | for charitable purposes and not for the benefit of the donor      |   |   |
|    | impermissible private benefit?                                    |   | Yes No  |
| Pa | rt II Conservation Easements. Complete if the or                  |   |   |
| 1  | Purpose(s) of conservation easements held by the organizat        | tion (check all that apply).                  |   |
|    | Preservation of land for public use (e.g., recreation or          | education) Preservation of a histo            | orically important land area                  |
|    | Protection of natural habitat                                     | Preservation of a certi                       | fied 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 conservation easement on the last        |
|    | day of the tax year.  |   | Held at the End of the Tax Year               |
| а  | Total number of conservation easements                            |   | 2a  |
| b  |   |   |   |
| С  | Number of conservation easements on a certified historic st       | ructure included in (a)                       | 2c  |
| d  | Number of conservation easements included in (c) acquired         | after 7/25/06, and not on a historic structu  | ıre   |
|    | listed in the National Register                                   |   | 2d  |
| 3  | Number of conservation easements modified, transferred, re        |   |   |
|    | 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      | eriodic monitoring, inspection, handling of   |   |
|    | violations, and enforcement of the conservation easements         | it holds?                                     | Yes No  |
| 6  | Staff and volunteer hours devoted to monitoring, inspecting       | , handling of violations, and enforcing cons  | servation easements during the year           |
|    | <b>&gt;</b>   |   |   |
| 7  | Amount of expenses incurred in monitoring, inspecting, han        | dling of violations, and enforcing conserva-  | tion easements during the year                |
|    | <b>&gt;</b> \$  |   |   |
| 8  | Does each conservation easement reported on line 2(d) abo         | ve satisfy the requirements of section 170    | (h)(4)(B)(i)                                  |
|    | and section 170(h)(4)(B)(ii)?                                     |   | Yes No  |
| 9  | In Part XIII, describe how the organization reports conservation  | tion easements in its revenue and expense     | statement, and balance sheet, and             |
|    | include, if applicable, the text of the footnote to the organiza  | ation's financial statements that describes   | the organization's accounting for             |
| _  | conservation easements.   |   |   |
| Pa | rt III Organizations Maintaining Collections o                    |   | ther Similar Assets.                          |
|    | Complete if the organization answered "Yes" on Forn               | n 990, Part IV, line 8.                       |   |
| 1a | If the organization elected, as permitted under SFAS 116 (A       |   |   |
|    | historical treasures, or other similar assets held for public ex  | chibition, education, or research in furthera | nce of public service, provide, in Part XIII, |
|    | the text of the footnote to its financial statements that descri  | ribes these items.                            |   |
| b  | If the organization elected, as permitted under SFAS 116 (A       |   |   |
|    | treasures, or other similar assets held for public exhibition, e  | education, or research in furtherance of pul  | olic service, provide the following amounts   |
|    | relating to these items:  |   |   |
|    | (i) Revenue included on Form 990, Part VIII, line 1               |   | <b>&gt;</b> \$                                |
|    |   |   |   |
| 2  | If the organization received or held works of art, historical tre | easures, or other similar assets for financia | l gain, provide                               |
|    | the following amounts required to be reported under SFAS          |   |   |
| а  | Revenue included on Form 990, Part VIII, line 1                   |   | <b>&gt;</b> \$                                |
| h  | Assets included in Form 990, Part Y                               |   | •   |

| Pai   | rt III Organizations Maintaining C               | ollections of A        | rt, Histo      | orical Tr     | easures, d     | or Other      | Similar A               | ssets(cont          | inued)   |
|-------|--|------------------------|----------------|---------------|----------------|---------------|-------------------------|---------------------|--|
| 3     | Using the organization's acquisition, accession  | on, and other record   | ds, check      | any of the    | following tha  | t are a sig   | nificant use c          | of its collection   | on items   |
|       | (check all that apply):                          |                        |                |               |                |               |                         |                     |  |
| а     | Public exhibition                                | d                      | ı 🗆 L          | oan or exc    | hange progra   | ams           |                         |                     |  |
| b     | Scholarly research                               | е                      | · 🗌 o          | ther          |                |               |                         |                     |  |
| С     | Preservation for future generations              |                        |                |               |                |               |                         |                     |  |
| 4     | Provide a description of the organization's co   | ollections and explai  | n how the      | y further t   | he organizati  | on's exem     | pt purpose in           | ı Part XIII.        |  |
| 5     | During the year, did the organization solicit or | r receive donations    | of art, his    | torical trea  | sures, or oth  | er similar a  | assets                  |                     |  |
|       | to be sold to raise funds rather than to be ma   | aintained as part of t | the organ      | ization's c   | ollection?     |               |                         | Yes                 | ☐ No   |
| Pai   | rt IV Escrow and Custodial Arrang                | gements. Comple        | ete if the o   | organizatio   | n answered     | "Yes" on F    | orm 990, Par            | t IV, line 9, c     | r  |
|       | reported an amount on Form 990, Par              | t X, line 21.          |                |               |                |               |                         |                     |  |
| 1a    | Is the organization an agent, trustee, custodia  | an or other intermed   | diary for c    | ontributior   | ns or other as | sets not ir   | ncluded                 |                     |  |
|       | on Form 990, Part X?                             |                        |                |               |                |               |                         | Yes                 | └─ No  |
| b     | If "Yes," explain the arrangement in Part XIII   | and complete the fo    | ollowing ta    | ıble:         |                |               |                         |                     |  |
|       |  |                        |                |               |                |               |                         | Amour               | nt   |
| С     | Beginning balance                                |                        |                |               |                |               | 1c                      |                     |  |
| d     | Additions during the year                        |                        |                |               |                |               | 1d                      |                     |  |
| е     | Distributions during the year                    |                        |                |               |                |               | 1e                      |                     |  |
| f     | Ending balance                                   |                        |                |               |                |               | 1f                      |                     |  |
| 2a    | Did the organization include an amount on Fo     | orm 990, Part X, line  | 21, for es     | scrow or c    | ustodial acco  | ount liabilit | y?                      | Yes                 | └─ No  |
|       | If "Yes," explain the arrangement in Part XIII.  |                        |                |               |                |               |                         |                     | <u>.                                      </u>   |
| Pai   | rt V Endowment Funds. Complete if                | the organization ar    | swered "       | Yes" on Fo    | orm 990, Part  | IV, line 10   | ).                      |                     |  |
|       |  | (a) Current year       | <b>(b)</b> Pri | or year       | (c) Two year   | rs back (c    | <b>i)</b> Three years t | oack <b>(e)</b> Fοι | ır years back                                    |
| 1a    | Beginning of year balance                        |                        |                |               |                |               |                         |                     |  |
| b     | Contributions                                    |                        |                |               |                |               |                         |                     |  |
| С     | Net investment earnings, gains, and losses       |                        |                |               |                |               |                         |                     |  |
| d     | Grants or scholarships                           |                        |                |               |                |               |                         |                     |  |
| е     | Other expenditures for facilities                |                        |                |               |                |               |                         |                     |  |
|       | and programs                                     |                        |                |               |                |               |                         |                     |  |
| f     | Administrative expenses                          |                        |                |               |                |               |                         |                     |  |
| g     | End of year balance                              |                        |                |               |                |               |                         |                     |  |
| 2     | Provide the estimated percentage of the curr     | ent year end baland    | ce (line 1g    | , column (a   | a)) held as:   |               |                         |                     |  |
| а     | Board designated or quasi-endowment              |                        | _%             |               |                |               |                         |                     |  |
| b     | Permanent endowment                              | %                      |                |               |                |               |                         |                     |  |
| С     | Temporarily restricted endowment ▶               | %                      |                |               |                |               |                         |                     |  |
|       | The percentages on lines 2a, 2b, and 2c show     |                        |                |               |                |               |                         |                     |  |
| 3a    | Are there endowment funds not in the posses      | ssion of the organiz   | ation that     | are held a    | ınd administe  | ered for the  | e organization          | 1                   |  |
|       | by:  |                        |                |               |                |               |                         |                     | Yes No   |
|       | (i) unrelated organizations                      |                        |                |               |                |               |                         |                     | <del>                                     </del> |
|       | (ii) related organizations                       |                        |                |               |                |               |                         |                     | <u> </u>   |
| b     | ( ),   |                        |                |               |                |               |                         | 3b                  |  |
| 4     | Describe in Part XIII the intended uses of the   |                        | owment fu      | ınds.         |                |               |                         |                     |  |
| Pai   | rt VI Land, Buildings, and Equipm                |                        |                |               |                |               |                         |                     |  |
|       | Complete if the organization answered            | d "Yes" on Form 990    | 0, Part IV,    |               | 1              |               |                         |                     |  |
|       | Description of property                          | (a) Cost or o          |                |               | or other       |               | cumulated               | (d) Boo             | ok value   |
|       |  | basis (investr         | ment)          | basis         | (other)        | depr          | eciation                |                     |  |
| 1a    | Land   |                        |                |               |                |               |                         |                     |  |
| b     | •  |                        |                |               | 0 250          |               | 10 100                  | <del></del>         | 0 100  |
| С     | Leasehold improvements                           |                        |                |               | 0,358.         |               | 10,178.                 |                     | 0,180.   |
| d     | Equipment  |                        |                |               | 2,904.         |               | 31,799.                 |                     | 31,105.  |
|       | Other  |                        |                |               | 4,294.         | 8             | 37,810.                 |                     | 16,484.  |
| Total | II. Add lines 1a through 1e. (Column (d) must ed | qual Form 990, Part    | X, columi      | n (B), line 1 | 10c.)          |               |                         | 28                  | 37,769.  |

| Part VII   Investments - Other Securities.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.   (a) Description of security or category (including name of security)   (b) Book value   (c) Method of valuation: Cost or end-of-year market value  | Schedule D (Form 990) 2017 READING PAR                               | 77-0568469 Page <b>3</b>   |                                       |                         |
|--|--|----------------------------|---------------------------------------|-------------------------|
| (a) Description of security or category including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (f) Financial derivatives (g) Closely-held equity interests (g) Other (h) (ii) (iii) (i | Part VII Investments - Other Securities.                             |                            |                                       |                         |
| (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (C) (D) (B) (F) (G) (G) (F) (G) (G) (F) (G) (G) (G) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G   | Complete if the organization answered "Yes"                          | on Form 990, Part IV, line | 11b. See Form 990, Part X, line 12.   |                         |
| (2) Closely-held equity interests  | (a) Description of security or category (including name of security) | (b) Book value             | (c) Method of valuation: Cost or er   | nd-of-year market value |
| (3) Other (A) (B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C   | (1) Financial derivatives  |                            |                                       |                         |
| (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (f) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year mark  | (2) Closely-held equity interests                                    |                            |                                       |                         |
| (B)  | (3) Other  |                            |                                       |                         |
| (C) (D) (E) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (H) (G) (H) (F) (G) (H) (F) (G) (H) (G) (H) (G) (H) (G) (H) (G) (H) (G) (H) (H) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G   | (A)  |                            |                                       |                         |
| (C) (E) (F) (C) (C) (D) 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  (d) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f  | (B)  |                            |                                       |                         |
| (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) (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) (2) (3) (4) (5) (6) (7) (8) (9) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 15.)  Part X   Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (c) (b) Book value (d) (e) (f) Federal income taxes (e) Book value (f) Federal income taxes  | (C)  |                            |                                       |                         |
| (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) (5) (6) (7) (8) (9)  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2)  | (D)  |                            |                                       |                         |
| (G) (H) (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) (5) (6) (7) (8) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part XX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 15.)  (9) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 15.)  (a) Description (b) Book value (c) (d) Hethod of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (f) Lea Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (h) Hethod of valuation: Cost or end-of-year market value (h) Hethod of valuation: Cost or end-of-year market value (h) Hethod of valuation: Cost or end-of-year market value (h) Hethod of valuation: Cost or end-of-year market value (h) Hethod of valuation: Cost or end-of-year market value (h) Hethod of valuation: Cost or end-of-year market value (h) Hethod of valuation: Cost or end-of-year market value (h) Hethod of valuation: Cost or end-of-year market value (h) Hethod of valuation: Cost or end-of-year market value (h) Hethod of valuation: Cost or end-of-year market value (h) Hethod of valuation: Cost or end-of-year market value (h) Hethod of valuation: Cost or end-of-year market value (h) Hethod of valuation: Cost or end-of-year market value (h) Hethod of valuation: Cost or end-of-year market value (h) Hethod of valuation: Cost or end-of-year market value (h) He  | (E)  |                            |                                       |                         |
| (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)  (5)  (6)  (7)  (8)  (9)  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)  (b) Book value (1)  (c) Description (b) Book value (1)  (d) Description (b) Book value (1)  (e) Book value (1)  (f) Form 990, Part X, line 15.  (g) Description (b) Book value (1)  (g) (1) Form 990, Part X, line 15.  (g) Description (b) Book value (1)  (g)  | (F)  |                            |                                       |                         |
| 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  | (G)  |                            |                                       |                         |
| 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   | (H)  |                            |                                       |                         |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶    Part X   |  |                            |                                       |                         |
| (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (4) (5) (6) (6) (7) (8) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10  | Part VIII Investments - Program Related.                             |                            |                                       |                         |
| (1) (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) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" 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)  |  |                            |                                       |                         |
| (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) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (1) Federal income taxes (2)   | (a) Description of investment  | (b) Book value             | (c) Method of valuation: Cost or er   | nd-of-year market value |
| (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (8) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (1) Federal income taxes (2)   | (1)  |                            |                                       |                         |
| (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) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" 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)  | (2)  |                            |                                       |                         |
| (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   | (3)  |                            |                                       |                         |
| (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶    Part IX   Other Assets.  |  |                            |                                       |                         |
| (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) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" 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)  |  |                            |                                       |                         |
| (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) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" 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)   |  |                            |                                       |                         |
| (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)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" 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)   |  |                            |                                       |                         |
| 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) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" 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)   |  |                            |                                       |                         |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2)  |  |                            |                                       |                         |
| (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" 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)  |  | 5 000 D . W. W             |                                       |                         |
| (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" 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)   |  |                            | 11d. See Form 990, Part X, line 15.   | (h) Dook volve          |
| (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" 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)   |  | Description                |                                       | (b) Book value          |
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| (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" 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)   |  |                            |                                       |                         |
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| 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)  |  | <del></del>                |                                       | 1                       |
| 1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2)  |  | on Form 990 Part IV line   | 11e or 11f See Form 990 Part V line 2 | 5                       |
| (1) Federal income taxes (2)   | ( ) 5  | on rom 990, Part IV, line  |                                       |                         |
| (2)  |  |                            | (a) Book value                        |                         |
|  |  |                            |                                       |                         |
| (U)  |  |                            |                                       |                         |
| (4)  |  |                            |                                       |                         |
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| (6)  |  |                            |                                       |                         |
| (7)  |  |                            |                                       |                         |

(8) (9)

| Par      | t XI Reconciliation of Revenue per Audited Financial State   |  | th Revenue per R     | eturı   | n.                  |
|----------|--|--|----------------------|---------|---------------------|
|          | Complete if the organization answered "Yes" on Form 990, Part IV, line 1   | 12a.   |                      |         |                     |
| 1        | Total revenue, gains, and other support per audited financial statements   |  |                      | 1       | 33,668,329.         |
| 2        | Amounts included on line 1 but not on Form 990, Part VIII, line 12:  |  |                      |         |                     |
| а        | Net unrealized gains (losses) on investments   | 2a   | 2,176.<br>3,226,785. |         |                     |
| b        | Donated services and use of facilities   | 2b   | 3,226,785.           |         |                     |
| С        | Recoveries of prior year grants  | 2c   |                      |         |                     |
| d        | Other (Describe in Part XIII.)   | 2d   |                      |         |                     |
| е        | Add lines 2a through 2d  |  |                      | 2e      | 3,228,961.          |
| 3        | Subtract line 2e from line 1   |  |                      | 3       | 30,439,368.         |
| 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   |                      |         | _                   |
| С        | Add lines 4a and 4b  |  |                      | 4c      | 0.                  |
|          | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  |  |                      | 5       | 30,439,368.         |
| Par      | t XII Reconciliation of Expenses per Audited Financial State   |  | ith Expenses per     | Retu    | ırn.                |
|          | Complete if the organization answered "Yes" on Form 990, Part IV, line 1   | 12a.   |                      |         |                     |
| 1        | Total expenses and losses per audited financial statements   |  |                      | 1       | 28,512,607.         |
| 2        | Amounts included on line 1 but not on Form 990, Part IX, line 25:  |  |                      |         |                     |
| а        | Donated services and use of facilities   | 2a   | 3,118,493.           |         |                     |
| b        | Prior year adjustments   | 2b   |                      |         |                     |
|          | Other losses   |  |                      |         |                     |
|          | Other (Describe in Part XIII.)   |  |                      |         |                     |
| е        | Add lines 2a through 2d  |  |                      | 2e      | 3,118,493.          |
|          | Subtract line 2e from line 1   |  |                      | 3       | 25,394,114.         |
|          | 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.                  |
|          | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)   |  |                      | 5       | 25,394,114.         |
| Par      | t XIII Supplemental Information.   |  |                      |         |                     |
|          | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F<br>2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a |  |                      | 4; Part | X, line 2; Part XI, |
| 111103 2 | 2d and 4b, and 1 art An, inles 2d and 4b. Also complete this part to provide any t   | additional into  | ornation.            |         |                     |
|          |  |  |                      |         |                     |
| PAR      | T X, LINE 2:   |  |                      |         |                     |
| THE      | ORGANIZATION IS EXEMPT FROM FEDERAL INC  | COME TA  | XES UNDER S          | ECT     | ION                 |
|          |  |  |                      |         |                     |
| 501      | (C)(3) OF THE INTERNAL REVENUE CODE AND  | EXEMPT   | FROM STATE           | IN      | COME TAXES          |
| UND      | ER VARIOUS STATE CODES. ACCORDINGLY, NO  | O PROVI  | SION FOR IN          | COM     | E TAXES HAS         |
| DEE      | N MADE IN THE ACCOMPANYING BINANCIAL CO.   | » (П. 13. 14. 15. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14 | ıa                   |         |                     |
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FINANCIAL STATEMENTS.

| Schedule D | (Form 990) 2017                    | READING PARTNERS    | 77-0568469 Page <b>5</b> |
|------------|------------------------------------|---------------------|--------------------------|
| Part XIII  | (Form 990) 2017  Supplemental Info | rmation (continued) |                          |
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#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest instructions.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

READING PARTNERS

Employer identification number 77-0568469

| Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. |  |         |          |                        |                        |             |  |  |
|---|--|---------|----------|------------------------|------------------------|-------------|--|--|
| Indicate whether the organization raised funds through any of the following activities. Check all that apply.  a  |  |         |          |                        |                        |             |  |  |
| (i) Name and address of individual or entity (fundraiser)   | I have custody I have |         |          |                        |                        |             |  |  |
|   |  | Yes     | No       |                        |                        |             |  |  |
|   |  |         |          |                        |                        |             |  |  |
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|   |  |         |          |                        |                        |             |  |  |
| Total   |  |         | <b>•</b> |                        |                        |             |  |  |
| 3 List all states in which the organization or licensing.   |  | contrib | utions   | s or has been notified | d it is exempt from re | egistration |  |  |
| CA, NY, CO, TX, NJ, DC, VA,   | MD, MA, SC, OH, WA, OK   |         |          |                        |                        |             |  |  |
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|   |  |         |          |                        |                        |             |  |  |

Schedule G (Form 990 or 990 EZ) 2017 READING PARTNERS 77-0568469 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events SPONSORED NONE (add col. (a) through SPELLING BEE col. (c)) (event type) (total number) (event type) Revenue 732,629. 1 Gross receipts 732,629 732,629 732,629. 2 Less: Contributions **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 102,487. 102,487. 6 Rent/facility costs 79,702. 79,702. 7 Food and beverages 8 Entertainment 76,661. 76,661. 9 Other direct expenses ..... 258,850. 10 Direct expense summary. Add lines 4 through 9 in column (d) -258,850. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue ..... 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses ..... Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? \_\_\_\_\_ Yes \_\_\_\_ No

**b** If "Yes," explain:

| Sch | nedule G (Form 990 or 990-EZ) 2017 READING PARTNERS 77   | -0568       | 469      | Page 3        |
|-----|--|-------------|----------|---------------|
|     | Does the organization conduct gaming activities with nonmembers?   |             | Yes      | No            |
| 12  | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed  |             |          |               |
|     | to administer charitable gaming?   | $\square$   | Yes      | └─ No         |
|     | Indicate the percentage of gaming activity conducted in:   | ۱           | ı        | 0.4           |
|     | a The organization's facility  |             | 1        | <u>%</u><br>% |
|     | o An outside facility  Enter the name and address of the person who prepares the organization's gaming/special events books and records:                                 | [130]       | <u> </u> | 90            |
|     | Name ▶   |             |          |               |
|     | Address  |             | .,       |               |
|     | a Does the organization have a contract with a third party from whom the organization receives gaming revenue?   |             | Yes      | ∟ No          |
| k   | o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount  |             |          |               |
|     | of gaming revenue retained by the third party ▶\$  |             |          |               |
| (   | If "Yes," enter name and address of the third party:   |             |          |               |
|     | Name ▶   |             |          |               |
|     | Address >  |             |          |               |
| 16  | Gaming manager information:  |             |          |               |
|     | Name   |             |          |               |
|     |  |             |          |               |
|     | Gaming manager compensation ▶ \$   |             |          |               |
|     | Description of services provided   |             |          |               |
|     |  |             |          |               |
|     | ☐ Director/officer ☐ Employee ☐ Independent contractor   |             |          |               |
|     |  |             |          |               |
|     | Mandatory distributions:   |             |          |               |
| ā   | a Is the organization required under state law to make charitable distributions from the gaming proceeds to  |             | Yes      | □ No          |
|     | retain the state gaming license?  Discription Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the |             | res      | □ NO          |
| •   | organization's own exempt activities during the tax year > \$  | ,           |          |               |
| Pa  | Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part II   | I, lines 9, | 9b, 10   | Ob, 15b,      |
|     | 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.  |             |          |               |
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| Schedule G | G (Form 990 or 990-EZ)                    | READING P          | ARTNERS |  | 77-05 | 68469 | Page 4 |
|------------|---|--------------------|---------|--|-------|-------|--------|
| Part IV    | G (Form 990 or 990-EZ)  Supplemental Info | rmation (continued | d)      |  |       |       |        |
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# **SCHEDULE J** (Form 990)

**Compensation Information** 

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

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

READING PARTNERS

Employer identification number 77-0568469

| P          | Int I Questions Regarding Compensation   | 0 = 0   |     |     |  |  |
|------------|--|---|-----|-----|--|--|
| 1 6        | art   Queens negarang compensation   |   | Yes | No  |  |  |
| <b>1</b> a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,   |   | 100 | 110 |  |  |
|            | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.   |   |     |     |  |  |
|            | First-class or charter travel  Housing allowance or residence for personal use   |   |     |     |  |  |
|            | Travel for companions  Payments for business use of personal residence   |   |     |     |  |  |
|            | Tax indemnification and gross-up payments  Health or social club dues or initiation fees   |   |     |     |  |  |
|            | Discretionary spending account  Personal services (such as, maid, chauffeur, chef)   |   |     |     |  |  |
|            | Discretionary spending account in the instruction of the instruction o |   |     |     |  |  |
| b          | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or  |   |     |     |  |  |
|            | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain   | 1b  |     |     |  |  |
| 2          | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,   |   |     |     |  |  |
|            | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?  | 2   |     |     |  |  |
|            |  |   |     |     |  |  |
| 3          | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's  |   |     |     |  |  |
| -          | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to   |   |     |     |  |  |
|            | establish compensation of the CEO/Executive Director, but explain in Part III.   |   |     |     |  |  |
|            | X Compensation committee   |   |     |     |  |  |
|            | Independent compensation consultant  Independent compensation consultant  Independent compensation consultant  |   |     |     |  |  |
|            | Torm 990 of other organizations  X Approval by the board or compensation committee   |   |     |     |  |  |
|            | Population of other organizations  |   |     |     |  |  |
| 4          | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing   |   |     |     |  |  |
| •          | organization or a related organization:  |   |     |     |  |  |
| а          | Receive a severance payment or change-of-control payment?  | 4a  |     | х   |  |  |
| b          | Participate in, or receive payment from, a supplemental nonqualified retirement plan?  | 4b  |     | X   |  |  |
|            | Participate in, or receive payment from, an equity-based compensation arrangement?   | 4c  |     | X   |  |  |
| ·          | c Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  |   |     |     |  |  |
|            | The storage of the state persons and provide the applicable amounts for each item in a time.   |   |     |     |  |  |
|            | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.   |   |     |     |  |  |
| 5          | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation  |   |     |     |  |  |
|            | contingent on the revenues of:   |   |     |     |  |  |
| а          | The organization?  | 5a  |     | Х   |  |  |
|            | Any related organization?  | 5b  |     | Х   |  |  |
|            | If "Yes" on line 5a or 5b, describe in Part III.   |   |     |     |  |  |
| 6          | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation  |   |     |     |  |  |
|            | contingent on the net earnings of:   |   |     |     |  |  |
| а          | The organization?  | 6a  |     | Х   |  |  |
|            | Any related organization?  | 6b  |     | Х   |  |  |
|            | If "Yes" on line 6a or 6b, describe in Part III.   |   |     |     |  |  |
| 7          | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments   |   |     |     |  |  |
| •          | not described on lines 5 and 6? If "Yes," describe in Part III   | 7   |     | х   |  |  |
| 8          | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the  |   |     |     |  |  |
| •          | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  | 8   |     | х   |  |  |
| 9          | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in   |   |     |     |  |  |
| •          | Regulations section 53.4958-6(c)?  | 9   |     |     |  |  |
|            | 3  | <u>.                                     </u> |     |     |  |  |

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

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017 READING PARTNERS 77-0568469 Page 2

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

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

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

| (A) Name and Title         |      | (B) Breakdown of         | W-2 and/or 1099-MI                               | SC compensation | (C) Retirement and (D) Nontaxable |          | (E) Total of columns<br>(B)(i)-(D) | (F) Compensation in column (B)            |
|----------------------------|------|--------------------------|--|-----------------|-----------------------------------|----------|------------------------------------|---|
|                            |      | (i) Base<br>compensation | (ii) Bonus & (iii) Other reportable compensation |                 | other deferred<br>compensation    | benefits | (B)(I)-(U)                         | reported as deferred<br>on prior Form 990 |
| (1) KARINE APOLLON         | (i)  | 312,539.                 | 50,000.  | 0.              | 0.                                | 15,030.  |                                    | 0.  |
| CEO                        | (ii) | 0.                       | 0.   | 0.              | 0.                                | 0.       |                                    | 0.  |
| (2) DEAN ELSON             | (i)  | 159,000.                 | 0.   | 0.              | 0.                                | 25,639.  |                                    | 0.  |
| INTERIM COO                | (ii) | 0.                       | 0.   | 0.              | 0.                                | 0.       |                                    | 0.  |
| (3) SUSAN SLATER           | (i)  | 128,769.                 | 0.   | 0.              | 0.                                | 25,508.  |                                    | 0.  |
| SVP- REGIONAL OPS          | (ii) | 0.                       | 0.   | 0.              | 0.                                | 0.       |                                    | 0.  |
| (4) KAREN CASANOVA         | (i)  | 139,846.                 | 0.   | 0.              | 0.                                | 25,551.  |                                    | 0.  |
| SVP - NATIONAL DEVELOPMENT | (ii) | 0.                       | 0.   | 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) |                          |  |                 |                                   |          |                                    |   |

| Schedule J (Form 990) 2017    | READING PARTNERS   | 77-0568469  | Page 3 |
|-------------------------------|--|---|--------|
| Part III Supplemental Informa | tion   |   | Ĭ      |
|                               | ion, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, at | nd 8, and for Part II. Also complete this part for any additional informa | ition. |
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### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

READING PARTNERS

Employer identification number 77-0568469

| Par | rt I Types of Property  |                |                            |   |                  |         |         |     |
|-----|---|----------------|----------------------------|---|------------------|---------|---------|-----|
|     |   | (a)            | (b)                        | (c)   | (d)              |         |         |     |
|     |   | Check if       | Number of contributions or | Noncash contribution<br>amounts reported on | Method of de     |         | _       | _   |
|     |   | applicable     |                            | Form 990, Part VIII, line 1g                | noncash contribu | tion am | lourits | >   |
| 1   | Art - Works of art  |                |                            |   |                  |         |         |     |
| 2   | Art - Historical treasures  |                |                            |   |                  |         |         |     |
| 3   | Art - Fractional interests  |                |                            |   |                  |         |         |     |
| 4   | Books and publications  | Х              |                            | 114,369.                                    | FMV              |         |         |     |
| 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   |                |                            |   |                  |         |         |     |
|     | Securities - Partnership, LLC, or   |                |                            |   |                  |         |         |     |
|     | trust interests   |                |                            |   |                  |         |         |     |
|     | Securities - Miscellaneous  |                |                            |   |                  |         |         |     |
| 13  | Qualified conservation contribution -   |                |                            |   |                  |         |         |     |
|     | Historic structures   |                |                            |   |                  |         |         |     |
| 14  | Qualified conservation contribution - Other   |                |                            |   |                  |         |         |     |
| 15  | Real estate - Residential   |                |                            |   |                  |         |         |     |
| 16  | Real estate - Commercial  |                |                            |   |                  |         |         |     |
| 17  | Real estate - Other   |                |                            |   |                  |         |         |     |
|     | Collectibles  |                |                            |   |                  |         |         |     |
|     | Food inventory  |                |                            |   |                  |         |         |     |
| 20  | Drugs and medical supplies  |                |                            |   |                  |         |         |     |
|     | Taxidermy   |                |                            |   |                  |         |         |     |
|     | Historical artifacts  |                |                            |   |                  |         |         |     |
|     | Scientific specimens  |                |                            |   |                  |         |         |     |
|     | Archeological artifacts   |                |                            |   |                  |         |         |     |
|     | Other ( )   |                |                            |   |                  |         |         |     |
| 26  | Other ( )   |                |                            |   |                  |         |         |     |
| 27  | Other ()  |                |                            |   |                  |         |         |     |
| 28  | Other ( )   |                |                            | a individuo di a na                         |                  |         |         |     |
| 29  | Number of Forms 8283 received by the organiz for which the organization completed Form 828                            |                | •                          |   |                  |         |         |     |
|     | for which the organization completed Form 626   | io, Fait IV, I | Donee Acknowled(           | gement <b>29</b>                            |                  | 1,      | Yes     | No  |
| 202 | During the year, did the organization receive by  | contributio    | on any proporty ror        | orted in Part I lines 1 throu               | ah 28 that it    |         | 162     | INO |
| Sua |   |                |                            |   |                  |         |         |     |
|     | must hold for at least three years from the date of the initial contribution, and which isn't required to be used for |                |                            |   |                  |         |         | Х   |
| h   | exempt purposes for the entire holding period?  b If "Yes," describe the arrangement in Part II.                      |                |                            |   |                  |         |         |     |
| 31  | Does the organization have a gift acceptance p  | olicy that re  | equires the review         | of any nonstandard contribu                 | utions?          | 31      | х       |     |
|     | Does the organization hire or use third parties of  |                |                            |   |                  |         |         |     |
|     | contributions?  |                |                            |   |                  | 32a     |         | Х   |
| b   | If "Yes," describe in Part II.  |                |                            |   |                  |         |         |     |
|     | If the organization didn't report an amount in co   | olumn (c) fo   | r a type of propert        | y for which column (a) is che               | cked,            |         |         |     |
|     | describe in Part II.  |                |                            |   |                  |         |         |     |

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

Schedule M (Form 990) 2017

# SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

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.
➤ Go to www.irs.gov/Form990 for the latest information.

2017
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

READING PARTNERS

Employer identification number 77-0568469

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

COMPRISED OF A HIGHLY STRUCTURED, RESEARCHED BASED CURRICULUM WHICH

ALLOWS VOLUNTEERS WITH LITTLE BACKGROUND IN EDUCATION TO BE EFFECTIVE

TUTORS.

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

THE FORM 990 IS REVIEWED FOR ACCURACY AND COMPLETENESS BY THE FINANCE

COMMITTEE. THE FINANCE COMMITTEE WILL PRESENT THE FORM 990 TO THE BOARD OF

DIRECTORS FOR THEIR APPROVAL. ANY QUESTIONS ARISING DURING THIS REVIEW

PROCESS ARE RESOLVED PRIOR TO FILING OF THE FORM.

FORM 990, PART VI, SECTION B, LINE 12C:

ON AN ANNUAL BASIS THE ORGANIZATION REQUIRES THE BOARD MEMBERS TO REVIEW

AND SIGN A CONFLICT OF INTEREST POLICY WHICH REQUIRES DISCLOSURES OF ANY

CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION'S PROCESS FOR DETERMINING COMPENSATION OF THE CEO, CFO,

AND COO INCLUDES A REVIEW OF COMPENSATION SURVEYS AND A REVIEW OF

COMPENSATION PAID BY OTHER ORGANIZATIONS OF SIMILAR SIZES FOR COMPARISON.

THIS DATA IS PRESENTED TO THE BOARD, APPROVED AND DOCUMENTED IN THE

MINUTES.

ALL STAFF RECEIVES PERIODIC PERFORMANCE REVIEWS. REVIEWS ARE GENERALLY

CONDUCTED AT MID-YEAR AND AT THE CLOSE OF THE FISCAL YEAR. HOWEVER, THE

FREQUENCY OF EVALUATIONS MAY VARY DEPENDING ON THE LENGTH OF SERVICE, JOB

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2017)

| READING PARTNERS  | 77-0568469         |
|---|--------------------|
| POSITION, PAST PERFORMANCE, CHANGES IN JOB DUTIES, AND OT | HER FACTORS. PAY   |
| ADJUSTMENTS ARE BASED ON MARKET COMPARISONS, INTERNAL EQU | ITY AND            |
| PERFORMANCE. BOARD APPROVAL IS SECURED FOR ALL SALARY DE  | CISIONS RELATED TO |
| THE CEO, COO AND CFO.                                     |                    |
|   |                    |
| FORM 990, PART VI, SECTION C, LINE 19:                    |                    |
| THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT  | OF INTEREST        |
| POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC  | ON ITS WEBSITE AS  |
| WELL AS UPON REQUEST.                                     |                    |
|   |                    |
| FORM 990, PART XII, LINE 2C:                              |                    |
| READING PARTNERS SOLICITS PROPOSALS FROM A VARIETY OF IND | EPENDENT CPA       |
| FIRMS. AFTER DOCUMENT REVIEW AND INTERVIEWS, AN INDEPEND  | ENT AUDITOR IS     |
| SELECTED. THERE WAS NO CHANGE IN THE AUDITOR OR IN THE S  | ELECTION           |
| PROCESS DURING THIS YEAR.                                 |                    |
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# Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit <a href="https://www.irs.gov/efile">www.irs.gov/efile</a>, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

#### Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Employer identification number (EIN) or Type or Name of exempt organization or other filer, see instructions. print 77-0568469 READING PARTNERS File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 180 GRAND AVENUE, NO. 800 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions OAKLAND, CA 94612 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Application Return Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 80 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF Form 5227 10 04 Form 6069 Form 990-T (sec. 401(a) or 408(a) trust) 05 11 Form 990-T (trust other than above) 06 Form 8870 12 READING PARTNERS ACCOUNTING DEPARTMENT The books are in the care of ► 180 GRAND AVENUE SUITE 800 - OAKLAND, Telephone No. $\triangleright$ 510-444-9800 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this $oxedsymbol{oxtlesh}$ . If it is for part of the group, check this box lacksquare $oxedsymbol{igstar}$ MAY 15, 2019 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: \_\_\_ calendar year ightharpoonup | X | tax year beginning JUL 1, 2017 , and ending JUN 30, 2018 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

by using EFTPS (Electronic Federal Tax Payment System). See instructions.

If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required.

estimated tax payments made. Include any prior year overpayment allowed as a credit.

nonrefundable credits. See instructions.

Form **8868** (Rev. 1-2017)

3a | \$

3b

3c

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