Department of the Treasury	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co   Do not enter social security numbers on this form as it may			oundations	)	OMB No. 1545-0047
Internal Revenue Service	Information about Form 990 and its instructions is at	, F.				Open to Public Inspection
Check if applicable: Address change Name change						
Initial return Final return/						
ated			Gross	receipts \$		
Amended return Applica- tion pending			Are	all subordinat	es inclu	ded?
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Preparer						
Use Only						

Form	READING PARTNERS	77-0568469	Page 2
Par	rt III Statement of Program Service Accomplishments		•
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: HELP CHILDREN BECOME LIFELONG READERS BY EMPOWERING CO	MMINITIES TO	
	PROVI DE I NDI VI DUALI ZED I NSTRUCTI ON WI TH MEASURABLE RES		r
	PARTNERS PROVIDES LITERACY INTERVENTION SERVICES TO EL		
	IN UNDER- RESOURCED COMMUNITIES. PROGRAM RELATED EXPE	ENSES ON THIS	
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Yes	X <sub>No</sub>
	If "Yes," describe these new services on Schedule O.		v
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	? ~~~~ Yes	X <sub>No</sub>
4	If "Yes," describe these changes on Schedule O.	as measured by averages	
4	Describe the organization's program service accomplishments for each of its three largest program services, a Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to or		nd
	revenue, if any, for each program service reported.		na -
4a	(Code:) (Expenses \$15, 742, 195. including grants of \$) (Ref	evenue \$ 3, 323,	/
	LITERACY INTERVENTION PROGRAM: READING PARTNERS RECRUI		
	COMMUNITY VOLUNTEERS TO PROVIDE ONE-ON-ONE TUTORING FO DURING THE SCHOOL DAY AND AFTER SCHOOL. AT EACH PARTNE		
		ERS SCHOOL, TH FINTO A READI	
	CENTER, AND PLACES A FULL TIME STAFF MEMBER ON SITE TO		
	PROGRAM SERVICES AND SERVE AS THE LIAISON TO CLASSROOM		
	TYPICAL READING CENTER WILL SERVE BETWEEN 30 AND 90 ST	TUDENTS.	
	THE PRIMARY PROGRAM COMPONENT, ONE- ON- ONE TUTORING, IS		
	WI TH PARENT AND FAMILY INVOLVEMENT. STUDENTS ENROLLED PARTNERS PROGRAM ARE SEEN TWICE PER WEEK FOR 45-MINUTE		G
		EACH SESSION I	S
4b	(Code:) (Expenses \$ including grants of \$) (Ref		
40			)
4c	(Code:) (Expenses \$ including grants of \$) (Re	evenue \$	)
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
<u>4e</u>	Total program service expenses   15, 742, 195.		
432002			90 (2014)

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 Form 990 (2014)
 READI NG
 PARTNERS

 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	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
-	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	0		
0	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 guasi-endowments? If "Yes," complete Schedule D, Part V			x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X	10		
	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	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	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
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X ~~~~~~	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
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		X
	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	146		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	10		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
	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 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

<u>Form</u>	990 (2014) READING PARTNERS 7	7- 0568469	Р	age 4
Par	t IV Checklist of Required Schedules (continued)			-
			Yes	No
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		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's cur	rent		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complet Schedule K. If "No", go to line 25a	of the e 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 defea any tax-exempt bonds?	se 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, a			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," compl Schedule L, Part I			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 "Y complete Schedule L, Part II	′es," 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	er 27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	~~ 28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, P	art IV ~~ 28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservatio contributions? If "Yes," complete Schedule M	n 30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
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		x
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		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, a Part V, line 1			x
352	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled en within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related orga If "Yes," complete Schedule R, Part V, line 2			x

37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI ~~~~~~~
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

X Form 990 (2014)

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	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners? •••••••	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return ~~~~~ 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file(see instructions) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
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		
	a a constant and the constant of the constant			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
b		10		
Ď	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a		5a		
b	a	5b		
		5c		
C Go		50		<u> </u>
6a	ITyr/Dik/2" has it filed a Earm /IW/ 20 i20 98ar within the viding 1140 has it fileiti ) 2464a ro4, 4aanif atad0 ab 1)uranatable260. [	+62/11		0r12:02 6 C
h	ITxr(Dik43" has it filed a Form (IW-2G i30.88or within the :jding 1149 has it filniti )-2161s re4 -1capif atnd9 ph.1)uranstable250, F	10/0/11	I,DIKE	<u>9112] 9</u> 3.0 -0
b		Ch.		1
-		_6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provide		e payo	<u>)r /</u>
b		_7b		
С				1
		<u>7c</u>		
d	_7d	_		
e		7e		
f		7f		
g		<u>7g</u>		
h		7h		
8	Sponsoring organizations maintaining donor advised funds.			
		8		
9	Sponsoring organizations maintaining donor advised funds.			
а		<u>9a</u>		<b> </b>
b		9b		
10	Section 501(c)(7) organizations.			
а	<u>10a</u>	-		
b	10b	-		
11	Section 501(c)(12) organizations.			
а	<u>11a</u>	-		
b				
	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts.	12a		<b></b>
b	12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а		<u>13a</u>		<u> </u>
	Note.			
b				
	13b	_		
с	13c			
14a		14a		<b> </b>
b	If "No," provide an explanation in Schedule O	14b		

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	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instru-	below, and for a "	No" re	spons	se
	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	12			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule Q.	10			
b	Enter the number of voting members included in line 1a, above, who are independent	12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any	other	-		x
•	officer, director, trustee, or key employee?		2		<b>^</b>
3	Did the organization delegate control over management duties customarily performed by or under the direct sup		2		x
4	of officers, directors, or trustees, or key employees to a management company or other person?		3		X
4 5	Did the organization become aware during the year of a significant diversion of the organization's assets?		4 5		X
6	Did the organization become aware during the year of a significant diversion of the organization's assets		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one of	or.			
	more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholder	s, or			
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	ear by the follow	ng:		
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	Χ	
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		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	de.)			
				Yes	No X
	Did the organization have local chapters, branches, or affiliates?		10a		<b>^</b>
b			4.01		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filin Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ig the form?	<u>11a</u>		
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri		12a 12b	Χ	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," descr		120		
•	in Schedule O how this was done		12c	Х	
13	Did the organization have a written whistleblower policy?		13	Χ	
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and approval by indepe	ndent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			•	
а	The organization's CEO, Executive Director, or top management official ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		15a	X	
b	Other officers or key employees of the organization		15b	X	
	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				x
	taxable entity during the year?		16a		<b>^</b>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its partici	pation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		16b		
Sec	exempt status with respect to such arrangements? ••••••••••••••••••••••••••••••••••••		100		
<u> </u>	List the states with which a copy of this Form 990 is required to be filed J CA, NY, CO, TX, NJ, DC,	VA, MD, MA	, SC	, OH	, WA
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5	501(c)(3)s only) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.	<i>y</i> e (e)(e)e e <i>y</i> ) e	, and a		
	$\mathbf{X}$ Own website Another's website $\mathbf{X}$ Upon request Other (explain in Sched	ule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inte	erest policy, and f	inanci	al	
	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 rec	;ords:			
	READING PARTNERS ACCOUNTING DEPARTMENT - 510-444-9800				
	180 GRAND AVENUE SUI TE 800, OAKLAND, CA 94612				
432006	SEE SCHEDULE O FOR FULL LIST OF STATES		Forn	1990	(2014

**READING PARTNERS** 

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Form 990 (2014)

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. ¥ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

	<u>lion noi any relateu</u>	<u>urga</u>	IIIZa	liuun	CUI	npei	1541	eu any current onicer, d		
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do	not cl	Posi	ition	than	one	Reportable	Reportable	Estimated
	hours per	box,	unles	ss per	rson i	s bot	h an	compensation	compensation	amount of
	week		cer an	aaa	recto	r/trus	tee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for	e or d	ee			sated		organization	(W-2/1099-MISC)	from the
	related	ustee	trust		ee	upen:		(W-2/1099-MISC)		organization
	organizations below	lual tr	tional		nploy	st cor				and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
ft%L 75HkM895B	4.00	=		0	×	τe	<u> </u>			
7<5=FA5B		X		X				0.	0.	0.
fl&L`?5HkMH5M&CF	4.00									
J=79 <sup>.</sup> 7<5=FA5B		X		X				0.	0.	0.
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HF95CI F9F		X		Х				0.	0.	0.
fl(L. GH9D<5B=9.7C<9B	4. 00									
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fl) L · · K5@HDF · 9@7C7?	4. 00	$\square$								
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ft*L``>5A=9`G@51; <h9f< td=""><td>4. 00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></h9f<>	4. 00									
A9A69F		X						0.	0.	0.
fl+L A5F? C9LHB	4. 00									
A9A69F		X						0.	0.	0.
fl, L. CI C5B < 5N9G	4. 00									
A9A69F		X						0.	0.	0.
fl-L H98 A5780B5@8	4.00									
A9A69F		X						0.	0.	0.
fl%SL`?F=CHMB`?@9=6CFF9FC	4. 00									
A9A69F	1.00	X						0.	0.	0.
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A9A69F	1.00	X						0.	0.	0.
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ft% L`A=7<59@ F"`@CA65F8C	60.00			x				196, 191.	0	15, 859.
7<=9: 9L971H+J9 C := 79F f%L A=7<59@65FF	60.00			Λ				196, 191.	0.	15, 859.
17%(L A=7<59@ borf 7<=9. `:=B5B7=5@ C::=79F	00.00			x				1q		
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		$\vdash$								
	1								1	

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#### READI NG PARTNERS

Part VIII Section A. Officera. Directors. Trustees, Key: Employees, and Highest Compensated Employees. (A) Name and title Acting Actin	Form 990 (2014) <b>READI NG</b>	PARTNERS	5							77-05	<b>668</b> 4	169	Page 8
(A)     (B)     (C)     (C) <td></td> <td>es, Key Employ</td> <td><u>/ees</u></td> <td>, an</td> <td>d Hi</td> <td>ghes</td> <td>st Co</td> <td>omp</td> <td>ensated Employees</td> <td>(continued)</td> <td></td> <td></td> <td></td>		es, Key Employ	<u>/ees</u>	, an	d Hi	ghes	st Co	omp	ensated Employees	(continued)			
Induced and use hours per line to the there the the the the the the the the the th										(E)		(	=)
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10       Octo total       0.       0.       0.       0.         2       Total from continuation sheets to Part VII, Section A													
a Total (add lines the and 1c)       896, 724.       0.       55, 931.         2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization         6         3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a; lis the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	1b Sub-total ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~										55,	
Control number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of reportable     compensation from the organization           Yes No         Yes No         Yes No         Joid the organization list any former officer, director, or trustee, key employee, or highest compensated employee on     line 1a? If "Yes," complete Schedule J for such individual	c Total from continuation sheets to Part VII, S	Section A ~	~~~	~~~	~~~	Ι							
compensation from the organization         6         3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a; If "Yes," complete Schedule J for such individual	<u>d Total (add lines 1b and 1c)</u>								896, 724.		0.	55,	931.
3       Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		ot limited to the	ose l	isteo	d abo	ove)	who	o reo	ceived more than \$100,0	000 of reportable			6
<ul> <li>3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual</li></ul>	compensation from the organization											V	
line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	2 Did the encoderation list and former officer			1				<b>b</b>			. п	Ť	
4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual										ipioyee on		2	x
and related organizations greater than \$150,000?       If "Yes," complete Schedule J for such individual										e organization		3	
5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	and related organizations greater than \$150	).000? If "Yes,	" coi	mple	ete S	Sche	dule	) J f	or such individual			4 2	K 🔤
Section B. Independent Contractors       1       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0													
1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization's tax year.         (A)       (B)       (C)         Name and business address       NONE       Description of services       Compensation         (B)       (C)       Compensation       Compensation       Compensation         (A)       NONE       Description of services       Compensation         (B)       (C)       Compensation       Compensation         (B)       (C)       Compensation       Compensation         (B)       (C)       Compensation       Compensation         (C)       Compensation       Compensation       Compensation <td< td=""><td>rendered to the organization? If "Yes," com</td><td>plete Schedule</td><td>e J fo</td><td>or su</td><td>uch p</td><td>bers</td><td>on .</td><td>••••</td><td>•••••</td><td></td><td></td><td>5</td><td>X</td></td<>	rendered to the organization? If "Yes," com	plete Schedule	e J fo	or su	uch p	bers	on .	••••	•••••			5	X
the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       NONE       Description of services       Compensation         Image: Compensation of services       Image: Compensation of services       Image: Compensation       Image: Compensation         Image: Compensation of services       Image: Compensation of services       Image: Compensation       Image: Compensation         Image: Compensation of services       Image: Compensation of services       Image: Compensation       Image: Compensation         Image: Compensation of services       Image: Compensation of services       Image: Compensation       Image: Compensation         Image: Compensation of services       Image: Compensation of services       Image: Compensation       Image: Compensation         Image: Compensation of services       Image: Compensation of services       Image: Compensation       Image: Compensation         Image: Compensation of services       Image: Compensation of services       Image: Compensation       Image: Compensation         Image: Compensation of services       Image: Compensation of services       Image: Compensation       Image: Compensation         Image: Compensation of services       Image: Compensation of services       Image: Compensation       Image: Compensation <tr< td=""><td>Section B. Independent Contractors</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr<>	Section B. Independent Contractors												
(A) Name and business address       NONE       (B) Description of services       (C) Compensation         Image: Compension of the service of the s											nsatio	n from	
Name and business address     NONE     Description of services     Compensation		<u>he calendar ye</u>	ear e	ndir	ng wi	ith o	or wit	hin		ear.			
2 Total number of independent contractors (including but not limited to those listed above) who received more than		address	N	)NI	F.					ervices	Co		ation
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				_	Beschption of s			mpenot	
								+					
	2 Total number of independent contractors (in		t lim	ited	to th	1000	lict	- 1-	above) who received may	re than			
		-		neu	10 11		~	.u d					

		Check if Schedule O conta	- T T		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclud from tax under sections 512 - 514
1	а	Federated campaigns ~~~~~	~ <u>1a</u>					
	b	Membership dues ~~~~~~	1b					
	с	Fundraising events ~~~~~~	1c					
		Related organizations ~~~~~						
		Government grants (contributio						
		All other contributions, gifts, gra						
		similar amounts not included at						
	g	Noncash contributions included in lines 1a						
	-	Total. Add lines 1a-1f ••••••						
			•	Business Code				
2	2			Dusiness Code				
2								
	d							
	e							
		All other program service rever						
	-	Total. Add lines 2a-2f ••••••						
3		Investment income (including d						
		other similar amounts)~~~~~						
4		Income from investment of tax-	exempt bond p	roceeds				
5		г		1				-
6	а							
	b							
	с	l						
	d	-		1				
7	а							
	b							
	с							
	d							
8	a							
Ũ								
			а					
	b		b					
	c		U					
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9	a							
	۲.		a					
	b		b					
	С							
10	а							
			a					
	b		b					
	С			1				_
				Business Code				
11	а							
	b							
	С							
	d							
	е	Total.						
12		Total revenueSee instructions.						

	Check if Schedule O contains a respons	<u>se or note to any line in</u> (A)	this Part IX •••••••••••••••••••••••••••••••••••	(C)	(D)
		Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organiza	tions			
	and domestic governments. See Part IV, line-21				
	Grants and other assistance to domestic				
	individuals. See Part IV, line 22 ~~~~~				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16 ~~~				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees ~~~~~~ Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)-~				
	Other salaries and wages ~~~~~~~				
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
	Other employee benefits ~~~~~~~				
	Payroll taxes ~~~~~~~~~~~				
	Fees for services (non-employees):				
а	Management				
b	degararne amTJising				
С	-				
d	F				
e	Professional fundraising services. See Part IV, line	e 17			
f					
g					
	column (A) amount, list line 11g expenses on Sch	0.)			
	-				
	F				
	Other expenses. Itemize expenses not covered	f line			
	above. (List miscellaneous expenses in line 24e. I 24e amount exceeds 10% of line 25, column (A)	riine			
	amount, list line 24e expenses on Schedule O.)				
Э					
2					
2					
0					
e					
	Total functional expensesAdd lines 1 through 24e	ion			
	Joint costs.Complete this line only if the organizati				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				


Form	1 990 (2014) READI NG PARTNERS	77-	05684	69	Page	e 12
	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	23,	592	, 54	<b>!9</b> .
2	Total expenses (must equal Part IX, column (A), line 25) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2	20,	245	, 73	<b>88</b> .
3	Revenue less expenses. Subtract line 2 from line 1 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	3	3,	346	, 81	1.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) ~~~~~~~~	4	4,	583	, 84	13.
5	Net unrealized gains (losses) on investments ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	5			- 18	
6	Donated services and use of facilities	6		80	, 96	62.
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,					
10	column (B)) •••••••••••••••••••••••••••••••	10	8,	011	, 42	27.
Pa	rt XII Financial Statements and Reporting	10 1				
	Check if Schedule O contains a response or note to any line in this Part XII					
				Y	′es	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 C					
29	Were the organization's financial statements compiled or reviewed by an independent accountant? ~~~~~~~			2a		Χ
20	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed			20		
	separate basis, consolidated basis, or both:	Πa				
	Separate basis Consolidated basis Both consolidated and separate basis					
h	Were the organization's financial statements audited by an independent accountant? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			2b	x	
D	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	haeie		20		
	consolidated basis, or both:	ouoio,				
	X Separate basis Consolidated basis Both consolidated and separate basis					
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit				
Ū	review, or compilation of its financial statements and selection of an independent accountant?			2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scher					
39	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing		lit			
54	Act and OMB Circular A-133?			3a -	x	
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	d audit		54		
b	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	a auun		3h	x	

SCHEDULE A	
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(Form 990 or 990-EZ)

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

OMB No. 1545-0047 1 4

Ζ

Department of the Treasury
Internal Revenue Service

4947(a)(1) nonexempt charitable trust.

Department of the Treasury Internal Revenue Service				Attach to Form 990 or Form 990-EZ.						Open to Public	
				on about Schedule A (Fo	orm 990 or 990-EZ) and its	instructions i	is at W	ww.irs.gov/fo		Inspection	
Indiii	eori	he organizatio		ING PARTNE	RS					identification number 7- 0568469	
Pa	rt I	Reason			All organizations must c	omplete thi	s part.) Se	e instructions			
					For lines 1 through 11, c						
1	<b>J</b>				n of churches described	-		)(A)(i).			
2					Attach Schedule E.)						
3					anization described in s	ection 170(	(b)(1)(A)(iii	).			
4		•	•		njunction with a hospital				(iii). Enter	the hospital's name,	
		city, and state	e:	·					. ,	•	
5		-		or the benefit of a col Complete Part II.)	lege or university owned	l or operate	ed by a gov	vernmental ur	nit describe	d in	
6		A federal, sta	te, or local gov	vernment or governm	nental unit described in	section 17	0(b)(1)(A)(	v).			
7	X	An organizati	on that norma	lly receives a substa	ntial part of its support fr	om a gove	rnmental u	init or from th	e general p	ublic described in	
		section 170(b	)(1)(A)(vi). (C	complete Part II.)							
8		A community	trust describe	d in section 170(b)(	1)(A)(vi). (Complete Par	rt II.)					
9		-		• ( )	e than 33 1/3% of its sup at to certain exceptions, a	•			•	•	
					(less section 511 tax) fro	. ,				•	
				mplete Part III.)	(						
10			.,.,	• •	ively to test for public sa	fety. See	section 50	9(a)(4).			
11					ively for the benefit of, to				ry out the p	urposes of one or	
		more publicly	supported org	ganizations described	d in section 509(a)(1) o	orsection 50	09(a)(2).	Sesection 50	9(a)(3). C	heck the box in	
		lines 11a thro	ough 11d that o	describes the type of	supporting organization	and comp	lete lines 1	1e, 11f, and	11g.		
а		Type I. A s	upporting orga	anization operated, se	upervised, or controlled	by its supp	orted orga	nization(s), ty	pically by g	iving	
		the support	ed organizatio	on(s) the power to reg	gularly appoint or elect a	majority of	f the direct	ors or trustee	s of the sup	oporting	
		organizatio	n. You must c	omplete Part IV, Sec	tions A and B.						
b		Type II. A s	supporting orga	anization supervised	or controlled in connect	ion with its	supported	lorganization	(s), by havi	ng	
		control or n	nanagement o	f the supporting orga	inization vested in the sa	ame persor	ns that con	trol or manag	e the suppo	orted	
		organizatio	n(s). You must	t complete Part IV, S	ections A and C.						
С					g organization operated				y integrated	with,	
			•		). You must complete P						
d				•	oorting organization oper				•	( )	
					ation generally must sat			uirement and	an attentive	eness	
					plete Part IV, Sections A			T			
е			-		written determination from			турет, турет	I, Type III		
£	Ente	-	-		nally integrated supporti						
י מ				about the supported		~~~~~~	~~~~~				
<u> </u>		(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the o		(v) Amount of	monetary	(vi) Amount of	
		organization	1		(described on lines 1-9	listed i governing o	n your locument?	support	(see	other support (see	
					above or IRC section (see instructions))	Yes	No	Instruct	ons)	Instructions)	

Total

(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.)

Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.") ~~						
2 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf ~~~~						
3 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge $\sim$						
4 Total. Add lines 1 through 3 ~~~						
5 The portion of total contributions						
by each person (other than a						
governmental unit or publicly						
supported organization) included						
on line 1 that exceeds 2% of the						
amount shown on line 11,						
column (f)						
6 Public support. Subtract line 5 from line 4.						
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4 ~~~~~~						
8 Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources ~						
9 Net income from unrelated business						
activities, whether or not the						
business is regularly carried on ~						
10 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.) ~~~~						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities,		ns) ~~~~~~~~		•	12	
13 First five years. If the Form 990 is for						
organization, check this box and stor	•					
- · · · ·						·
14 Public support percentage for 2014 (li	ne 6, column (f) di	vided by line 11, c	olumn (f)) ~~~~~	~~~~~	14	%
15 Public support percentage from 2013	Schedule A, Part I	I, line 14 ~~~~~	~~~~~~~	~~	15	%
16a 33 1/3% support test - 2014. If the o	organization did no	t check the box on	line 13, and line	14 is 33 1/3% or m	ore, check this box	
stop here.	0		·			
b 33 1/3% support test - 2013.						
stop here.						
17a 10% -facts-and-circumstances test - 2	2014.					
			stop ł	nere.		
b 10% -facts-and-circumstances test - 2	2013.					
				stop here.		

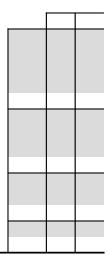
18 Private foundation.

Schedule A (Form 990 or 990-EZ) 2014

(Complete only if you checked the box on line 9 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.)

Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.") ~~						
2 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 ~						
6 Total. Add lines 1 through 5 ~~~						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year ~~~~~~						
c Add lines 7a and 7b ~~~~~						
8 Public support (Subtract line 7c from line 6						
	•	•	•	•		
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	<u>(e) 2014</u>	(f) Total
9 Amounts from line 6 ~~~~~~						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ~						
b Unrelated business taxable income						
(less section 511 taxes) from busines acquired after June 30, 1975~~~	ses					
<ul> <li>c Add lines 10a and 10b ~~~~~</li> <li>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on ~~~~~~</li> </ul>						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ~~~~						
13 Total support (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for check this box and stop here	-		d, fourth, or fifth ta	x year as a sectior	n 501(c)(3) organiza	ation,
15 Public support percentage for 2014 (		-			15	%
<u>16 Public support percentage from 2013</u>	Schedule A. Part	III. line 15 ••••••			16	%
17 Investment income percentage for 2		mn (f) divided by lin	e 13, column (f))C	)thn,	17	
18	2013				18	
19a 33 1/3% support tests - 2014.	stop here.					
b 33 1/3% support tests - 2013.						
20 Private foundation	\$	stop here.				



1 Check here if the organization satisfied the Integral P	Part Test as a qualifying trust o	n Nov. 20, 1970.	See instructions. All
		1	
Section A - Adjusted Net Income			
1	1		
2	2		
3	3		
4	4		
5	5		
6			
	6		
7			
8 Adjusted Net Income	8		
ection B - Minimum Asset Amount			
1			
		i	
а	1a		
b	1b		
С	1c		
d Total	1d		
e Discount			
Part VI		1	
2 3	2		
4	3		
4	4		
5			
6			
7			
8 Minimum Asset Amount	8		
ection C - Distributable Amount			
1	1		
2	1		
23	2		
4	4		
5	5		
5 6 Distributable Amount.	5		
	6		

Schedule A (Form 990 or 990-EZ) 2014

432026 09-17-14

			7
Section D - Distributions			Current Year
_ 1			
2			
3			
4			
5			
_ 6 Part VI			
7 Total annual distributions.			
8 Part VI			
9			
10			(Fg
	(i) Excess Distributions	(ii) Underdistributions	(iij 112.566 24 Tdcd Td ((i (iij 112.566 24 Tdc24 -12 Td (Pre-2
		Pre-2014	

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

<u> </u>

3

Х

Employer identification number

Name of the organization

Organization type (check one):

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

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

| Information about Schedule B (Form 990, 990-EZ, or 990-PF) and

its instructions is at

Check if your organization is covered by the General Rule or aSpecial Rule.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. Seed [( General itabrF4IGenera7o8,Sur the property) from thy one contributor. Complete Parts I and II. Seed [( Gections for determinding a contributor's tota contributions.)Tj 0 -era7D8,Sur thec)(3) Td GeneraleRubes 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, dne 13, 16a, or 16b, and that received from thy one contributor, durding the year, tota contributions of the greater of \$5,000 or 2% of the amount on (i) Form 990, Part VIII, dne 1h, or (ii) Form 990-EZ, dne 1. Complete Parts I and II.

Fur thec)(7), (8), or (10) Td dng Form 990 or 990-EZ that received from thy one contributor, durdng the Specia/eau/esta contributions of more than \$1,000 for religious, charitable, scientific, dterary, or educ.56 0a purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

Fur thec)(7), (8), or (10) Td dng Form 990 or 990-EZ that received from thy one contributor, durdng the							
year, contributions for religious, charitable, etc., purposes, but no (st)ch contribu(22) ns tota ed more than \$1,000. If this box							
is checked, enter here the tota contributions that were received durdng the year for an religious, charitable, etc.,							
purpose. Do not complete thy of the parts unless the applies to this							
religious, charitable, etc., contributions tota dng \$5,000 or more durdng the year ~~~~~~~~   \$							
	exclusively						

Aben 990, 990-EZ, or 990-PF),

but it answer "No" on Part IV, dne 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, dne 2, to certify that it does not meet the Td dng requirements of Schedule B (Form 990, 990-EZ, or 990-PF). exclusively

LHA

exclusively

nonexclusively

Caution.

must

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

### Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

### **READI NG PARTNERS**

Employer identification number

77-0568469

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$700, 000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$750, 000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$2, 200, 000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$900, 000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$666, 667.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>		\$811, 352.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Page 2

### Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

### **READI NG PARTNERS**

Employer identification number

77-0568469

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$767, 313.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$427, 412.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 3

### **READING PARTNERS**

Employer identification number

77-0568469

Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	 
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of orga	nization				Employer identification number
READI NG	PARTNERS				77-0568469
Part III	Exclusively religious, charitable, etc., cor the year from any one contributoComplete completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additional	e column(a) throug(e) and s, charitable, etc., contributions of S	the following	line entronganization	5
(a) No. from Part I	(b) Purpose of gift	(c) Use of git	ft	(d) Descr	iption of how gift is held
		(e) Transfe	r of gift		
-	Transferee's name, address, and	1 ZIP + 4	R	elationship of trans	feror to transferee
(a) No. from	(b) Purpose of gift	(c) Use of git		(d) Descr	iption of how gift is held
Part I	(				
-		(e) Transfe	r of gift		
-	Transferee's name, address, and	I ZIP + 4	R	elationship of trans	feror to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descr	iption of how gift is held
		(e) Transfe	r of gift		
-	Transferee's name, address, and	1 ZIP + 4	R	elationship of trans	feror to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of git	it	(d) Descr	iption of how gift is held
	Transferee's name, address, and	(e) Transfe	-	elationship of trans	feror to transferee
-					

	1			OMB No. 1545	-0047
(5					
(Form 990)	Part IV, line 6, 7, 8, 9, 10,	zation answered "Yes" to Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ttach to Form 990. 990) and its instructions is at			
Department of the Treasury	A	ttach to Form 990.		Open to P Inspection	ublic
Internal Revenue Service		990) and its instructions is at			
Name of the organizatio			Employe	er identification nu	Innber
				Complete if the	
organizatio	on answered "Yes" to Form 990, Part IV, line	e 6		complete il the	
organizatio		(a) Donor advised funds	(b) Funds a	and other account	s
1 Total number at e	nd of vear				
2					
3					
4					
5					
				Yes	No
6					
				Yes	No
1					
2					
-					
			He	ld at the End of th	e Tax Year
а			2a		
b			2b		
С			_2c		
d					
			2d		
3					
4					
5				Yes	No
6				res	No
7					
8					
-				Yes	No
9					
1a					
h					
b					
(i)					
(ii)					
2					
а					
b			_		

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Sche	dule D (Form 990) 2014 READI NG	PARTNERS						77-05	68469	Page 2
	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures,	or Othe	r Simil	lar Asse	ts(contin	
3	Using the organization's acquisition, accession									
	(check all that apply):									
а	Public exhibition	(	b	Loan or exc	hange progra	ams				
b	Scholarly research		Э	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explair	how the	ey further the	e organizatio	n's exemp	t purpos	e in Part )	KIII.	
5	During the year, did the organization solicit o	r receive donations	of art, his	storical treas	sures, or othe	er similar a	ssets			
	to be sold to raise funds rather than to be ma	intained as part of t	<u>ne organ</u>	ization's col	ection? •••••	•••••			Yes	No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Par	•	ete if the	organizatio	n answered	"Yes" to F	orm 990	, Part IV, I	ine 9, or	
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for c	ontributions	or other ass	ets not inc	luded			
	on Form 990, Part X? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~								Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	able:						
		·	0						Amount	
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 Fe				istodial acco	unt liability	? ~~~	~~	Yes	No
	If "Yes." explain the arrangement in Part XIII.							•••		
Par										
		(a) Current year	(b) F	rior year	(c) Two ye	ars back (	d) Thre	ee years b	a¢ke)	Four years b
1a	Beginning of year balance ~~~~~~		. ,	•				-		
b	Contributions ~~~~~~~~~									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships ~~~~~~~									
	Other expenditures for facilities									
	and programs ~~~~~~~~~~									
f	Administrative expenses ~~~~~~									
g	End of year balance ~~~~~~~~									
2	Provide the estimated percentage of the curr	ent vear end balanc	e (line 10	n column (a	)) held as:	I				
a	Board designated or quasi-endowment		%	, oora (a	,,					
	Permanent endowment	%								
c	Temporarily restricted endowment	%								
Ũ	The percentages in lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should									
32	Are there endowment funds not in the posses	•	ation that	are held an	d administer	ed for the	organiza	ation		
ou	by:						organize		Г	Yes No
	(i) unrelated organizations ~~~~~~~~								3a(i)	
	(ii) related organizations								3a(ii)	
h	If "Yes" to 3a(ii), are the related organizations								3b	
1	Describe in Part XIII the intended uses of the				~~~~~~		~~		50	
Par			willent	unus.						
r ui	Complete if the organization answere		Part IV	line 11a S	900 Form	Part X li	no 10			
	Description of property	(a) Cost or o			or other		cumulate	od	(d) Book	value
	Description of property	basis (invest		( )	(other)	• • •	reciation		(u) DOOR	value
10	Land ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			50013		dop	Solution			
	Buildings ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~									
	•			2	0, 358.		4, 0	72.	16	<b>6</b> , <b>286</b> .
c d	Leasehold improvements ~~~~~~				5, 996.		$\frac{1,0}{53,9}$			2, 084.
d	Equipment ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				0, 114.	3	78, 9			l, 140.
e	Other ••••••••••••••••••••••••••••••••••••						, 0			$\frac{1}{9}, 510.$

Schedule D (Form 990) 2014

Schedule D	(Form 990) 2014

Complete if the organization answered "Yes" to		ne 11b. See Form 990,	b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-of-year market value			
(a) Description of security or categoryluding name of security)	(b) Book value	(c) Method of v	aluation: Cost or end-	of-year market value		
(1)						
(2)						
(3)						
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	)					
(a)	(b)	(C)				
	(-)	(-)				
Total.(Col. (b) must equal Form 990, Part X. col. (B) line 13.)	)					
(a)				(b)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)					
1. (a)		(b)				
			_			
			-			
			-			
			-			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)					

2.

Sche	dule D (Form 990) 2014 <b>READI NG PARTNERS</b>			77-	0568469	Page 4
	t XI Reconciliation of Revenue per Audited Financial Stateme	ents W	ith Revenue per F			
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		I			
1	Total revenue, gains, and other support per audited financial statements ~~~~~~	~~~~~	~~~~~	1	25, 614,	023.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	- 189.			
b	Donated services and use of facilities ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2b	2, 021, 663.			
с	Recoveries of prior year grants ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2c				
d	Other (Describe in Part XIII.) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2d				
е	Add lines 2a through 2d			2e	2, 021,	474.
3	Subtract line 2e from line 1 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			3	23, 592,	<b>549</b> .
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.
_5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	23, 592,	<b>549</b> .
Pai	t XII Reconciliation of Expenses per Audited Financial Statem	ents V	/ith Expenses per	Retu	urn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~	~~~	1	22, 186,	439.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2a	1, 940, 701.			
b	Prior year adjustments ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2b				
с	Other losses	2c				
d	Other (Describe in Part XIII.) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2d				
е	Add lines 2a through 2d			2e	1, 940,	701.
3	Subtract line 2e from line 1 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			3	20, 245,	738.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b ~~~~~~	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
_5_	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) •••		••	5	20, 245,	738.
Pa	t XIII Supplemental Information.					
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV lines	1h and 2h: Part \/ line	1. Part	X line 2: Part X	

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

# PART X, LINE 2:

## THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION

Part XIII Supplemental Information (continued)


\_

Schedule C	G (Form 990 or 990-EZ) 2014				Page 2
	Complete if the of fundraising event contributions and gro		"Yes" to Form 990, Part EZ lines 1 and 6b List e		
		(a)	(b)	(c)	(d) Total events (a) (c)
1					
2					
3					
4					
5					
6					
7					
89					
10 11					
	]				
		(a)	(b) Pull tabs/instant bingo/progressive binge	(c)	(d) (a) (c)
1					
2					
3					
4					
5					
6		Yes No	Yes No	Yes No	
7					
8					

Yes No

Yes No

9 a

b

10a

b

					3
11 12					-
13					
14					
	-				
15					
				 _	
	-		 	 	
	-		 	 	
-		-			


(FOI Depar					nployees, and Highest es orm 990, Part IV, line 23. Open to Public		
Nam	e of the organization	READING PARTNER	DC	Employer identi 77-056			ber
De			KD	//- 050	0840	9	
Pa	rt I   Question	s Regarding Compensation					
1a	Part VII, Section A, First-class or o Travel for com Tax indemnific	line 1a. Complete Part III to provide a charter travel	ed any of the following to or for a person listed in Form any relevant information regarding these items. Housing allowance or residence for pers Payments for business use of personal r Health or social club dues or initiation fee Personal services (e.g., maid, chauffeur,	onal use esidence es		Yes	No
b	If any of the boxes	on line 1a are checked, did the organiz	zation follow a written policy regarding payment or				
	•	•	bed above? If "No," complete Part III to explain ~~~~~	-~~~	1b		
2	Did the organization	n require substantiation prior to reimbu	ursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Direct	tor, regarding the items checked in line 1a? ~~~~~~	~~~~~	2		
3	CEO/Executive Dire establish compensa X Compensation Independent c	ector. Check all that apply. Do not che ation of the CEO/Executive Director, bu	on used to establish the compensation of the organizate ack any boxes for methods used by a related organizate out explain in Part III. Written employment contract <b>X</b> <b>X</b> Approval by the board or compensation of Compensation of the organization of the organization Compensation survey or study	ion to			
4	During the year, dic organization or a re		/II, Section A, line 1a, with respect to the filing				
а	Receive a severand	ce payment or change-of-control paym	nent? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		4a		X
b	Participate in, or re-	ceive payment from, a supplemental n	nonqualified retirement plan? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~	4b		X
С	Participate in, or re-	ceive payment from, an equity-based o	compensation arrangement? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~	4c		X
	If "Yes" to any of lin	es 4a-c, list the persons and provide t	the applicable amounts for each item in Part III.				
			ations must complete lines 5-9. a, did the organization pay or accrue any compensatio	n			
		~~~~~~			5a		X
b	Any related organiz	ation? ~~~~~~~~~~~~~~~~~	~~~~~~		5b		X
6			a, did the organization pay or accrue any compensation	ิวท			
а	-	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			6a		Χ
		ation? ~~~~~~~~~~~~~~~~~			6b		X
		r 6b, describe in Part III.					
7	•		a, did the organization provide any non-fixed payment	is			X
					7		Λ
	-		r accrued pursuant to a contract that was subject to th				X
	If "Yes" to line 8, die	-	n 53.4958-4(a)(3)? If "Yes," describe in Part III ~~~~~ Ittable presumption procedure described in	~~~~~	8		Λ
	-	duction Act Nation and the Instruction		O alta alta la		000)	

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

Schedule J (Form 990) 2014

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# 77-056846

Page

#### Use duplicate copies if additional space is needed.

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

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.

	, Breakdown o	f W-2 and/or 1099-MI	SC compensation	Retirement and Nontaxable		Total of columns	Compensation
, Name and Title	Base compensation	, Bonus & ihcentive compensation	Other reportable compensation	other deferred compensation	' benefits	, (B)(i)-(D)	in column (B) reported as deferred in prior Form 990
(1) MICHAEL R. LOMBARDO	174,741	21,450.	0.	2,400.	13,45 .	212,050.	0.
CHIEF EXECUTIVE OFFICER	) 0.	0.	0.	0.	0.	0.	0.
(2) CHRISTY DOBBS	2 135,464	,025.	0.	16,675.	2,467.	163,631.	0.
CHIEF ADVANCEMENT OFFICER	0.	0.	0.	0.	0.	0.	0.
(3) ADEOLA WHITNEY	150,123	6,755.	0.	0.	682.	157,560.	0.
CHIEF REGIONAL OPERATIONS OFFICER	0.	0.	0.	0.	0.	0.	0.
(4) DEAN ELSON	133,8 6	10,000.	0.	6,618.	3,518.	154,032.	0.
CHIEF KNOWLEDGE OFFICER	0.	0.	0.	0.	0.	0.	0.
(5) MATTHEW C. AGUIAR	134,736		0.	8,200.	0.	152,186.	0.
CHIEF OF STAFF	0.	0.	0.	0.	0.	0.	0.
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

nformation about Schedule O (Form 990 or 990-FZ) and its instructions

ZU14 Open to Public Inspection

OMB No. 1545-0047

**READING PARTNERS** 

Employer identification number 77-0568469

www.irs.gov/form990

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

RETURN DO NOT INCLUDE \$1, 663, 878 CONTRIBUTED RENT.

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

COMPRISED OF A HIGHLY STRUCTURED, RESEARCH-BASED CURRICULUM WHICH

ALLOWS VOLUNTEERS WITH LITTLE BACKGROUND IN EDUCATION TO BE EFFECTIVE

TUTORS.

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

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

DI RECTORS 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

CONFLI CTS.

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.

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization READI NG PARTNERS	Employer identification number 77-0568469
ALL STAFF RECEIVES PERIODIC PERFORMANCE REVIEWS. REVIEWS	ARE GENERALLY
CONDUCTED AT MID-YEAR AND AT THE CLOSE OF THE FISCAL YEAR	2. HOWEVER, THE
FREQUENCY OF EVALUATIONS MAY VARY DEPENDING ON THE LENGTH	OF SERVICE, JOB
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 DEC	CISIONS RELATED TO
THE CEO, COO AND CFO.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
CA, NY, CO, TX, NJ, DC, VA, MD, MA, SC, OH, WA, OK	
FORM 990, PART VI, SECTION C, LINE 19:	

THE ORGANIZATION MAKES IT GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON THEIR WEBSITE AS WELL AS UPON REQUEST.

Form (Rev. January 2014)		OMB No. 1545-1709
Department of the Treasury Internal Revenue Service	File a separate application for each return. Information about Form 8868 and its instructions is at	
¥ If you are filing for an Auto	matic 3-Month Extension, complete only Part I and check this box ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	

¥ If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing . You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ~~~~~~~~~~~ |

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application	Return	Application	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	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

۲¥	The books are in the care of							
٦	Telephone No.   Fax No.							
¥Ι	f the organization does not have an office or place of business in the United States, check this box ~~~~~	~~~~~						
¥Ι	f 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						
box	If it is for part of the group, check this box and attach a list with the names and EINs	of all members the extension is for.						
1	1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until							
	, to file the exempt organization return for the organization na	med above. The extension						
	is for the organization's return for:							
	calendar year or							
	tax year beginning, and ending	·						
2	If the tax year entered in line 1 is for less than 12 months, check reason: Initial return	Final return						
	Change in accounting period							
3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any							
	nonrefundable credits. See instructions.	3a \$						
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and							
		3b \$						
С	Balance due.							
		3c \$						

#### Caution.

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

STATE COPY

Corporation/Organization Name					California corporation number			
Additional Information. See instructions.					FEIN			
Street address (suite or room)					PMB no.			
City				State ZIP cod		code		
Foreign country name								
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MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 Telephone: (916) 445-2021 WEB SITE ADDRESS: http://ag.ca.gov/charities/	Sections 12586 and 12587, Califor 11 Cal. Code Regs. sections 30 <sup>o</sup> Failure to submit this report annually no later than end of the organization's accounting period may r the assessment of a minimum tax of \$800, plus in as defined in Government Code section 12586.1.	1-307, 311 and 312 four months and fifteen days after the esult in the loss of tax exemption and terest, and/or fines or filing penalties IRS extensions will be honored.	1			
	FTICANNEd WEB SITE ADDRESS:	Check if:				
		Change of address				
Name of Organization		Amended report				
Name of Organization		Corporate or Organization No.	1			
Address (Number and Street)						
City or Town, State and ZIP Code		Federal Employer I.D. No				
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I declare under penalty of perj correct and complete.	ury that I have examined this report, including accon	npanying documents, and to the best of my knowledge and belief, it i	s true,			
Signature of authorized officer	Printed Name	Title Date	-			

# **READING PARTNERS** 77-0568469 }}}} }}}} FORM RRF-1 INFORMATION REGARDING GOVERNMENT FUNDING STATEMENT 2 PART B, LINE 6 }}}}} **CALI FORNI A VOLUNTEERS** 770 L STREET, SUITE 1160 SACRAMENTO CA 95814 NATIONAL DIRECT AMERICORPS 1201 NEW YORK AVENUE, NW WASHINGTON DC 78759 ONE STAR FOUNDATION 9011 MOUNTAIN RIDGE DRIVE, SUITE 110 AUSTIN TX 78759 SERVE DC- THE MAYOR'S OFFICE ON VOLUNTEERISM 2000 14TH STREET, NW, SUITE 101 WASHINGTON DC 20009 NEW YORK STATE OFFICE OF NATIONAL & COMMUNITY 52 WASHINGTON STREET, NORTH BUILDING SUITE 338 **RENSSELAER NY 12144** DEPARTMENT OF CHILDREN YOUTH AND THEIR FAMILIES FOX PLAZA 1390 MARKET STREET, STE 900 SAN FRANCISCO, CA 94102

EXCEL AFTER SCHOOL PROGRAM 20 COOK STREET SAN FRANCISCO, CA 94118