

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2018

Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization READING PARTNERS		D Employer identification number 77-0568469	
	Doing business as			
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	180 GRAND AVENUE	800	510-444-9800	
City or town, state or province, country, and ZIP or foreign postal code OAKLAND, CA 94612		G Gross receipts \$ 30,558,756.		H(a) Is this a group return for subordinates? ~ ~ Yes No
F Name and address of principal officer: KARINE APOLLON		H(b) Are all subordinates included? Yes No		If "No," attach a list. (see instructions)
I Tax-exempt status: 501(c)(3) 501(c) () § (insert no.) 4947(a)(1) or 527		H(c) Group exemption number		
J Website:		K Form of organization: Corporation Trust Association Other		L Year of formation:
				M State of legal domicile:

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: _____		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a) ~ ~ ~ ~ ~	3	
	4	Number of independent voting members of the governing body (Part VI, line 1b) ~ ~ ~ ~ ~	4	
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a) ~ ~ ~ ~ ~	5	
	6	Total number of volunteers (estimate if necessary) ~ ~ ~ ~ ~	6	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 ~ ~ ~ ~ ~	7a	
	b	Net unrelated business taxable income from Form 990-T, line 38 • • • • •	7b	
Revenue	8	Contributions and grants (Part VIII, line 1h) ~ ~ ~ ~ ~	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g) ~ ~ ~ ~ ~		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) ~ ~ ~ ~ ~		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ~ ~ ~ ~ ~		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) • • •		
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) ~ ~ ~ ~ ~		
	14	Benefits paid to or for members (Part IX, column (A), line 4) ~ ~ ~ ~ ~		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ~ ~ ~		
	16a	Professional fundraising fees (Part IX, column (A), line 11e) ~ ~ ~ ~ ~		
	b	Total fundraising expenses (Part IX, column (D), line 25) _____		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ~ ~ ~ ~ ~		
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ~ ~ ~ ~ ~			
19	Revenue less expenses. Subtract line 18 from line 12 • • • • •			
Net Assets or Fund Balances	20	Total assets (Part X, line 16) ~ ~ ~ ~ ~	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26) ~ ~ ~ ~ ~		
	22	Net assets or fund balances. Subtract line 21 from line 20 • • • • •		

Part II Signature Block

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

Sign Here	= Signature of officer _____		Date _____		
	= Type or print name and title _____				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name g	Firm's address g	Firm's EIN g	Phone no.	

May the IRS discuss this return with the preparer shown above? (see instructions) • • • • • Yes No

Part III Statement of Program Service Accomplishments

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

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? ~~~~~ Yes X No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ~~~~~ Yes X No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program 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 \$ 21,468,289. including grants of \$ 0.) (Revenue \$ 3,976,036.) 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.

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

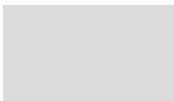
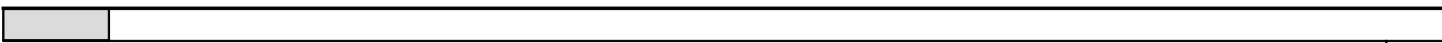
4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

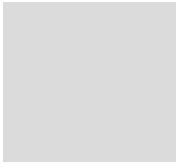
4e Total program service expenses | 21,468,289.

		Yes	No
1	If "Yes," complete Schedule A	1	
2	Schedule B, Schedule of Contributors	2	
3	If "Yes," complete Schedule C, Part I	3	
4	Section 501(c)(3) organizations. If "Yes," complete Schedule C, Part II	4	
5	If "Yes," complete Schedule C, Part III	5	
6	If "Yes," complete Schedule D, Part I	6	
7	If "Yes," complete Schedule D, Part II	7	
8	Schedule D, Part III	8	
9	If "Yes," complete Schedule D, Part IV	9	
10	If "Yes," complete Schedule D, Part V	10	
11			
a	Part VI	11a	
b	If "Yes," complete Schedule D, Part VII	11b	
c	If "Yes," complete Schedule D, Part VIII	11c	
d	If "Yes," complete Schedule D, Part IX	11d	
e	If "Yes," complete Schedule D, Part X	11e	
f	If "Yes," complete Schedule D, Part X	11f	
12a	If "Yes," complete	12a	
b		12b	
13		13	
14a		14a	
b		14b	
15		15	
16		16	
17		17	
18		18	
19		19	
20a		20a	
b		20b	
21		21	



(continued)

		Yes	No
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? ~ ~ ~ ~ ~ Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) ~ ~ ~ ~ ~	2b	
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	
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)? ~ ~ ~ ~ ~	4a	
b	If "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		5a	
b		5b	
c		5c	
6a		6a	
b		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 provided to the payor?	7a	
b		7b	
c		7c	
d		7d	
e		7e	
f		7f	
g		7g	
h		7h	
8	Sponsoring organizations maintaining donor advised funds.	8	
9	Sponsoring organizations maintaining donor advised funds.		
a		9a	
b		9b	
10	Section 501(c)(7) organizations.		
a		10a	
b		10b	
11	Section 501(c)(12) organizations.		
a		11a	
b		11b	
12a	Section 4947(a)(1) non-exempt charitable trusts.	12a	
b		12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Note.	13a	
b			
c		13b	
		13c	
14a		14a	
b	If "No," provide an explanation in Schedule O	14b	
15		15	
16		16	



Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)									
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
1b Sub-total ~ ~ ~ ~ ~									
c Total from continuation sheets to Part VII, Section A ~ ~ ~ ~ ~									
d Total (add lines 1b and 1c) • • • • •									

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 |

	Yes	No
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 ~ ~ ~ ~ ~	3	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related the 1 0 0 1 5 Tm reederhan \$1005000? If "Yes," complete Schedule J for such individual	4	
5 If "Yes," complete Schedule J for such person	5	

Section B. Independent Contractors

1	(A)	(B)	(C)
2			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing ~ ~ ~ ~ ~	1	1,500.
	2	Savings and temporary cash investments ~ ~ ~ ~ ~	2	4,411,544.
	3	Pledges and grants receivable, net ~ ~ ~ ~ ~	3	10,628,417.
	4	Accounts receivable, net ~ ~ ~ ~ ~	4	22,008.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L ~ ~ ~ ~ ~	5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L ~ ~ ~ ~ ~	6	
	7	Notes and loans receivable, net ~ ~ ~ ~ ~	7	
	8	Inventories for sale or use ~ ~ ~ ~ ~	8	
	9	Prepaid expenses and deferred charges ~ ~ ~ ~ ~	9	363,975.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ~ ~ ~ ~ ~	10a	1,289,847.
	b	Less: accumulated depreciation ~ ~ ~ ~ ~	10b	1,130,981.
	11	Investments - publicly traded securities ~ ~ ~ ~ ~	11	6,702.
	12	Investments - other securities. See Part IV, line 11 ~ ~ ~ ~ ~	12	
	13	Investments - program-related. See Part IV, line 11 ~ ~ ~ ~ ~	13	
	14	Intangible assets ~ ~ ~ ~ ~	14	
	15	Other assets. See Part IV, line 11 ~ ~ ~ ~ ~	15	145,554.
16	Total assets. Add lines 1 through 15 (must equal line 34)	16	12,173,024.	15,738,566.
Liabilities	17	Accounts payable and accrued expenses ~ ~ ~ ~ ~	17	1,739,946.
	18	Grants payable ~ ~ ~ ~ ~	18	
	19	Deferred revenue ~ ~ ~ ~ ~	19	360,593.
	20	Tax-exempt bond liabilities ~ ~ ~ ~ ~	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D ~ ~ ~ ~ ~	21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L ~ ~ ~ ~ ~	22	
	23	Secured mortgages and notes payable to unrelated third parties ~ ~ ~ ~ ~	23	
	24	Unsecured notes and loans payable to unrelated third parties ~ ~ ~ ~ ~	24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D ~ ~ ~ ~ ~	25	
	26	Total liabilities. Add lines 17 through 25	26	1,598,886.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets ~ ~ ~ ~ ~	27	964,473.
	28	Temporarily restricted net assets ~ ~ ~ ~ ~	28	12,673,554.
	29	Permanently restricted net assets ~ ~ ~ ~ ~	29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds ~ ~ ~ ~ ~	30	
	31	Paid-in or capital surplus, or land, building, or equipment fund ~ ~ ~ ~ ~	31	
	32	Retained earnings, endowment, accumulated income, or other funds ~ ~ ~ ~ ~	32	
33	Total net assets or fund balances ~ ~ ~ ~ ~	33	10,574,138.	13,638,027.
34	Total liabilities and net assets/fund balances	34	12,173,024.	15,738,566.

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	
2	Total expenses (must equal Part IX, column (A), line 25) ~ ~ ~ ~ ~	2	
3	Revenue less expenses. Subtract line 2 from line 1 ~ ~ ~ ~ ~	3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) ~ ~ ~ ~ ~	4	
5	Net unrealized gains (losses) on investments	5	
6		6	
7		7	
8		8	
9		9	
10		10	

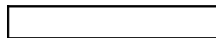
		Yes	No
1	_____		
2a		2a	
b		2b	
c		2c	
3a		3a	
b		3b	

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047





(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)

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(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2						
3						
4 Total.						
5						
6 Public support. Subtract line 5 from line 4.						

Calendar year (or fiscal year beginning in)	(a)	(b)	(c)	(d)	(e)	(f)
7						
8						
9						
10						
11 Total support. Add lines 7 through 10						
12					12	

13 First five years. stop here

14	14	
15	15	

16a 33 1/3% support test - 2018.
 stop here.
 b 33 1/3% support test - 2017.
 stop here.
 17a 10% -facts-and-circumstances test - 2018.
stop here.
 b 10% -facts-and-circumstances test - 2017.
stop here.

18 Private foundation



(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.)

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") ~ ~						
2 Gross receipts from admissions,						
3						
4						
5						
6 Total.						
7a						
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						
8 Public support. (Subtract line 7c from line 6.)						

Calendar year (or fiscal year beginning in)	(a)	(b)	(c)	(d)	(e)	(f)
9						
10a						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c						
11						
12						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years.						

stop here

15	15	
16	16	

17	2018	17	
18	2017	18	

19a 33 1/3% support tests - 2018.

stop here.

b 33 1/3% support tests - 2017.

stop here.

20 Private foundation.

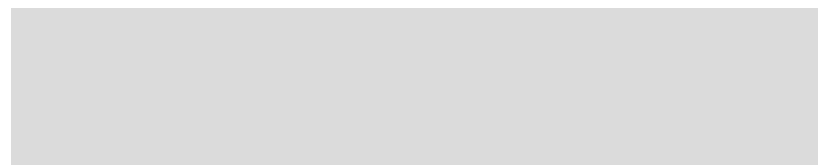
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
	11a		
b	A family member of a person described in (a) above?		
	11b		
c	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		

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
	2		

		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		

		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 in organizations at 46197 as of 12/31/2014 tax year. If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
	3		

		Yes	No
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	The organization satisfied the organization's Complete line 2 below.		
b	Complete line 3 below.		
c	Describe in Part VI how you supported a government entity (see instructions).		
2	Answer (a) and (b) below.		
a	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	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	Answer (a) and (b) below.		
a	Provide details in Part VI.		
	3a		
b	If "Yes," describe in Part VI the role played by the organization in this regard.		
	3b		



Name of the organization _____ Employer identification number _____

Complete if the organization answered "Yes" on Form 990, Part IV, line 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 advised funds are the organization's property, subject to the organization's exclusive legal control? ~~~~~	Yes	No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	Yes	No

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
 - Preservation of land for public use (e.g., recreation or education)
 - Protection of natural habitat
 - Preservation of open space
 - Preservation of a historically important land area
 - Preservation of a certified historic structure
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements ~~~~~	2a
b Total acreage restricted by conservation easements ~~~~~	2b
c Number of conservation easements on a certified historic structure included in (a) ~~~~~	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register ~~~~~	2d
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year | _____
- 4 Number of states where property subject to conservation easement is located | _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ~~~~~ Yes **No**
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year | _____
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year | \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ~~~~~ Yes No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
 - (i) Revenue included on Form 990, Part VIII, line 1 ~~~~~ | \$ _____
 - (ii) Assets included in Form 990, Part X ~~~~~ | \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
 - a Revenue included on Form 990, Part VIII, line 1 ~~~~~ | \$ _____
 - b Assets included in Form 990, Part X

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[Redacted]

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives ~ ~ ~ ~ ~		
(2) Closely-held equity interests ~ ~ ~ ~ ~		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

[Redacted]

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.)		

[Redacted]

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.)	

[Redacted]

1. (a)	(b)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		

2.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements ~ ~ ~ ~ ~		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d		2d	
e	2a 2d	2e	
3	2e 1	3	
4			
a		4a	
b		4b	
c	4a 4b	4c	
5	3 4c. (This must equal Form 990, Part I, line 12.)	5	

1			1
2			
a		2a	
b		2b	
c		2c	
d		2d	
e	2a 2d	2e	
3	2e 1	3	
4			
a		4a	
b		4b	
c	4a 4b	4c	
5	3 4c. (This must equal Form 990, Part I, line 18.)	5	

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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.

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Name of the organization READING PARTNERS Employer identification number 77-0568469

Part I 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.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a X Mail solicitations b X Internet and email solicitations c X Phone solicitations d X In-person solicitations e X Solicitation of non-government grants f X Solicitation of government grants g X Special fundraising events 2 a Did the organization have a written or oral agreement with any individual... X Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes entries for ELEVATE and BUILDING BLOX CONSULTING.

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL,AK,AZ,AR,CA,CO,CT,DE,FL,GA,HI,ID,IL,IN,IA,KS,KY,LA,ME,MD,MA,MI,MN,MS,MO MT,NE,NV,NH,NJ,NM,NY,NC,ND,OH,OK,OR,PA,RI,SC,SD,TN,TX,UT,VT,VA,WA,WV,WI,WY







**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2018

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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|---|
| 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) |

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 ~ ~ ~ ~ ~

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? ~ ~ ~ ~ ~

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.

- | | |
|-------------------------------------|---|
| Compensation committee | Written employment contract |
| Independent compensation consultant | Compensation survey or study |
| Form 990 of other organizations | Approval by the board or compensation committee |

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:

- a Receive a severance payment or change-of-control payment? ~ ~ ~ ~ ~
- b Participate in, or receive payment from, a supplemental nonqualified retirement plan? ~ ~ ~ ~ ~
- 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.

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:

- a The organization? ~ ~ ~ ~ ~
- b Any related organization? ~ ~ ~ ~ ~
- 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:

- a The organization? ~ ~ ~ ~ ~
- b Any related organization? ~ ~ ~ ~ ~
- 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 ~ ~ ~ ~ ~

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 ~ ~ ~ ~ ~

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? ~ ~ ~ ~ ~

	Yes	No
1a		
1b		
2		
3		
4a		
4b		
4c		
5a		
5b		
6a		
6b		
7		
8		
9		

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

Schedule J (Form 990) 2018

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.

Note:

(A)	(B)			(C)	(D)	(E)	(F)
	(i)	(ii)	(iii)				
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
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	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i) Note:						



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