

990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

JUL 1, 2021

JUN 30, 2022

Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. READING PARTNERS, 638 THIRD STREET, OAKLAND, CA 94607. ROSA GUTIERREZ. SAME AS C ABOVE. Tax-exempt status: X. Website: WWW.READINGPARTNERS.ORG. Group exemption number: 2001.

Table with 3 columns: Line number, Description, and Amount. Rows include: 1. Mission statement; 2-7. Governance; 8-12. Revenue; 13-19. Expenses; 20-22. Assets and liabilities.

Sign Here: ROSA GUTIERREZ, CFO. Preparer: BRIAN YACKER, BAKER TILLY US, LLP, 18500 VON KARMA, OAKLAND, CA 94612.

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

1 Briefly describe the organization's mission: 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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No

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 \$ 22,494,176 including grants of \$ ) (Revenue \$ 3,379,664 ) 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.

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

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

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

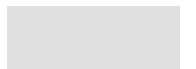
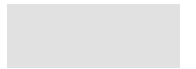
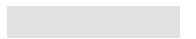
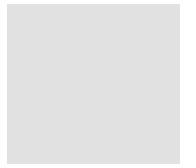
4e Total program service expenses |





(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 ~ ~ ~ ~ ~ <u>2a</u>		
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 on 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	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? ~ ~ ~ ~ ~	5a	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? ~ ~ ~ ~ ~	5b	
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? ~ ~ ~ ~ ~	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? ~ ~ ~ ~ ~	6a	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? ~ ~ ~ ~ ~	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a		7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? ~ ~ ~ ~ ~	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
d	If "Yes," indicate the number of Forms 8282 filed during the year ~ ~ ~ ~ ~ <u>7d</u>		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ~ ~ ~ ~ ~	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ~ ~ ~ ~ ~	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ~ ~ ~ ~ ~	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? ~ ~ ~ ~ ~	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? ~ ~ ~ ~ ~	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966? ~ ~ ~ ~ ~	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? ~ ~ ~ ~ ~	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 ~ ~ ~ ~ ~ <u>10a</u>		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ~ ~ ~ ~ ~ <u>10b</u>		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders ~ ~ ~ ~ ~ <u>11a</u>		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) ~ ~ ~ ~ ~ <u>11b</u>		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <u>12b</u>		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? ~ ~ ~ ~ ~ Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans ~ ~ ~ ~ ~ <u>13b</u>		
c	Enter the amount of reserves on hand ~ ~ ~ ~ ~ <u>13c</u>		
14a	Did the organization receive any payments for indoor tanning services during the tax year? ~ ~ ~ ~ ~	14a	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O ~ ~ ~ ~ ~	14b	
15		15	
16		16	
17	Section 501(c)(21) organizations. ~ ~ ~ ~ ~	17	





Section A.

		(do not check more than one box, unless person is both an officer and a director/trustee)								
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			





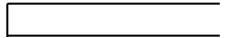
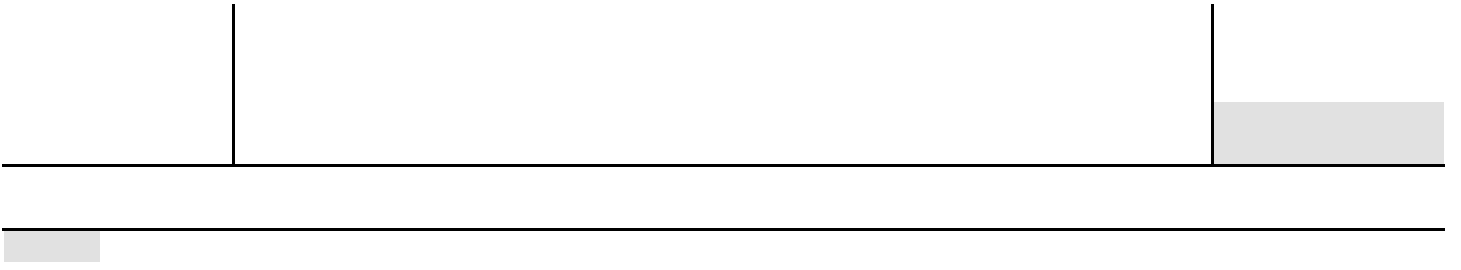
Noncash contributions included in lines 1a-1f							

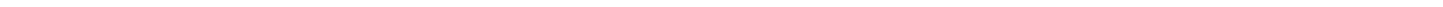
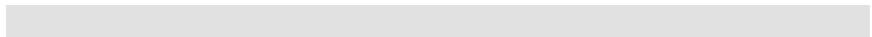
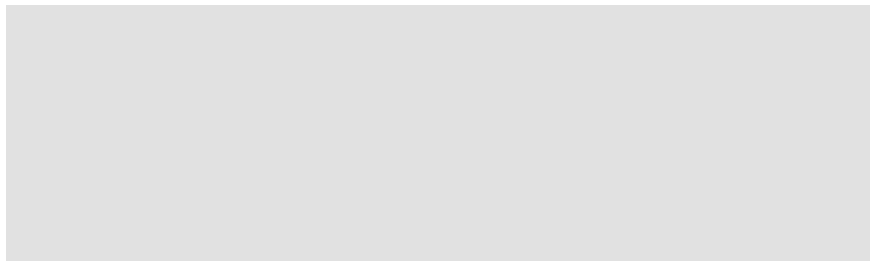


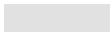



		(A)		













		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 on lines 11b and 11c below, the governing body of a supported organization?		
	11a		
b	A family member of a person described on line 11a above?		
	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.		
	11c		

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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		
	1		
2	If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
	2		
3	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	Complete line 2 below.		
b	Complete line 3 below.		
c	Describe in Part VI how you supported a governmental entity (see instructions).		
2	Answer lines 2a and 2b 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 lines 3a and 3b below.		
a	If "Yes" or "No" provide details in Part VI.		
	3a		
b	If "Yes," describe in Part VI the role played by the organization in this regard.		
	3b		

--	--	--

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 197 explain in Part VI See Ynstructions.

Section A - Adjusted Net Income			
1	1		
2	2		
3	3		
4	4		
5	5		
6	6		
7	7		
8 Adjusted Net Income	8		
Section B - Minimum Asset Amount			
1			
a	1a		
b	1b		
c	1c		
d Total	1d		
e Discount explain in detail in Part VI			
2	2		
3	3		
4	4		
5	5		
6	6		
7	7		
8 Minimum Asset Amount	8		
Section C - Distributable Amount			
1	1		
2	2		
3	3		
4	4		
5	5		
6 Distributable Amount.	6		
7			

		(continued)
Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		



(Form 990)

Department of the Treasury  
Internal Revenue Service

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

Name of the organization

Employer identification number

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

501(c)(3) taxable private foundation

Cor anurrganization f rob nut o t ecection 501(c)(7n to t ing &orm 990%mei90-EZ%c iempceiueic%q)s)ecbpeerceiicbem5ec ec t pqiok 5u%

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one ce5' 2 r 2

Special Rules

(1) (2)

exclusively

General Rule

exclusively

nonexclusively

Caution:

must

Name of organization

Employer identification number

READING PARTNERS

77-0568469

(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
1		\$ 1,194,069.	Person <input checked="" type="checkbox"/> X Payroll Noncash (Complete Part II for noncash contributions.)
2		\$ 4,790,302.	Person <input checked="" type="checkbox"/> X Payroll Noncash (Complete Part II for noncash contributions.)
3		\$ 1,938,872.	Person <input checked="" type="checkbox"/> X Payroll Noncash (Complete Part II for noncash contributions.)
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number



(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
_____	_____ _____ _____	_____	_____
_____	_____ _____ _____	_____	_____
_____	_____ _____ _____	_____	_____
_____	_____ _____ _____	_____	_____
_____	_____ _____ _____	_____	_____
_____	_____ _____ _____	_____	_____
_____	_____ _____ _____	_____	_____
_____	_____ _____ _____	_____	_____
_____	_____ _____ _____	_____	_____

Name of organization  
**READING PARTNERS**

Employer identification number  
**77-0568469**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info once) | \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	



(Form 990)

Department of the Treasury  
Internal Revenue Service

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

Name of the o2 (F



\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

3

a \_\_\_\_\_ d  
b \_\_\_\_\_ e \_\_\_\_\_  
c \_\_\_\_\_

4  
5

Yes No

\_\_\_\_\_

1a

Yes No

b \_\_\_\_\_  
c \_\_\_\_\_  
d \_\_\_\_\_  
e \_\_\_\_\_  
f \_\_\_\_\_

1c	
1d	
1e	
1f	

2a Yes No

b \_\_\_\_\_

\_\_\_\_\_

	(a)	(b)	(c)	(d)	(e)
1a					
b					
c					
d					
e					
f					
g					

2

a \_\_\_\_\_  
b \_\_\_\_\_  
c \_\_\_\_\_

3a

	Yes	No
3a(i)		
(ii)		
b		

(i)  
(ii)

b

4

\_\_\_\_\_


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

(a) (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)		

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)		

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.)	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

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	50,614,950
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	591.	
b	Donated services and use of facilities	2b	661,290	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	661,881.	
3	Subtract line 2e from line 1	3	49,953,069.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	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	49,953,069.	

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

1	Total expenses and losses per audited financial statements		1	28,198,144.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	661,290	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	661,290	
3	Subtract line 2e from line 1	3	27,536,854.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	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	27,536,854.	

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 501(C)(3) OF THE INTERNAL REVENUE CODE AND EXEMPT FROM STATE INCOME TAXES UNDER VARIOUS STATE CODES. ACCORDINGLY, NO PROMOTION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS.

EACH YEAR, MANAGEMENT CONSIDERS WHETHER ANY MATERIAL TAX POSITION THE ORGANIZATION HAS TAKEN IS MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPLICABLE TAX AUTHORITY. MANAGEMENT BELIEVES THAT ANY POSITIONS THE ORGANIZATION HAS TAKEN ARE SUPPORTED BY SUBSTANTIAL AUTHORITY AND, HENCE, DO NOT NEED TO BE MEASURED OR DISCLOSED





Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts ~ ~ ~ ~ ~	2,357,950		
	2	Less: Contributions ~ ~ ~ ~ ~	2,357,950		
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes ~ ~ ~ ~ ~			
	5	Noncash prizes ~ ~ ~ ~ ~			
	6	Rent/facility costs ~ ~ ~ ~ ~	185,499		
	7	Food and beverages ~ ~ ~ ~ ~	45,952		
	8	Entertainment ~ ~ ~ ~ ~			
	9	Other direct expenses ~ ~ ~ ~ ~			
	10	Direct expense summary. Add lines 4 through 9 in column (d) ~ ~ ~ ~ ~			
11	Net income summary. Subtract line 10 from line 3, column (d)				

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

		(a) Bingo	(b)	(c) Other gaming	(d) Total gaming
		(add col. (a) through col. (c))			
Revenue	1	Gross revenue			
	2	Cash prizes ~ ~ ~ ~ ~			
Direct Expenses	3	Noncash prizes ~ ~ ~ ~ ~			
	4	Rent/facility costs ~ ~ ~ ~ ~			
	5	Other direct expenses			
6	Volunteer labor ~ ~ ~ ~ ~	Yes _____ % No	Yes _____ % No	Yes _____ % No	
7	Direct expense summary. Add lines 2 through 5 in column (d) ~ ~ ~ ~ ~				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states? ~ ~ ~ ~ ~ Yes No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ~ ~ ~ ~ ~ Yes No  
 b If "Yes," explain: \_\_\_\_\_

11 Does the organization conduct gaming activities with nonmembers? ~ ~ ~ ~ ~ Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13

a	13a	
b	13b	

14

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15a Yes No

b

c

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16

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17

a Yes No

b

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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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Open to Public  
Inspection

Employer identification number

			Yes	No
1				

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

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must be less than or equal to the maximum amount shown in column (F).

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





