| * * | PUBLIC | DISCLOSURE | COPY | * * |
|-----|--------|------------|------|-----|
|-----|--------|------------|------|-----|

OMB No. 1545-0047 **Return of Organization Exempt From Income Tax** ggn 5 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. Open to Public Department of the Treasury Internal Revenue Service Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection OCT 1, 2015 SEP 30, 2016 A For the 2015 calendar year, or tax year beginning and ending D Employer identification number В Check if applicable: C Name of organization X Address change READING IS FUNDAMENTAL, INC. \_\_\_\_\_Name \_\_\_\_\_change 52-0976257 Doing business as Initial Ireturn Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final 1730 RHODE ISLAND AVENUE, NW 1100 (202)536-3400 termin-ated 11,982,945. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended WASHINGTON, DC 20036 H(a) Is this a group return Applica-F Name and address of principal officer: ALICIA LEVI Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) ) (insert no.) 4947(a)(1) or 527 \_ 501(c) ( If "No," attach a list. (see instructions) J Website: ► WWW.RIF.ORG H(c) Group exemption number **K** Form of organization: **X** Corporation Trust Association Other L Year of formation: 1973 M State of legal domicile: DC Part I Summary Briefly describe the organization's mission or most significant activities: MOTIVATING CHILDREN TO READ BY Activities & Governance MAKING READING A FUN AND BENEFICIAL PART OF EVERYDAY LIFE. Check this box 
 if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 10 Number of voting members of the governing body (Part VI, line 1a) 3 3 10 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 32 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 50011 6 6 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. **b** Net unrelated business taxable income from Form 990-T, line 34 7b Prior Year Current Year 5,781,544. 50,163. 5,374,338. Contributions and grants (Part VIII, line 1h) 8 Revenue 585,512. Program service revenue (Part VIII, line 2g) 9 299,348. 462,131. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -76,835. 23,511. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 6,317,349. 6,182,363. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ...... 12 1,677,883. 992,642. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 2,289,119. 2,379,837. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 161,200. 197,000. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ► 1,435,241. 3,248,390. 4,152,465. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 8,316,467. 6,782,069. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 -1,999,118. -599,706. 19 Revenue less expenses. Subtract line 18 from line 12 Assets or d Balances **Beginning of Current Year** End of Year 9,957,469. 9,415,552. Total assets (Part X, line 16) 20 1,017,765. 770,687. **21** Total liabilities (Part X, line 26) Net / 8,939,704. 8,644,865. 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  | Signature of officer                      |                      | Date                           |                |  |  |
| Here  | ALICIA LEVI, PRESIDENT                    | AND CEO              |                                |                |  |  |
|   | Type or print name and title              |                      |                                |                |  |  |
|   | Print/Type preparer's name                | Preparer's signature | Date Check                     | PTIN           |  |  |
| Paid  | FRANK H. SMITH                            | Frank H. Smith       | 02/16/17 <sup>if</sup> self-em |                |  |  |
| Preparer  | Firm's name 🕒 RAFFA, P.C.                 |                      | Firm's EIN                     | 52-1511275     |  |  |
| Use Only  | Firm's address ▶ 1899 STREET, NW,         | SUITE 850            |                                |                |  |  |
|   |   | 20036                | Phone no.                      | (202) 822-5000 |  |  |
| May the IRS discuss this return with the preparer shown above? (see instructions) |   |                      |                                |                |  |  |
| 532001 12-1   | 6-15 LHA For Paperwork Reduction Act Noti |                      | Form <b>990</b> (2015)         |                |  |  |
|   |   |                      |                                |                |  |  |

\*\*\* ELECTRONICALY FILED ON 02/16/2017 \*\*\*

COPY

| Form 990 (2015) READING IS FUNDAMENTAL, INC.   | 52-0976257 <sub>P</sub>  |
|--|--|
| Part III Statement of Program Service Accomplishments  |  |
| Check if Schedule O contains a response or note to any line in this Part III   |  |
| 1 Briefly describe the organization's mission:<br>READING IS FUNDAMENTAL, INC. (RIF) IS COMMITTE<br>BY INSPIRING A PASSION FOR READING AMONG CHILI   | ED TO A LITERATE AMERICA   |
| CONTENT AND RESOURCES TO MAKE AN IMPACT, AND   | ENGAGING COMMUNITIES IN  |
| THE SOLUTION TO GIVE EVERY CHILD THE FUNDAMENT   |  |
| 2 Did the organization undertake any significant program services during the year which were<br>the prior Form 990 or 990-EZ?<br>If "Yes," describe these new services on Schedule O.                            |  |
| <ul> <li>Did the organization cease conducting, or make significant changes in how it conducts, any If "Yes," describe these changes on Schedule O.</li> </ul>   | y program services? XYes   |
| <ul> <li>Describe the organization's program service accomplishments for each of its three largest p<br/>Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants an</li> </ul> |  |
| revenue, if any, for each program service reported.  |  |
| 4a (Code: ) (Expenses 1,752,982. including grants of \$ 992<br>BOOKS FOR OWNERSHIP: AT READING CELEBRATIONS I  | 2,642.) (Revenue \$<br>HELD MULTIPLE TIMES EACH                          |
| YEAR, CHILDREN CHOOSE NEW BOOKS AND PARTICIPA  |  |
| WITH TEACHERS, PARENTS, VOLUNTEERS, AND COMMUN   |  |
| ARE FREE TO THE CHILDREN. THESE EVENTS EDUCAT  |  |
| INSPIRE CHILDREN TO MAKE GREATER CHOICES FOR '<br>LEARNING, AND TO CHOOSE SUCCESS IN SCHOOL AND  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| DESIGNED TO HELP PARENTS TAKE A LEADING ROLE CHILDREN'S LITERACY DEVELOPMENT. WITH THE GUI   | ENGAGEMENT ACTIVITIES A<br>IN ENCOURAGING THEIR                          |
| IN FISCAL YEAR 2016, RIF INTRODUCED READ FOR S<br>PROGRAM DESIGNED TO IMPROVED READING PROFICIES<br>LEARNING LOSS- A CONTRIBUTION FACTOR TO THE AC<br>OVER TWO YEARS AMONG 33,000 STUDENTS FROM 16 S             | NCY AND COMBAT SUMMER<br>CHIEVEMENT GAP. TESTED<br>STATES AS PART OF THE |
| 4c (Code: ) (Expenses 1,116,577. including grants of \$<br>COMMUNITY LITERACY AWARENESS: RIF IS THE LEAD   |  |
| CHILDREN'S LITERACY THROUGH MEANINGFUL RESEAR<br>EQUAL ACCESS TO IMPACT ALL CHILDREN WITH THE  | POWER OF READING. RIF  |
| BELIEVES THAT EVERY CHILD DESERVES AN OPPORTU  |  |
| HOW TO READ AND OBTAIN THE FUNDAMENTAL BUILDIN<br>HIGHEST POTENTIAL. RIF CONDUCTS MULTIDISCIPLIN   |  |
| TAILORED TO THE SPECIFIC NEEDS OF INDIVIDUAL (   |  |
| PROJECTS COMBINE THE DISTRIBUTION OF BOOKS TO  |  |
| BOOKS FOR OWNERSHIP SERVICES, WITH ELEMENTS O  | F OTHER PROGRAM SERVICES   |
| OF RIF. A MULTIDISCIPLINARY PROJECT IS USUALLY   | Y FUNDED BY A SINGLE   |
| DONOR.   |  |
| 4d Other program services (Describe in Schedule O.)  |  |
|  | venue \$ )   |
| 4e       Total program service expenses ►       4,095,760.   | - 000  |
| SEE SCHEDULE O FOR CON<br>2-16-15 2  |  |
| 60216 786783 RIF 2015.05040 READING IS   | s fundamental, <b>CORY</b>   |

| Form | 990 | (2015) |
|------|-----|--------|

| Pa  | rt IV Checklist of Required Schedules  |      |          |          |
|-----|--|------|----------|----------|
|     |  |      | Yes      | No       |
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  |      |          |          |
|     | If "Yes," complete Schedule A  | 1    | х        |          |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors?   | 2    | Х        |          |
| 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    |          | х        |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect   |      |          |          |
|     | during the tax year? If "Yes," complete Schedule C, Part II  | 4    |          | Х        |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or   |      |          |          |
|     | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III   | 5    |          | Х        |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to  |      |          |          |
|     | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I   | 6    |          | Х        |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space,  |      |          |          |
|     | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   | 7    |          | X        |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete   |      |          |          |
|     | Schedule D, Part III   | 8    |          | X        |
| 9   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for  |      |          |          |
|     | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  |      |          |          |
|     | If "Yes," complete Schedule D, Part IV   | 9    |          | X        |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent  |      |          |          |
|     | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V   | 10   | Х        |          |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X   |      |          |          |
|     | as applicable.   |      |          |          |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,  |      |          |          |
|     | Part VI  | 11a  | Х        |          |
| b   | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total  |      |          | 37       |
|     | 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   |      |          | v        |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c  |          | X        |
| d   | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in   |      |          | v        |
|     | Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d  | Х        | X        |
|     | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>   | 11e  | <u>л</u> |          |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses  |      | х        |          |
| 10- | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>   | 11f  | Λ        | <u> </u> |
| iza |  | 10-  | х        |          |
| h   | Schedule D, Parts XI and XII   | 12a  | - 23     | <u> </u> |
| u   | Was the organization included in consolidated, independent audited financial statements for the tax year?<br>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  | 120  |          | X        |
|     | 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,  | 1 10 |          | <u> </u> |
| 2   | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000   |      |          |          |
|     | or more? If "Yes," complete Schedule F, Parts I and IV   | 14b  |          | 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  |      |          | <u> </u> |
|     | 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  | 16   |          | х        |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,  |      |          |          |
|     | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I   | 17   | Х        |          |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines   |      |          |          |
|     | 1c and 8a? If "Yes," complete Schedule G, Part II  | 18   | Х        |          |
| 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        |

Form **990** (2015)

532003 12-16-15

| Form | 990 | (2015) |
|------|-----|--------|
|      | 330 | (2010) |

Part IV Checklist of Required Schedules (continued)

|            |  |            | Yes | No       |
|------------|--|------------|-----|----------|
| 20a        | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 20a        |     | Х        |
| b          | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20b        |     |          |
| 21         | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or  |            |     |          |
|            | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | 21         | Х   |          |
| 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 current   |            |     |          |
|            | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete   |            | v   |          |
| ~ ~        | Schedule J   | 23         | Х   |          |
| 24a        | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the  |            |     |          |
|            | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a   | 24a        |     | x        |
| b          | Schedule K. If "No", go to line 25a         Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24a<br>24b |     |          |
| c          | Did the organization mintain an escrow account other than a refunding escrow at any time during the year to defease  | 270        |     |          |
| Ū          | any tax-exempt bonds?  | 24c        |     |          |
| d          | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d        |     |          |
|            | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit   |            |     |          |
|            | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a        |     | X        |
| b          | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and   |            |     |          |
|            | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete  |            |     |          |
|            | Schedule L, Part I   | 25b        |     | X        |
| 26         | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or  |            |     |          |
|            | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"   |            |     |          |
|            | complete Schedule L, Part II   | 26         |     | X        |
| 27         | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial   |            |     |          |
|            | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member  |            |     | x        |
| 00         | of any of these persons? If "Yes," complete Schedule L, Part III   | 27         |     |          |
| 28         | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV  |            |     |          |
| 2          | instructions for applicable filing thresholds, conditions, and exceptions):  | 28a        |     | x        |
| a<br>b     | A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> | 20a<br>28b |     | X        |
| c          | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,  | 200        |     |          |
| •          | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV   | 28c        |     | x        |
| 29         | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   | 29         | Х   |          |
| 30         | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation  |            |     |          |
|            | contributions? If "Yes," complete Schedule M   | 30         |     | 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, and  |            |     | v        |
| <b>0</b> - | Part V, line 1   | 34         |     | X<br>X   |
| 35a        | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a        |     |          |
| b          | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>                                | 35b        |     |          |
| 36         | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?   | 330        | ļ   |          |
| 00         | If "Yes," complete Schedule R, Part V, line 2  | 36         |     | x        |
| 37         | Did the organization conduct more than 5% of its activities through an entity that is not a related organization   |            |     | <u> </u> |
|            | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI   | 37         |     | x        |
| 38         | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?   |            |     |          |
|            | Note. All Form 990 filers are required to complete Schedule O  | 38         | Х   |          |

Form **990** (2015)

532004 12-16-15

13060216 786783 RIF

2015.05040 READING IS FUNDAMENTAL, CORY\_01

| Pa         | <b>t V</b> Statements Regarding Other IRS Filings and Tax Compliance<br>Check if Schedule O contains a response or note to any line in this Part V   |              |       |          |        |          |  |  |
|------------|--|--------------|-------|----------|--------|----------|--|--|
|            |  | <u></u>      |       |          | Yes    | No       |  |  |
| 1a         | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   | 1a           | 22    |          |        |          |  |  |
| b          | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  | 1b           | 0     |          |        |          |  |  |
| с          | Did the organization comply with backup withholding rules for reportable payments to vendors and r   | eportable ga | aming |          |        |          |  |  |
|            | (gambling) winnings to prize winners?  |              |       | 1c       | Х      |          |  |  |
| 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           | 32    |          |        |          |  |  |
| b          | If at least one is reported on line 2a, did the organization file all required federal employment tax retu   | rns?         |       | 2b       | X      |          |  |  |
|            | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions   | s)           |       |          |        |          |  |  |
|            |  |              |       | 3a       |        | X        |  |  |
| b          | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule   | 0            |       | 3b       |        |          |  |  |
| 4a         | 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       |        | X        |  |  |
| 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 A   | -            |       |          |        | x        |  |  |
|            | 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   |              |       |          |        |          |  |  |
|            | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa   |              |       | 5b       |        | X        |  |  |
|            | c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?   |              |       |          |        |          |  |  |
| 6a         | 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?  |              |       |          |        |          |  |  |
| b          | <b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts  |              |       |          |        |          |  |  |
| _          | were not tax deductible?   |              |       |          |        |          |  |  |
| 7          | Organizations that may receive deductible contributions under section 170(c).  |              |       | _        | v      |          |  |  |
| a          | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se   |              |       | 7a       | X<br>X |          |  |  |
|            | If "Yes," did the organization notify the donor of the value of the goods or services provided?  |              |       | 7b       |        | <u> </u> |  |  |
| С          | c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required  |              |       |          |        |          |  |  |
| <b>ا</b> م | to file Form 8282?   |              |       | 7c       |        | X        |  |  |
|            | If "Yes," indicate the number of Forms 8282 filed during the year  | · · · ·      |       | 7e       |        | x        |  |  |
| f          | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont |              | 1     | 7e<br>7f |        | X        |  |  |
|            | If the organization received a contribution of qualified intellectual property, did the organization file F  |              |       | 7g       |        |          |  |  |
|            | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization   |              | 1     | 79<br>7h |        |          |  |  |
| 8          | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained  |              |       | 7.11     |        |          |  |  |
| •          | 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?  |              | r     | 9b       |        |          |  |  |
| 10         | Section 501(c)(7) organizations. Enter:  |              |       |          |        |          |  |  |
| а          | Initiation fees and capital contributions included on Part VIII, line 12   | 10a          |       |          |        |          |  |  |
| b          | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | 10b          |       |          |        |          |  |  |
| 11         | Section 501(c)(12) organizations. Enter:   |              |       |          |        |          |  |  |
| а          | Gross income from members or shareholders  | 11a          |       |          |        |          |  |  |
| b          | Gross income from other sources (Do not net amounts due or paid to other sources against   |              |       |          |        |          |  |  |
|            | amounts due or received from them.)  | 11b          |       |          |        |          |  |  |
|            | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form   | 1041?        |       | 12a      |        |          |  |  |
| b          | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | 12b          |       |          |        |          |  |  |
| 13         | Section 501(c)(29) qualified nonprofit health insurance issuers.   |              |       |          |        |          |  |  |
| а          | Is the organization licensed to issue qualified health plans in more than one state?   |              |       | 13a      |        |          |  |  |
|            | Note. See the instructions for additional information the organization must report on Schedule O.  |              |       |          |        |          |  |  |
| b          | Enter the amount of reserves the organization is required to maintain by the states in which the   | 1 1          |       |          |        |          |  |  |
|            | organization is licensed to issue qualified health plans   | 13b          |       |          |        |          |  |  |
|            | Enter the amount of reserves on hand   | 13c          |       |          |        | v        |  |  |
|            |  |              |       | 14a      |        | X        |  |  |
| b          | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul   | e O          |       | 14b      |        |          |  |  |

Form **990** (2015)

52-0976257

Page 5

532005 12-16-15

Form 990 (2015)

| Form 990 ( |     |
|------------|-----|
| Part VI    | Gov |

52-0976257 Page 6

X

| t VI | Governance, N         | lanagement,       | and Discl     | osure For each    | "Yes" r  | response to lines | 2 through   | 7b below,   | and for a | 'No" i | response |
|------|-----------------------|-------------------|---------------|-------------------|----------|-------------------|-------------|-------------|-----------|--------|----------|
|      | to line 8a, 8b, or 10 | b below, describe | e the circums | tances, processes | s, or ch | anges in Schedu   | le O. See i | nstructions | s.        |        |          |

|     | Check if Schedule O contains a response or note to any line in this Part VI  |           |              |              |            |        |   |  |
|-----|--|-----------|--------------|--------------|------------|--------|---|--|
| ec  | tion A. Governing Body and Management  |           |              |              |            |        |   |  |
|     |  |           |              |              |            | Yes    | 1 |  |
| 1a  | Enter the number of voting members of the governing body at the end of the tax year  | 1a        |              | 10           | <u>)</u>   |        |   |  |
|     | 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 0.  |           |              |              |            |        |   |  |
| b   | Enter the number of voting members included in line 1a, above, who are independent   | 1b        |              | 10           |            |        |   |  |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationsh  | ip with   | any othe     | r            |            |        |   |  |
|     | officer, director, trustee, or key employee?   |           |              |              | 2          |        | Г |  |
| 3   | Did the organization delegate control over management duties customarily performed by or under t   |           |              |              |            |        | t |  |
| -   | of officers, directors, or trustees, or key employees to a management company or other person?   |           |              |              | 3          |        |   |  |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form  |           |              |              | 4          |        | ╈ |  |
|     | Did the organization make any significant changes to its governing documents since the prior rom.<br>Did the organization become aware during the year of a significant diversion of the organization's as |           | -            |              | 5          |        | + |  |
|     |  |           |              |              | 6          |        | + |  |
|     | Did the organization have members or stockholders?   |           |              |              | 0          |        | ╉ |  |
| 7a  | Did the organization have members, stockholders, or other persons who had the power to elect or a  | •••       |              |              | L_         |        |   |  |
|     | more members of the governing body?  |           |              |              | 7a         |        | + |  |
| b   | Are any governance decisions of the organization reserved to (or subject to approval by) members,  |           |              |              |            |        |   |  |
|     | persons other than the governing body?   |           |              |              | 7b         |        |   |  |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year  | ear by th | e following  | g:           |            |        |   |  |
| а   | The governing body?  |           |              |              | 8a         | X<br>X |   |  |
| b   |  |           |              |              |            |        |   |  |
| 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          |        |   |  |
| ect | tion B. Policies (This Section B requests information about policies not required by the Internal F  | Revenu    | e Code.)     |              |            |        |   |  |
|     |  |           |              |              |            | Yes    |   |  |
| 0a  | Did the organization have local chapters, branches, or affiliates?   |           |              |              | 10a        |        | Τ |  |
|     | If "Yes," did the organization have written policies and procedures governing the activities of such   |           |              |              |            |        | T |  |
|     | and branches to ensure their operations are consistent with the organization's exempt purposes?  |           |              |              |            |        |   |  |
| 1a  | Has the organization provided a complete copy of this Form 990 to all members of its governing bo  |           |              |              | 10b<br>11a | Х      | t |  |
|     | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  | ay bore   | no ming a    |              |            |        |   |  |
|     |  |           |              |              | 12a        | Х      | Ľ |  |
|     | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris   |           |              |              | 12a        | X      | ╉ |  |
|     | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "   |           |              |              | 120        | - 23   | ╉ |  |
|     |  |           |              |              | 10-        | х      |   |  |
| _   | in Schedule O how this was done  |           |              |              | 12c        | X      | ╀ |  |
|     | Did the organization have a written whistleblower policy?  |           |              |              | 13         |        | + |  |
|     | Did the organization have a written document retention and destruction policy?   |           |              |              | 14         | Х      | + |  |
| 5   | Did the process for determining compensation of the following persons include a review and approv  |           | •            | ent          |            |        |   |  |
|     | persons, comparability data, and contemporaneous substantiation of the deliberation and decision   | ?         |              |              |            |        |   |  |
| а   | The organization's CEO, Executive Director, or top management official   |           |              |              | 15a        | Х      |   |  |
| b   | Other officers or key employees of the organization  |           |              |              | 15b        |        |   |  |
|     | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  |           |              |              |            |        | Τ |  |
| 6a  | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange   | ement v   | vith a       |              |            |        |   |  |
|     | taxable entity during the year?  |           |              |              | 16a        |        | Τ |  |
|     | If "Yes," did the organization follow a written policy or procedure requiring the organization to evalue   |           |              |              |            |        | T |  |
|     | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga   |           | •            |              |            |        |   |  |
|     |  |           |              |              | 16b        |        | L |  |
| ect | tion C. Disclosure   |           |              |              | 100        |        |   |  |
|     | List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ AL , AK , AR , AZ , Z   | ARC       |              | FL GZ        | нт         | тт     |   |  |
|     |  |           |              |              |            |        |   |  |
|     | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-  | T (Sect   | 100 50 I (C  | s)(3)s only) | avallac    | ne     |   |  |
|     | for public inspection. Indicate how you made these available. Check all that apply.  |           |              |              |            |        |   |  |
|     | X Own website Another's website X Upon request Other (explained)   |           | ,            |              |            |        |   |  |
| 9   | Describe in Schedule O whether (and if so, how) the organization made its governing documents, co  | onflict o | of interest  | policy, an   | d finan    | cial   |   |  |
|     | statements available to the public during the tax year.  |           |              |              |            |        |   |  |
| 0   | State the name, address, and telephone number of the person who possesses the organization's b   | ooks aı   | nd record    | s: ►         |            |        |   |  |
|     | ROMEO FERRUFINO - (202) 536-3400   |           |              |              |            |        |   |  |
|     |  |           |              |              |            |        |   |  |
|     | 1730 RHODE ISLAND AVENUE, NW, NO. 1100, WASHINGTON<br>SEE SCHEDULE O FOR FULL LIST OF STATES   | N, D      | <u>C 2</u> ( | 0036         |            | 990    |   |  |

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

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

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

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

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

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

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

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

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

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

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

| (A)  | (B)                  |                                |  | (0      | C)                      |                                 |                        | (D)                             | (E)             | (F)                      |
|--|----------------------|--------------------------------|--|---------|-------------------------|---------------------------------|------------------------|---------------------------------|-----------------|--------------------------|
| Name and Title   | Average<br>hours per | (do                            | Position<br>(do not check more than one<br>box, unless person is both an |         | Reportable compensation | Reportable compensation         | Estimated<br>amount of |                                 |                 |                          |
|  | week                 |                                |  |         |                         | or/trus                         |                        | from                            | from related    | other                    |
|  | (list any            | rector                         |  |         |                         |                                 |                        | the                             | organizations   | compensation             |
|  | hours for<br>related | Individual trustee or director | tee  |         |                         | Highest compensated<br>employee |                        | organization<br>(W-2/1099-MISC) | (W-2/1099-MISC) | from the<br>organization |
|  | organizations        | truste                         | al trus  |         | yee                     | mpen                            |                        | (112) 1000 1000)                |                 | and related              |
|  | below                | vidual                         | nstitutional trustee   | er      | Key employee            | lest co<br>loyee                | ner                    |                                 |                 | organizations            |
|  | line)                | Indi                           | Insti  | Officer | Key                     | High<br>emp                     | Former                 |                                 |                 |                          |
| (1) JOHN REMONDI   | 4.50                 |                                |  |         |                         |                                 |                        |                                 | 0               | 0                        |
| CHAIRMAN   |                      | X                              |  | X       |                         |                                 |                        | 0.                              | 0.              | 0.                       |
| (2) RICK ZIMMERMAN                                       | 1.50                 | x                              |  | x       |                         |                                 |                        | 0.                              | 0.              | 0                        |
| VICE CHAIRMAN  | 1.50                 | <u> </u>                       |  | ~       |                         |                                 |                        | 0.                              | 0.              | 0.                       |
| (3) J.J. JOHNSON<br>TREASURER                            | 1.50                 | x                              |  | x       |                         |                                 |                        | 0.                              | 0.              | 0.                       |
| (4) CHRISTY MOBERLY                                      | 1.50                 | ^                              |  | ^       |                         |                                 |                        | 0.                              | 0.              | 0.                       |
| SECRETARY  | 1.50                 | x                              |  | x       |                         |                                 |                        | 0.                              | 0.              | 0.                       |
| (5) CHRISTOPHER CERF                                     | 1.50                 |                                |  |         |                         |                                 |                        |                                 | 0.              |                          |
| DIRECTOR   |                      | x                              |  |         |                         |                                 |                        | 0.                              | 0.              | 0.                       |
| (6) KITTY KELLEY   | 1.50                 |                                |  |         |                         |                                 |                        |                                 |                 |                          |
| DIRECTOR   |                      | x                              |  |         |                         |                                 |                        | 0.                              | Ο.              | 0.                       |
| (7) MARSHALL J. LUX                                      | 1.50                 |                                |  |         |                         |                                 |                        |                                 |                 |                          |
| DIRECTOR - UNTIL 03/2016                                 |                      | x                              |  |         |                         |                                 |                        | 0.                              | 0.              | 0.                       |
| (8) MATTHEW MCCORRY                                      | 1.50                 |                                |  |         |                         |                                 |                        |                                 |                 |                          |
| DIRECTOR   |                      | Х                              |  |         |                         |                                 |                        | 0.                              | 0.              | 0.                       |
| (9) EMILY MOORE  | 1.50                 |                                |  |         |                         |                                 |                        |                                 | _               | _                        |
| DIRECTOR   |                      | х                              |  |         |                         |                                 |                        | 0.                              | 0.              | 0.                       |
| (10) CAROLYN SIMPSON                                     | 1.50                 |                                |  |         |                         |                                 |                        |                                 |                 | •                        |
| DIRECTOR   |                      | X                              |  |         |                         |                                 |                        | 0.                              | 0.              | 0.                       |
| (11) MARC WALBY  | 1.50                 |                                |  |         |                         |                                 |                        |                                 | 0               | 0                        |
| DIRECTOR   | 40.00                | X                              |  |         |                         |                                 |                        | 0.                              | 0.              | 0.                       |
| (12) ALICIA LEVI   | 40.00                |                                |  | x       |                         |                                 |                        | 0.                              | 0.              | 0.                       |
| PRESIDENT AND CEO - AS OF 09/2016<br>(13) CAROL H. RASCO | 40.00                |                                |  | ^       |                         |                                 |                        | 0.                              | 0.              | 0.                       |
| PRESIDENT AND CEO - UNTIL 09/2016                        | 40.00                |                                |  | x       |                         |                                 |                        | 237,739.                        | 0.              | 27,576.                  |
| (14) AILEEN C. MOFFATT BUCKNER                           | 40.00                |                                |  | ~       |                         |                                 |                        | 257,755.                        | 0.              | 27,570.                  |
| VICE PRESIDENT OF DEVELOPMENT                            | 40.00                |                                |  |         |                         | x                               |                        | 148,024.                        | 0.              | 15,738.                  |
| (15) TRACEY BEEKER                                       | 40.00                |                                |  |         |                         |                                 |                        |                                 |                 | 2077000                  |
| VICE PRESIDENT OF MARKETING                              |                      |                                |  |         |                         | x                               |                        | 133,743.                        | Ο.              | 585.                     |
| (16) MARGARET M. CARTER                                  | 40.00                |                                |  |         |                         |                                 |                        |                                 |                 |                          |
| DIRECTOR OF ANNUAL GIVING                                |                      | 1                              |  |         |                         | х                               |                        | 133,527.                        | 0.              | 10,639.                  |
|  |                      |                                |  |         |                         |                                 |                        |                                 |                 |                          |
|  |                      |                                |  |         |                         |                                 |                        |                                 |                 |                          |

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|   | 990 (2015) <b>READING</b>  |   |  |                        |         | -                |                                 |                       |  | 52-0                          | 976   | 257                             | P  | age <b>8</b>     |
|---|--|---|--|------------------------|---------|------------------|---------------------------------|-----------------------|--|-------------------------------|-------|---------------------------------|--|------------------|
| Par   |  |   | ploy   | ees                    |         |                  | ghe                             | st C                  |  |                               | r     |                                 |  |                  |
|   | (A)<br>Name and title  | <b>(B)</b><br>Average<br>hours per<br>week<br>(list any | (C)<br>Position<br>(do not check more than one<br>box, unless person is both an<br>officer and a director/trustee) |                        |         | than o<br>s both | h an                            | from from from relate |  |                               | am    | (F)<br>timate<br>nount<br>other | of   |                  |
|   |  | hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director   | In stitutional trustee | Officer | Key employee     | Highest compensated<br>employee | Former                | the<br>organization<br>(W-2/1099-MISC) | organization<br>(W-2/1099-MIS |       | fro<br>orga<br>and              | pensa<br>om th<br>anizat<br>d relat<br>anizati | e<br>ion<br>ed   |
|   |  |   |  |                        |         |                  |                                 |                       |  |                               |       |                                 |  |                  |
|   |  |   |  |                        |         |                  |                                 |                       |  |                               |       |                                 |  |                  |
|   |  |   |  |                        |         |                  |                                 |                       |  |                               |       |                                 |  |                  |
|   |  |   |  |                        |         |                  |                                 |                       |  |                               |       |                                 |  |                  |
|   |  |   |  |                        |         |                  |                                 |                       |  |                               |       |                                 |  |                  |
|   |  |   |  |                        |         |                  |                                 |                       |  |                               |       |                                 |  |                  |
|   |  |   | -  |                        |         |                  |                                 |                       |  |                               |       |                                 |  |                  |
|   |  |   |  |                        |         |                  |                                 |                       |  |                               |       |                                 |  |                  |
|   |  |   |  |                        |         |                  |                                 |                       | (52,022                                |                               |       |                                 | <u>/ F</u>                                     | 20               |
|   | Sub-total Total from continuation sheets to Part V   | II. Section A   |  |                        |         |                  |                                 |                       | 653,033.                               |                               | 0.    | 54                              | 4, <b>5</b>                                    | <u>38.</u><br>0. |
|   | Total (add lines 1b and 1c)  |   |  |                        |         |                  |                                 |                       | 653,033.                               |                               | 0.    | 5                               | 4,5  | 38.              |
| 2   | Total number of individuals (including but n compensation from the organization                | ot limited to th  | nose   | liste                  | ed al   | oove             | e) wh                           | no re                 | eceived more than \$100                | ),000 of reportab             | le    |                                 |  | 4                |
| 3   | Did the organization list any <b>former</b> officer,   | director or tru   | ister  | - ko                   | w en    | nnlo             | Vee                             | or                    | highest compensated e                  | mplovee on                    | I     |                                 | Yes  | No               |
| U   | line 1a? If "Yes," complete Schedule J for s   | ,   |  | ,                      | ,       | •                |                                 |                       |  | . ,                           |       | 3                               |  | Х                |
| 4   | For any individual listed on line 1a, is the su<br>and related organizations greater than \$15 |   |  |                        |         |                  |                                 |                       |  | the organization              |       | 4                               | х  |                  |
| 5   | Did any person listed on line 1a receive or a  | accrue compei   | nsat   | ion f                  | rom     | any              | unr                             | elat                  | ed organization or indiv               |                               |       | F                               |  | x                |
| Sec   | rendered to the organization? If "Yes," com<br>tion B. Independent Contractors                 | ipiele Schedui  | eji  | or su                  | ucn     | bers             | <u>. ion</u>                    |                       |  |                               |       | 5                               |  | Δ                |
| 1   | Complete this table for your five highest co<br>the organization. Report compensation for      |   |  |                        |         |                  |                                 |                       |  |                               | npens | ation f                         | rom  |                  |
|   | (A)<br>Name and business   | address   |  |                        |         |                  |                                 |                       | (B)<br>Description of s                | ervices                       | С     | (C<br>comper                    |  | n                |
|   | ), 8401 GREENSBORO DRIV<br>EAN VA 22102  | VE, SUI   | ΓE   | 80                     | )0,     | ,                |                                 |                       | PROFESSIONAL<br>CONSULTING             |                               |       | 1.8                             | 0 0  | 00.              |
| MCLEAN, VA 22102 CONSULTING<br>SMARTER LEARNING GROUP, INC. PROFESSIONAL                                  |  |   |  |                        |         |                  |                                 | 10                    | 0,0                                    | 00.                           |       |                                 |  |                  |
|   | 1 YOKE DRIVE, HAMPSTE  |   |  |                        |         |                  |                                 |                       | CONSULTING                             |                               |       | 14                              | 4,0  | 00.              |
| ALEXANDER HAAS, 3520 PIEDMONT ROAD, NE, PROFESSIONAL<br>SUITE 300, ATLANTA, GA 30305 FUNDRAISING SERVICES |  |   |  |                        |         |                  |                                 |                       | 12                                     | 0,0                           | 00.   |                                 |  |                  |
|   |  |   |  |                        |         |                  |                                 |                       |  |                               |       |                                 |  |                  |
|   |  |   |  |                        |         |                  |                                 |                       |  |                               |       |                                 |  |                  |
| 2   | Total number of independent contractors (i \$100,000 of compensation from the organi           | •   | iot lii  | mite                   | d to    |                  | se lis<br>3                     | stec                  | above) who received n                  | nore than                     |       |                                 |  |                  |
|   |  |   |  |                        |         |                  |                                 |                       |  |                               |       | Form                            | <b>990</b> ()                                  | 2015)            |

532008 12-16-15

| Form 990 (2 | 2015 |
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 Form 990 (2015)
 READING IS FUNDAMENTAL, INC.

 Part VIII
 Statement of Revenue

|   |        | Check if Schedule O cont   | tains a response | or note to any li | ne in this Part VIII |                               |                       |                         |
|---|--------|--|------------------|-------------------|----------------------|-------------------------------|-----------------------|-------------------------|
|   |        |  |                  |                   | (A)                  | (B)                           | (C)                   | (D)<br>Revenue excluded |
|   |        |  |                  |                   | Total revenue        | Related or<br>exempt function | Unrelated<br>business | from tax under          |
|   |        |  |                  |                   |                      | revenue                       | revenue               | sections<br>512 - 514   |
| ts  | 1 a    | Federated campaigns  | 1a               |                   |                      |                               |                       |                         |
| Contributions, Gifts, Grants<br>and Other Similar Amounts |        | Membership dues  |                  |                   |                      |                               |                       |                         |
| Ğ,  |        | Fundraising events   |                  | 662,349.          |                      |                               |                       |                         |
| ar /  |        | Related organizations  |                  | •                 |                      |                               |                       |                         |
| S, G  |        | Government grants (contribut   |                  |                   |                      |                               |                       |                         |
| Sig   |        | All other contributions, gifts, gran                                     | · ·              |                   |                      |                               |                       |                         |
| her   | '      | similar amounts not included abo   |                  | 711,989.          |                      |                               |                       |                         |
| Qti   | ~      |  |                  | 76,123.           |                      |                               |                       |                         |
| n o'  |        | Noncash contributions included in lines<br>Total. Add lines 1a-1f        |                  |                   | 5,374,338.           |                               |                       |                         |
| <u> </u>  |        | Total. Add lines faith   |                  | Business Code     | 1                    |                               |                       |                         |
| Ð   | 0.0    | READ FOR SUCCES  |                  | 900099            | 515,219.             | 515,219.                      |                       |                         |
| vic   | 2 a    | TRAINING PROGRA  |                  | 900099            | 70,293.              | 70,293.                       |                       |                         |
| Ser   | u<br>a |  | <u></u>          | 500055            | 10,255.              | 10,255.                       |                       |                         |
| Program Service<br>Revenue                                | c      |  |                  |                   |                      |                               |                       |                         |
| gra<br>Re   | d      |  |                  |                   |                      |                               |                       |                         |
| 2<br>C  | e      | All 11   |                  |                   |                      |                               |                       |                         |
| -   |        | All other program service reve   |                  |                   | 585,512.             |                               |                       |                         |
|   |        | Total. Add lines 2a-2f   |                  |                   | 565,512.             |                               |                       |                         |
|   | 3      | Investment income (including   |                  |                   | 110,389.             |                               |                       | 110,389.                |
|   |        | other similar amounts)<br>Income from investment of tax-exempt bond proc |                  |                   | 110,309.             |                               |                       | 110,309.                |
|   | 4      |  |                  |                   | 792.                 |                               |                       | 792.                    |
|   | 5      | Royalties  |                  | 1                 | 192.                 |                               |                       | 192.                    |
|   |        | _  | (i) Real         | (ii) Personal     | -                    |                               |                       |                         |
|   | 6 a    | Gross rents  | 806,524.         |                   | -                    |                               |                       |                         |
|   | b      | Less: rental expenses  | 167,832.         |                   | -                    |                               |                       |                         |
|   | С      | Rental income or (loss)  | 30,092.          |                   | 20 602               |                               |                       | 20 600                  |
|   |        | Net rental income or (loss)  |                  | 1                 | 38,692.              |                               |                       | 38,692.                 |
|   | 7 a    | Gross amount from sales of   | (i) Securities   | (ii) Other        | -                    |                               |                       |                         |
|   |        | assets other than inventory  | 5045765.         |                   | -                    |                               |                       |                         |
|   | b      | Less: cost or other basis  | 4056006          |                   |                      |                               |                       |                         |
|   |        | and sales expenses   | 4856806.         |                   |                      |                               |                       |                         |
|   | с      | and sales expenses<br>Gain or (loss)                                     | 188,959.         |                   | 100 050              |                               |                       | 100 050                 |
|   | d      | Net gain or (loss)   |                  | ····· 🕨           | 188,959.             |                               |                       | 188,959.                |
| en  | 8 a    | Gross income from fundraisin   | g events (not    |                   |                      |                               |                       |                         |
| ent   |        | including \$ 662,3   | 349. of          |                   |                      |                               |                       |                         |
| Sev.  |        | contributions reported on line   |                  |                   |                      |                               |                       |                         |
| er  |        | Part IV, line 18   |                  | 58,625.           |                      |                               |                       |                         |
| Other Reven   |        | Less: direct expenses  |                  | 175,944.          |                      |                               |                       |                         |
| -   |        | Net income or (loss) from fund   |                  | <b>&gt;</b>       | -117,319.            |                               |                       | -117,319.               |
|   | 9 a    | Gross income from gaming ad  | ctivities. See   |                   |                      |                               |                       |                         |
|   |        | Part IV, line 19   |                  |                   | -                    |                               |                       |                         |
|   |        | Less: direct expenses  |                  |                   |                      |                               |                       |                         |
|   | с      | Net income or (loss) from gam  | ning activities  | 🕨                 |                      |                               |                       |                         |
|   | 10 a   | Gross sales of inventory, less   | returns          |                   |                      |                               |                       |                         |
|   |        | and allowances   | а                |                   |                      |                               |                       |                         |
|   | b      | Less: cost of goods sold   | b                |                   |                      |                               |                       |                         |
|   | с      | Net income or (loss) from sale   | es of inventory  | ►                 |                      |                               |                       |                         |
| Γ   |        | Miscellaneous Revenu   | le               | Business Code     |                      |                               |                       |                         |
| Ī   | 11 a   | OTHER  |                  | 900099            | 1,000.               |                               |                       | 1,000.                  |
|   | b      |  |                  |                   |                      |                               |                       |                         |
|   | с      |  |                  |                   |                      |                               |                       |                         |
|   | d      | All other revenue  |                  |                   |                      |                               |                       |                         |
|   |        | Total. Add lines 11a-11d   |                  | <b>&gt;</b>       | 1,000.               |                               |                       |                         |
|   | 12     | Total revenue. See instructions.   |                  |                   | 6,182,363.           | 585,512.                      | 0.                    | 222,513.                |
| 53200   | 12-16  |  |                  |                   |                      |                               |                       | Form <b>990</b> (2015)  |

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Part IX Statement of Functional Expenses

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| Doi    | Check if Schedule O contains a respons<br>not include amounts reported on lines 6b,   | (A)            | (B)                         | (C)                             | (D)                     |
|--------|---|----------------|-----------------------------|---------------------------------|-------------------------|
|        | 8b, 9b, and 10b of Part VIII.   | Total expenses | Program service<br>expenses | Management and general expenses | Fundraising<br>expenses |
| 1      | Grants and other assistance to domestic organizations   | 000 640        | 002 642                     |                                 |                         |
| _      | and domestic governments. See Part IV, line 21  | 992,642.       | 992,642.                    |                                 |                         |
| 2      | Grants and other assistance to domestic   |                |                             |                                 |                         |
| _      | individuals. See Part IV, line 22   |                |                             |                                 |                         |
| 3      | Grants and other assistance to foreign  |                |                             |                                 |                         |
|        | organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16   |                |                             |                                 |                         |
| 4      | Benefits paid to or for members   |                |                             |                                 |                         |
| 5      | Compensation of current officers, directors,  |                |                             |                                 |                         |
| ,      | trustees, and key employees   | 310,470.       | 134,179.                    | 106,520.                        | 69,77                   |
| 3      | Compensation not included above, to disqualified  |                |                             |                                 | ,                       |
|        | persons (as defined under section 4958(f)(1)) and   |                |                             |                                 |                         |
|        | persons described in section 4958(c)(3)(B)  |                |                             |                                 |                         |
| 7      | Other salaries and wages  | 1,725,012.     | 886,600.                    | 392,197.                        | 446,21                  |
| 3      | Pension plan accruals and contributions (include  |                |                             |                                 | •                       |
|        | section 401(k) and 403(b) employer contributions)   | 72,247.        | 35,731.                     | 17,510.<br>32,579.              | 19,00                   |
| 9      | Other employee benefits   | 131,771.       | 66,544.                     | 32,579.                         | 32,648                  |
| D      | Payroll taxes   | 140,337.       | 70,858.                     | 34,621.                         | 34,85                   |
| 1      | Fees for services (non-employees):  |                |                             |                                 |                         |
| а      | Management  |                |                             |                                 |                         |
| b      | Legal   | 4,746.         |                             | 4,746.                          |                         |
| с      | Accounting  | 223,278.       |                             | 223,278.                        |                         |
|        | Lobbying  |                |                             |                                 |                         |
| е      | Professional fundraising services. See Part IV, line 17   | 161,200.       |                             |                                 | 161,20                  |
| f      | Investment management fees  | 29,521.        |                             | 29,521.                         |                         |
| g      | Other. (If line 11g amount exceeds 10% of line 25,  |                |                             |                                 |                         |
|        | column (A) amount, list line 11g expenses on Sch 0.)  | 672,379.       | 285,822.                    | 220,172.                        | 166,38                  |
| 2      | Advertising and promotion   |                |                             |                                 |                         |
| 3      | Office expenses   | 185,988.       | 52,866.                     | 11,863.                         | 121,25                  |
| 4      | Information technology  | 62,568.        | 31,062.                     | 15,110.                         | 16,39                   |
| 5      | Royalties   |                | 0.01 600                    |                                 | 126 50                  |
| 3      | Occupancy   | 541,054.       | 271,689.                    | 132,766.                        | 136,59                  |
| 7      | Travel  | 99,676.        | 74,073.                     | 15,034.                         | 10,56                   |
| 3      | Payments of travel or entertainment expenses  |                |                             |                                 |                         |
|        | for any federal, state, or local public officials   |                |                             |                                 |                         |
| )      | Conferences, conventions, and meetings  |                |                             |                                 |                         |
| )      | Interest  |                |                             |                                 |                         |
| l      | Payments to affiliates  | 84,060.        | 66,472.                     | 8,435.                          | 0.15                    |
| 2      | Depreciation, depletion, and amortization   | 23,033.        | 11,516.                     | 5,528.                          | <u>9,15</u><br>5,98     |
| 3      | Insurance   | 43,033.        | 11,510.                     | J, 540.                         | 5,90                    |
| ŀ      | Other expenses. Itemize expenses not covered<br>above. (List miscellaneous expenses in line 24e. If line<br>24e amount exceeds 10% of line 25, column (A)<br>amount, list line 24e expenses on Schedule 0.) |                |                             |                                 |                         |
| а      | BOOKS-LOCAL RIF PRGMS.  | 1,066,440.     | 1,066,440.                  |                                 |                         |
| a<br>b | PRINTING & REPRODUCTION   | 255,647.       | 49,266.                     | 1,188.                          | 205,19                  |
| c      |   |                |                             |                                 | _,_,_,                  |
| d      |   |                |                             |                                 |                         |
| e<br>e | All other expenses  |                |                             |                                 |                         |
| ;      | Total functional expenses. Add lines 1 through 24e  | 6,782,069.     | 4,095,760.                  | 1,251,068.                      | 1,435,24                |
| ;      | Joint costs. Complete this line only if the organization  |                |                             |                                 |                         |
|        | reported in column (B) joint costs from a combined  |                |                             |                                 |                         |
|        | educational campaign and fundraising solicitation.  |                |                             |                                 |                         |
|        | Check here if following SOP 98-2 (ASC 958-720)  |                |                             |                                 |                         |

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13060216 786783 RIF

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52-0976257 Page 11

| Balance Sheet                                       |                     |                     |   |                                |                                    |
|---|---------------------|---------------------|---|--------------------------------|------------------------------------|
| Check if Schedule O contains a response or no       | te to any li        | ne in this Part X   |   |                                |                                    |
|   |                     |                     | <b>(A)</b><br>Beginning of year                     |                                | <b>(B)</b><br>End of year          |
| Cash - non-interest-bearing                         |                     |                     | 1,669,307.  | 1                              | 742,899                            |
| Savings and temporary cash investments              |                     |                     | 979,762.  | 2                              | 1,415,663                          |
| Pledges and grants receivable, net                  |                     |                     | 80,142.   | 3                              | 1,939,866                          |
| Accounts receivable, net                            |                     |                     | •   | 4                              |                                    |
| Loans and other receivables from current and f      |                     |                     |   |                                |                                    |
| trustees, key employees, and highest compens        |                     |                     |   |                                |                                    |
| Part II of Schedule L                               |                     |                     |   | 5                              |                                    |
| Loans and other receivables from other disgual      |                     |                     |   | -                              |                                    |
| section 4958(f)(1)), persons described in section   |                     |                     |   |                                |                                    |
| employers and sponsoring organizations of sec       |                     |                     |   |                                |                                    |
| employees' beneficiary organizations (see instr)    |                     |                     |   | 6                              |                                    |
| Notes and loans receivable, net                     |                     |                     |   | 7                              |                                    |
|   |                     |                     |   | 8                              |                                    |
| Inventories for sale or use                         |                     |                     | 186,500.  | 0<br>9                         | 161,723                            |
|   |                     | ·····               | 100,500.  | 9                              | 101,723                            |
| Land, buildings, and equipment: cost or other       | 10-                 | 716,255.            |   |                                |                                    |
| basis. Complete Part VI of Schedule D               | 10a                 | 612,844.            | 183,384.  |                                | 103,411                            |
| Less: accumulated depreciation                      |                     |                     | 6,821,329.  | 10c                            | 5,014,944                          |
| Investments - publicly traded securities            |                     |                     | 0,021,329.  |                                | J,014,944                          |
| Investments - other securities. See Part IV, line   |                     |                     |   | 12                             |                                    |
| Investments - program-related. See Part IV, line    |                     |                     |   | 13                             |                                    |
| Intangible assets                                   |                     |                     | 27 0/5  | 14                             | 27 046                             |
| Other assets. See Part IV, line 11                  |                     |                     | 37,045.<br>9,957,469.                               | 15                             | 37,046<br>9,415,552                |
| Total assets. Add lines 1 through 15 (must equ      |                     |                     | 258,400.  | 16                             | 304,599                            |
| Accounts payable and accrued expenses               |                     |                     | 425,902.  | 17                             |                                    |
| Grants payable                                      |                     |                     |   | 18                             | 181,850                            |
| Deferred revenue                                    |                     |                     | 0.  | 19                             | 40,000                             |
| Tax-exempt bond liabilities                         |                     |                     |   | 20                             |                                    |
| Escrow or custodial account liability. Complete     |                     |                     |   | 21                             |                                    |
| Loans and other payables to current and forme       |                     |                     |   |                                |                                    |
| key employees, highest compensated employe          |                     |                     |   |                                |                                    |
| Complete Part II of Schedule L                      |                     |                     |   | 22                             |                                    |
| Secured mortgages and notes payable to unrel        |                     |                     |   | 23                             |                                    |
| Unsecured notes and loans payable to unrelate       |                     |                     |   | 24                             |                                    |
| Other liabilities (including federal income tax, pa | -                   |                     |   |                                |                                    |
| parties, and other liabilities not included on line | s 17-24). C         | complete Part X of  | 222 462   |                                | 244 220                            |
| Schedule D  |                     |                     | 333,463.<br>1,017,765.                              |                                | 244,238<br>770,687                 |
| Total liabilities. Add lines 17 through 25          |                     |                     | 1,017,705.  | 26                             | //0,08/                            |
| Organizations that follow SFAS 117 (ASC 958         |                     | nere 🕨 🖾 and        |   |                                |                                    |
| complete lines 27 through 29, and lines 33 ar       |                     |                     |   |                                | 4 012 400                          |
| Unrestricted net assets                             |                     |                     | 5,405,249.  | 27                             | 4,813,408                          |
| Temporarily restricted net assets                   |                     |                     | 2,942,845.  | 28                             | 3,239,847                          |
|   |                     | ·····               | 591,610.  | 29                             | 591,610                            |
| Organizations that do not follow SFAS 117 (A        | ASC 958), (         | check here 🕨 📖      |   |                                |                                    |
| and complete lines 30 through 34.                   |                     |                     |   | -                              |                                    |
| Capital stock or trust principal, or current funds  |                     |                     |   | 30                             |                                    |
| Paid-in or capital surplus, or land, building, or e |                     |                     |   | 31                             |                                    |
| Retained earnings, endowment, accumulated ir        |                     | F                   | 0 0 0 0 0 0 0 0                                     | 32                             |                                    |
| Total net assets or fund balances                   |                     |                     |   |                                | 8,644,865                          |
| Total liabilities and net assets/fund balances .    |                     |                     | 9,957,469.  | 34                             | 9,415,552<br>Form <b>990</b> (2015 |
| Total net asse                                      | ts or fund balances | ts or fund balances | ts or fund balances<br>and net assets/fund balances | ts or fund balances 8,939,704. | ts or fund balances 8,939,704. 33  |

| Form | m 990 (2015) READING IS FUNDAMENTAL, INC.   | 52-09         | 76257      | Pag          | ge <b>12</b> |
|------|---|---------------|------------|--------------|--------------|
| Pa   | art 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             | 6,182      |              |              |
| 2    | Total expenses (must equal Part IX, column (A), line 25)  | . 2           | 6,782      |              |              |
| 3    | Revenue less expenses. Subtract line 2 from line 1  | . 3           | -599       |              |              |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                         | . 4           | 8,93       |              |              |
| 5    | Net unrealized gains (losses) on investments  | . 5           | 304        | 1,8          | 67.          |
| 6    | Donated services and use of facilities  | . 6           |            |              |              |
| 7    | Investment expenses   | . 7           |            |              |              |
| 8    | Prior period adjustments  | . 8           |            |              |              |
| 9    | Other changes in net assets or fund balances (explain in Schedule O)  | . 9           |            |              | 0.           |
| 10   | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,                |               |            |              |              |
|      | column (B))   | 10            | 8,644      | 1,8          | 65.          |
| Pa   | art XII Financial Statements and Reporting  |               |            |              |              |
|      | Check if Schedule O contains a response or note to any line in this Part XII                                      |               |            |              |              |
|      |   |               |            | Yes          | No           |
| 1    | Accounting method used to prepare the Form 990: Cash X Accrual Other  |               |            |              |              |
|      | If the organization changed its method of accounting from a prior year or checked "Other," explain in Scheo       | ule O.        |            |              |              |
| 2a   | a Were the organization's financial statements compiled or reviewed by an independent accountant?                 |               | <b>2</b> a |              | X            |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or revie      | wed on a      |            |              |              |
|      | separate basis, consolidated basis, or both:  |               |            |              |              |
|      | Separate basis Consolidated basis Both consolidated and separate basis  |               |            |              |              |
| b    | • Were the organization's financial statements audited by an independent accountant?                              |               | <b>2</b> b | Х            |              |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate  | arate basis,  |            |              |              |
|      | consolidated basis, or both:  |               |            |              |              |
|      | X Separate basis Consolidated basis Both consolidated and separate basis  |               |            |              |              |
| С    | c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight o   |               |            |              |              |
|      | review, or compilation of its financial statements and selection of an independent accountant?                    |               | 2c         | Х            |              |
|      | If the organization changed either its oversight process or selection process during the tax year, explain in S   | Schedule O.   |            |              |              |
| 3a   | a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | Single Audit  |            |              |              |
|      | Act and OMB Circular A-133?   |               | 3a         |              | X            |
| b    | b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the re | equired audit |            |              |              |
|      | or audits, explain why in Schedule O and describe any steps taken to undergo such audits                          |               |            |              |              |
|      |   |               | Form       | <b>990</b> ( | (2015)       |

12-16-15



| SCHEDULE A |  |
|------------|--|
|------------|--|

| (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

4947(a)(1) nonexempt charitable trust.

| Attach to Form 990 or Form 990-EZ. |
|------------------------------------|
|------------------------------------|

**Open to Public** . Inspection Employer identification number

OMB No. 1545-0047

2015

| Department of the Treasury |
|----------------------------|
| Internal Revenue Service   |

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/form990.

| Name of the organization |       |
|--------------------------|-------|
|                          | READI |

|          | READ                             | ING IS FUN             | IDAMENTAL, IN                   | C.                        |               |                     | 52             | 2-0976257             |
|----------|----------------------------------|------------------------|---------------------------------|---------------------------|---------------|---------------------|----------------|-----------------------|
| Part I   | Reason for Public                | Charity Status         | All organizations must co       | omplete this              | part.) See    | e instructions.     |                |                       |
| The orga | nization is not a private found  | lation because it is:  | (For lines 1 through 11, o      | check only o              | ne box.)      |                     |                |                       |
| 1        | A church, convention of ch       | urches, or associati   | on of churches describe         | d in section              | 170(b)(1)     | (A)(i).             |                |                       |
| 2        | A school described in sect       | ion 170(b)(1)(A)(ii).  | (Attach Schedule E (Forn        | n 990 or 990              | )-EZ).)       |                     |                |                       |
| 3        | A hospital or a cooperative      | hospital service org   | anization described in <b>s</b> | ection 170(b              | o)(1)(A)(iii) | ).                  |                |                       |
| 4        | A medical research organiz       |                        |                                 |                           |               |                     | ii). Enter tl  | ne hospital's name,   |
|          | city, and state:                 |                        |                                 |                           |               |                     | -              | -                     |
| 5        | An organization operated f       | or the benefit of a co | ollege or university owne       | d or operate              | d by a go     | vernmental un       | it describe    | ed in                 |
|          | section 170(b)(1)(A)(iv). (0     | Complete Part II.)     |                                 |                           |               |                     |                |                       |
| 6        | A federal, state, or local go    | vernment or govern     | mental unit described in        | section 170               | )(b)(1)(A)(v  | /).                 |                |                       |
| 7 X      |                                  |                        |                                 |                           |               |                     | e deneral r    | oublic described in   |
|          | section 170(b)(1)(A)(vi). (C     |                        |                                 | 0                         |               |                     | 0              |                       |
| 8        | A community trust describe       |                        | (1)(A)(vi). (Complete Par       | t II.)                    |               |                     |                |                       |
| 9        | An organization that norma       |                        |                                 |                           | ontributio    | ns, membersh        | ip fees, ar    | d gross receipts from |
|          | activities related to its exer   | •                      |                                 | -                         |               |                     | -              | •                     |
|          | income and unrelated busi        |                        |                                 |                           |               |                     |                | -                     |
|          | See section 509(a)(2). (Co       |                        |                                 |                           |               |                     |                |                       |
| 10       | An organization organized        | • •                    | sively to test for public sa    | afetv. See <b>se</b>      | ection 509    | 9(a)(4).            |                |                       |
| 11       | An organization organized        | -                      | •                               | -                         |               |                     | v out the      | purposes of one or    |
|          | more publicly supported or       | -                      | •                               | -                         |               |                     | •              |                       |
|          | lines 11a through 11d that       | -                      |                                 |                           |               |                     |                |                       |
| a 🗌      | <b>Type I.</b> A supporting orga |                        |                                 | -                         |               |                     | -              | aivina                |
|          | the supported organization       | •                      | •                               | • • • •                   |               |                     |                |                       |
|          | organization. You must o         |                        | • • • •                         |                           |               |                     |                |                       |
| ь        | <b>Type II.</b> A supporting org | -                      |                                 | tion with its             | supporte      | d organization      | (s), by hav    | ina                   |
|          | control or management of         | -                      |                                 |                           |               | -                   |                | -                     |
|          | organization(s). You mus         |                        | -                               |                           |               |                     | 5 11 10 0 0 pp |                       |
| с Г      | Type III functionally inte       | -                      |                                 | in connectio              | on with, a    | nd functionally     | integrate      | d with                |
|          | its supported organizatio        |                        |                                 |                           |               | -                   |                | ,                     |
| d 🗌      | Type III non-functionally        |                        |                                 |                           |               |                     | d organiz      | ation(s)              |
|          | that is not functionally inf     |                        |                                 |                           |               |                     | -              |                       |
|          | requirement (see instruct        |                        |                                 | -                         | -             |                     |                |                       |
| e 🗌      | Check this box if the orga       |                        | -                               |                           |               |                     | Type III       |                       |
| • _      | functionally integrated, o       |                        |                                 |                           |               | , , , , , , , pe ii | i ypo m        |                       |
| f En     | ter the number of supported      |                        | shany integrated support        | ing organiza              |               |                     |                |                       |
|          | ovide the following information  | -                      | ed organization(s)              |                           |               |                     |                |                       |
|          | (i) Name of supported            |                        | (iii) Type of organization      | (iv) Is the org           | anization     | (v) Amount of m     | onetary        | (vi) Amount of        |
|          | organization                     |                        | (described on lines 1-9         | listed in<br>governing do | vour          | support (s          |                | other support (see    |
|          |                                  |                        | above (see instructions))       | Yes                       | No            | instructior         | ıs)            | instructions)         |
|          |                                  |                        |                                 |                           |               |                     |                |                       |
|          |                                  |                        |                                 |                           |               |                     |                |                       |
|          |                                  |                        |                                 |                           |               |                     |                |                       |
|          |                                  |                        |                                 |                           |               |                     |                |                       |
|          |                                  |                        |                                 |                           |               |                     |                |                       |
|          |                                  |                        |                                 |                           |               |                     |                |                       |
|          |                                  |                        |                                 |                           |               |                     |                |                       |
|          |                                  |                        |                                 |                           |               |                     |                |                       |
|          |                                  |                        | 1                               |                           |               |                     |                |                       |
|          |                                  |                        |                                 |                           |               |                     |                |                       |
|          |                                  |                        |                                 |                           |               |                     |                |                       |
| Total    |                                  |                        |                                 |                           |               |                     |                |                       |
|          | Paperwork Reduction Act N        | otice, see the Inst    | ructions for                    |                           |               | Schedu              | le A (Forr     | n 990 or 990-EZ) 2015 |
|          |                                  |                        |                                 |                           |               | 30.1044             |                |                       |

Form 990 or 990-EZ. 532021 09-23-15

13 2015.05040 READING IS FUNDAMENTAL, COPY\_01



#### Schedule A (Form 990 or 990-EZ) 2015 READING IS FUNDAMENTAL, INC. Part II

52-0976257 Page 2

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

| Sec  | ction A. Public Support   |                             |   |                           |                                 |                      |                |
|------|---|-----------------------------|---|---------------------------|---------------------------------|----------------------|----------------|
| Cale | ndar year (or fiscal year beginning in) 🕨                           | (a) 2011                    | <b>(b)</b> 2012                         | (c) 2013                  | <b>(d)</b> 2014                 | <b>(e)</b> 2015      | (f) Total      |
| 1    | Gifts, grants, contributions, and                                   |                             |   |                           |                                 |                      |                |
|      | membership fees received. (Do not                                   |                             |   |                           |                                 |                      |                |
|      | include any "unusual grants.")                                      | 22222310.                   | 10423884.                               | 10757756.                 | 5781544.                        | 5374338.             | 54559832.      |
| 2    | Tax revenues levied for the organ-                                  |                             |   |                           |                                 |                      |                |
|      | ization's benefit and either paid to                                |                             |   |                           |                                 |                      |                |
|      | or expended on its behalf   |                             |   |                           |                                 |                      |                |
| 3    | The value of services or facilities                                 |                             |   |                           |                                 |                      |                |
|      | furnished by a governmental unit to                                 |                             |   |                           |                                 |                      |                |
|      | the organization without charge                                     |                             |   |                           |                                 |                      |                |
| 4    | Total. Add lines 1 through 3  | 22222310.                   | 10423884.                               | 10757756.                 | 5781544.                        | 5374338.             | 54559832.      |
|      |   |                             |   |                           |                                 |                      |                |
|      | 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)  |                             |   |                           |                                 |                      | 13833911.      |
| 6    | Public support. Subtract line 5 from line 4.                        |                             |   |                           |                                 |                      | 40725921.      |
|      | ction B. Total Support  |                             |   |                           |                                 |                      |                |
|      | ndar year (or fiscal year beginning in) 🕨                           | (a) 2011                    | (b) 2012                                | (c) 2013                  | <b>(d)</b> 2014                 | (e) 2015             | (f) Total      |
|      | Amounts from line 4   | 22222310.                   | 10423884                                |                           | 5781544.                        | 5374338              | 54559832.      |
|      | Gross income from interest,   |                             |   |                           | 0,010111                        |                      | 010000021      |
| 0    |   |                             |   |                           |                                 |                      |                |
|      | dividends, payments received on                                     |                             |   |                           |                                 |                      |                |
|      | securities loans, rents, royalties                                  | 449,407.                    | 884,943.                                | 928,156.                  | 949,318.                        | 917,705.             | 4129529.       |
| •    | and income from similar sources                                     | 110,107.                    | 001,919.                                | 520,150.                  | J4J, 510.                       | 517,705.             | 412/52/        |
| 9    | Net income from unrelated business                                  |                             |   |                           |                                 |                      |                |
|      | activities, whether or not the                                      | 4,355.                      | 5,195.                                  | 3,158.                    | 5,063.                          | 0.                   | 17,771.        |
|      | business is regularly carried on                                    | 4,555.                      | 5,195.                                  | 5,150.                    | 5,005.                          | 0.                   | 1/,//1•        |
| 10   | Other income. Do not include gain                                   |                             |   |                           |                                 |                      |                |
|      | or loss from the sale of capital                                    | 3,948.                      |   | 783.                      |                                 | 1,000.               | 5,731.         |
|      | assets (Explain in Part VI.)  | 5,940.                      |   | /03.                      |                                 | 1,000.               | 58712863.      |
|      | Total support. Add lines 7 through 10                               |                             |   |                           |                                 |                      | 984,431.       |
|      | Gross receipts from related activities                              |                             | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                           |                                 | 12                   | 904,4JI.       |
| 13   | First five years. If the Form 990 is fo                             |                             | s first, second, thi                    | rd, fourth, or fifth ta   | ax year as a sectio             | n 501(c)(3)          | . —            |
| 800  | organization, check this box and sto<br>ction C. Computation of Pub | p here                      | roontago                                |                           |                                 |                      | <b>&gt;</b>    |
| -    |   |                             |   |                           |                                 |                      | 60.26          |
|      | Public support percentage for 2015 (                                |                             |   | .,,                       |                                 | 14                   | <u>69.36</u> % |
|      | Public support percentage from 2014                                 |                             |   |                           |                                 | 15                   | 76.78 %        |
| 16a  | 33 1/3% support test - 2015. If the                                 |                             |   |                           |                                 |                      |                |
|      | stop here. The organization qualifies                               |                             |   |                           |                                 |                      |                |
| b    | 33 1/3% support test - 2014. If the                                 |                             |   |                           |                                 |                      |                |
|      | and <b>stop here.</b> The organization qua                          |                             |   |                           |                                 |                      |                |
| 17a  | 10% -facts-and-circumstances tes                                    |                             |   |                           |                                 |                      |                |
|      | and if the organization meets the "fac                              | cts-and-circumstan          | ices" test, check t                     | his box and <b>stop h</b> | ere. Explain in Pa              | rt VI how the orga   | nization       |
|      | meets the "facts-and-circumstances"                                 |                             |   |                           |                                 |                      |                |
| b    | 10% -facts-and-circumstances tes                                    | <b>t - 2014.</b> If the org | anization did not o                     | check a box on line       | e 13, 16a, 16b, or <sup>-</sup> | 17a, and line 15 is  | 10% or         |
|      | more, and if the organization meets t                               | he "facts-and-circu         | ımstances" test, c                      | heck this box and         | <b>stop here.</b> Explain       | n in Part VI how the | e              |
|      | organization meets the "facts-and-cir                               | cumstances" test.           | The organization                        | qualifies as a publi      | cly supported orga              | anization            | ▶∐             |
| 18   | Private foundation. If the organization                             | on did not check a          | box on line 13, 16                      | a, 16b, 17a, or 17b       |                                 |                      |                |
|      |   |                             |   |                           | 0.1.                            | dula A (Farm 000     |                |

Schedule A (Form 990 or 990-EZ) 2015

532022 09-23-15

14 2015.05040 READING IS FUNDAMENTAL, COPY\_01



### Schedule A (Form 990 or 990-EZ) 2015 READING IS FUNDAMENTAL, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(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.)

|                | ndar year (or fiscal year beginning in) 🕨   | <b>(a)</b> 2011                                | <b>(b)</b> 2012                         | (c) 2013                                     | ( <b>d)</b> 2014   | (e                             | e) 2015       | (f) Total |
|----------------|---|--|---|--|--|--------------------------------|---------------|-----------|
| 1              | Gifts, grants, contributions, and   |  |   |  |  |                                |               |           |
|                | membership fees received. (Do not   |  |   |  |  |                                |               |           |
|                | include any "unusual grants.")  |  |   |  |  |                                |               |           |
| 2              | Gross receipts from admissions,<br>merchandise sold or services per-  |  |   |  |  |                                |               |           |
|                | formed, or facilities furnished in<br>any activity that is related to the<br>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 $\dots$   |  |   |  |  |                                |               |           |
| 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<br>exceed the greater of \$5,000 or 1% of the<br>amount on line 13 for the year               |  |   |  |  |                                |               |           |
|                | Add lines 7a and 7b   |  |   |  |  |                                |               |           |
|                | Public support. (Subtract line 7c from line 6.)   |  |   |  |  |                                |               |           |
|                | tion B. Total Support   |  |   | •  |  |                                |               |           |
| alei           | ndar year (or fiscal year beginning in) 🕨   | (a) 2011                                       | (b) 2012                                | (c) 2013                                     | (d) 2014   | (e                             | e) 2015       | (f) Total |
| 9              | Amounts from line 6   |  |   |  |  |                                | •             |           |
|                | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties<br>and income from similar sources |  |   |  |  |                                |               |           |
|                | Unrelated business taxable income   |  |   |  |  |                                |               |           |
|                | (less section 511 taxes) from businesses acquired after June 30, 1975   |  |   |  |  |                                |               |           |
|                | Add lines 10a and 10b   |  |   |  |  |                                |               |           |
|                | Net income from unrelated business<br>activities not included in line 10b,<br>whether or not the business is<br>regularly carried on    |  |   |  |  |                                |               |           |
| 12             | Other income. Do not include gain or loss from the sale of capital  |  |   |  |  |                                |               |           |
| 13             | assets (Explain in Part VI.)  |  |   |  |  |                                |               |           |
|                | First five years. If the Form 990 is for  | the organization'                              | l<br>s first second thi                 | I<br>rd fourth or fifth te                   | l<br>ay year as a sectio   | I<br>n 501/                    | c)(3) organiz | zation    |
| •••            | check this box and stop here  | -  |   |  | •  |                                |               |           |
| Sec            | tion C. Computation of Publ   | ic Support Pe                                  | rcentage                                |  |  |                                |               |           |
|                | Public support percentage for 2015 (  |  |   | column (f))                                  |  | 15                             |               |           |
|                | Public support percentage from 2014   |  |   |  |  | 16                             |               |           |
|                | tion D. Computation of Invest   |  |   |  |  |                                |               |           |
|                | Investment income percentage for 20   |  |   |  |  | 17                             |               |           |
| 17             |   |  | - · · · · · · · · · · · ·               |  |  | 18                             |               |           |
| 12             | Investment income percentage from   |  |   | on line 14 and line                          |  |                                | 6 and line t  |           |
|                | 22 1/2% cunnort toete 20146 1++60   | organization uid f                             |   |  |  |                                |               |           |
| 19a            | <b>33 1/3% support tests - 2015.</b> If the   | d aton have The                                | orgonization com                        |  | suuuoonea oraaniz  | .auon                          |               |           |
| 19a            | more than 33 1/3%, check this box a   |  |   |  |  |                                | - 00 1 /00/   |           |
| 19a<br>b       | more than 33 1/3%, check this box a 33 1/3% support tests - 2014. If the  | organization did r                             | not check a box o                       | n line 14 or line 19a                        | a, and line 16 is mo   | ore tha                        |               | and       |
| 19a<br>b       | more than 33 1/3%, check this box a<br><b>33 1/3% support tests - 2014.</b> If the<br>line 18 is not more than 33 1/3%, che             | organization did r<br>ck this box and <b>s</b> | not check a box of<br>top here. The org | n line 14 or line 19a<br>anization qualifies | a, and line 16 is mo<br>as a publicly supp                       | ore tha<br>orted o             | organization  | and<br>▶  |
| 19a<br>b<br>20 | more than 33 1/3%, check this box a 33 1/3% support tests - 2014. If the  | organization did r<br>ck this box and <b>s</b> | not check a box of<br>top here. The org | n line 14 or line 19a<br>anization qualifies | a, and line 16 is mo<br>as a publicly supp<br>his box and see in | ore tha<br>orted o<br>structio | organization  | and<br>▶□ |

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

01

Yes No

### Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disgualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

532024 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

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16

### Schedule A (Form 990 or 990-EZ) 2015 READING IS FUNDAMENTAL, INC. Part IV Supporting Organizations (continued)

|        | Cupperting Organizations (continued)  |              | V.     |          |
|--------|---|--------------|--------|----------|
|        |   |              | Yes    | No       |
| 11     | Has the organization accepted a gift or contribution from any of the following persons?                                       |              |        |          |
| а      | 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          |        |          |
|        | A family member of a person described in (a) above?   | 11b          |        |          |
|        | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.         | 11c          |        |          |
| Sec    | tion B. Type I Supporting Organizations   |              |        |          |
|        |   |              | 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            |        | <u> </u> |
| 2      | Did the organization operate for the benefit of any supported organization other than the supported                           |              |        |          |
|        | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in                    |              |        |          |
|        | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,                   |              |        |          |
|        | supervised, or controlled the supporting organization.  | 2            |        |          |
| Sec    | tion C. Type II Supporting Organizations  |              |        |          |
|        |   |              | Yes    | No       |
| 1      | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors              |              |        |          |
|        | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control                 |              |        |          |
|        | or management of the supporting organization was vested in the same persons that controlled or managed                        |              |        |          |
|        | the supported organization(s).  | 1            |        |          |
| Sec    | tion D. All Type III Supporting Organizations   |              |        |          |
|        |   |              | Yes    | No       |
| 1      | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the                |              |        |          |
|        | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior 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 <b>Part VI</b> how     |              |        |          |
|        | the organization maintained a close and continuous working relationship with the supported organization(s).                   | 2            |        |          |
| 3      | By reason of the relationship described in (2), did the organization's supported organizations have a                         | _            |        |          |
| Ŭ      | significant voice in the organization's investment policies and in directing the use of the organization's                    |              |        |          |
|        | income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's           |              |        |          |
|        | supported organizations played in this regard.  | 3            |        |          |
| Sec    | tion E. Type III Functionally-Integrated Supporting Organizations   |              |        | L        |
| 1      | Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea (see instruction |              |        |          |
| '<br>a | The organization satisfied the Activities Test. Complete <b>line 2</b> below.   | 3).          |        |          |
|        | The organization is the parent of each of its supported organizations. Complete line 3 below.                                 |              |        |          |
| b      | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see              | inotructions |        |          |
| c<br>2 | Activities Test. Answer (a) and (b) below.  | Instructions | Í      | No       |
| 2      |   |              | Yes    | NO       |
| а      | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of            |              |        |          |
|        | the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>             |              |        |          |
|        | 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      | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more           |              |        |          |
|        | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the                  |              |        |          |
|        | reasons for the organization's position that its supported organization(s) would have engaged in these                        |              |        |          |
|        | activities but for the organization's involvement.  | 2b           |        |          |
| 3      | Parent of Supported Organizations. Answer (a) and (b) below.  |              |        |          |
| а      | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or                   |              |        |          |
|        | trustees of each of the supported organizations? Provide details in Part VI.  | 3a           |        |          |
| b      | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each           |              |        |          |
|        | of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.      | 3b           |        | L        |
| 532025 | 5 09-23-15 Schedule A (For  | m 990 or 99  | 90-EZ) | 2015     |
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| Schedule A | (Form 990 or 990-EZ) 2015 $ { m READ}$ | ING IS    | FUNDAMENTAL,         | INC.          |
|------------|--|-----------|----------------------|---------------|
| Part V     | Type III Non-Functionally In           | ntegrated | 509(a)(3) Supporting | organizations |

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Sect | ion A - Adjusted Net Income  |           | (A) Prior Year               | (B) Current Year<br>(optional) |
|------|--|-----------|------------------------------|--------------------------------|
| 1    | Net short-term capital gain  | 1         |                              |                                |
| 2    | Recoveries of prior-year distributions   | 2         |                              |                                |
| 3    | Other gross income (see instructions)  | 3         |                              |                                |
| 4    | Add lines 1 through 3  | 4         |                              |                                |
| 5    | Depreciation and depletion   | 5         |                              |                                |
| 6    | Portion of operating expenses paid or incurred for production or               |           |                              |                                |
|      | collection of gross income or for management, conservation, or                 |           |                              |                                |
|      | maintenance of property held for production of income (see instructions)       | 6         |                              |                                |
| 7    | Other expenses (see instructions)  | 7         |                              |                                |
| 8    | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)                    | 8         |                              |                                |
| Sect | ion B - Minimum Asset Amount   |           | (A) Prior Year               | (B) Current Year<br>(optional) |
| 1    | Aggregate fair market value of all non-exempt-use assets (see                  |           |                              |                                |
|      | instructions for short tax year or assets held for part of year):              |           |                              |                                |
| а    | Average monthly value of securities  | 1a        |                              |                                |
| b    | Average monthly cash balances  | 1b        |                              |                                |
| с    | Fair market value of other non-exempt-use assets                               | 1c        |                              |                                |
| d    | Total (add lines 1a, 1b, and 1c)   | 1d        |                              |                                |
| е    | Discount claimed for blockage or other   |           |                              |                                |
|      | factors (explain in detail in <b>Part VI</b> ):                                |           |                              |                                |
| 2    | Acquisition indebtedness applicable to non-exempt-use assets                   | 2         |                              |                                |
| 3    | Subtract line 2 from line 1d   | 3         |                              |                                |
| 4    | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,   |           |                              |                                |
|      | see instructions).   | 4         |                              |                                |
| 5    | Net value of non-exempt-use assets (subtract line 4 from line 3)               | 5         |                              |                                |
| 6    | Multiply line 5 by .035  | 6         |                              |                                |
| 7    | Recoveries of prior-year distributions   | 7         |                              |                                |
| 8    | Minimum Asset Amount (add line 7 to line 6)                                    | 8         |                              |                                |
| Sect | ion C - Distributable Amount   |           |                              | Current Year                   |
| 1    | Adjusted net income for prior year (from Section A, line 8, Column A)          | 1         |                              |                                |
| 2    | Enter 85% of line 1  | 2         |                              |                                |
| 3    | Minimum asset amount for prior year (from Section B, line 8, Column A)         | 3         |                              |                                |
| 4    | Enter greater of line 2 or line 3  | 4         |                              |                                |
| 5    | Income tax imposed in prior year   | 5         |                              |                                |
| 6    | Distributable Amount. Subtract line 5 from line 4, unless subject to           |           |                              |                                |
|      | emergency temporary reduction (see instructions)                               | 6         |                              |                                |
| 7    | Check here if the current year is the organization's first as a non-functional | y-integra | ated Type III supporting org | ganization (see                |
|      |  |           |                              |                                |

instructions).

Schedule A (Form 990 or 990-EZ) 2015

532026 09-23-15

1



| Pa   | rt V Type III Non-Functionally Integrated 509                        | (a)(3) Supporting Orga        | anizations (continued)                 |   |
|------|--|-------------------------------|--|---|
| Sect | ion D - Distributions  |                               |  | Current Year                              |
| 1    | Amounts paid to supported organizations to accomplish exe            | empt purposes                 |  |   |
| 2    | Amounts paid to perform activity that directly furthers exempt       | pt purposes of supported      |  |   |
|      | organizations, in excess of income from activity                     |                               |  |   |
| 3    | Administrative expenses paid to accomplish exempt purpos             | es of supported organization  | IS                                     |   |
| 4    | Amounts paid to acquire exempt-use assets                            |                               |  |   |
| 5    | Qualified set-aside amounts (prior IRS approval required)            |                               |  |   |
| 6    | Other distributions (describe in <b>Part VI</b> ). See instructions. |                               |  |   |
| 7    | Total annual distributions. Add lines 1 through 6.                   |                               |  |   |
| 8    | Distributions to attentive supported organizations to which t        | he organization is responsive | e                                      |   |
|      | (provide details in <b>Part VI</b> ). See instructions.              |                               |  |   |
| 9    | Distributable amount for 2015 from Section C, line 6                 |                               |  |   |
| 10   | Line 8 amount divided by Line 9 amount                               | 1                             | I                                      |   |
| Sect | ion E - Distribution Allocations (see instructions)                  | (i)<br>Excess Distributions   | (ii)<br>Underdistributions<br>Pre-2015 | (iii)<br>Distributable<br>Amount for 2015 |
| 1    | Distributable amount for 2015 from Section C, line 6                 |                               |  |   |
| 2    | Underdistributions, if any, for years prior to 2015                  |                               |  |   |
|      | (reasonable cause required-see instructions)                         |                               |  |   |
| 3    | Excess distributions carryover, if any, to 2015:                     |                               |  |   |
| а    |  |                               |  |   |
| b    |  |                               |  |   |
| С    |  |                               |  |   |
| d    | From 2013  |                               |  |   |
| е    | From 2014  |                               |  |   |
| f    | Total of lines 3a through e  |                               |  |   |
| g    | Applied to underdistributions of prior years                         |                               |  |   |
| h    | Applied to 2015 distributable amount                                 |                               |  |   |
| i    | Carryover from 2010 not applied (see instructions)                   |                               |  |   |
| j    | Remainder. Subtract lines 3g, 3h, and 3i from 3f.                    |                               |  |   |
| 4    | Distributions for 2015 from Section D,                               |                               |  |   |
|      | line 7: \$   |                               |  |   |
| a    | Applied to underdistributions of prior years                         |                               |  |   |
| b    | Applied to 2015 distributable amount                                 |                               |  |   |
| C    | Remainder. Subtract lines 4a and 4b from 4.                          |                               |  |   |
| 5    | Remaining underdistributions for years prior to 2015, if             |                               |  |   |
|      | any. Subtract lines 3g and 4a from line 2 (if amount                 |                               |  |   |
|      | greater than zero, see instructions).                                |                               |  |   |
| 6    | Remaining underdistributions for 2015. Subtract lines 3h             |                               |  |   |
|      | and 4b from line 1 (if amount greater than zero, see                 |                               |  |   |
|      | instructions).   |                               |  |   |
| 7    | Excess distributions carryover to 2016. Add lines 3j and 4c.         |                               |  |   |
| 8    | Breakdown of line 7:   |                               |  |   |
| a    |  |                               |  |   |
| b    |  |                               |  |   |
| c    | Excess from 2013   |                               |  |   |
| d    | Excess from 2014   |                               |  |   |
| e    | Excess from 2015   |                               |  |   |

Schedule A (Form 990 or 990-EZ) 2015

532027 09-23-15



| Schedule A (Form 990 or 990-EZ) 2015 READING IS FUNDAMENTAL, INC |
|--|
|--|

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

|                    | 86783 |   |        | 2015.05040 | 20 |              | CORY                  |
|--------------------|-------|---|--------|------------|----|--------------|-----------------------|
| 532028 09-23-15    |       |   |        |            |    | Schedule A ( | Form 990 or 990-EZ) 2 |
|                    |       |   |        |            |    |              |                       |
|                    |       |   |        |            |    |              |                       |
|                    |       |   |        |            |    |              |                       |
|                    |       |   |        |            |    |              |                       |
|                    |       |   |        |            |    |              |                       |
|                    |       |   |        |            |    |              |                       |
|                    |       |   |        |            |    |              |                       |
|                    |       |   |        |            |    | <br>         |                       |
|                    |       |   |        |            |    |              |                       |
|                    |       |   |        |            |    |              |                       |
|                    |       |   |        |            |    | <br>         |                       |
|                    |       |   |        |            |    |              |                       |
|                    |       |   |        |            |    |              |                       |
|                    |       |   |        |            |    | <br>         |                       |
|                    |       |   |        |            |    | <br>         |                       |
| 2015 AM            |       | - | 1,000. |            |    |              |                       |
| 2013 AM<br>2014 AM |       | - | 0      |            |    |              |                       |
| 2012 AM            |       |   |        |            |    |              |                       |
| 2011 AM            |       | - | 3,948. |            |    |              |                       |
|                    |       |   |        |            |    |              |                       |

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### Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

## 2015

Employer identification number

| Schedule B<br>(Form 990, 990-EZ,<br>or 990-PF)         |
|--|
| Department of the Treasury<br>Internal Revenue Service |

Name of the organization

|                          | READING IS FUNDAMENTAL, INC.   | 52-0976257            |
|--------------------------|--|-----------------------|
| Organization type (chec  | k one):  |                       |
| Filers of:               | Section:   |                       |
| Form 990 or 990-EZ       | X 501(c)( 3 ) (enter number) organization  |                       |
|                          | 4947(a)(1) nonexempt charitable trust <b>not</b> 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   |                       |
|                          | on is covered by the <b>General Rule</b> or a <b>Special Rule</b> .                          |                       |
| Note. Only a section 501 | (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru | ie. See instructions. |
| General Rule             |  |                       |
|                          |  |                       |

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

#### Special Rules

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Employer identification number

52-0976257

| (a)           | (b)                               | (c)                        | (d)   |
|---------------|-----------------------------------|----------------------------|---|
| No.           | Name, address, and ZIP + 4        | Total contributions        | Type of contribut   |
|               |                                   | \$1,610,500.               | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contribution |
| (a)<br>No.    | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribut  |
| 2             |                                   | \$450,000.                 | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contribution |
| (a)<br>No.    | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribut  |
| 3             |                                   | \$235,642.                 | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contribution |
| (a)<br>No.    | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribut  |
| <u>4</u>      |                                   | \$166,333.                 | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contribution |
| (a)<br>No.    | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribut  |
|               |                                   | \$131,588.                 | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributio  |
| (a)<br>No.    | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribut  |
|               |                                   | \$                         | Person Payroll Noncash (Complete Part II for noncash contributio                |
| 3452 10-26-15 |                                   | Schedule B (Form           | 990, 990-EZ, or 990-PF)   |

Employer identification number

READING IS FUNDAMENTAL, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received   |
|------------------------------|--|--|------------------------|
|                              |  | \$   |                        |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received   |
|                              |  | \$   |                        |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received   |
|                              |  | \$   |                        |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received   |
|                              |  | \$   |                        |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received   |
|                              |  | \$   |                        |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received   |
| 23453 10-26-15               |  | \$   | 990, 990-EZ, or 990-PF |

52-0976257

| Part III                  | G IS FUNDAMENTAL, INC.<br>Exclusively religious, charitable, etc., contributor. Complete c<br>completing Part III, enter the total of exclusively religious | olumns (a) through (e) and the foll | owing line entry. For o | organizations                           |
|---------------------------|---|-------------------------------------|-------------------------|---|
|                           | Use duplicate copies of Part III if additiona   |                                     | in the year (Line)      |   |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use of gift                     |                         | (d) Description of how gift is held     |
|                           |   | (e) Transfer of g                   | <br>ft                  |   |
|                           | Transferee's name, address, ar  | nd ZIP + 4                          | Relationsh              | ip of transferor to transferee          |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use of gift                     |                         | (d) Description of how gift is held     |
|                           |   |                                     |                         |   |
|                           | Transferee's name, address, ar  | (e) Transfer of g<br>nd ZIP + 4     |                         | ip of transferor to transferee          |
|                           |   |                                     |                         |   |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use of gift                     |                         | (d) Description of how gift is held     |
|                           |   | (e) Transfer of g                   | <br>ft                  |   |
| -                         | Transferee's name, address, ar  |                                     |                         | ip of transferor to transferee          |
| (a) No.<br>from           |   |                                     |                         |   |
| from<br>Part I            | (b) Purpose of gift   | (c) Use of gift                     |                         | (d) Description of how gift is held     |
|                           |   | (e) Transfer of g                   | <br>ft                  |   |
|                           | Transferee's name, address, ar  | nd ZIP + 4                          | Relationsh              | ip of transferor to transferee          |
|                           |   |                                     |                         | chedule B (Form 990, 990-EZ, or 990-PF) |

| SCHE | DUL | _E D |
|------|-----|------|
|------|-----|------|

(Form 990)

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



|     |   | Attach to Form 990.<br>rm 990) and its instructions is at <i>www.</i> | irs.gov/f  | orm99          | o.          | Inspectio    |          |
|-----|---|---|------------|----------------|-------------|--------------|----------|
|     | of the organization   |   |            |                | loyer ide   | ntification  |          |
|     | READING IS FUNDAME  |   |            |                |             | 09762        |          |
| Par |   |   | ls or A    | ccou           | Ints.Com    | plete if the | Ð        |
|     | organization answered "Yes" on Form 990, Part IV, lin   |   |            |                |             |              |          |
|     |   | (a) Donor advised funds   | (          | b) Fun         | ds and oth  | her accour   | nts      |
|     | Total number at end of year   |   |            |                |             |              |          |
|     | Aggregate value of contributions to (during year)   |   |            |                |             |              |          |
|     | Aggregate value of grants from (during year)  |   |            |                |             |              |          |
|     | Aggregate value at end of year  |   |            |                |             |              |          |
|     | Did the organization inform all donors and donor advisors in  | -   |            |                |             | 7            |          |
|     | are the organization's property, subject to the organization's  |   |            |                |             | Yes          |          |
| 6   | Did the organization inform all grantees, donors, and donor a   | advisors in writing that grant funds can b                            | e used o   | only           |             |              |          |
|     | for charitable purposes and not for the benefit of the donor o  | or donor advisor, or for any other purpos                             | e confer   | ring           |             | -            |          |
|     |   |   |            |                |             | Yes          |          |
| Par | t II Conservation Easements. Complete if the org  | ganization answered "Yes" on Form 990                                 | , Part IV  | , line 7.      |             |              |          |
| 1   | Purpose(s) of conservation easements held by the organization   | ion (check all that apply).   |            |                |             |              |          |
|     | Preservation of land for public use (e.g., recreation or e  | education)  | storically | impor          | tant land a | area         |          |
|     | Protection of natural habitat   | Preservation of a ce  | rtified hi | storic s       | structure   |              |          |
|     | Preservation of open space  |   |            |                |             |              |          |
| 2   | Complete lines 2a through 2d if the organization held a qualit  | fied conservation contribution in the forr                            | n of a co  | nserva         | ation ease  | ment on th   | ne last  |
|     | day of the tax year.  |   |            |                | Held at th  | e End of the | Tax Yea  |
| а   | Total number of conservation easements  |   |            | 2a             |             |              |          |
|     |   |   |            | 2b             |             |              |          |
|     | Number of conservation easements on a certified historic str  |   |            | 2c             |             |              |          |
|     | Number of conservation easements included in (c) acquired   |   |            |                |             |              |          |
|     | listed in the National Register   |   |            | 2d             |             |              |          |
|     | Number of conservation easements modified, transferred, re  |   |            | nizatior       | during th   | e tax        |          |
|     | year 🕨  |   | U          |                | Ũ           |              |          |
|     | Number of states where property subject to conservation ea  | sement is located   |            |                |             |              |          |
|     | Does the organization have a written policy regarding the pe  |   | -<br>f     |                |             |              |          |
|     | violations, and enforcement of the conservation easements i   |   |            |                |             | Yes          |          |
|     | Staff and volunteer hours devoted to monitoring, inspecting,  |   |            |                |             | urina the v  | ear      |
|     | ,   | ,   |            |                |             |              |          |
| 7   | Amount of expenses incurred in monitoring, inspecting, hand   | dling of violations, and enforcing conserv                            | ation ea   | semer          | nts durina  | the vear     |          |
| -   | ► \$  |   |            |                |             | ario you     |          |
| 8   | Does each conservation easement reported on line 2(d) above   | ve satisfy the requirements of section 17                             | '0(h)(4)(F | 3) <i>(</i> i) |             |              |          |
|     | and section 170(h)(4)(B)(ii)?   |   |            |                |             | Yes          |          |
|     | In Part XIII, describe how the organization reports conservati  |   |            |                |             |              |          |
|     | include, if applicable, the text of the footnote to the organization  |   |            |                |             |              |          |
|     | conservation easements.   |   |            | garnzai        | 1011 3 2000 | Junting for  |          |
|     | t III Organizations Maintaining Collections o   | f Art. Historical Treasures. or                                       | Other      | Simil          | ar Asse     | ts.          |          |
|     | Complete if the organization answered "Yes" on Form   |   |            |                |             |              |          |
|     | If the organization elected, as permitted under SFAS 116 (AS  |   | ement a    | nd hals        | nce shee    | t works of   | art      |
|     | historical treasures, or other similar assets held for public ext   |   |            |                |             |              |          |
|     | the text of the footnote to its financial statements that descri  |   |            | public         | 301 VICC, p | iovide, in i |          |
|     |   |   | nt and h   | alanco         | shoot wa    | orke of ort  | historia |
|     | If the organization elected, as permitted under SFAS 116 (AS treasures, or other similar assets held for public exhibition, e |   |            |                |             |              |          |
|     |   | oucation, or research in furtherance of p                             | UDIIC SE   | rvice, p       | novide the  | = ioliowing  | arnoun   |
|     | relating to these items:  |   |            | •              | •           |              |          |
|     | (i) Revenue included on Form 990, Part VIII, line 1   |   |            |                | -           |              |          |
|     | (ii) Assets included in Form 990, Part X  |   |            |                | ·           |              |          |
|     | If the organization received or held works of art, historical tre   |   | ial gain,  | provid         | e           |              |          |
|     | the following amounts required to be reported under SFAS 1  | · · ·   |            | F              |             |              |          |
| а   | Revenue included on Form 990, Part VIII, line 1   |   |            | . 🕨 :          | ۶ <u> </u>  |              |          |

**b** Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 532051 11-02-15

Schedule D (Form 990) 2015

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25 2015.05040 READING IS FUNDAMENTAL,

| Sche     | ichedule D (Form 990) 2015 READING IS FUNDAMENTAL, INC. 52-0976257 Page 2                             |                         |                         |                                    |            |               |                  |                 |         |
|----------|---|-------------------------|-------------------------|------------------------------------|------------|---------------|------------------|-----------------|---------|
| Par      | t III Organizations Maintaining C   | ollections of Ar        | t, Historical Tr        | easures, or Oth                    | er Sim     | ilar Asse     | ts(contir        | nued)           |         |
| 3        | Using the organization's acquisition, accessi   | on, and other record    | s, check any of the     | following that are a               | significar | nt use of its | collectio        | n item          | IS      |
|          | (check all that apply):   |                         |                         |                                    |            |               |                  |                 |         |
| а        | Public exhibition   | d                       | Loan or exc             | hange programs                     |            |               |                  |                 |         |
| b        | Scholarly research  | е                       | Other                   |                                    |            |               |                  |                 |         |
| с        | Preservation for future generations   |                         |                         |                                    |            |               |                  |                 |         |
| 4        | Provide a description of the organization's co  | ollections and explair  | how they further t      | he organization's ex               | empt pui   | pose in Par   | t XIII.          |                 |         |
| 5        | During the year, did the organization solicit o   | r receive donations o   | of art, historical trea | sures, or other simil              | ar assets  |               |                  |                 |         |
|          | to be sold to raise funds rather than to be ma  | aintained as part of tl | ne organization's co    | ollection?                         |            |               | Yes              |                 | No      |
| Par      | t IV Escrow and Custodial Arran   | gements. Comple         | te if the organizatio   | n answered "Yes" o                 | n Form 9   | 90, Part IV,  | line 9, or       |                 |         |
|          | reported an amount on Form 990, Par   | t X, line 21.           |                         |                                    |            |               |                  |                 |         |
| 1a       | Is the organization an agent, trustee, custodi  | an or other intermed    | iary for contributior   | ns or other assets no              | t include  | ed            | _                |                 | _       |
|          | on Form 990, Part X?  |                         |                         |                                    |            | L             | Yes              |                 | No      |
| b        | If "Yes," explain the arrangement in Part XIII  | and complete the fol    | lowing table:           |                                    |            |               |                  |                 |         |
|          |   |                         |                         |                                    |            |               | Amoun            | t               |         |
|          | Beginning balance   |                         |                         |                                    |            |               |                  |                 |         |
|          | Additions during the year   |                         |                         |                                    |            |               |                  |                 |         |
| е        | Distributions during the year   |                         |                         |                                    |            |               |                  |                 |         |
| f        | Ending balance  |                         |                         |                                    |            |               | _                |                 |         |
|          | Did the organization include an amount on Fe  |                         |                         |                                    | • · · ·    | L             | Yes              |                 | No      |
|          | If "Yes," explain the arrangement in Part XIII.   |                         |                         |                                    |            |               |                  |                 |         |
| Par      | t V Endowment Funds. Complete in  |                         |                         |                                    | 1          |               | 1                |                 |         |
|          |   | (a) Current year        | (b) Prior year          | (c) Two years back                 | (d) i nre  | e years back  | (e) Four         |                 |         |
|          | Beginning of year balance   | 681,490.                | 712,294.                | 661,141.                           |            | 678,170.      |                  |                 | 296.    |
|          | Contributions   | E0 607                  | 10 071                  | 60 720                             |            | 60 401        |                  | -50,            | ,000.   |
|          | Net investment earnings, gains, and losses  | 59,607.                 | -12,271.                | 60,730.                            |            | 62,481.       |                  |                 | 178.    |
|          | Grants or scholarships  |                         |                         |                                    |            |               |                  |                 |         |
| е        | Other expenditures for facilities   | 00.015                  | 10 533                  | 0.555                              |            | <b>FO F10</b> |                  | 24              | 204     |
|          | and programs  | 29,917.                 | 18,533.                 | 9,577.                             |            | 79,510.       |                  | 34,             | 304.    |
|          | Administrative expenses   | F11 100                 | <u> </u>                | <b>F10.004</b>                     |            | CC1 111       |                  | 6.00            | 1 1 0   |
| -        | End of year balance   | 711,180.                | 681,490.                | ,                                  |            | 661,141.      |                  | 6/8,            | 170.    |
| 2        | Provide the estimated percentage of the curr  | rent year end balance   |                         | a)) held as:                       |            |               |                  |                 |         |
|          | Board designated or quasi-endowment   | <b>A</b> (              | _%                      |                                    |            |               |                  |                 |         |
|          | Permanent endowment  83.19  | $\frac{\%}{501}$        |                         |                                    |            |               |                  |                 |         |
| с        | Temporarily restricted endowment  |                         |                         |                                    |            |               |                  |                 |         |
| 0-       | The percentages on lines 2a, 2b, and 2c sho   |                         |                         | un al an alexa in instance al darm |            |               |                  |                 |         |
| за       | Are there endowment funds not in the posse  | ssion of the organiza   | ition that are held a   | ind administered for               | the orga   | nization      | T                | V.              | NI -    |
|          | by:   |                         |                         |                                    |            |               | 2-(1)            | Yes             | No<br>X |
|          | (i) unrelated organizations   |                         |                         |                                    |            |               |                  |                 | X       |
| <b>b</b> | (ii) related organizations  |                         |                         |                                    |            |               |                  |                 |         |
|          | If "Yes" on line 3a(ii), are the related organizate<br>Describe in Part XIII the intended uses of the |                         |                         |                                    |            |               | . 3b             |                 |         |
| 4<br>Par | t VI Land, Buildings, and Equipm  | 0                       | wment lunds.            |                                    |            |               |                  |                 |         |
| l u      | Complete if the organization answere  |                         | Part IV line 11a S      | See Form 990 Part )                | (line 10   |               |                  |                 |         |
|          | Description of property   | (a) Cost or ot          |                         |                                    |            |               | (d) Boo          | k valu          |         |
|          | Description of property   | basis (investm          |                         | • • •                              | epreciatio |               | ( <b>u</b> ) Boo | it valu         | C       |
| 1a       | Land  |                         | ,                       |                                    |            |               |                  |                 |         |
|          | Buildings   |                         |                         |                                    |            |               |                  |                 |         |
|          | Leasehold improvements  |                         |                         |                                    |            |               |                  |                 |         |
|          | Equipment   |                         | 43                      | 6,999.                             | 414,       | 750.          | 2                | 2,2             | 49.     |
|          | Other   |                         |                         | 9,256.                             | 198,       |               |                  |                 | 62.     |
|          | Add lines 1a through 1e. (Column (d) must e   |                         |                         |                                    | 1          |               |                  | $\frac{7}{3,4}$ |         |
|          |   |                         |                         | ,                                  |            | Schedule      |                  |                 |         |



| Schedule D (Form 990) 2015           | READING IS                        | FUNDAMENTAL,             | INC.                        | 52-0976257 Page <b>3</b>              |
|--------------------------------------|-----------------------------------|--------------------------|-----------------------------|---------------------------------------|
| Part VII Investments -               | Other Securities.                 |                          |                             |                                       |
| Complete if the org                  | anization answered "Yes"          | on Form 990, Part IV, li | ne 11b. See Form 990, Part  | X, line 12.                           |
| (a) Description of security or cate  | GOTY (including name of security) | (b) Book value           | (c) Method of valuat        | ion: 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 VIII Investments -              | Program Related.                  |                          |                             |                                       |
|                                      |                                   | on Form 990, Part IV, li | ne 11c. See Form 990, Part  | X, line 13.                           |
| (a) Description of                   | investment                        | (b) Book value           | (c) Method of valuat        | ion: Cost or end-of-year market value |
| (1)                                  |                                   |                          |                             |                                       |
| (2)                                  |                                   |                          |                             |                                       |
| (3)                                  |                                   |                          |                             |                                       |
| (4)                                  |                                   |                          |                             |                                       |
| (5)                                  |                                   |                          |                             |                                       |
| (6)                                  |                                   |                          |                             |                                       |
| (7)                                  |                                   |                          |                             |                                       |
| (8)                                  |                                   |                          |                             |                                       |
| (9)                                  |                                   |                          |                             |                                       |
| Total. (Col. (b) must equal Form 990 | 0, Part X, col. (B) line 13.) 🕨   |                          |                             |                                       |
| Part IX Other Assets.                |                                   |                          |                             |                                       |
| Complete if the org                  |                                   |                          | ne 11d. See Form 990, Part  |                                       |
|                                      | (a)                               | Description              |                             | (b) Book value                        |
| (1)                                  |                                   |                          |                             |                                       |
| (2)                                  |                                   |                          |                             |                                       |
| (3)                                  |                                   |                          |                             |                                       |
| (4)                                  |                                   |                          |                             |                                       |
| (5)                                  |                                   |                          |                             |                                       |
| (6)                                  |                                   |                          |                             |                                       |
| (7)                                  |                                   |                          |                             |                                       |
| (8)                                  |                                   |                          |                             |                                       |
| (9)                                  |                                   |                          |                             |                                       |
| Total. (Column (b) must equal F      |                                   | e 15.)                   |                             |                                       |
| Part X Other Liabilitie              |                                   |                          |                             |                                       |
|                                      | /                                 | on Form 990, Part IV, li | ne 11e or 11f. See Form 990 | ), Part X, line 25.                   |
| <b>1. (a)</b> D                      | escription of liability           |                          | (b) Book value              |                                       |
| (1) Federal income taxes             |                                   |                          |                             |                                       |
| (-)                                  | T AND LEASE I                     | NCENTIVES                | 180,381.                    |                                       |
| (3) DEPOSITS                         |                                   |                          | 63,857.                     |                                       |
| (4)                                  |                                   |                          |                             |                                       |
| (5)                                  |                                   |                          |                             |                                       |
| (6)                                  |                                   |                          |                             |                                       |

(9) 244,238. 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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII 🚺

Schedule D (Form 990) 2015

532053 09-21-15

(7) (8)



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|------|-------|-----|---|-----|
| 52   | 0 2 1 | 045 |   | Fau |

| 2015 | READING | IS | FUNDAMENTAL, | IJ |
|------|---------|----|--------------|----|

| Sche | dule D (Form 990) 2015 <b>READING IS FUNDAMENTAL</b> ,                          | INC.       |                   | 52-      | 0976257 | Page <b>4</b> |
|------|---|------------|-------------------|----------|---------|---------------|
| Pa   | t XI Reconciliation of Revenue per Audited Financial Sta                        | tements Wi | ith Revenue per F | Returi   | า.      |               |
|      | Complete if the organization answered "Yes" on Form 990, Part IV, line          | e 12a.     |                   |          |         |               |
| 1    | Total revenue, gains, and other support per audited financial statements        |            |                   | 1        | 8,304   | ,684.         |
| 2    | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |            |                   |          |         |               |
| а    | Net unrealized gains (losses) on investments                                    |            | 304,867.          |          |         |               |
| b    | Donated services and use of facilities  | 2b         | 1,641,510.        | •        |         |               |
| с    | Recoveries of prior year grants   | 2c         |                   |          |         |               |
| d    | Other (Describe in Part XIII.)  | 2d         | 175,944.          |          |         |               |
| е    | Add lines 2a through 2d   |            |                   | 2e       | 2,122   |               |
| 3    | Subtract line 2e from line 1  |            |                   | 3        | 6,182   | ,363.         |
| 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 <b>4a</b> and <b>4b</b>   |            |                   | 4c       |         | 0.            |
| 5    | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) |            |                   |          | 6,182   | <u>,363.</u>  |
| Pa   | t XII Reconciliation of Expenses per Audited Financial Sta                      |            | lith Expenses per | Retu     | ırn.    |               |
|      | Complete if the organization answered "Yes" on Form 990, Part IV, lin           | e 12a.     |                   |          |         |               |
| 1    | Total expenses and losses per audited financial statements                      |            |                   | 1        | 8,599   | ,523.         |
| 2    | Amounts included on line 1 but not on Form 990, Part IX, line 25:               |            |                   |          |         |               |
| а    | Donated services and use of facilities  | 2a         | 1,641,510.        | <u>,</u> |         |               |
| b    | Prior year adjustments  | 2b         |                   |          |         |               |
| С    | Other losses  | 2c         |                   |          |         |               |
| d    | Other (Describe in Part XIII.)  | 2d         | 175,944.          | ,        |         |               |
| е    | Add lines 2a through 2d   |            |                   | 2e       | 1,817   |               |
| 3    | Subtract line 2e from line 1  |            |                   | 3        | 6,782   | <u>,069.</u>  |
| 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  | 3.)        |                   | 5        | 6,782   | ,069.         |

Part XIII Supplemental Information.

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

### PART V, LINE 4:

| EARNINGS FROM THE ENDOWMENT FUNDS ARE RECORDED AND MADE AVAILABLE FOR   |
|---|
| OPERATIONS THROUGH AN ANNUAL ALLOCATION OF UP TO 5% OF THE FUND. THE    |
| ALLOCATION IS BASED ON A THREE-YEAR ROLLING AVERAGE OF THE INVESTMENT'S |
| MARKET VALUE, DETERMINED AS OF MARCH 31 OF THE YEAR PRIOR TO THE BUDGET |
| YEAR. EACH YEAR, AS PART OF RIF'S BUDGETING PROCESS, RIF REVIEWS THE    |
| APPROPRIATE LEVEL OF PAYOUT FOR THE FOLLOWING FISCAL YEAR. FUND         |
| DISBURSEMENTS ARE PAID AT THE END OF EACH QUARTER IN THE FISCAL YEAR.   |
| EACH FUND'S OPERATING INCOME IS UTILIZED AS SET FORTH IN THE SPECIFIC   |
| APPLICABLE ENDOWMENT AGREEMENT. THE GENERAL ENDOWMENT FUND'S INCOME IS  |
| UTILIZED FOR GENERAL OPERATIONS.  |

| PART X, LINE 2:<br>RIF PERFORMED AM EVALUATION OF UNCERTAIN TAX POSITIONS FOR THE YEARS ENDED<br>SEPTEMBER 30, 2016 AND 2015, AND DETERMINED THAT THERE WERE NO MATTERS<br>THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY<br>HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS.<br>PART XI, LINE 2D - OTHER ADJUSTMENTS:<br>SPECIAL EVENT EXPENSES 175,944.<br>PART XII, LINE 2D - OTHER ADJUSTMENTS:<br>SPECIAL EVENT EXPENSES 175,944.<br>PART XII, LINE 2D - OTHER ADJUSTMENTS:<br>SPECIAL EVENT EXPENSES 175,944.<br>PART XII, LINE 2D - OTHER ADJUSTMENTS:<br>SPECIAL EVENT EXPENSES 175,944.<br>PART XII, LINE 2D - OTHER ADJUSTMENTS:<br>SPECIAL EVENT EXPENSES 175,944.<br>PART XII, LINE 2D - OTHER ADJUSTMENTS:<br>SPECIAL EVENT EXPENSES 175,944.<br>PART XII, LINE 2D - OTHER ADJUSTMENTS:<br>SPECIAL EVENT EXPENSES 175,944.<br>PART XII, LINE 2D - OTHER ADJUSTMENTS:<br>SPECIAL EVENT EXPENSES 175,944.<br>PART XII, LINE 2D - OTHER ADJUSTMENTS:<br>SPECIAL EVENT EXPENSES 175,944.<br>PART XII, LINE 2D - OTHER ADJUSTMENTS:<br>SPECIAL EVENT EXPENSES 175,944.<br>PART XII, LINE 2D - OTHER ADJUSTMENTS:<br>SPECIAL EVENT EXPENSES 175,944.<br>PART XII, LINE 2D - OTHER ADJUSTMENTS:<br>SPECIAL EVENT EXPENSES 175,944.<br>PART XII, LINE 2D - OTHER ADJUSTMENTS:<br>SPECIAL EVENT EXPENSES 175,944.<br>PART XII, LINE 2D - OTHER ADJUSTMENTS:<br>SPECIAL EVENT EXPENSES 175,944.<br>PART XII, LINE 2D - OTHER ADJUSTMENTS:<br>SPECIAL EVENT EXPENSES 175,944.<br>PART XII, LINE 2D - OTHER ADJUSTMENTS:<br>SPECIAL EVENT EXPENSES 175,944.<br>PART XII, LINE 2D - OTHER ADJUSTMENTS:<br>SPECIAL EVENT EXPENSES 175,944.<br>PART XII, LINE 2D - OTHER ADJUSTMENTS:<br>SPECIAL EVENT EXPENSES 175,944.<br>PART XII, LINE 2D - OTHER ADJUSTMENTS:<br>SPECIAL EVENT EXPENSES 175,944.<br>PART XII, LINE 2D - OTHER ADJUSTMENTS:<br>SPECIAL EVENT EXPENSES 175,944.<br>PART XII, LINE 2D - OTHER ADJUSTMENTS:<br>SPECIAL EVENT EXPENSES 175,944.<br>PART XII, LINE 2D - OTHER ADJUSTMENTS:<br>SPECIAL EVENT EXPENSES 175,944.<br>PART XII XII XII XII XII XII XII XII XII XI | Schedule D (Form 990) 2015 READING IS FUNDAMENTAL, INC. 52-0976257 Page 5<br>Part XIII Supplemental Information (continued) |
|--|---|
| SEPTEMBER 30, 2016 AND 2015, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS. PART XI, LINE 2D - OTHER ADJUSTMENTS: SPECIAL EVENT EXPENSES 175,944. PART XII, LINE 2D - OTHER ADJUSTMENTS: SPECIAL EVENT EXPENSES 175,944.   | PART X, LINE 2:   |
| THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY         HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS.         PART XI, LINE 2D - OTHER ADJUSTMENTS:         SPECIAL EVENT EXPENSES         175,944.         PART XII, LINE 2D - OTHER ADJUSTMENTS:         SPECIAL EVENT EXPENSES         175,944.         Image: special event expenses         175,944.         Image: special event expenses         175,944.         Image: special event expenses         Image: special event   | RIF PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR THE YEARS ENDED  |
| HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS.  PART XI, LINE 2D - OTHER ADJUSTMENTS:  SPECIAL EVENT EXPENSES 175,944.  PART XII, LINE 2D - OTHER ADJUSTMENTS:  SPECIAL EVENT EXPENSES 175,944.  PART XII, LINE 2D - OTHER ADJUSTMENTS:  SPECIAL EVENT EXPENSES 175,944.  SECOND CODE CODE CODE CODE CODE CODE CODE COD   | SEPTEMBER 30, 2016 AND 2015, AND DETERMINED THAT THERE WERE NO MATTERS  |
| PART XI, LINE 2D - OTHER ADJUSTMENTS:         SPECIAL EVENT EXPENSES         175,944.  | THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY  |
| SPECIAL EVENT EXPENSES       175,944.         PART XII, LINE 2D - OTHER ADJUSTMENTS:         SPECIAL EVENT EXPENSES       175,944.   | HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS.   |
| SPECIAL EVENT EXPENSES       175,944.         PART XII, LINE 2D - OTHER ADJUSTMENTS:       SPECIAL EVENT EXPENSES         SPECIAL EVENT EXPENSES       175,944.  | PART XI LINE 2D - OTHER ADJUSTMENTS.  |
| PART XII, LINE 2D - OTHER ADJUSTMENTS:  SPECIAL EVENT EXPENSES 175,944.  |   |
| SPECIAL EVENT EXPENSES       175,944.  | SFECIAL EVENT EXPENSES 175,944.   |
|  | PART XII, LINE 2D - OTHER ADJUSTMENTS:  |
| <sup>532055</sup><br>09-21-15 29 <b>CODV</b>   | SPECIAL EVENT EXPENSES 175,944.   |
| <sup>532055</sup><br>09-21-15 29 <b>CODV</b>   |   |
| 09-21-15 <b>29</b>   | 532055 Schedule D (Form 990) 2015   |
| 2013.03040 KERDING IS FONDAMENIAL, INC KIF01   | 09-21-15  |

| (Form 990 or 990-EZ)<br>Department of the Treasury<br>Internal Revenue Service  | ental Information Regarding<br>organization answered "Yes" on<br>organization entered more than \$1<br>Attach to Form 990<br>about Schedule G (Form 990 or 990-EZ         | Form 9<br>15,000<br>0 or Fo                              | 990, P<br>on Foi<br>orm 99                     | Part IV, lines 17, 18,<br>rm 990-EZ, line 6a.<br>10-EZ.  | or 19, or if the<br>gov/form990.                                       | OMB No. 1545-0047 <b>2015</b> Open to Public Inspection |
|---|---|--|--|--|--|---|
|   | IS FUNDAMENTAL, 1   |  |  |  | 52-09  |   |
| Part I         Fundraising Activities           required to complete this part  | Complete if the organization answers t.   | ered "Y  | es" o  | n Form 990, Part IV,   | line 17. Form 990  | -EZ filers are not                                      |
| <ol> <li>Indicate whether the organization rais</li> <li>a X Mail solicitations</li> <li>b X Internet and email solicitations</li> <li>c X Phone solicitations</li> <li>d X In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, F</li> <li>b If "Yes," list the ten highest paid ind compensated at least \$5,000 by the</li> </ol> | e X Solicita<br>f X Solicita<br>g X Specia<br>or oral agreement with any individua<br>Part VII) or entity in connection with p<br>ividuals or entities (fundraisers) purs | ation of<br>ation of<br>I fundra<br>I (inclue<br>profess | non-g<br>gover<br>aising<br>ding o<br>sional f | overnment grants<br>nment grants<br>events<br>fficers, directors, tru<br>fundraising services? | stees or   |   |
| (i) Name and address of individual or entity (fundraiser)   | (ii) Activity   | have c<br>or cor   | Did<br>raiser<br>ustody<br>ntrol of<br>utions? | (iv) Gross receipts from activity  | (v) Amount pai<br>to (or retained b<br>fundraiser<br>listed in col. (i | y) to (or retained by)                                  |
| LAUTMAN MASKA NEIL & COMPANY  |   | Yes  | No   |  |  |   |
| - 1730 RHODE ISLAND AVENUE,<br>ALEXANDER HAAS - 3520  | DIRECT MAIL   |  | X  | 744,201.   | 91,20  | 653,001.  |
| PIEDMONT ROAD, NE, SUITE 300,   | DEVELOPMENT CONSULTATION  |  | X  | 0.   | 70,00  | -70,000.  |
|   |   |  |  |  |  |   |
| Total         3 List all states in which the organization or licensing.         AL, AK, AZ, AR, CA, CO, CT, NC, ND, OH, OK, OR, PA, RI,   | DC, FL, GA, IL, IN, KS,   | <u>, KY ,</u>  |  |  |  | n registration  |
|   |   |  |  |  |  |   |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990 or 990-EZ) 2015

532081 09-14-15

### Schedule G (Form 990 or 990-EZ) 2015 READING IS FUNDAMENTAL, INC.

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

| Aross receipts<br>ess: Contributions<br>Aross income (line 1 minus line 2)<br>Cash prizes<br>Cash prizes<br>loncash prizes<br>loncash prizes<br>cood and beverages<br>cood and beverages<br>intertainment<br>Dther direct expenses<br>Direct expense summary. Add lines 4 throug<br>let income summary. Subtract line 10 from<br>Gaming. Complete if the organization<br>\$15,000 on Form 990-EZ, line 6a.   | 662,349.<br>58,625.<br>7,465.<br>93,722.<br>10,038.<br>64,719.<br>h 9 in column (d) | (event type)  | (total number)        | - col. (c))<br>720,974<br>662,349<br>58,625<br>7,465<br>93,722<br>10,038<br>64,719  |
|--|---|---|-----------------------|---|
| ess: Contributions<br>aross income (line 1 minus line 2)<br>Cash prizes<br>loncash | 662,349.<br>58,625.<br>7,465.<br>93,722.<br>10,038.<br>64,719.<br>h 9 in column (d) |   |                       | 662,349<br>58,625<br>7,465<br>93,722  |
| Cash prizes<br>Cash prizes<br>loncash prizes<br>loncash prizes<br>loncash prizes<br>cood and beverages<br>cood and beverages<br>cood and beverages<br>contertainment<br>Dther direct expenses<br>Dther direct expenses<br>Direct expense summary. Add lines 4 throug<br>let income summary. Subtract line 10 from<br><b>Gaming.</b> Complete if the organization   | 58,625.<br>7,465.<br>93,722.<br>10,038.<br>64,719.<br>h 9 in column (d)             |   |                       | 58,625  |
| Cash prizes  | 7,465.<br>93,722.<br>10,038.<br>64,719.<br>h 9 in column (d)                        |   |                       | 7,465   |
| Ioncash prizes<br>Rent/facility costs<br>ood and beverages<br>intertainment<br>Other direct expenses<br>Direct expense summary. Add lines 4 throug<br>let income summary. Subtract line 10 from<br>Gaming. Complete if the organization  | 7,465.<br>93,722.<br>10,038.<br>64,719.<br>h 9 in column (d)                        |   |                       | 93,722  |
| Rent/facility costs  | 7,465.<br>93,722.<br>10,038.<br>64,719.<br>h 9 in column (d)                        |   |                       | 93,722  |
| ood and beverages<br>intertainment<br>Other direct expenses<br>Direct expense summary. Add lines 4 throug<br>let income summary. Subtract line 10 from<br><b>Gaming.</b> Complete if the organization  | 93,722.<br>10,038.<br>64,719.<br>h 9 in column (d)<br>line 3, column (d)            |   |                       | 93,722  |
| Intertainment  | 10,038.<br>64,719.<br>h 9 in column (d)   |   |                       |   |
| Other direct expenses<br>Direct expense summary. Add lines 4 throug<br>let income summary. Subtract line 10 from<br><b>Gaming.</b> Complete if the organization  | 64,719.<br>h 9 in column (d)<br>line 3, column (d)                                  |   |                       | 10,038  |
| Direct expense summary. Add lines 4 throug<br>let income summary. Subtract line 10 from<br><b>Gaming.</b> Complete if the organization   | h 9 in column (d)<br>line 3, column (d)   |   |                       | 6/ 710  |
| let income summary. Subtract line 10 from<br>Gaming. Complete if the organization  | line 3, column (d)  |   |                       |   |
| <b>Gaming.</b> Complete if the organization  |   |   | 🕨                     | -117,319  |
|  | answered "Yes" on Form  | 990, Part IV, line 19, o  | or reported more than |   |
|  |   |   | ·                     |   |
|  |   | (b) Pull tabs/instant   | (c) Other gaming      | (d) Total gaming (ad  |
|  | (a) Bingo   | bingo/progressive bingo   | ) (C) Other gaming    | col. (a) through col. (   |
|  |   |   |                       |   |
| aross revenue  |   |   |                       |   |
| Cash prizes  |   |   |                       |   |
| loncash prizes   |   |   |                       |   |
| ent/facility costs   |   |   |                       |   |
| Other direct expenses  |   |   |                       |   |
| ·  | Yes %   | Yes %   | 6 🗌 Yes 🛛 %           | ά   |
| olunteer labor   | □ No  | No  | □ No                  |   |
|  |   |   |                       |   |
| Direct expense summary. Add lines 2 throug   | ih 5 in column (d)  |   | ▶                     |   |
| let gaming income summary. Subtract line 7   | 7 from line 1, column (d)   |   |                       |   |
|  | ,   |   |                       | _   |
| the state(s) in which the organization cond  | ucts gaming activities:   |   |                       |   |
| organization licensed to conduct gaming a  | activities in each of these   | states?   |                       | 🗌 Yes 🗌 N   |
| o," explain:   |   |   |                       |   |
|  |   |   |                       |   |
|  |   |   |                       |   |
| any at the ergenization's coming licenses r  |   | -   | x year?               | L Yes N   |
|  |   |   |                       |   |
|  |   |   |                       |   |
|  | ent/facility costs  | Image: Second Stress | ent/facility costs    | ent/facility costs   ther direct expenses   ther direct expenses   olunteer labor   Yes   Yes   No   Yes   No   No   No   Yes   Yes < |

| Schedule G (Form 990 or 990-EZ) 2015 READING IS FUNDAMENTAL, INC. 52-   | 0976257             |
|---|---------------------|
| 11 Does the organization conduct gaming activities with nonmembers?   |                     |
| 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 🗌             |
| 13 Indicate the percentage of gaming activity conducted in:   |                     |
| a The organization's facility   | . 13a               |
| b An outside facility   |                     |
| 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:  |                     |
| Name  |                     |
| Address   |                     |
| 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  | Yes                 |
| <b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount  |                     |
| of gaming revenue retained by the third party $ ightarrow$ \$   |                     |
| <b>c</b> If "Yes," enter name and address of the third party:   |                     |
| Name  |                     |
| Address   |                     |
| 16 Gaming manager information:  |                     |
| Name ►  |                     |
|   |                     |
| Gaming manager compensation 🕨 💲   |                     |
|   |                     |
| Description of services provided 🕨  |                     |
|   |                     |
|   |                     |
| Director/officer Employee Independent contractor  |                     |
|   |                     |
| 17 Mandatory distributions:   |                     |
| a Is the organization required under state law to make charitable distributions from the gaming proceeds to   |                     |
| retain the state gaming license?  | └── Yes └           |
| b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the  |                     |
| organization's own exempt activities during the tax year <b>&gt;</b> \$   |                     |
| <b>Part IV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions). | , lines 9, 9b, 10b, |
| SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISE   |                     |
| SCHEDOLE G, FARI I, LINE 2B, LISI OF IEN HIGHESI FAID FONDRAISE   | .67                 |
| (I) NAME OF FUNDRAISER: LAUTMAN MASKA NEIL & COMPANY  |                     |
|   |                     |
| (I) ADDRESS OF FUNDRAISER:  |                     |
| 1730 RHODE ISLAND AVENUE, NW, SUITE 301, WASHINGTON, DC 20036   |                     |
|   |                     |
| I) NAME OF FUNDRAISER: ALEXANDER HAAS   |                     |
| (I) ADDRESS OF FUNDRAISER:  |                     |
| 3520 PIEDMONT ROAD, NE, SUITE 300, ATLANTA, GA 30305  |                     |
|   | orm 990 or 990-E    |
| 32  |                     |
| 60216 786783 RIF 2015.05040 READING IS FUNDAMENTAL,   | INC RIF_            |

| 532084<br>04-01-15  |                             | Schedule G (Form 990 or 990-EZ) |
|---------------------|-----------------------------|---------------------------------|
|                     | 33<br>2015.05040 READING IS | СОРУ                            |
| 13060216 786783 RIF | 2015.05040 READING IS       | FUNDAMENTAL, <b>COPY</b> 01     |

| SCHEDULE I<br>(Form 990)<br>Department of the Treasury  |                                       |  |  |   |   |  |   |
|---|---------------------------------------|--|--|---|---|--|---|
| Internal Revenue Service  | Informat                              | ion about Schedule I   | (Form 990) and its                                 | s instructions is a                             | at www.irs.gov/form99   | 90.                                    | Inspection                                    |
| Name of the organization<br>READING I   | S FUNDAME                             | ENTAL, INC.  |  |   |   |  | Employer identification number $52 - 0976257$ |
| Part I General Information on Grants a  | nd Assistance                         |  |  |   |   |  |   |
| <ol> <li>Does the organization maintain records to<br/>criteria used to award the grants or assis</li> <li>Describe in Part IV the organization's pro-</li> </ol> | stance?                               |  |  |   |   |  | tion X Yes No                                 |
| Part II Grants and Other Assistance to  | -                                     |  |  |   | anization answered "  | Yes" on Form 990, Par                  | t IV, line 21, for any                        |
| recipient that received more than s<br><b>1 (a)</b> Name and address of organization<br>or government   | 65,000. Part II car<br><b>(b)</b> EIN | t be duplicated if addit<br>(c) IRC section<br>if applicable | ional space is need<br>(d) Amount of<br>cash grant | ded.<br>(e) Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation (book,<br>FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance         |
| READING IS FUNDAMENTAL OF SOUTHERN<br>CALIFORNIA - 7250 BANDINI BLVD.<br>STE. 209 - COMMERCE, CA 90040  | 23-7425712                            | 501(C)(3)  | 0.   | 109,588.  | FMV   | BOOKS                                  | TO FOSTER LITERACY                            |
| JEAN DEAN RIF<br>P.O. BOX 848<br>OPELIKA, AL 36803  | 63-0997319                            | 501(C)(3)  | 0.   | 62,400.   | FMV   | BOOKS                                  | TO FOSTER LITERACY                            |
| BROOKLYN PUBLIC LIBRARY<br>10 GRAND ARMY PLZ.<br>BROOKLYN, NY 11238   | 11-1904261                            | 501(C)(3)  | 0.   | 48,411.   | FMV   | BOOKS                                  | TO FOSTER LITERACY                            |
| MIAMI-DADE FAMILY LEARNING<br>PARTNERSHIP, INC 10800 BISCAYNE<br>BLVD. STE. 500 - MIAMI, FL 33161   | 14-1916606                            | 501(C)(3)  | 0.   | 41,219.   | FMV   | BOOKS                                  | TO FOSTER LITERACY                            |
| RIF OF NORTHERN VIRGINIA<br>P.O. BOX 7012<br>ARLINGTON, VA 22207  | 51-0155758                            | 501(C)(3)  | 0.   | 33,953.   | FMV   | BOOKS                                  | TO FOSTER LITERACY                            |
| DALLAS ISD<br>3700 ROSS AVE. STE. 72<br>DALLAS, TX 75204  |                                       | N/A  | 0.   | 33,356.   | FMV   | BOOKS                                  | TO FOSTER LITERACY                            |
| <ul> <li>2 Enter total number of section 501(c)(3) a</li> <li>2 Enter total number of other organization</li> </ul>   | •                                     | •  | ne line 1 table                                    |   |   |  | <u> </u>                                      |
| 3 Enter total number of other organizations<br>LHA For Paperwork Reduction Act Notice   |                                       |  |  |   |   |  | Schedule I (Form 990) (2015)                  |



### Schedule I (Form 990) READING IS FUNDAMENTAL, INC.

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | <b>(b)</b> EIN | (c) IRC section<br>if applicable | (d) Amount of cash grant | (e) Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|--|----------------|----------------------------------|--------------------------|---|---|--|---------------------------------------|
| PAGE AHEAD CHILDREN'S LITERACY                     |                |                                  |                          |   |   |  |                                       |
| PROGRAM - 1130 NW 85TH ST                          |                |                                  |                          |   |   |  |                                       |
| SEATTLE, WA 98117                                  | 91-1600084     | 501(C)(3)                        | 0.                       | 26,544.                                 | FMV   | BOOKS                                  | TO FOSTER LITERACY                    |
| READ BOSTON  |                |                                  |                          |   |   |  |                                       |
| 43 HAWKINS ST.                                     |                |                                  |                          |   |   |  |                                       |
| BOSTON, MA 02114                                   | 04-2681311     | 501(C)(3)                        | 0.                       | 26,273.                                 | FMV   | BOOKS                                  | TO FOSTER LITERACY                    |
| ·  |                |                                  |                          | <i>,</i>                                |   |  |                                       |
| READING SCHOOL DISTRICT                            |                |                                  |                          |   |   |  |                                       |
| 800 WASHINGTON ST.                                 |                |                                  |                          |   |   |  |                                       |
| READING, PA 19601                                  | 23-6004134     | N/A                              | 0.                       | 21,765.                                 | FMV   | BOOKS                                  | TO FOSTER LITERACY                    |
| READING IS FUNDAMENTAL IN CHICAGO                  |                |                                  |                          |   |   |  |                                       |
| 3 WESTBROOK CORPORATE CTR. STE. 20                 |                |                                  |                          |   |   |  |                                       |
| WESTCHESTER, IL 60154                              | 23-7248445     | 501(C)(3)                        | 0.                       | 20,801.                                 | FMV   | BOOKS                                  | TO FOSTER LITERACY                    |
|  |                |                                  |                          | ,                                       |   |  |                                       |
| MUSKINGUM IRA, RIF                                 |                |                                  |                          |   |   |  |                                       |
| 205 N 7TH ST.                                      |                |                                  |                          |   |   |  |                                       |
| ZANESVILLE, OH 43701                               | 31-1525731     | 501(C)(3)                        | ٥.                       | 20,427.                                 | FMV   | BOOKS                                  | TO FOSTER LITERACY                    |
|  |                |                                  |                          |   |   |  |                                       |
| READ ALOUD AMERICA                                 |                |                                  |                          |   |   |  |                                       |
| 250 HAU OLI, STE. 220                              | 99-0323798     | 501(C)(3)                        | 0.                       | 17 946                                  | ENG7  | BOOKS                                  |                                       |
| WAILUKU, HI 96793                                  | 99-0323798     | 501(C)(3)                        | · ·                      | 17,846.                                 | FMV   | BOOKS                                  | TO FOSTER LITERACY                    |
| LANSING SCHOOL DISTRICT                            |                |                                  |                          |   |   |  |                                       |
| 2400 PATTENGILL AVE.                               |                |                                  |                          |   |   |  |                                       |
| LANSING, MI 48910                                  | 38-6001599     | N/A                              | Ο.                       | 16,426.                                 | FMV   | BOOKS                                  | TO FOSTER LITERACY                    |
|  |                |                                  |                          |   |   |  |                                       |
| SUNFLOWER COUNTY CONSOLIDATED                      |                |                                  |                          |   |   |  |                                       |
| SCHOOL DISTRICT - 404 JEFFERSON                    |                |                                  |                          |   |   |  |                                       |
| ST INDIANOLA, MS 38751                             | 64-0440304     | N/A                              | 0.                       | 14,997.                                 | FMV   | BOOKS                                  | TO FOSTER LITERACY                    |
| MCADORY ELEMENTARY SCHOOL                          |                |                                  |                          |   |   |  |                                       |
| 6251 EASTERN VALLEY RD.                            |                |                                  |                          |   |   |  |                                       |
| MC CALLA, AL 35111                                 | 63-6000945     | N/A                              | 0.                       | 14,573.                                 | FMV   | BOOKS                                  | TO FOSTER LITERACY                    |

Schedule I (Form 990)

52-0976257 Page 1

### Schedule I (Form 990) READING IS FUNDAMENTAL, INC.

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government  | (b) EIN    | (c) IRC section<br>if applicable | (d) Amount of<br>cash grant | (e) Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|---|------------|----------------------------------|-----------------------------|---|---|--|---------------------------------------|
| SOUTHWEST HUMAN DEVELOPMENT<br>2806 N 24TH ST.<br>PHOENIX, AZ 85008                               | 86-0407179 | 501(C)(3)                        | 0.                          | 14,483.                                 | FMV   | BOOKS                                  | TO FOSTER LITERACY                    |
| NORTH PENN SCHOOL DISTRICT<br>401 E HANCOCK ST.<br>LANSDALE, PA 19446                             | 23-1670665 | N/A                              | 0.                          | 14,257.                                 |   | BOOKS                                  | TO FOSTER LITERACY                    |
| BOOK SPRING<br>2006 GREENBROOK PKWY.<br>AUSTIN, TX 78723  |            | 501(C)(3)                        | 0.                          | 13,444.                                 |   | BOOKS                                  | TO FOSTER LITERACY                    |
| BESSEMER CITY SCHOOLS<br>1621 5TH AVE., N.<br>BESSEMER, AL 35020                                  | 26-3323883 | N/A                              | 0.                          | 13,261.                                 |   | воокз                                  | TO FOSTER LITERACY                    |
| SAN ANTONIO ISD LIBRARY MEDIA<br>SERVICES – 1811 S LAREDO ST. – SAN<br>ANTONIO, TX 78207          | 74-6002167 | N/A                              | 0.                          | 13,144.                                 | FMV   | BOOKS                                  | TO FOSTER LITERACY                    |
| ACUDEN - ADM. PARA CUIDADO DE LA<br>NINEZ - 156 CALLE DELFIN OLMO -<br>ARECIBO, PUERTO RICO 00612 | 66-0572647 | N/A                              | 0.                          | 12,259.                                 | FMV   | BOOKS                                  | TO FOSTER LITERACY                    |
| READING IS FUNDAMENTAL PITTSBURGH<br>10 CHILDRENS WAY, STE. 300<br>PITTSBURGH, PA 15212           | 25-1558336 | 501(C)(3)                        | 0.                          | 11,341.                                 | FMV   | BOOKS                                  | TO FOSTER LITERACY                    |
| CHILDREN'S HARBOR<br>702 LONDON ST.<br>PORTSMOUTH, VA 23704                                       | 31-1471766 | 501(C)(3)                        | 0.                          | 11,305.                                 | FMV   | BOOKS                                  | TO FOSTER LITERACY                    |
| COLLEGE HEIGHTS ELEMENTARY<br>2551 SUNNY LN.<br>BAKERSFIELD, CA 93305                             | 95-6000671 | N/A                              | 0.                          | 10,860.                                 | FMV   | Books                                  | TO FOSTER LITERACY                    |

Schedule I (Form 990)

52-0976257 Page 1

## Schedule I (Form 990) READING IS FUNDAMENTAL, INC.

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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| (a) Name and address of organization or government                      | <b>(b)</b> EIN | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|---|----------------|----------------------------------|---------------------------------|--|---|--|---------------------------------------|
| YORK COUNTY COMMUNITY ACTION WIC  |                |                                  |                                 |  |   |  |                                       |
| PROGRAM - 6 SPRUCE ST SANFORD,<br>ME 04073                              | 01-6020406     | 501(C)(3)                        | 0.                              | 10,813.  | FMV   | BOOKS                                  | TO FOSTER LITERACY                    |
| COMMUNITIES IN SCHOOLS OF ATLANTA<br>600 W PEACHTREE ST., NW, STE. 1250 |                |                                  |                                 |  |   |  |                                       |
| ATLANTA, GA 30308   | 58-1152807     | 501(C)(3)                        | 0.                              | 10,598.  | FMV   | BOOKS                                  | TO FOSTER LITERACY                    |
| OFFICE FOR CHILD DEVELOPMENT-HEAD<br>START - GUAYAMA ST., STE. 283 -    | 66 0570647     | E01(0)(2)                        |                                 | 10.220   | DM(7  | D007/2                                 |                                       |
| SAN JUAN, PUERTO RICO 00936   | 66-0572647     | 501(C)(3)                        | 0.                              | 10,339.  | FMV   | BOOKS                                  | TO FOSTER LITERACY                    |
| SOUTH BOSTON ELEMENTARY SCHOOL 2320 PARKER AVE.                         |                |                                  |                                 |  |   |  |                                       |
| SOUTH BOSTON, VA 24592  | 54-6001335     | N/A                              | 0.                              | 10,138.  | FMV   | BOOKS                                  | TO FOSTER LITERACY                    |
| PHILADELPHIA READS<br>6100 STENTON AVE.                                 | 27 1722052     | F01(C)(2)                        |                                 | 10 120   | PM17  | BOOKS                                  |                                       |
| PHILADELPHIA, PA 19138  | 27-1723052     | 501(C)(3)                        | 0.                              | 10,128.  | FMV   | BOOKS                                  | TO FOSTER LITERACY                    |
| MONTELLO SCHOOL<br>407 EAST AVE.<br>LEWISTON, ME 04240                  | 01-0447384     | N/A                              | 0.                              | 9,880.   | FMV   | BOOKS                                  | TO FOSTER LITERACY                    |
|   |                |                                  |                                 | - , •  |   |  |                                       |
| DELTA LAMBDA RIF PROJECT<br>150 SHADY LN                                |                |                                  |                                 |  |   |  |                                       |
| MONTEREY, CA 93940  | 94-6130720     | 501(C)(3)                        | 0.                              | 9,784.   | FMV   | BOOKS                                  | TO FOSTER LITERACY                    |
| MANHEIM TOWNSHIP SCHOOL DISTRICT<br>450A CANDLEWYCK RD.                 |                |                                  |                                 |  |   |  |                                       |
| LANCASTER, PA 17601   | 23-6003938     | N/A                              | 0.                              | 9,729.   | FMV   | BOOKS                                  | TO FOSTER LITERACY                    |
| CAPITAL AREA COMMUNITY SERVICE,<br>INC 101 E WILLOW ST LANSING,         |                |                                  |                                 |  |   |  |                                       |
| MI 48906  | 38-1791181     | N/A                              | 0.                              | 9,600.   | FMV   | BOOKS                                  | TO FOSTER LITERACY                    |

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# 52-0976257 Page 1



## Schedule I (Form 990) READING IS FUNDAMENTAL, INC.

| 52-0976257 Page 1 |
|-------------------|
|-------------------|

| (a) Name and address of organization or government | (b) EIN    | (c) IRC section<br>if applicable | (d) Amount of cash grant | (e) Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|--|------------|----------------------------------|--------------------------|---|---|--|---------------------------------------|
| COSSMA, INC.                                       |            |                                  |                          |   |   |  |                                       |
| P.O. BOX 1330                                      |            |                                  |                          |   |   |  |                                       |
| CIDRA, PUERTO RICO 00739                           | 66-0434923 | N/A                              | 0.                       | 9,600.                                  | FMV   | BOOKS                                  | TO FOSTER LITERACY                    |
| ,  |            |                                  |                          | , -                                     |   |  |                                       |
| PHARR-SAN JUAN-ALAMO ISD                           |            |                                  |                          |   |   |  |                                       |
| 601 E KELLY AVE.                                   |            |                                  |                          |   |   |  |                                       |
| PHARR, TX 78577                                    | 74-6001876 | N/A                              | 0.                       | 8,926.                                  | FMV   | BOOKS                                  | TO FOSTER LITERACY                    |
| ,  |            |                                  |                          | , ,                                     |   |  |                                       |
| MCMAHON SCHOOL                                     |            |                                  |                          |   |   |  |                                       |
| 151 NORTH TEMPLE ST.                               |            |                                  |                          |   |   |  |                                       |
| LEWISTON, ME 04240                                 | 01-0447384 | N/A                              | 0.                       | 8,906.                                  | FMV   | BOOKS                                  | TO FOSTER LITERACY                    |
| · · · ·  |            |                                  |                          |   |   |  |                                       |
| DISTRICT 279 FOUNDATION                            |            |                                  |                          |   |   |  |                                       |
| 11200 93RD AVE., N                                 |            |                                  |                          |   |   |  |                                       |
| MAPLE GROVE, MN 55369                              | 41-1705060 | 501(C)(3)                        | 0.                       | 8,748.                                  | FMV   | BOOKS                                  | TO FOSTER LITERACY                    |
|  |            |                                  |                          |   |   |  |                                       |
| MIAMI VALLEY CHILD DEVELOPMENT                     |            |                                  |                          |   |   |  |                                       |
| CENTERS, INC 215 HORACE ST                         |            |                                  |                          |   |   |  |                                       |
| DAYTON, OH 45402                                   | 31-0713127 | 501(C)(3)                        | 0.                       | 8,640.                                  | FMV   | BOOKS                                  | TO FOSTER LITERACY                    |
|  |            |                                  |                          |   |   |  |                                       |
| FRESNO COUNTY OFFICE OF EDUCATION                  |            |                                  |                          |   |   |  |                                       |
| (MIGRANT) - 1684 W SHAW AVE                        |            |                                  |                          |   |   |  |                                       |
| FRESNO, CA 93711                                   | 94-6002210 | N/A                              | ٥.                       | 8,287.                                  | FMV   | BOOKS                                  | TO FOSTER LITERACY                    |
|  |            |                                  |                          |   |   |  |                                       |
| WILLAMETTE EDUCATION SERVICE                       |            |                                  |                          |   |   |  |                                       |
| DISTRICT (MIGRANT) - 2611 PRINGLE                  |            |                                  |                          |   |   |  |                                       |
| RD., SE – SALEM, OR 97302                          | 93-1318631 | N/A                              | 0.                       | 8,129.                                  | FMV   | BOOKS                                  | TO FOSTER LITERACY                    |
|  |            |                                  |                          |   |   |  |                                       |
| THE PUBLIC EDUCATION FOUNDATION                    |            |                                  |                          |   |   |  |                                       |
| 3360 W SAHARA AVE., STE. 160                       |            |                                  |                          |   |   |  |                                       |
| LAS VEGAS, NV 89102                                | 88-0275767 | 501(C)(3)                        | 0.                       | 7,876.                                  | FMV   | BOOKS                                  | TO FOSTER LITERACY                    |
| BEECH ELEMENTARY SCHOOL PARENT                     |            |                                  |                          |   |   |  |                                       |
| FEACHER ORGANIZATION, INC 3120                     |            |                                  |                          |   |   |  |                                       |
| LONG HOLLOW PIKE - HENDERSONVILLE,                 |            |                                  |                          |   |   |  |                                       |
| TN 37075   | 20-3522136 | 501(C)(3)                        | 0.                       | 7,868.                                  | FMV   | BOOKS                                  | TO FOSTER LITERACY                    |

Schedule I (Form 990)

COPY

#### READING IS FUNDAMENTAL, INC. Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government  | <b>(b)</b> EIN | (c) IRC section<br>if applicable | (d) Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | ( <b>h)</b> Purpose of grant<br>or assistance |
|---|----------------|----------------------------------|--------------------------|--|---|--|---|
| READING IS FUNDAMENTAL, HONOLULU,<br>INC 2120 MANOA RD HONOLULU,                                      |                |                                  |                          |  |   |  |   |
| HI 96822  | 99-0187009     | 501(C)(3)                        | 0.                       | 7,680.   | FMV   | BOOKS                                  | TO FOSTER LITERACY                            |
| COMMUNITIES IN SCHOOLS OF GREATER<br>NEW ORLEANS, INC 3701 CANAL<br>ST., APT. F - NEW ORLEANS, LA     |                |                                  |                          |  |   |  |   |
| 70119   | 72-1317054     | N/A                              | 0.                       | 7,649.   | FMV   | BOOKS                                  | TO FOSTER LITERACY                            |
| SCHOOL DISTRICT OF LANCASTER<br>251 S PRINCE ST.  | 0.2 1506414    |                                  |                          |  |   |  |   |
| LANCASTER, PA 17603   | 23-1726414     | N/A                              | 0.                       | 7,599.   | ₽MV   | BOOKS                                  | TO FOSTER LITERACY                            |
| WEST BRISTOL, SOUTH SIDE, GREENE<br>HILLS F.R.C 500 CLARK AVE<br>BRISTOL, CT 06010                    | 06-6001866     | N/A                              | 0.                       | 7,534.   | FMV   | BOOKS                                  | TO FOSTER LITERACY                            |
| NORTHVIEW/WESTVIEW ELEMENTARY<br>725 E NORTH H ST.<br>GAS CITY, IN 46933                              | 35-6002529     | N/A                              | 0.                       | 7,286.   | FM(7  | BOOKS                                  | TO FOSTER LITERACY                            |
| MARTEL SCHOOL<br>880 LISBON ST.<br>LEWISTON, ME 04240   | 01-0447384     | N/A                              | 0.                       | 7,199.   |   | BOOKS                                  | TO FOSTER LITERACY                            |
| SAN FRANCISCO PUBLIC LIBRARY<br>100 LARKIN ST.<br>SAN FRANCISCO, CA 94102                             | 94-6000417     | 501(C)(3)                        | 0.                       | 7,144.   | FMV   | BOOKS                                  | TO FOSTER LITERACY                            |
| ALLEN COUNTY PRIMARY CENTER<br>721 NEW GALLATIN RD.   | 61-6001355     | N/A                              | 0.                       | 7,002.   | FM17  | BOOKS                                  | TO FOSTER LITERACY                            |
| SCOTTSVILLE, KY 42164<br>REACH OUT AND READ OF NEW JERSEY<br>68 POOR FARM RD.<br>PENNINGTON, NJ 08534 | 04-3481253     |                                  | 0.                       | 6,991.   |   | BOOKS                                  | TO FOSTER LITERACY                            |

Schedule I (Form 990)

52-0976257 Page 1

#### READING IS FUNDAMENTAL, INC. Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government  | <b>(b)</b> EIN | (c) IRC section<br>if applicable | <b>(d)</b> Amount of<br>cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | <b>(h)</b> Purpose of grant<br>or assistance |
|---|----------------|----------------------------------|------------------------------------|--|---|--|--|
| HANOVER AREA SCHOOL DISTRICT<br>1600 SANS SOUCI PKWY.<br>HANOVER TOWNSHIP, PA 18706                 | 23-1738341     | N/A                              | 0.                                 | 6,945.   | FMV   | BOOKS                                  | TO FOSTER LITERACY                           |
| READING IS FUNDAMENTAL, ST. LOUIS,<br>INC 8626 TARA LN SAINT<br>LOUIS, MO 63147                     | 51-0159152     | 501(C)(3)                        | 0.                                 | 6,808.   | FM17  | BOOKS                                  | TO FOSTER LITERACY                           |
| STAMFORD PUBLIC EDUCATION<br>FOUNDATION (RIF OF STAMFORD) - 733<br>SUMMER ST., STE. 203 - STAMFORD, | 51-0159152     | 501(0)(3)                        |                                    |  |   | BOOKS                                  | TO FOSTER HITERRET                           |
| СТ 06901  | 06-1462359     | 501(C)(3)                        | 0.                                 | 6,720.   | FMV   | BOOKS                                  | TO FOSTER LITERACY                           |
| MANNING PRIMARY<br>125 NORTH BOUNDARY ST.<br>MANNING, SC 29102                                      | 57-6000708     | N/A                              | 0.                                 | 6,709.   | FMV   | BOOKS                                  | TO FOSTER LITERACY                           |
| EASTERLING PRIMARY<br>600 EAST NORTHSIDE AVE.<br>MARION, SC 29571                                   | 57-6000286     | N/A                              | 0.                                 | 6,695.   | FMV   | BOOKS                                  | TO FOSTER LITERACY                           |
| WILLIAM MCKINLEY SCHOOL 39<br>1733 SPANN AVE.<br>INDIANAPOLIS, IN 46203                             | 00-3124223     | N/A                              | 0.                                 | 6,607.   | FMV   | BOOKS                                  | TO FOSTER LITERACY                           |
| BETHLEHEM AREA SCHOOL DISTRICT<br>1516 SYCAMORE ST.<br>BETHLEHEM, PA 18017                          | 24-0862592     | N/A                              | 0.                                 | 6,538.   | FMV   | BOOKS                                  | TO FOSTER LITERACY                           |
| MINNESOTA DEPARTMENT OF EDUCATION<br>(MIGRANT) - 1500 HWY., 36 W -<br>ROSEVILLE, MN 55113           | 00-4405717     | N/A                              | 0.                                 | 6,490.   | FMV   | BOOKS                                  | TO FOSTER LITERACY                           |
| CHARLES W. FAIRBANKS SCHOOL 105<br>8620 MONTERY RD.<br>INDIANAPOLIS, IN 46226                       | 35-6002486     | N/A                              | 0.                                 | 6,370.   | FMV   | BOOKS                                  | TO FOSTER LITERACY                           |

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52-0976257

#### READING IS FUNDAMENTAL, INC. Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

Т

| (a) Name and address of organization or government                       | (b) EIN    | (c) IRC section<br>if applicable | (d) Amount of cash grant | (e) Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|--|------------|----------------------------------|--------------------------|---|---|--|---------------------------------------|
| REACH OUT AND READ VA<br>12929 CHURCH RD.                                |            |                                  |                          |   |   |  |                                       |
| RICHMOND, VA 23233   | 04-3481253 | 501(C)(3)                        | 0.                       | 6,136.                                  | FMV   | BOOKS                                  | TO FOSTER LITERACY                    |
| CHESTER CHARTER SCHOOL FOR THE<br>ARTS - 200 COMMERCE DR ASTON,          |            |                                  |                          |   |   |  |                                       |
| PA 19014   | 45-5246479 | N/A                              | 0.                       | 5,807.                                  | FMV   | BOOKS                                  | TO FOSTER LITERACY                    |
| CHILDREN'S AID AND FAMILY SERVICES<br>200 ROBIN RD.<br>PARAMUS, NJ 07652 | 22-1487147 | 501(C)(3)                        | 0.                       | 5,720.                                  | FM77  | BOOKS                                  | TO FOSTER LITERACY                    |
| FARADOS, NO 07052  | 22-140/14/ | 501(0)(5)                        | 0.                       | 5,720.                                  | r n v   | BOOKS                                  | IO FOSIER DITERACI                    |
| LONGLEY SCHOOL<br>145 BIRCH ST.  |            |                                  |                          |   |   |  |                                       |
| LEWISTON, ME 04240   | 01-0447384 | N/A                              | 0.                       | 5,581.                                  | FMV   | BOOKS                                  | TO FOSTER LITERACY                    |
| BETTENDORF COMMUNITY SCHOOL<br>DISTRICT - 3311 18TH ST                   |            |                                  |                          |   |   |  |                                       |
| BETTENDORF, IA 52722   | 42-6000825 | N/A                              | 0.                       | 5,531.                                  | FMV   | BOOKS                                  | TO FOSTER LITERACY                    |
| EASTON AREA SCHOOL DISTRICT RIF<br>1801 BUSHKILL DR.                     | 02 1506521 | 501 ( 2) ( 2)                    |                          | 5 510                                   |   |  |                                       |
| EASTON, PA 18040   | 23-1726731 | 501(C)(3)                        | 0.                       | 5,518.                                  | FMV   | BOOKS                                  | TO FOSTER LITERACY                    |
| DOGWOOD ELEMENTARY SCHOOL LIBRARY 12300 GLADE DR.                        |            |                                  |                          |   |   |  |                                       |
| RESTON, VA 20191   | 54-0805373 | N/A                              | 0.                       | 5,386.                                  | FMV   | BOOKS                                  | TO FOSTER LITERACY                    |
| HAZLETON AREA SCHOOL DISTRICT<br>1515 W 23RD ST.                         |            |                                  |                          |   |   |  |                                       |
| HAZLE TOWNSHIP, PA 18202   | 23-1667968 | N/A                              | 0.                       | 5,290.                                  | FMV   | BOOKS                                  | TO FOSTER LITERACY                    |
| PLAINVIEW PRIMARY/INTERMEDIATE<br>ELEMENTARY - 1140 S PLAINVIEW RD.      |            |                                  |                          |   |   |  |                                       |
| - ARDMORE, OK 73401  | 75-1583261 | N/A                              | 0.                       | 5,247.                                  | FMV   | BOOKS                                  | TO FOSTER LITERACY                    |

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Schedule I (Form 990)

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52-0976257

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#### Schedule I (Form 990) READING IS FUNDAMENTAL, INC. . .... . .

| 52-0976257 | Page 1  |
|------------|---------|
|            | i ago i |

| (a) Nome and address of  |            |                                  |                             | (a) Amount of                           |   | (a) Description of                     | (b) Durrans of success                |
|--|------------|----------------------------------|-----------------------------|---|---|--|---------------------------------------|
| (a) Name and address of organization or government                         | (b) EIN    | (c) IRC section<br>if applicable | (d) Amount of<br>cash grant | (e) Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
| MCINTIRE ELEMENTARY SCHOOL<br>706 HICKMAN AVE.                             |            |                                  |                             |   |   |  |                                       |
| FULTON, MO 62521   | 01-2524395 | N/A                              | 0.                          | 5,184.                                  | FMV   | BOOKS                                  | TO FOSTER LITERACY                    |
| HIGH SPRINGS COMMUNITY SCHOOL<br>1015 N MAIN ST.<br>HIGH SPRINGS, FL 32643 | 59-6000500 | N/A                              | 0.                          | 5,171.                                  | FMV   | BOOKS                                  | TO FOSTER LITERACY                    |
| BENNETTSVILLE PRIMARY SCHOOL<br>301 JEFFERSON ST.                          |            |                                  |                             |   |   |  |                                       |
| BENNETTSVILLE, SC 29512  | 57-6000387 | N/A                              | 0.                          | 5,123.                                  | FMV   | BOOKS                                  | TO FOSTER LITERACY                    |
| W.M. ANDERSON PRIMARY<br>500 LEXINGTON AVE.                                |            |                                  |                             |   |   |  |                                       |
| KINGSTREE, SC 29556  | 57-6000286 | N/A                              | 0.                          | 5,057.                                  | FMV   | BOOKS                                  | TO FOSTER LITERACY                    |
| LEW WALLACE SCHOOL 107<br>3307 ASHWAY DR.                                  |            |                                  |                             |   |   |  |                                       |
| INDIANAPOLIS, IN 46224   | 00-3124233 | N/A                              | ٥.                          | 5,003.                                  | FMV   | BOOKS                                  | TO FOSTER LITERACY                    |
|  |            |                                  |                             |   |   |  |                                       |
|  |            |                                  |                             |   |   |  |                                       |
|  |            |                                  |                             |   |   |  |                                       |
|  |            |                                  |                             |   |   |  |                                       |

Schedule I (Form 990)



52-0976257

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-<br>cash assistance | (e) Method of valuation<br>(book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|---------------------------------------|--|--|
|                                 |                          |                          |                                       |  |  |
|                                 |                          |                          |                                       |  |  |
|                                 |                          |                          |                                       |  |  |
|                                 |                          |                          |                                       |  |  |
|                                 |                          |                          |                                       |  |  |
|                                 |                          |                          |                                       |  |  |
|                                 |                          |                          |                                       |  |  |
|                                 |                          |                          |                                       |  |  |
|                                 |                          |                          |                                       |  |  |
|                                 |                          |                          |                                       |  |  |

**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

THERE IS NO NEED TO MONITOR THE USE OF FUNDS AS ALL FUNDS ARE IN RIF'S

CONTROL AND CAN ONLY BE USED TO PURCHASE APPROVED TITLES MADE AVAILABLE TO

PROGRAMS THROUGH A WEB-BASED PORTAL. BOOK AWARDS ARE LIMITED TO A LIST OF

TITLES SCREENED AND APPROVED BY AN ACADEMIC ADVISORY PANEL WITH EXPERTISE

IN LITERACY EDUCATION.

| SC   | HEDULE J               | Compensation Information   |            | OMB No.      | 1545-00 | 47     |
|------|------------------------|--|------------|--------------|---------|--------|
| (Fo  | rm 990)                | For certain Officers, Directors, Trustees, Key Employees, and Highest  | Ē          | 20           | 15      |        |
| •    |                        | Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.                               |            | 20           | IJ      | )      |
| Dena | tment of the Treasury  | Attach to Form 990.  |            | Open to      | Publ    | ic     |
|      | al Revenue Service     | Information about Schedule J (Form 990) and its instructions is at www.irs.gov/fo  |            | Inspe        |         |        |
| Nan  | e of the organizatio   |  | Employer i |              |         | mber   |
|      |                        | READING IS FUNDAMENTAL, INC.   | 52-0       | 097625       | 7       |        |
| Ра   | rt I Question          | s Regarding Compensation   |            |              |         | ı —    |
|      |                        |  |            |              | Yes     | No     |
| 1a   |                        | iate box(es) if the organization provided any of the following to or for a person listed on Form                               | 1990,      |              |         |        |
|      |                        | line 1a. Complete Part III to provide any relevant information regarding these items.  |            |              |         |        |
|      | First-class or o       | , j  |            |              |         |        |
|      | Travel for com         | panions Payments for business use of personal re-<br>cation and gross-up payments Health or social club dues or initiation fee |            |              |         |        |
|      |                        | spending account Personal services (e.g., maid, chauffeur, o   |            |              |         |        |
|      |                        |  | liei)      |              |         |        |
| h    | If any of the boxes    | on line 1a are checked, did the organization follow a written policy regarding payment or                                      |            |              |         |        |
|      | •                      | provision of all of the expenses described above? If "No," complete Part III to explain  |            | 1b           |         |        |
| 2    |                        | n require substantiation prior to reimbursing or allowing expenses incurred by all directors,                                  |            |              |         |        |
| _    |                        | rs, including the CEO/Executive Director, regarding the items checked in line 1a?  |            | 2            |         |        |
|      |                        |  |            |              |         |        |
| 3    | Indicate which, if a   | ny, of the following the filing organization used to establish the compensation of the organiz                                 | ation's    |              |         |        |
|      |                        | ector. Check all that apply. Do not check any boxes for methods used by a related organizat                                    |            |              |         |        |
|      | establish compens      | ation of the CEO/Executive Director, but explain in Part III.  |            |              |         |        |
|      | X Compensation         | n committee Written employment contract  |            |              |         |        |
|      | X Independent          | compensation consultant <u>X</u> Compensation survey or study  |            |              |         |        |
|      | Form 990 of o          | ther organizations Approval by the board or compensation of  | committee  |              |         |        |
|      |                        |  |            |              |         |        |
| 4    |                        | any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing  |            |              |         |        |
|      | organization or a re   |  |            |              |         | 37     |
| a    |                        | e payment or change-of-control payment?  |            |              |         | X<br>X |
| b    |                        | ceive payment from, a supplemental nonqualified retirement plan?   |            |              |         | X      |
| С    |                        | ceive payment from, an equity-based compensation arrangement?  |            | 4c           |         |        |
|      | If "Yes" to any of III | nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.                                       |            |              |         |        |
|      | Only section 501/      | c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  |            |              |         |        |
| 5    |                        | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati                                   | on         |              |         |        |
| 5    | contingent on the r    |  | 0.1        |              |         |        |
| а    | •                      |  |            | 5a           |         | x      |
|      |                        | ation?   |            |              |         | X      |
|      |                        | r 5b, describe in Part III.  |            |              |         |        |
| 6    |                        | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati                                   | on         |              |         |        |
|      | contingent on the r    | net earnings of:   |            |              |         |        |
| а    | -                      | ~  |            | 6a           |         | Х      |
| b    |                        | ation?   |            |              |         | X      |
|      |                        | or 6b, describe in Part III.   |            |              |         |        |
| 7    | -                      | on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed paymen                                   |            |              |         |        |
|      |                        | nes 5 and 6? If "Yes," describe in Part III  |            | 7            |         | X      |
| 8    |                        | reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to                                     |            |              |         |        |
|      |                        | ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III   |            | 8            |         | X      |
| 9    |                        | d the organization also follow the rebuttable presumption procedure described in   |            |              |         |        |
|      |                        | n 53.4958-6(c)?  |            |              |         |        |
| LHA  | For Paperwork R        | eduction Act Notice, see the Instructions for Form 990.  | Sched      | dule J (Forr | n 990   | ) 2015 |

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## 52-0976257

### 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 are not listed on Form 990, Part VII.

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

|                                   | (B) Breakdown of W-2 and/or 1099-MISC compensation |                          |   | SC compensation                           | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns | (F) Compensation<br>in column (B)         |
|-----------------------------------|--|--------------------------|---|---|-----------------------------------|-------------------------|----------------------|---|
| (A) Name and Title                |  | (i) Base<br>compensation | (ii) Bonus &<br>incentive<br>compensation | (iii) Other<br>reportable<br>compensation | compensation                      | benefits                | (B)(i)-(D)           | reported as deferred<br>on prior Form 990 |
| (1) CAROL H. RASCO                | (i)  | 237,739.                 | 0.  | 0.  | 12,287.                           | 15,289.                 | 265,315.             | 0.  |
| PRESIDENT AND CEO - UNTIL 09/2016 | (ii)   | 0.                       | 0.  | 0.  | 0.                                | 0.                      |                      | 0.  |
| (2) AILEEN C. MOFFATT BUCKNER     | (i)  | 148,024.                 | 0.  | 0.  | 6,219.                            | 9,519.                  |                      | 0.  |
| VICE PRESIDENT OF DEVELOPMENT     | (ii)   | 0.                       | 0.  | 0.  | 0.                                | 0.                      | 0.                   | 0.  |
|                                   | (i)  |                          |   |   |                                   |                         |                      |   |
|                                   | (ii)   |                          |   |   |                                   |                         |                      |   |
|                                   | (i)  |                          |   |   |                                   |                         |                      |   |
|                                   | (ii)   |                          |   |   |                                   |                         |                      |   |
|                                   | (i)  |                          |   |   |                                   |                         |                      |   |
|                                   | (ii)   |                          |   |   |                                   |                         |                      |   |
|                                   | (i)  |                          |   |   |                                   |                         |                      |   |
|                                   | (ii)   |                          |   |   |                                   |                         |                      |   |
|                                   | (i)  |                          |   |   |                                   |                         |                      |   |
|                                   | (ii)   |                          |   |   |                                   |                         |                      |   |
|                                   | (i)  |                          |   |   |                                   |                         |                      |   |
|                                   | (ii)   |                          |   |   |                                   |                         |                      |   |
|                                   | (i)  |                          |   |   |                                   |                         |                      |   |
|                                   | (ii)   |                          |   |   |                                   |                         |                      |   |
|                                   | (i)  |                          |   |   |                                   |                         |                      |   |
|                                   | (ii)   |                          |   |   |                                   |                         |                      |   |
|                                   | (i)  |                          |   |   |                                   |                         |                      |   |
|                                   | (ii)   |                          |   |   |                                   |                         |                      |   |
|                                   | (i)  |                          |   |   |                                   |                         |                      |   |
|                                   | (ii)   |                          |   |   |                                   |                         |                      |   |
|                                   | (i)  |                          |   |   |                                   |                         |                      |   |
|                                   | (ii)   |                          |   |   |                                   |                         |                      |   |
|                                   | (i)  |                          |   |   |                                   |                         |                      |   |
|                                   | (ii)   |                          |   |   |                                   |                         |                      |   |
|                                   | (i)  |                          |   |   |                                   |                         |                      |   |
|                                   | (ii)   |                          |   |   |                                   |                         |                      |   |
|                                   | (i)  |                          |   |   |                                   |                         |                      |   |
|                                   | (ii)   |                          |   |   |                                   |                         |                      |   |

Schedule J (Form 990) 2015

## Part III Supplemental Information

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

Schedule J (Form 990) 2015

| SCHEDULE   | Μ |
|------------|---|
| (Form 990) |   |

## **Noncash Contributions**

OMB No. 1545-0047

2015

Open To Public

Inspection

| Department of the Treasury |
|----------------------------|
| Internal Revenue Service   |

Name of the organization

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

Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

|         |    |              |      | Employer identification number |
|---------|----|--------------|------|--------------------------------|
| READING | IS | FUNDAMENTAL, | INC. | 52-0976257                     |

| Pa                   | rt I Types of Property   |                                      |                      |  |   |     |     |    |
|----------------------|--|--------------------------------------|----------------------|--|---|-----|-----|----|
|                      |  | <b>(a)</b><br>Check if<br>applicable |                      | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g | (d)<br>Method of de<br>noncash contribu |     | •   | s  |
| 1                    | Art - Works of art   |                                      |                      |  |   |     |     |    |
| 2                    | Art - Historical treasures   |                                      |                      |  |   |     |     |    |
| 3                    | Art - Fractional interests   |                                      |                      |  |   |     |     |    |
| 4                    | Books and publications   |                                      |                      |  |   |     |     |    |
| 5                    | Clothing and household goods   |                                      |                      |  |   |     |     |    |
| 6                    | Cars and other vehicles  |                                      |                      |  |   |     |     |    |
| 7                    | Boats and planes   |                                      |                      |  |   |     |     |    |
| 8                    | Intellectual property  |                                      |                      |  |   |     |     |    |
| 9                    |  | x                                    | 10                   | 49,097.  | FMV                                     |     |     |    |
|                      | Securities - Publicly traded   |                                      | 10                   | 45,057.  | 1 11 V                                  |     |     |    |
| 10                   | Securities - Closely held stock<br>Securities - Partnership, LLC, or |                                      |                      |  |   |     |     |    |
| 11                   |  |                                      |                      |  |   |     |     |    |
| 10                   | trust interests<br>Securities - Miscellaneous                        |                                      |                      |  |   |     |     |    |
| 12<br>13             | Qualified conservation contribution -                                |                                      |                      |  |   |     |     |    |
| 13                   |  |                                      |                      |  |   |     |     |    |
| 14                   | Historic structures<br>Qualified conservation contribution - Other   |                                      |                      |  |   |     |     |    |
| 15                   | Real estate - Residential  |                                      |                      |  |   |     |     |    |
| 16                   | Real estate - Commercial   |                                      |                      |  |   |     |     |    |
| 17                   | Real estate - Other  |                                      |                      |  |   |     |     |    |
| 18                   |  |                                      |                      |  |   |     |     |    |
| 19                   | Collectibles<br>Food inventory                                       |                                      |                      |  |   |     |     |    |
| 20                   | Drugs and medical supplies   |                                      |                      |  |   |     |     |    |
| 21                   | Taxidermy  |                                      |                      |  |   |     |     |    |
| 22                   | Historical artifacts   |                                      |                      |  |   |     |     |    |
| 22                   | Scientific specimens   |                                      |                      |  |   |     |     |    |
| 23<br>24             | Archeological artifacts  |                                      |                      |  |   |     |     |    |
| 2 <del>4</del><br>25 | Other (AUCTION ITEMS)  | x                                    | 69                   | 27,026.  | FMV                                     |     |     |    |
| 26                   | · · · · · · · · · · · · · · · · · · ·                                |                                      |                      |  |   |     |     |    |
| 20                   | Other ()<br>Other ()   |                                      |                      |  |   |     |     |    |
| 28                   | Other ( )  |                                      |                      |  |   |     |     |    |
| 29                   | Number of Forms 8283 received by the organi                          | zation durin                         | n the tax year for c | contributions  |   |     |     |    |
|                      | for which the organization completed Form 82                         |                                      |                      |  |   |     |     |    |
|                      |  | ,,                                   | ,                    |  |   |     | Yes | No |
| 30a                  | During the year, did the organization receive b                      | v contributio                        | on any property rer  | oorted in Part I. lines 1 throu  | oh 28. that it                          |     |     |    |
|                      | must hold for at least three years from the date                     | •                                    | • • • •              |  | -                                       |     |     |    |
|                      | exempt purposes for the entire holding period                        |                                      |                      |  |   | 30a |     | х  |
| b                    | If "Yes," describe the arrangement in Part II.                       |                                      |                      |  |   |     |     |    |
| 31                   | Does the organization have a gift acceptance                         | policy that re                       | equires the review   | of any non-standard contribution   | utions?                                 | 31  |     | Х  |
|                      | Does the organization hire or use third parties                      |                                      |                      |  |   |     |     |    |
|                      | contributions?   |                                      | •                    | · • ·  |   | 32a |     | х  |
| b                    | If "Yes," describe in Part II.                                       |                                      |                      |  |   |     |     |    |
| 33                   | If the organization did not report an amount in                      | column (c) f                         | or a type of prope   | rty for which column (a) is ch   | ecked,                                  |     |     |    |
|                      | describe in Part II  | . /                                  |                      |  |   |     |     |    |

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

Schedule M (Form 990) (2015)

532141 08-21-15

13060216 786783 RIF



Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

Part II

RIF REPORTS THE NUMBER OF CONTRIBUTORS IN PART I, COLUMN (B).

Schedule M (Form 990) (2015)

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532142 08-21-15



13060216 786783 RIF

| SCHEDULE O<br>(Form 990 or 990-EZ)                                      | n 990 or 990-EZ) Complete to provide information for responses to specific questions on<br>Form 990 or 990-EZ or to provide any additional information. |  |                                 |  |  |  |
|---|---|--|---------------------------------|--|--|--|
| Department of the Treasury<br>Internal Revenue Service                  |   |  |                                 |  |  |  |
| Name of the organization READING IS FUNDAMENTAL, INC.                   |   |  | identification number<br>976257 |  |  |  |
| FORM 990, PA  | FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:  |  |                                 |  |  |  |
| CREATES INNOVATIVE LITERACY SOLUTIONS TO ENSURE ALL CHILDREN HAVE THE   |   |  |                                 |  |  |  |
| OPPORTUNITY TO READ AND SUCCEED. THROUGH ARRANGEMENTS WITH BOOK         |   |  |                                 |  |  |  |
| PUBLISHERS AND DISTRIBUTORS, RIF MAXIMIZES THE IMPACT OF EVERY DOLLAR   |   |  |                                 |  |  |  |
| AND DONATION, HELPING CHILDREN ACHIEVE THEIR FULL POTENTIAL THROUGH THE |   |  |                                 |  |  |  |
| LIFE-CHANGING POWER OF LITERACY. RIF PROVIDES BOOKS AND SUPPORTING      |   |  |                                 |  |  |  |
| LITERACY RESOURCES TO REACH CHILDREN WHERE THEY ARE IN NEED WITH THE    |   |  |                                 |  |  |  |
| HELP OF THOUSANDS OF VOLUNTEERS AND LOCAL PROGRAMS THROUGHOUT THE       |   |  |                                 |  |  |  |
| COUNTRY.  |   |  |                                 |  |  |  |
|   |   |  |                                 |  |  |  |

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES: IN FISCAL YEAR 2016, RIF CEASED THE INEXPENSIVE BOOK DISTRIBUTION PROGRAM, AND INTRODUCED READ FOR SUCCESS PROGRAM WHICH IS INCLUDED IN THE LITERACY SERVICES AND OTHER PROGRAMS.

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

INNOVATIVE APPROACHES TO LITERACY GRANT FROM THE U.S. DEPARTMENT OF

EDUCATION, RIF'S READING PROGRAM HELPED REVERSE THE TREND OF SUMMER

LEARNING LOSS FOR MORE THAN HALF PARTICIPATING STUDENTS IN THE STUDY.

IN ADDITION, 57% OF STUDENTS SAW GAINS IN READING PROFICIENCY WHEN

TESTED FROM SPRING TO FALL. READ FOR SUCCESS IS CENTERED AROUND

MOTIVATING CHILDREN TO READ BY PROVIDING ACCESS TO HIGH-QUALITY

CLASSROOM BOOK COLLECTIONS, SUMMER BOOKS FOR STUDENTS TO CHOOSE AND

OWN, ENRICHING STEM-THEMED (SCIENCE, TECHNOLOGY, ENGINEERING, THE ARTS

AND MATHEMATICS) CLASSROOM ACTIVITIES, PROFESSIONAL DEVELOPMENT FOR

TEACHERS, AND PARENT ENGAGEMENT.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2015)

49 2015.05040 READING IS FUNDAMENTAL, COPY

READING IS FUNDAMENTAL, INC.

52-0976257

RIF CONDUCTS LITERACY TRAINING FOR EARLY CHILDHOOD EDUCATORS. THIS TRAINING IS DESIGNED TO SUPPORT CHILDREN'S EMERGING LANGUAGE AND LITERACY SKILLS AS WELL AS INCLUDE PARENTS AS THEIR CHILDREN'S FIRST TEACHERS. THE TRAINING IS DONE THROUGH A "TRAIN THE TRAINER" MODEL THAT PREPARES PARTICIPANTS TO RETURN TO THEIR COMMUNITIES AND DELIVER THE TRAINING TO THEIR COLLEAGUES AND COMMUNITIES.

EACH YEAR, RIF SOLICITS NOMINATIONS FROM AROUND THE COUNTRY FOR ITS VOLUNTEER OF THE YEAR AWARDS (VOYA) UNDER ITS VOLUNTEER RECOGNITION PROGRAM. A PANEL OF JUDGES SELECT WINNERS BASED UPON THE INDIVIDUAL'S DEMONSTRATED CONCERN FOR CHILDREN AND EDUCATION, EXCEPTIONAL DEDICATION TO FULFILLING RIF'S MISSION, AND DEVELOPMENT OF INNOVATIVE PROGRAMS THAT ENCOURAGE FAMILY AND COMMUNITY INVOLVEMENT. THE WINNERS ARE HONORED AT A CELEBRATION IN WASHINGTON, DC.

RIF HOSTS OTHER LITERACY EVENTS WHICH HELP PROMOTE LITERACY AND INFORM OTHERS ABOUT ITS MISSION.

RIF CONTRACTS WITH INDEPENDENT OUTSIDE EXPERTS TO EVALUATE RIF'S PROGRAM ACTIVITIES TO IDENTIFY AREAS OF NEED AND ESTABLISH PROCEDURES FOR CONTINUOUS QUALITY IMPROVEMENT.

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

RIF'S FINANCE/AUDIT COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE FEDERAL FORM 990. IT IS THEN DISTRIBUTED TO THE ENTIRE BOARD OF DIRECTORS BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE (IRS).

532212 09-02-15

| Schedule O (Form 990 or 990-EZ) (2015)                    | Page <b>2</b>                             |
|---|---|
| Name of the organization<br>READING IS FUNDAMENTAL, INC.  | Employer identification number 52-0976257 |
| FORM 990, PART VI, SECTION B, LINE 12C:                   |   |
| RIF'S CONFLICT OF INTEREST POLICY ("POLICY") APPLIES TO B | OARD MEMBERS,                             |
| OFFICERS AND RIF SENIOR MANAGERS (COLLECTIVELY "RIF INSID | ERS"). THE POLICY                         |
| REQUIRES THAT A RIF INSIDER DISCLOSE ANY POTENTIAL CONFLI | CT TO THE BOARD OF                        |
| DIRECTORS OR A DESIGNATED COMMITTEE OF THE BOARD. VIOLATI | ONS OF THE POLICY                         |
| WILL RESULT IN APPROPRIATE DISCIPLINARY AND CORRECTIVE AC | TION, UP TO AND                           |
| INCLUDING DISMISSAL.                                      |   |

RIF INSIDERS ARE REQUIRED TO ANNUALLY SIGN A STATMENT AFFIRMING THAT HE OR SHE:

- HAS RECEIVED A COPY OF THE POLICY,

- HAS READ AND UNDERSTANDS THE POLICY,

- HAS AGREED TO COMPLY WITH, AND HAS COMPLIED WITH THE POLICY,

- UNDERSTANDS THAT RIF IS A CHARITABLE AND EDUCATIONAL ORGANIZATION AND

THAT, IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION AND PRESERVE RIF'S

VALUABLE REPUTATION, RIF MUST ENGAGE PRIMARILY IN ACTIVITIES THAT

ACCOMPLISH ITS TAX EXEMPT PURPOSE.

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

TO BEGIN THE ANNUAL EVALUATION OF THE PRESIDENT AND CEO, THE CHAIR OF THE

BOARD FIRST SOLICITS INPUT FROM ALL BOARD MEMBERS CONCERNING THE

PRESIDENT'S PERFORMANCE. THE EXECUTIVE COMMITTEE THEN CONSIDERS THE INPUT

OF THE RESPONDING BOARD MEMBERS IN ITS REVIEW OF THE PRESIDENT AND CEO, AND

REPORTS BACK TO THE BOARD OF DIRECTORS ITS EVALUATION. THE EXECUTIVE

COMMITTEE THEN SHARES ITS EVALUATION WITH THE PRESIDENT AND CEO.

THE EXECUTIVE COMMITTEE THEN CONSULTS COMPARABILITY SURVEYS TO DETERMINE

532212 09-02-15

| Schedule O (Form 990 or 990-EZ) (2015)   | Page <b>2</b>                             |
|--|---|
| Name of the organization READING IS FUNDAMENTAL, INC.  | Employer identification number 52-0976257 |
| THE PRESIDENT AND CEO'S COMPENSATION FOR THE NEXT YEAR.  |   |
| FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COM   |   |
| AL, AK, AR, AZ, AR, CA, CT, FL, GA, HI, IL, IN, KS, KY, ME, MD, MA, MI, MN<br>ND, OH, OK, PA, RI, SC, TN, UT, VA, WA, WV, WI | N, MS, NH, NJ, NM, NI, NC                 |
| FORM 990, PART VI, SECTION C, LINE 19:<br>RIF SUBMITS ITS AUDITED FINANCIAL STATEMENTS, FEDERAL FO                           | DRM 990 AND IRS                           |
| LETTER OF DETERMINATION (OF RIF'S TAX EXEMPT STATUS) TO  |   |
| PUBLICATION ON THAT SERVICE. RIF ALSO PUBLISHES ITS FEDE   | ERAL FORM 990 ON ITS                      |
| OWN WEBSITE. TO DATE, RIF HAS NOT PUBLISHED ITS CONFLICT   | OF INTEREST POLICY                        |
| FOR ACCESS BY THE GENERAL PUBLIC. ALL DOCUMENTS, INCLUDI   | ING OUR GOVERNING                         |
| DOCUMENTS, THE FEDERAL FORMS 1023 AND 990-T ARE ALSO AVA   | AILABLE UPON                              |
| REQUEST.   |   |
|  |   |
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532212 09-02-15