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PUBLIC DISCLOSURE COPY

Department of the Treasury
Internal Revenue Service

Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending				
				Gross receipts \$
				Are all subordinates included?



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

1 Briefly describe the organization's mission:

Three horizontal lines for describing the organization's mission.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ~~~~~ Yes No
If "Yes," describe these new services on Schedule O.

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a Code: _____ Expenses \$ _____ including grants of \$ _____ Revenue \$ _____

Multiple horizontal lines for reporting program service accomplishments for 4a.

4b Code: _____ Expenses \$ _____ including grants of \$ _____ Revenue \$ _____

Multiple horizontal lines for reporting program service accomplishments for 4b.

4c Code: _____ Expenses \$ _____ including grants of \$ _____ Revenue \$ _____

Multiple horizontal lines for reporting program service accomplishments for 4c.

4d Expenses \$ _____ including grants of \$ _____ Revenue \$ _____

4e

	Yes	No
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		

			Gray	Gray	Gray
			White	White	White
			Gray	Gray	Gray
			White	White	White
			White	White	White
			White	White	White
			Gray	Gray	Gray
			White	White	White
			White	White	White
			White	White	White
			Gray	Gray	Gray
			White	White	White
			White	White	White
			White	White	White
			White	White	White
			White	White	White
			White	White	White
			White	White	White
			Gray	Gray	Gray
			White	White	White
			White	White	White
			White	White	White

Horizontal line

For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

If "Yes," provide the names and addresses in Schedule O

(This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a			
b			
11a			
b			
12a	If "No," go to line 13		
b			
c	If "Yes," describe		
	in Schedule O how this was done		
13			
14			
15			
a			
b			
16a			
b			

17			
18			
19			
20			



Section A.

ccren

		(do not check more than one box, unless person is both an officer and a director/trustee)									

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

(A)	(B)	(C)							(D)	(E)	(F)
		(do not check more than one box, unless person is both an officer and a director/trustee)									
1b Sub-total											
c Total from continuation sheets to Part VI 0 Tc 0 Tc-2 () -2 Saection A											
d Total (a lines 1 an 1c)											



Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	(A)	(B)	(C)	(D)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
a				
b				
c				
d				
e				
f				
g				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
a _____				
b _____				
c _____				
d _____				
e _____				
25 To al f nc ional e pen e .				
26 Join co .				

Check here if following SOP 98-2 (ASC 958-720)

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

1	Total revenue (must equal Part VIII, column (A), line 12) ~ ~ ~ ~ ~	1	
2	Total expenses (must equal Part IX, column (A), line 25) ~ ~ ~ ~ ~	2	
3	Revenue less expenses. Subtract line 2 from line 1 ~ ~ ~ ~ ~	3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) ~ ~ ~ ~ ~	4	
5	Net unrealized gains (losses) on investments ~ ~ ~ ~ ~	5	
6	Donated services and use of facilities ~ ~ ~ ~ ~	6	
7	Investment expenses ~ ~ ~ ~ ~	7	
8	Prior period adjustments ~ ~ ~ ~ ~	8	
9		9	
10		10	

		Yes	No
1	_____		
2a			
b			
c			
3a			
b			

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.
A (F 990 990-E)

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

Employer identification number

1
2
3
4
5
6
7
8
9

section 170(b)(1)(A)(i).
section 170(b)(1)(A)(ii).

10
11

Empty rectangular box

() Name of supported organization	() EIN	() Type of organization (described on lines 1-9 above (see instructions))	() Is the organization listed in your governing document?		() Amount of monetary support (see instructions)	() Amount of other support (see instructions)



Calendar year (or fiscal year beginning in)	(a)	(b)	(c)	(d)	(e)	(f)
1						
2						
3						
4 Total.						
5						
6 Public support. Subtract line 5 from line 4.						

Calendar year (or fiscal year beginning in)	(a)	(b)	(c)	(d)	(e)	(f)
7						
8						
9						
10						



(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.)

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in _____ 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 _____ 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 _____ when and how the organization made the determination.		
c If "Yes," explain in _____ what controls the organization put in place to ensure such use.		
4a If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b If "Yes," describe in _____ how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c If "Yes," explain in _____ 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 If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in _____ 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.		
c Substitutions only.		
6 If "Yes," provide detail in _____		
7 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a If "Yes," provide detail in _____		
b If "Yes," provide detail in _____		
c If "Yes," provide detail in _____		
10a If "Yes," answer 10b below.		
b (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

		Yes	No
11			
a			
	11a		
b			
	11b		
c	If "Yes" to a, b, or c, provide detail in		
	11c		

		Yes	No
1			
	If "No," describe in		
	1		
2			
	2		

		Yes	No
1			
	1		

		Yes	No
1			
	1		
2			
	2		
3			
	3		

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

1		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.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (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	6	
7		7	
8	Adjusted Net Income	8	
Section B - Minimum Asset Amount			
1			
a		1a	
b		1b	
c		1c	
d	Total	1d	
e	Discount		
Part VI			
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8	Minimum Asset Amount	8	
Section C - Distributable Amount			
1		1	
2		2	
3		3	
4		4	
5		5	
6	Distributable Amount.	6	
7			

	-	509() (3)		
Section D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
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 VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)				
	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable 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:			
a				
b				
c				
d	From 2013			
e	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			

Name of the organization

Employer identification number

Organization type

Filers of:

Section:

not

Note.

General Rule Special Rule.

General Rule

Special Rules

(1)

(2)

General Rule

Caution.

Name of organization

Employer identification number

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_____	_____ _____ _____	_____	Person Payroll Noncash
_____	_____ _____ _____	_____	Person Payroll Noncash
_____	_____ _____ _____	_____	
_____	_____ _____ _____	_____	
_____	_____ _____ _____	_____	
_____	_____ _____ _____	_____	
_____	_____ _____ _____	_____	
_____	_____ _____ _____	_____	

Name of organization	Employer identification number
-----------------------------	---------------------------------------

(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
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)

--	--

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	<hr/> <hr/> <hr/>	\$ 200,000.	Person <input checked="" type="checkbox"/> X Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	<hr/> <hr/> <hr/>	\$ 395,000.	Person <input checked="" type="checkbox"/> X Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	<hr/> <hr/> <hr/>	\$ 250,000.	Person <input checked="" type="checkbox"/> X Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	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

(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
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization	Employer identification number
-----------------------------	---------------------------------------

religion, charitable, etc., contribution of organization described in section 501(c)(7), (8), or (10) has total more than \$1,000 for the year from an individual contributor. (a) (e) and For organizations

completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year.

\$ _____

Use duplicate copies of Part III if additional space is needed.

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

Name of the organization

Employer identification number

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year ~~~~~		
2 Aggregate value of contributions to (during year) ~~~~		
3 Aggregate value of grants from (during year) ~~~~~		
4 Aggregate value at end of year ~~~~~		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ~~~~~	Yes	No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	Yes	No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last

	Held at the End of the Tax Year
a	2a
b	2b
c	2c
d	2d

3 _____

4 _____

5 _____

6 Yes No

7 _____

8 _____

9 Yes No

1a _____

b _____

(i) _____

(ii) _____

2 _____

a _____

b _____

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a		Yes	No
b			
c	1c		
d	1d		
e	1e		
f	1f		

2a Yes No

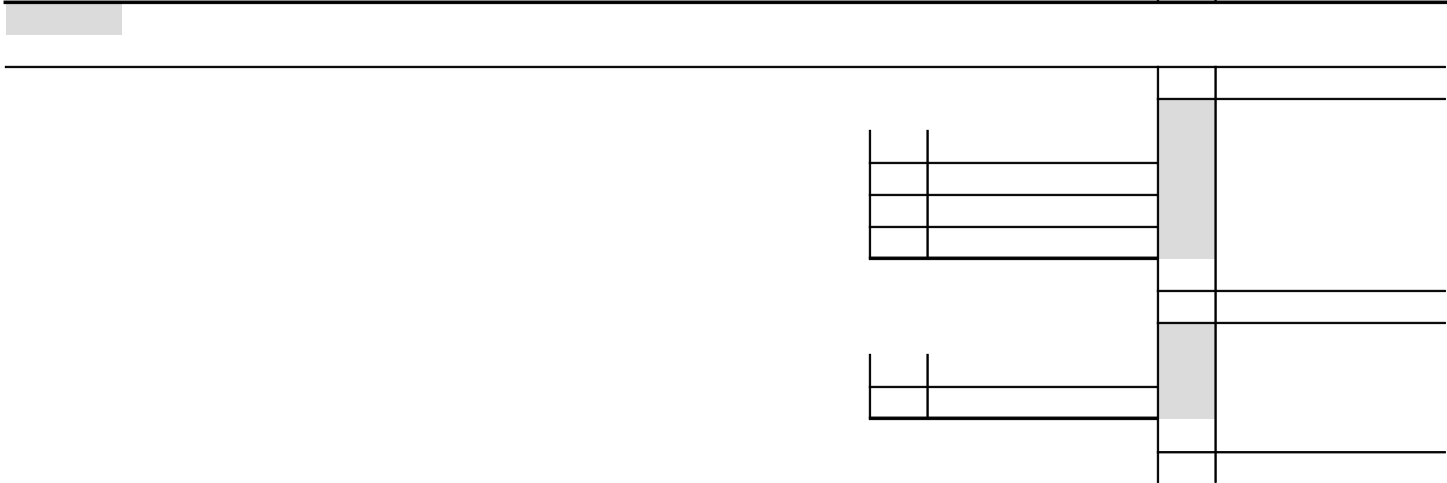
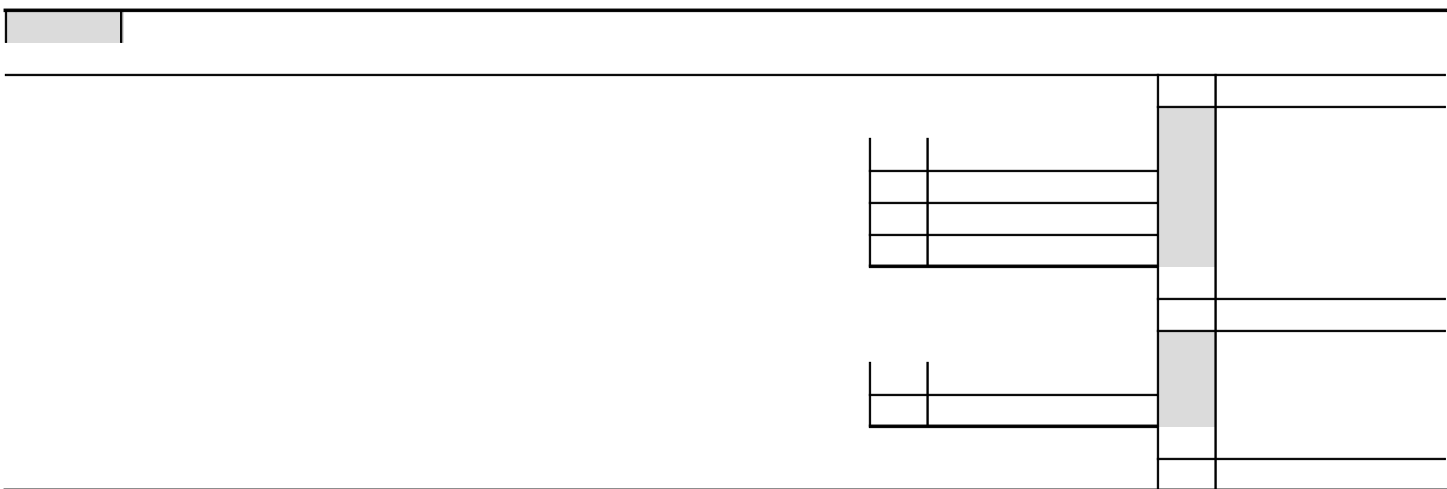
	(a)	(b)	(c)	(d)	(e)
1a					
b					
c					
d					
e					
f					
g					

2 a _____
 b _____
 c _____

3a		Yes	No
(i)	3a(i)		
(ii)	3a(ii)		
b	3b		

4

	(a)	(b)	(c)	(d)
1a				
b				
c				
d				
e				
Total	(Column (d) must equal Form 990, Part X, column (B), line 10c.)			



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

	(a)	(b)	(c)	(d)	
				(a)	(c)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					

	(a)	(b)	(c)	(d)	
				(a)	(c)
1					
2					
3					
4					
5					
6	Yes _____ No _____	Yes _____ No _____	Yes _____ No _____		
7					
8					

9 _____ Yes No

a _____

b _____

10a _____ Yes No

b _____

For certain Officers, Directors, Trustees, Key Employees, and Highest
 Compensated Employees
 | Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 | Attach to Form 990.
 Information about Schedule J (Form 990) and its instructions is at

Department of the Treasury
 Internal Revenue Service

Open to Public
 Inspection

Name of the organization Employer identification number

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
	First-class or charter travel		
	Travel for companions		
	Housing allowance or residence for personal use		
	Payments for business use of personal residence		
b			
2			
3			
4			
a			
b			
c			
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
a			
b			
6			
a			
b			
7			
8			
9			

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MICHAEL R. LOMBARDO CHIEF EXECUTIVE OFFICER (THRU 06/201	(i)	243,241.	22,000.	0.	0.	19,141.	284,382.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MICHAEL BARR CHIEF FINANCIAL OFFICER	(i)	184,426.	14,400.	0.	0.	22,444.	221,270.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CHRISTY DOBBS CHIEF MARKETING & MOBILIZATION OFFIC	(i)	189,229.	15,500.	0.	0.	13,410.	218,139.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ADEOLA WHITNEY CHIEF REGIONAL OPERATIONS OFFICER	(i)	180,025.	13,600.	0.	0.	14,217.	207,842.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DEAN ELSON CHIEF KNOWLEDGE OFFICER	(i)	164,684.	14,400.	0.	0.	22,444.	201,528.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MATTHEW C. AGUIAR CHIEF OF STAFF	(i)	160,258.	12,100.	0.	0.	0.	172,358.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JAMES CLEVELAND CHIEF OPERATING OFFICER	(i)	216,509.	29,300.	0.	0.	22,444.	268,253.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Information about Schedule M (Form 990) and its instructions is at

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Name of the organization Employer identification number

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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 Securities - Publicly traded ~ ~ ~ ~ ~				
10 Securities - Closely held stock ~ ~ ~ ~ ~				
11 Securities - Partnership, LLC, or trust interests ~ ~ ~ ~ ~				
12 Securities - Miscellaneous ~ ~ ~ ~ ~				
13 Qualified conservation contribution - Historic structures ~ ~ ~ ~ ~				
14 Qualified conservation contribution - Other ~ ~ ~ ~ ~				
15 Real estate - Residential ~ ~ ~ ~ ~				
16 Real estate - Commercial ~ ~ ~ ~ ~				
17 Real estate - Other ~ ~ ~ ~ ~				
18 Collectibles ~ ~ ~ ~ ~				
19 Food inventory ~ ~ ~ ~ ~				
20 Drugs and medical supplies ~ ~ ~ ~ ~				
21 Taxidermy ~ ~ ~ ~ ~				
22 Historical artifacts ~ ~ ~ ~ ~				
23 Scientific specimens ~ ~ ~ ~ ~				
24 Archeological artifacts ~ ~ ~ ~ ~				
25 Other (_____)				
26 _____				
27 _____				
28 _____				

29 29

	Yes	No
30a		
b		
31		
32a		
b		
33		

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2015

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Name of the organization

Employer identification number

Horizontal lines for supplemental information input.

Name of the organization READING PARTNERS	Employer identification number 77-0568469
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ALL STAFF RECEIVES PERIODIC PERFORMANCE REVIEWS. REVIEWS ARE GENERALLY CONDUCTED AT MID-YEAR AND AT THE CLOSE OF THE FISCAL YEAR. HOWEVER, THE FREQUENCY OF EVALUATIONS MAY VARY DEPENDING ON THE LENGTH OF SERVICE, JOB POSITION, PAST PERFORMANCE, CHANGES IN JOB DUTIES, AND OTHER FACTORS. PAY ADJUSTMENTS ARE BASED ON MARKET COMPARISONS, INTERNAL EQUITY AND PERFORMANCE. BOARD APPROVAL IS SECURED FOR ALL SALARY DECISIONS RELATED TO THE CEO, COO AND CFO.

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

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