

Form 990

Open to Public Inspection

Part I

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.

Department of the Treasury Internal Revenue Service

5

A For the 2016 calendar year, or tax year beginning 1, 201 and ending

Name of organization

Part II





Part Checklist of Required Schedules (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		<input checked="" type="checkbox"/>
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		<input checked="" type="checkbox"/>

<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		<input checked="" type="checkbox"/>
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....	<input checked="" type="checkbox"/>	

<b>24</b> Did the organization report more than \$100,000 of compensation of any individual on Part VII, Section A, line 5? <i>If "Yes," complete Schedule J</i> .....		
<b>25</b> Did the organization report more than \$100,000 of compensation of any individual on Part VII, Section A, line 5? <i>If "Yes," complete Schedule J</i> .....		
<b>26</b> Did the organization report more than \$100,000 of compensation of any individual on Part VII, Section A, line 5? <i>If "Yes," complete Schedule J</i> .....		
<b>27</b> Did the organization report more than \$100,000 of compensation of any individual on Part VII, Section A, line 5? <i>If "Yes," complete Schedule J</i> .....		
<b>28</b> Did the organization report more than \$100,000 of compensation of any individual on Part VII, Section A, line 5? <i>If "Yes," complete Schedule J</i> .....		
<b>29</b> Did the organization report more than \$100,000 of compensation of any individual on Part VII, Section A, line 5? <i>If "Yes," complete Schedule J</i> .....		
<b>30</b> Did the organization report more than \$100,000 of compensation of any individual on Part VII, Section A, line 5? <i>If "Yes," complete Schedule J</i> .....		
<b>31</b> Did the organization report more than \$100,000 of compensation of any individual on Part VII, Section A, line 5? <i>If "Yes," complete Schedule J</i> .....		
<b>32</b> Did the organization report more than \$100,000 of compensation of any individual on Part VII, Section A, line 5? <i>If "Yes," complete Schedule J</i> .....		
<b>33</b> Did the organization report more than \$100,000 of compensation of any individual on Part VII, Section A, line 5? <i>If "Yes," complete Schedule J</i> .....		
<b>34</b> Did the organization report more than \$100,000 of compensation of any individual on Part VII, Section A, line 5? <i>If "Yes," complete Schedule J</i> .....		
<b>35</b> Did the organization report more than \$100,000 of compensation of any individual on Part VII, Section A, line 5? <i>If "Yes," complete Schedule J</i> .....		
<b>36</b> Did the organization report more than \$100,000 of compensation of any individual on Part VII, Section A, line 5? <i>If "Yes," complete Schedule J</i> .....		
<b>37</b> Did the organization report more than \$100,000 of compensation of any individual on Part VII, Section A, line 5? <i>If "Yes," complete Schedule J</i> .....		
<b>38</b> Did the organization report more than \$100,000 of compensation of any individual on Part VII, Section A, line 5? <i>If "Yes," complete Schedule J</i> .....		
<b>39</b> Did the organization report more than \$100,000 of compensation of any individual on Part VII, Section A, line 5? <i>If "Yes," complete Schedule J</i> .....		
<b>40</b> Did the organization report more than \$100,000 of compensation of any individual on Part VII, Section A, line 5? <i>If "Yes," complete Schedule J</i> .....		
<b>41</b> Did the organization report more than \$100,000 of compensation of any individual on Part VII, Section A, line 5? <i>If "Yes," complete Schedule J</i> .....		
<b>42</b> Did the organization report more than \$100,000 of compensation of any individual on Part VII, Section A, line 5? <i>If "Yes," complete Schedule J</i> .....		
<b>43</b> Did the organization report more than \$100,000 of compensation of any individual on Part VII, Section A, line 5? <i>If "Yes," complete Schedule J</i> .....		
<b>44</b> Did the organization report more than \$100,000 of compensation of any individual on Part VII, Section A, line 5? <i>If "Yes," complete Schedule J</i> .....		
<b>45</b> Did the organization report more than \$100,000 of compensation of any individual on Part VII, Section A, line 5? <i>If "Yes," complete Schedule J</i> .....		
<b>46</b> Did the organization report more than \$100,000 of compensation of any individual on Part VII, Section A, line 5? <i>If "Yes," complete Schedule J</i> .....		
<b>47</b> Did the organization report more than \$100,000 of compensation of any individual on Part VII, Section A, line 5? <i>If "Yes," complete Schedule J</i> .....		
<b>48</b> Did the organization report more than \$100,000 of compensation of any individual on Part VII, Section A, line 5? <i>If "Yes," complete Schedule J</i> .....		
<b>49</b> Did the organization report more than \$100,000 of compensation of any individual on Part VII, Section A, line 5? <i>If "Yes," complete Schedule J</i> .....		
<b>50</b> Did the organization report more than \$100,000 of compensation of any individual on Part VII, Section A, line 5? <i>If "Yes," complete Schedule J</i> .....		

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.....

**Part VII. Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for "No" responses

Line	Yes	No
7a		
7b		
7c		
7d		
7e		
7f		
7g		
7h		
7i		
7j		
7k		
7l		
7m		
7n		
7o		
7p		
7q		
7r		
7s		
7t		
7u		
7v		
7w		
7x		
7y		
7z		

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.

4. 0

0.

0.

Part VII, Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Officers (continued)

Line	Name	Position	Salary	Other Compensation	Total Compensation	Section 501(c)(3) Organization
1						
2						
3						
4						
5						
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8						
9						
10						
11						
12						
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49						
50						

1b Sub-total	1,737,056.	0.	120,618.
c Total from continuation sheets to Part VII, Section A	0.	0.	0.
d Total add lines 1b and 1c	1,737,056.	0.	120,618.

2 Total number of individuals (including but not limited to those listed above) who received compensation from the organization: 1,737,056

Line	Name	Position	Salary	Other Compensation	Total Compensation	Section 501(c)(3) Organization
1						
2						
3						
4						
5						
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10						
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50						

Line	Name	Position	Salary	Other Compensation	Total Compensation	Section 501(c)(3) Organization
1						
2						
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Statement of Revenue

Total revenue	Related or exempt function	Unrelated business	Revenue excluded from tax under sections
---------------	----------------------------	--------------------	--

1 a Federated campaigns

1a

Part IX Statement of Functional Expenses

Section 501(c)(2) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Table with multiple rows and columns for functional expenses, mostly obscured by a grey bar.

Check if Schedule O contains a response or note to an item in this Part IX

Table with 5 columns: Total expenses, Program service expenses, Management and general expenses, Fund raising expenses. Includes rows for domestic and foreign grants, benefits, and compensation.

Part X Balance Sheet

Check if Schedule O contains a response or note to an item in this Part X

	(A) Beginning of year	(B) End of year
1 Cash - non-interest-bearing	1	
2 Savings and temporary cash investments	394,854. 2	957,671.
3 Pledges and grants receivable, net	8,926,329. 3	7,527,587.
4 Accounts receivable, net	50,330. 4	29,935.

trustees, key employees, and highest compensated employees. Complete

Part II of Schedule L

5

6 Loans and other receivables from other disqualified persons (as defined under section 4959(a)(1)) or persons described in section 4959(a)(2)(B) and contributions



# Public Charity Status and Public Support

Complete if the organization is a section 501(c)(29) organization or a section

4947(a)(1) nonexempt charitable trust.

Department of the Treasury

OMB No. 1545-0047

iv an 7

(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

[Redacted area]

Section A. Public Support

[Redacted area]

1 Gifts, grants, contributions, and membership fees received. (Do not

include any "unusual grants.")

13 537 897. 15 812 008. 22 290 660. 20 342 270 24 601 888 96 584 723

2 Tax revenues levied for the organization's benefit and either paid to

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) a 2012 b 2013 c 2014 d 2015 e 2016 Total

1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")

2 Gross receipts from admissions, merchandise sold or services per-

Table with 7 columns (years and Total) and 2 rows for lines 1 and 2. All cells are redacted with black bars.

any activity that is related to the organization's tax-exempt purpose

3 Gross receipts from activities that are not an unrelated trade or busi-

Table with 7 columns (years and Total) and 1 row for line 3. All cells are redacted with black bars.

ness under section 513

4 Tax revenues levied for the organ-

Table with 7 columns (years and Total) and 1 row for line 4. All cells are redacted with black bars.

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

Table with 7 columns (years and Total) and 1 row for line 5. All cells are redacted with black bars.

7a Amounts included on lines 1, 2, and 3 received from disqualified persons

b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year

c Add lines 7a and 7b

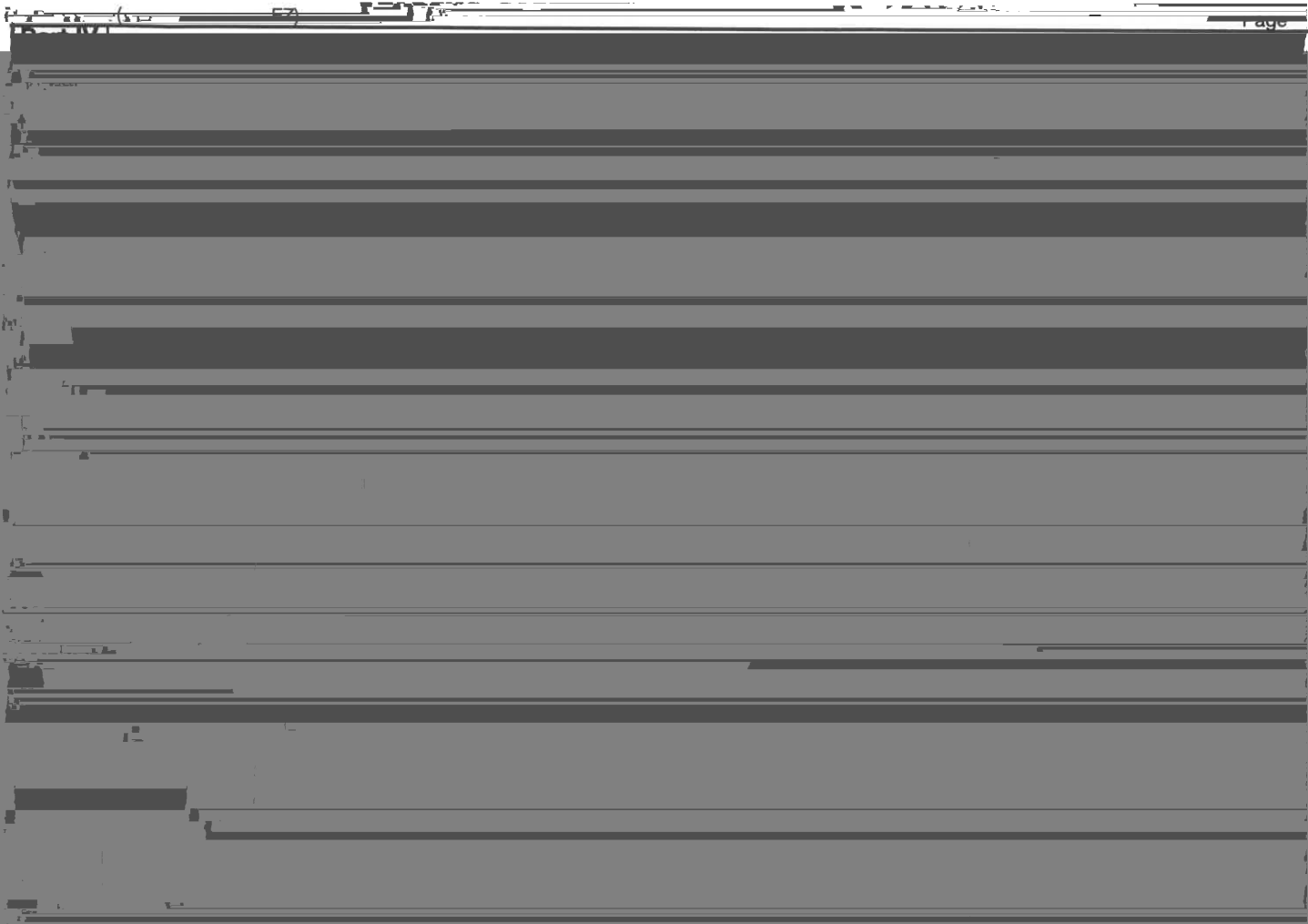
Table with 7 columns (years and Total) and 1 row for line 7c. All cells are redacted with black bars.

8 Public support

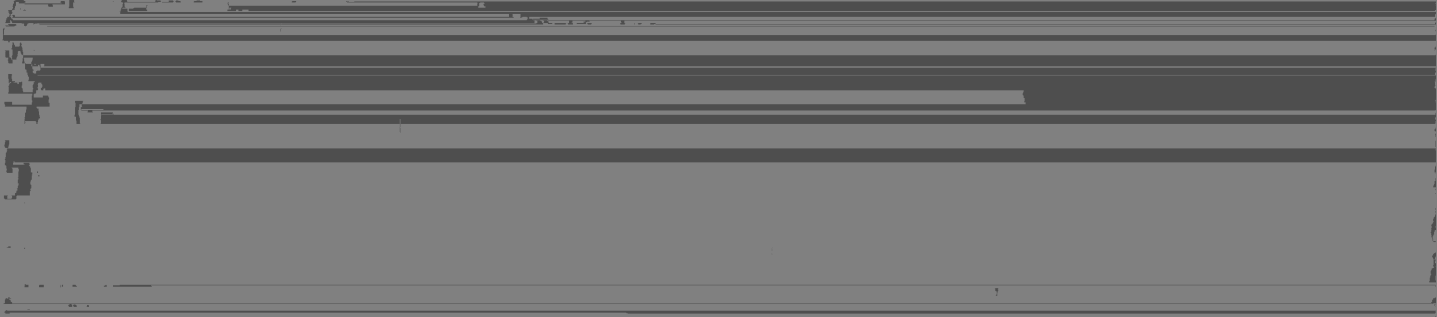
**Section B. Total Support**

Calendar year (or fiscal year beginning in) a 2012 b 2013 c 2014 d 2015 e 2016 Total

Table with 7 columns (years and Total) and 1 row for line 8. All cells are redacted with black bars.

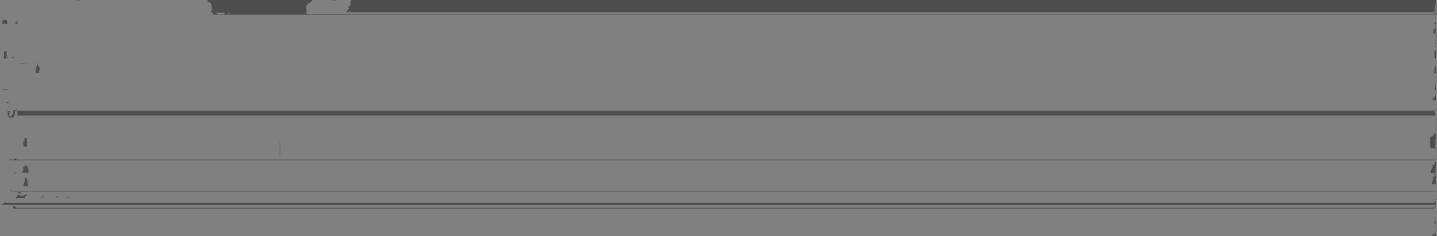


(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V



Yes No

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.

1

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 meets the requirements of section 509(a)(1) or (2).





**Part III Non-Functionally Integrated Sui Juris Organizations**

**a**  
**1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Part III non-functionally integrated sui juris organizations must complete Sections A through E.

**Section A - Adjusted Net Income**

(A) Prior Year

(B) Current Year  
(optional)

<b>2</b> Recoveries of prior-year distributions	<b>2</b>
<b>3</b> Other gross income (see instructions)	<b>3</b>
<b>4</b> Add lines 1 through 3	<b>4</b>
<b>5</b> Depreciation and depletion	<b>5</b>
<b>6</b> 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)	<b>6</b>
<b>7</b> Other expenses (see instructions)	<b>7</b>

**8** **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4) **8**

**Section B - Minimum Asset Amount**

(A) Prior Year

(B) Current Year  
(optional)

<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	
<b>a</b> Average monthly value of securities	<b>1a</b>
<b>b</b> Average monthly cash balances	<b>1b</b>
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>
<b>d</b> <b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>
<b>e</b> <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):	
<b>2</b> Acquisition indebtedness allocable to non-exempt-use assets	<b>2</b>
<b>3</b> Subtract line 2 from line 1d	<b>3</b>

Part III Non-Functionally Integrated 509(a)(3) Supportive Organizations

Supportive Organizations

Section D - Distributions

Current Year

- 1 Amounts paid to supported or supported organizations to accomplish exempt purposes
- 2 Amounts paid to perform activity that directly furthers exempt purposes of supported or supported organizations, in excess of income from activities
- 3 Administrative expenses paid to accomplish exempt purposes of supported organizations

- 4 Amounts paid to acquire exempt-use assets
- 5 Qualified set-aside amounts for IRS approval required

- 7 Total annual distributions. Add lines 1 through 6
- 8 Distributions to attentive supported organizations to which the organization is responsive. Provide details in Part III. See instructions.

**Supplemental Information** Provide the explanations required by Part II, line 40; Part II, line 47a or 47b; Part III, line 40.

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

**Schedule of Contributors**

OMB No. 1545-0047

Attach to Form 990, Form 990-EZ, or Form 990-PF.  
Information about Schedule B (Form 990, 990-EZ, or 990-PF) and

Table with multiple rows and columns, mostly obscured by heavy black redaction bars. The table structure is not clearly visible due to the redaction.

Metals Only: Section 501(c)(7), (8), or (10) organizations can check boxes for both the General Public and the General Public (if applicable).

Table with multiple rows and columns, mostly obscured by heavy black redaction bars. The table structure is not clearly visible due to the redaction.

Name of organization

Employer identification number

READING PARTNERS

77-0568469

**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>			

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>2</u>		\$ 750,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>3</u>			Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>4</u>		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>5</u>		\$ 550,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u>		\$ 521,250.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

READING PARTNERS

77-0568469

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>

(Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 1,064,000.	Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>

(Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ 451,406.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>

(Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>

(Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>

(Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>

(Complete Part II for noncash contributions.)

Name of organization

Employer identification number

READING PARTNERS

77-0568469

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

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

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

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

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

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

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



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**Transferor's name, address and ZIP + 4**

**Relationship of transferor to decedent**

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**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

Information about Schedule D Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

Employer identification number

[Redacted area]

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

(a) Donor advised funds (b) Funds and other accounts

- 1 Total number at end of year
- 2 Aggregate value of contributions to (during year)
- 3 Aggregate value of grants from (during year)
- 4 Aggregate value at end of year
- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

are the organization's property, subject to the organization's exclusive legal control?

Yes  No

[Redacted area]





Part X Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

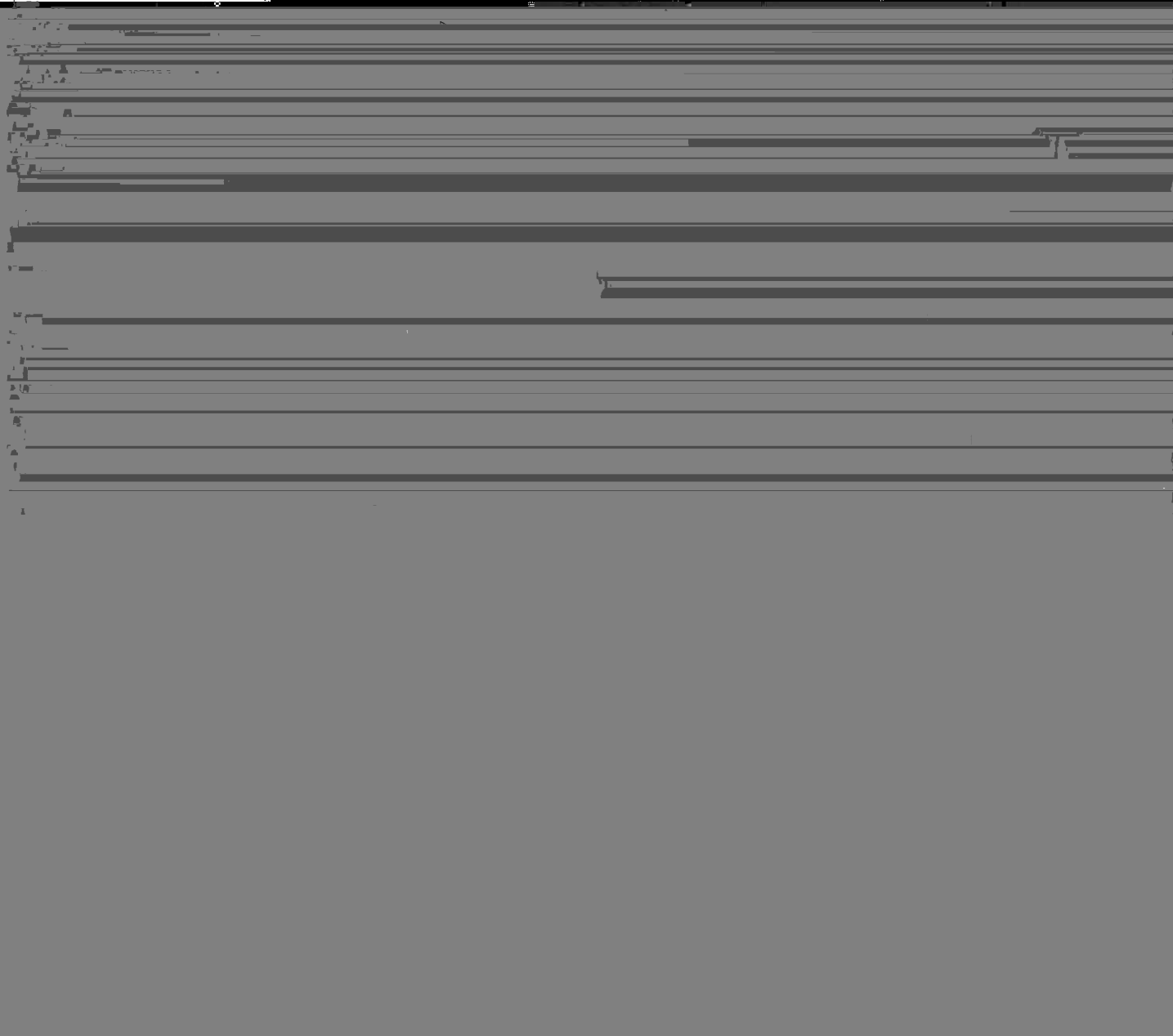
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	30,887,854.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		-2,553.
b	Donated services and use of facilities	2b		1,606,358.
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	1,603,805.
3	Subtract line 2e from line 1		3	29,284,049.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. Must equal Form 990, Part VIII, line 12a			29,284,049.

EACH YEAR, MANAGEMENT CONSIDERS WHETHER ANY MATERIAL TAX POSITION HAS  
 [REDACTED]

FINANCIAL STATEMENTS.





**Total** .....

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

.....





- 11 Does the organization conduct gaming activities with nonmembers? Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
  - a The organization's facility 13a %
  - b An outside facility 13b %

14 Enter the name and address of the person who exercises the organization's control (principal officer, director, or officer):

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ party ▶ \$ \_\_\_\_\_

Name

Address >

16 Gaming manager information:

Name

Gaming manager compensation > \$ \_\_\_\_\_

Description of services provided

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_







Part III Supplemental Information

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

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

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

95,580. MV

Name of the organization..... **READING PARTNERS** ..... Employer identification number

types of property

**77-0568469**

(a) Check if  
(b) Number of  
(c) Noncash contribution  
(d) Method of determining

**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.

TUTORS.

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

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

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

CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 12

MINUTES.

ALL STAFF RECEIVES PERIODIC PERFORMANCE REVIEWS REVIEWS ARE GENERALLY



Name of the organization

POSITION NAME PERFORMANCE CHANGES IN TOP OFFICERS AND KEY EMPLOYEES

THE CEO, COO AND CFO.

FORM 990, PART VI, SECTION C, LINE 19:

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

FORM 990, PART XII, LINE 2C:

READING PARTNERS SOLICITS PROPOSALS FROM A VARIETY OF INDEPENDENT CPA

PROCESS DURING THIS YEAR.

