(Rev. January 2020) Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

OMB No. 1545-0047

| A F | or the | e 2019 calendar year, or tax year beginning $$ OCT 1 , $$ 2019 $$ and e $$ | nding S | SEP 30, 2020 | |
|-------------------------|--------------------------------------|---|-----------------|-------------------------------------|---|
| | heck if | C Name of organization | | D Employer identifi | cation number |
| | Addre | READING IS FUNDAMENTAL, INC. | | | |
| | Name chang | Doing business as | | 52-09762 | 57 |
| | Initial return Final return | 750 FTPST STPFFT NF | oom/suite 20 | E Telephone numbe (877) 74 | |
| | termir ated | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 20,337,845. |
| | _Amen | WASHINGTON, DC 20002 | | H(a) Is this a group re | |
| | Applic tion pendii | F Name and address of principal officer: ADICIA DEVI | | for subordinates | |
| | | SAME AS C ABOVE | | H(b) Are all subordinates in | |
| | | empt status: $X = 501(c)(3) = 501(c)(1)$ (insert no.) $4947(a)(1)$ or | 527 | 1 | list. (see instructions) |
| | | te: ► WWW • RIF • ORG organization: X Corporation Trust Association Other ► | I Voor | of formation: 1973 | n number ► M State of legal domicile: DC |
| | | Summary | L Teal | | M State of legal doffliche, DC |
| | | Briefly describe the organization's mission or most significant activities: MOTIV | ATING | CHILDREN TO | O READ BY |
| Se | | MAKING READING A FUN AND BENEFICIAL PART O | | | - |
| Activities & Governance | ı | Check this box if the organization discontinued its operations or dispose | | | sets. |
| S e | 3 | Number of voting members of the governing body (Part VI, line 1a) | | 3 | 12 |
| Ğ | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | 4 | 11 |
| es e | 5 | Total number of individuals employed in calendar year 2019 (Part V, line 2a) | | 5 | 31 |
| Ϋ́Ε̈́ | | Total number of volunteers (estimate if necessary) | | | 50000 |
| Acti | | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 0. |
| | b | Net unrelated business taxable income from Form 990-T, line 39 | <u></u> | | 0. |
| | | 0 17 17 17 17 17 17 17 17 17 17 17 17 17 | - | Prior Year | Current Year |
| ne | l | Contributions and grants (Part VIII, line 1h) | | 9,843,591. 1,415,203. | 5,048,114. 1,297,321. |
| Revenue | | Program service revenue (Part VIII, line 2g) | | 416,858. | 317,424. |
| Re | | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 410,030. | 317,424. |
| | ı | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 11,675,652. | |
| | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 2,140,973. | 1,830,123. |
| | | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. |
| " | 45 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 2,819,597. | |
| ses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 202,000. | 262,000. |
| Expenses | b | Total fundraising expenses (Part IX, column (D), line 25) 1,297,58 | 3. | | |
| ш | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 3,749,015. | 3,430,297. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 8,911,585. | |
| | | Revenue less expenses. Subtract line 18 from line 12 | | 2,764,067. | -2,019,700. |
| S OF | | | Ве | ginning of Current Year | End of Year |
| ssets | 20 | Total assets (Part X, line 16) | | 16,836,002. | 15,864,759. |
| Net Assets or | 21 | Total liabilities (Part X, line 26) | | 2,562,432. | 3,236,713. |
| Ž. | rt II | Net assets or fund balances. Subtract line 21 from line 20 Signature Block | | 14,273,570. | 12,628,046. |
| | | Ilties of perjury, I declare that I have examined this return, including accompanying schedules a | and atatam | anta and to the heat of my | / knowledge and holiaf it is |
| | | thes of perjury, I declare that I have examined this return, including accompanying schedules a pt, and complete. Declaration of preparer (other than officer) is based on all information of whic | | | / Kilowieuge allu bellel, it is |
| uu, | COLLC | Alicia Levi | π ρι σραισι | 02/08/ | 21 |
| Sigi | n | Signature of officer | | Date | 21 |
| Her | | ALICIA LEVI, PRESIDENT AND CEO | | | |
| | _ | Type or print name and title | | | |
| | | Print/Type preparer's name Preparer's signature | | Date Check | PTIN |
| Paid | l | FRANK H. SMITH Frank H. Smith | 0 | 2/08/21 if self-employ | P00639053 |
| Prep | arer | Firm's name MARCUM LLP | | Firm's EIN ▶ | 11-1986323 |
| Use | Only | Firm's address ► 1899 STREET, NW, SUITE 850 | | | |
| | | WASHINGTON, DC 20036 | | Phone no. (2 | |
| May | the II | RS discuss this return with the preparer shown above? (see instructions) | <u></u> | | X Yes No |
| 9320 | 01 01-2 | 0-20 LHA For Paperwork Reduction Act Notice, see the separate instructions | s. | | Form 990 (2019) |

| Par | 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: |
| | READING IS FUNDAMENTAL, INC. (RIF) IS COMMITTED TO ACHIEVING A |
| | LITERATE AMERICA BY INSPIRING A PASSION FOR READING AMONG ALL |
| | CHILDREN, PROVIDING QUALITY CONTENT AND RESOURCES TO MAKE AN IMPACT, |
| | AND ENGAGING COMMUNITIES IN THE SOLUTION TO GIVE EVERY CHILD THE |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| | prior Form 990 or 990-EZ? Yes X No |
| _ | If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No |
| 3 | |
| 4 | If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. |
| 4 | 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 \$ 2,427,437. including grants of \$ 1,830,123.) (Revenue \$ 445,706.) |
| ·u | PRINT PROGRAMS: |
| | |
| | BOOKS FOR OWNERSHIP IS RIF'S FLAGSHIP READING PROGRAM WHERE CHILDREN |
| | CHOOSE NEW BOOKS AND PARTICIPATE IN READING ACTIVITIES WITH TEACHERS, |
| | PARENTS, VOLUNTEERS AND COMMUNITY MEMBERS AT READING CELEBRATIONS HELD |
| | ACROSS THE COUNTRY. THESE EVENTS EDUCATE, BUILD COMMUNITY AND INSPIRE |
| | CHILDREN TO MAKE GREATER CHOICES FOR THEMSELVES TO CHOOSE LEARNING, AND |
| | TO CHOOSE SUCCESS IN SCHOOL AND IN LIFE. FUNDED BY A VARIETY OF |
| | CORPORATE AND FOUNDATION PARTNERS AND WORKING THROUGH LOCAL COMMUNITY |
| | PROGRAMS, RIF DISTRIBUTES BOOKS TO CHILDREN THAT ARE FREE TO THE |
| | CHILDREN AND THEIR FAMILIES. CHILDREN CHOOSE THEIR OWN BOOKS FROM A |
| | WIDE RANGE OF TITLES APPROPRIATE TO THEIR READING LEVEL. THE |
| 4b | (Code:) (Expenses \$2,303,919. including grants of \$) (Revenue \$) (Revenue \$) |
| | DIGITAL PROGRAMS: |
| | RIF'S DIGITAL PORTFOLIO OF PRODUCTS INCLUDES LITERACY CENTRAL, LITERACY |
| | NETWORK, THE LITERACY APP, AND SKYBRARY. |
| | LITERACY CENTRAL IS AN ONLINE DESTINATION FOR TEACHERS, PARENTS AND |
| | LITERACY VOLUNTEERS TO GET THOUSANDS OF FREE DIGITAL RESOURCES TIED |
| | DIRECTLY TO THE BOOKS CHILDREN LOVE AND TEACHERS TURN TO EVERY DAY. THE |
| | PORTAL PROVIDES TOOLS TO EASILY ORGANIZE AND KEEP READING RESOURCES IN |
| | ONE PLACE WITH CUSTOMIZABLE BOOK LISTS, PRINTABLE LESSON PLANS, |
| | ACTIVITIES, GAMES, READING PASSAGES, CALENDARS AND VIDEOS. |
| | <u> </u> |
| | LITERACY NETWORK IS RIF'S COMMUNITY PORTAL DESIGNED TO SUPPORT RIF |
| 4c | (Code:) (Expenses \$ 1,394,844. including grants of \$) (Revenue \$) |
| | COMMUNITY LITERACY AWARENESS AND OTHER PROGRAMS: |
| | |
| | RIF PROMOTES AWARENESS OF THE CRITICAL IMPACT OF EARLY LITERACY THROUGH |
| | A BROAD RANGE OF ACTIVITIES, SHARING RESOURCES THROUGH ITS WEBSITE AND |
| | SOCIAL MEDIA PLATFORMS, DISTRIBUTION OF ITS THEMATIC BOOK COLLECTIONS, |
| | AND LEVERAGING MEDIA THROUGH PUBLIC SERVICE ANNOUNCEMENTS. RIF'S |
| | LITERACY SERVICES INCLUDE FAMILY AND COMMUNITY ENGAGEMENT AND LITERACY |
| | TRAINING FOR EDUCATORS AND COMMUNITY ORGANIZATIONS. FAMILY AND |
| | COMMUNITY ENGAGEMENT ACTIVITIES ARE DESIGNED TO HELP PARENTS TAKE A |
| | LEADING ROLE IN ENCOURAGING THEIR CHILDREN'S LITERACY DEVELOPMENT. WITH THE GUIDANCE OF RIF'S VOLUNTEERS, PARENTS PARTICIPATE IN WORKSHOPS, |
| | BOOK DISTRIBUTIONS AND READING CELEBRATIONS. |
| 1 4 | Other program services (Describe on Schedule O.) |
| 40 | |
| 4e | (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 6,126,200. |
| | Form 990 (2019) |

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Form 990 (2019) READING IS FUNDAMENTAL, INC. Part 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 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | X | |
| 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 | | | |
| Ŭ | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | ٣ | | |
| ′ | | 7 | | X |
| _ | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | ⊢′ | | |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | _v |
| _ | 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? | | | l |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | X | |
| 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 | X | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | Х |
| c | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| · | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | x |
| ٨ | 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 | | | |
| u | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | x |
| _ | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| | | 1 ie | 21 | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | v | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | X | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | 37 | |
| | Schedule D, Parts XI and XII | 12a | _X_ | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | l |
| | 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 | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | 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 | | | |
| | 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 | <u> </u> | | |
| .0 | | 10 | | x |
| 10 | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | ^ ` |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | ا مد ا | | _v |
| | complete Schedule G, Part III | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| 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 | X | |

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Form **990** (2019)

| Part IV Checklist of Required Schedules (continued |
|--|
|--|

| | · · · · | | Yes | No |
|----------|--|---------------------------------|------------------------|-----------|
| 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 | | | |
| | Schedule J | 23 | Х | |
| 24 a | 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 | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | 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 | | |
| 25 a | 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 | | <u> X</u> |
| 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 | | <u> </u> |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | 7.7 |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | _X_ |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | 37 |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions, for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | v |
| | "Yes," complete Schedule L, Part IV | 28a | | X |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | |
| С | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If | 00- | | Х |
| 00 | "Yes," complete Schedule L, Part IV | 28c 29 | Х | |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | 21 | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | 20 | | Х |
| 24 | contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 30 31 | | X |
| 31 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | 31 | | |
| 32 | · · · | 32 | | Х |
| 33 | Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | 32 | | |
| 33 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | Х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| 04 | Part V, line 1 | 34 | | х |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | 000 | | |
| - | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | 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? | | | |
| | | 38 | Х | |
| Pai | Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | · · · · · · · · · · · · · · · · | | |
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | | |
| | | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | Х | |
| | | _ | $\alpha \alpha \alpha$ | (2010) |

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Form 990 (2019) READING IS FUNDAMENTAL, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

| | | | Yes | No | | | | | |
|-----|--|-----|-----|----------|--|--|--|--|--|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | | | | | |
| | filed for the calendar year ending with or within the year covered by this return 2a 31 | | | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | | | | | | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | | | | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | За | | X | | | | | |
| b | b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | | | | | | | | |
| 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 Accounts (FBAR). | | | | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X | | | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X | | | | | |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | <u> </u> | | | | | |
| 6a | | _ | | 77 | | | | | |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | X | | | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | | | | | | |
| _ | were not tax deductible? | 6b | | | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | _ | | Х | | | | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | _^_ | | | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | | | | | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | x | | | | | |
| ч | If "Yes," indicate the number of Forms 8282 filed during the year 7d | 70 | | <u> </u> | | | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | х | | | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X | | | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | | | | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | | | | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | | | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | | | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | | | | |
| а | Gross income from members or shareholders | | | | | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | | | | | | |
| | amounts due or received from them.) | | | | | | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | | | | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? | 120 | | | | | | | |
| а | Note: See the instructions for additional information the organization must report on Schedule O. | 13a | | | | | | | |
| h | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | | | | | |
| | organization is licensed to issue qualified health plans | | | | | | | | |
| С | Enter the amount of reserves on hand 13c | | | | | | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Х | | | | | |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | | | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | | | | | | |
| | excess parachute payment(s) during the year? | 15 | | x | | | | | |
| | If "Yes," see instructions and file Form 4720, Schedule N. | | | | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | Х | | | | | |
| | If "Yes," complete Form 4720, Schedule O. | | | | | | | | |
| | | _ | 000 | (0040) | | | | | |

Form **990** (2019)

Part VI Governance, Management, and Disclosure 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 on Schedule O. See instructions.

| | Check if Schedule O contains a response or note to any line in this Part VI | | | | | X | | | | | | |
|--------|---|----------|-------------------------|------------------|---------|--------|--|--|--|--|--|--|
| Sec | tion A. Governing Body and Management | | | | | | | | | | | |
| | | | | | Yes | No | | | | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 12 | | | | | | | | | |
| | 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 on Schedule O. | | | | | | | | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent lb 1 | | | | | | | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | | | | | | | | | |
| | officer, director, trustee, or key employee? | | | | | | | | | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | e direc | t supervision | | | | | | | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | | | 3 | | X | | | | | | |
| 4 | | | | | | | | | | | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | | | | | | | | | | |
| 6 | | | | | | | | | | | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or ap | point | one or | | | | | | | | | |
| | more members of the governing body? | | | 7a | | _X_ | | | | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, st | ockho | lders, or | | | | | | | | | |
| | persons other than the governing body? | | | 7b | | _X_ | | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | r by th | e following: | | | | | | | | | |
| а | The governing body? | | | 8a | Х | | | | | | | |
| b | Each committee with authority to act on behalf of the governing body? | | | 8b | Х | | | | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read | ched a | t the | | | | | | | | | |
| | organization's mailing address? If "Yes." provide the names and addresses on Schedule O | | | 9 | | X | | | | | | |
| Sec | tion B. Policies _{(This Section B requests information about policies not required by the Internal Re} | venue | Code.) | | | | | | | | | |
| | | | | | Yes | No | | | | | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | | | 10a | | _X_ | | | | | | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such ch | apters | , affiliates, | | | | | | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | | | | | | | | | | | |
| 11a | a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | | | | | | | | | | | |
| b | | | | | | | | | | | | |
| 12a | 2a Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | | | | | | | | | |
| b | | | | | | | | | | | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$ | ′es," d | escribe | | | | | | | | | |
| | in Schedule O how this was done | | | 12c | Х | | | | | | | |
| 13 | Did the organization have a written whistleblower policy? | | | 13 | Х | | | | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | | | 14 | Х | | | | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approva | l by in | dependent | | | | | | | | | |
| | 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 | | X | | | | | | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | | | | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements | nent w | ith a | | | | | | | | | |
| | taxable entity during the year? | | | 16a | | X | | | | | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate | te its p | articipation | | | | | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ | izatior | ı's | | | | | | | | | |
| | exempt status with respect to such arrangements? | | | 16b | | | | | | | | |
| Sec | tion C. Disclosure | | | | | | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶AK, AL, AR, AZ, C | | | | | | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, are | nd 990 | -T (Section 501(c)(3) | s on l y) | availal | ble | | | | | | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | | | | | | | | | |
| | X Own website Another's website X Upon request Other (explain | | • | | | | | | | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, co | nflict o | of interest policy, and | finan | cial | | | | | | | |
| | statements available to the public during the tax year. | | | | | | | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's boo | oks and | d records | | | | | | | | | |
| | ROMEO FERRUFINO - (877) 743-7323 | | | | | | | | | | | |
| | 750 FIRST STREET, NE, NO. 920, WASHINGTON, DC 2000 | 12 | | | 000 | | | | | | | |
| 932006 | o1-20-20 SEE SCHEDULE O FOR FULL LIST OF STATES | | | Form | 990 | (2019) | | | | | | |

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.

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

See instructions for the order in which to list the persons above.

| (A) Name and title | (B) Average hours per week | box | not ci , unle: cer an | Pos heck i ss per | more rson i | than o | n an | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other |
|--------------------------------------|---|--------------------------------|-----------------------------|--|----------------|------------------------------|----------|--|---|--|
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) ALICIA LEVI PRESIDENT AND CEO | 40.00 | х | | X | | | | 267 620 | 0. | 17 601 |
| (2) EDWARD DE LEON, CHIEF PROGRAM | 40 00 | ^ | | _ | | | | 267,620. | 0. | 17,681. |
| & CONTENT OFFICER - UNTIL 02/2020 | 40.00 | | | | х | | | 169,713. | 0. | 10,320. |
| (3) BETH L. MEYER, FORMER | 40.00 | | | | | | | | | |
| KEY EMPLOYEE - UNTIL 09/2019 | | | | | | | Х | 152,155. | 0. | 14,984. |
| (4) JODI RUBIN, VICE PRESIDENT, | 40.00 | | | | | | | | | |
| STRATEGIC INITIATIVES | | | | | | Х | | 136,848. | 0. | 24,709. |
| (5) CARLA TEVAULT, SR. DIRECTOR | 40.00 | | | | | | | | | |
| OF MARKETING - UNTIL 08/2020 | | | | | | X | | 112,316. | 0. | 18,865. |
| (6) BRYAN KLOPACK | 40.00 | | | | | | | | | |
| VICE PRESIDENT, DEVELOPMENT | | | | | | X | | 117,784. | 0. | 7,572. |
| (7) JENNIFER MOONE, SR. DIRECTOR | 40.00 | | | | | | | | | |
| GOVERNMENT RELATIONS | | | | | | X | | 109,958. | 0. | 7,592. |
| (8) CHERYL CLARK, VICE PRESIDENT, | 40.00 | 1 | | | | | | | _ | |
| BOOKS FOR OWNERSHIP - UNTIL 08/2020 | <u> </u> | _ | | | | X | | 104,543. | 0. | 7,446. |
| (9) ALICE SINGDAHLSEN | 40.00 | ļ | | | | | | 405 004 | | 4 0-4 |
| CHIEF FINANCIAL OFFICER | <u> </u> | | | X | | | | 107,991. | 0. | 1,071. |
| (10) JOHN REMONDI | 4.50 | ļ | | l | | | | | | |
| CHAIRMAN | | Х | | X | | | | 0. | 0. | 0. |
| (11) J.J. JOHNSON | 1.50 | ١ | | l | | | | | | |
| VICE CHAIRMAN AND SECRETAR | 1 50 | Х | | X | | _ | | 0. | 0. | 0. |
| (12) MARC WALBY | 1.50 | ١ | | | | | | | | |
| TREASURER | 1 50 | Х | | Х | | _ | | 0. | 0. | 0. |
| (13) CAMILLE HYMES | 1.50 | ٠,, | | | | | | | _ | _ |
| DIRECTOR | 1 50 | Х | | | | | | 0. | 0. | 0. |
| (14) KITTY KELLEY DIRECTOR | 1.50 | х | | | | | | 0. | 0. | 0. |
| (15) EMILY MOORE | 1.50 | ^ | | | | _ | | 0. | 0. | · · |
| DIRECTOR | 1.30 | Х | | | | | | 0. | 0. | 0. |
| (16) THOMAS PLATH | 1.50 | ┢ | \vdash | _ | \vdash | \vdash | \vdash | " | J • | · · |
| DIRECTOR | 1.30 | Х | | | | | | 0. | 0. | 0. |
| (17) CRAWFORD POUNDS | 1.50 | | | | \vdash | \vdash | | •• | <u> </u> | |
| DIRECTOR | 1.30 | Х | | | | | | 0. | 0. | 0. |
| | 1 | | | | <u> </u> | | | | <u> </u> | Form 990 (2010) |

Form 990 (2019)

932007 01-20-20

Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (A) (D) (E) (F) Position Average Reportable Name and title Reportable Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any organizations compensation ndividual trustee or director the hours for organization (W-2/1099-MISC) from the related nstitutional trustee (W-2/1099-MISC) organization organizations and related below organizations line) (18) CAROLYN SIMPSON 1.50 DIRECTOR Х 0. 0. 0. (19) CHRISTINA WIRE 1.50 X 0. 0. 0. DIRECTOR (20) RICK ZIMMERMAN 1.50 X DIRECTOR 0. 0. 0. 1b Subtotal 0. c Total from continuation sheets to Part VII, Section A 1,278,928. 0. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on Х line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Х 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services X rendered to the organization? If "Yes." complete Schedule J for such person **Section B. Independent Contractors** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|---------------------------------|---------------------|
| TRUE NORTH, INC., 630 THIRD AVENUE, 12TH | PROFESSIONAL | |
| FLOOR, NEW YORK, NY 10017 | FUNDRAISING | 563,573. |
| TUCKER CAPITAL, LLC | PROFESSIONAL | |
| 252 NASSAU STREET, PRINCENTON, NJ 08542 | CONSULTING | 151,761. |
| BDO USA, LLP, 8401 GREENSBORO DRIVE, SUITE | PROFESSIONAL | |
| 800, MCLEAN, VA 22102 | CONSULTING | 150,000. |
| ARNOLD & PORTER, LLP, 601 MASSACHUSETTS | PROFESSIONAL | |
| AVENUE, NW, WASHINGTON, DC 20001 | CONSULTING | 126,666. |
| BITPUSHER, LLC, 100 PINE STREET, SUITE | PROFESSIONAL | |
| 460, SAN FRANCISCO, CA 94111 | CONSULTING | 105,047. |
| 2 Total number of independent contractors (including but not limited to those listed | d above) who received more than | |
| \$100,000 of compensation from the organization > 5 | | |
| | | - 000 (|

Form **990** (2019)

READING IS FUNDAMENTAL, INC. 52-0976257 Page 9 Form 990 (2019) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) (D) Related or exempt Unrelated Revenuè excluded Total revenue from tax under function revenue business revenue sections 512 - 514 44,668. 1 a Federated campaigns 1a Contributions, Gifts, Grants and Other Similar Amounts **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d 10,000. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 4,993,446 similar amounts not included above 1f 273,438 g Noncash contributions included in lines 1a-1f 5,048,114. h Total. Add lines 1a-1f **Business Code** 177,215. 2 a CONTRACT REVENUE 900099 177,215.1 Program Service Revenue OTHER PROGRAM REVENUE 900099 120,106. 120,106. С d f All other program service revenue 297,321. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 183,611. 183,611 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of _{7a}13808799 assets other than inventory b Less: cost or other basis 7ь 13674986 Other Revenue and sales expenses c Gain or (loss) 7c 133, $81\overline{3}$. 133,813. 133,813. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities ▶ 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold 10b c Net income or (loss) from sales of inventory **Business Code** 11 a

12 To

Form **990** (2019)

317,424.

d All other revenue

Total. Add lines 11a-11d

Total revenue. See instructions

6,662,859.1,297,321

Form 990 (2019) READING IS FUNDAMENTAL, INC. Part IX Statement of Functional Expenses

| | Check if Schedule O contains a respons | | | | X |
|---|---|-----------------------|---|--|---------------------------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | 1,830,123. | 1,830,123. | | |
| 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, | 725,266. | 488,031. | 122,789. | 114,446 |
| 6 | trustees, and key employees | 123,200. | 400,031. | 122,709. | 114,440 |
| О | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 2,009,460. | 1,107,786. | 612,617. | 289,057 |
| 8 | Pension plan accruals and contributions (include | 2,005,400. | 1,107,700. | 012,017 | 205,057 |
| 0 | section 401(k) and 403(b) employer contributions) | 66,283. | 36,949. | 19,832. | 9 502 |
| 9 | Other employee benefits | 194,193. | 113,035. | 52,724. | 9,502 28,434 |
| 10 | Payroll taxes | 164,937. | 96,504. | 44,220. | 24,213 |
| 11 | Fees for services (nonemployees): | 202/3071 | 30,3010 | 11,2200 | 21,210 |
| · · а | | | | | |
| b | | 29,802. | 16,897. | 12,905. | |
| c | | 50,622. | , , , , | 50,622. | |
| | Lobbying | , | | , i | |
| е | | 262,000. | | | 262,000 |
| f | Investment management fees | 39,476. | | 39,476. | • |
| q | | · | | , | |
| Ū | column (A) amount, list line 11g expenses on Sch O.) | 1,054,302. | 885,003. | 95,508. | 73,791 |
| 12 | Advertising and promotion | 417,228. | 276,827. | 2,536. | 137,865 |
| 13 | Office expenses | 186,268. | 99,549. | 19,160. | 67,559 |
| 14 | Information technology | 241,537. | 190,678. | 36,650. | 14,209 |
| 15 | Royalties | 54,235. | 54,235. | | |
| 16 | Occupancy | 325,662. | 198,341. | 83,132. | 44,189 |
| 17 | Travel | 43,001. | 36,904. | 2,841. | 3,256 |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 16,738. | 6,950. | 7,394. | 2,394 |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | 410 010 | 262 225 | 20 400 | 16 640 |
| 22 | Depreciation, depletion, and amortization | 410,919. | 363,807. | 30,499. | 16,613 |
| 23 | Insurance | 24,393. | | 24,393. | |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) | | | | |
| а | PRINTING & PRODUCTION | 502,304. | 290,771. | 1,478. | 210,055 |
| a b | LITERACY MATERIALS | 33,810. | 33,810. | 1,170. | 210,033 |
| C | | 33,010. | 33,010. | | |
| d | - | | | | |
| | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 8,682,559. | 6,126,200. | 1,258,776. | 1,297,583 |
| <u>25 </u> | Joint costs. Complete this line only if the organization | 0,002,000. | 0,220,2000 | ,, | _,_,,, |
| _0 | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | 384,450. | 267,302. | 0. | 117,148 |

932010 01-20-20

Form **990** (2019)

Form 990 (2019) Part X | Balance Sheet

| Par | t X | Balance Sheet | | | | | |
|-----------------------------|-----|--|------------|---------------------|---------------------------------|----------|---------------------------|
| | | Check if Schedule O contains a response or note to | o any | line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | 2,319,505. | 1 | 5,736,504. | | |
| | 2 | Savings and temporary cash investments | | 289,998. | 2 | 545,252. | |
| | 3 | Pledges and grants receivable, net | | 2,948,354. | 3 | 154,257. | |
| | 4 | Accounts receivable, net | | | | 4 | |
| | 5 | Loans and other receivables from any current or for | | | | | |
| | | trustee, key employee, creator or founder, substant | tial co | ontributor, or 35% | | | |
| | | controlled entity or family member of any of these p | oerso | ns | | 5 | |
| | 6 | Loans and other receivables from other disqualified | d pers | ons (as defined | | | |
| | | under section 4958(f)(1)), and persons described in | secti | on 4958(c)(3)(B) | | 6 | |
| ts | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | 245,650. | 8 | 241,561. |
| ۲ | 9 | Prepaid expenses and deferred charges | | | 185,399. | 9 | 344,517. |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D1 | | 2,001,397. | 1 111 1-1 | | |
| | b | | l0b | 958,498. | 1,430,073. | | 1,042,899. |
| | 11 | Investments - publicly traded securities | | | 9,251,933. | 11 | 7,655,591. |
| | 12 | Investments - other securities. See Part IV, line 11 | | | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 11 | | | | 13 | |
| | 14 | Intangible assets | | | 165 000 | 14 | 144 170 |
| | 15 | Other assets. See Part IV, line 11 | 165,090. | 15 | 144,178. | | |
| | 16 | Total assets. Add lines 1 through 15 (must equal li | | | 16,836,002. 408,543. | 16 | 15,864,759. |
| | 17 | Accounts payable and accrued expenses | | l l | 1,051,613. | 17 | 587,868. 1,040,261. |
| | 18 | Grants payable | | 174,311. | 18 | 204,032. | |
| | 19 | Deferred revenue | | | 1/4,311. | 19 | 204,032. |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Par | | | | 21 | |
| Liabilities | 22 | Loans and other payables to any current or former trustee, key employee, creator or founder, substant | | | | | |
| ij | | controlled entity or family member of any of these p | | | | 22 | |
| Lia | 23 | Secured mortgages and notes payable to unrelated | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated th | | | 0. | 24 | 557,100. |
| | 25 | Other liabilities (including federal income tax, payab | - | | | | 00.,_000 |
| | | parties, and other liabilities not included on lines 17 | | | | | |
| | | of Schedule D | | · · | 927,965. | 25 | 847,452. |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 2,562,432. | 26 | 3,236,713. |
| | | Organizations that follow FASB ASC 958, check | | | | | |
| ès | | and complete lines 27, 28, 32, and 33. | | | | | |
| auc | 27 | Net assets without donor restrictions | | | 7,461,656. | 27 | 7,529,117. |
| Ba | 28 | Net assets with donor restrictions | | | 6,811,914. | 28 | 5,098,929. |
| 밀 | | Organizations that do not follow FASB ASC 958, | | | | | |
| 호 | | and complete lines 29 through 33. | | | | | |
| S O | 29 | Capital stock or trust principal, or current funds | | | | 29 | |
| set | 30 | Paid-in or capital surplus, or land, building, or equip | | | | 30 | |
| Net Assets or Fund Balances | 31 | Retained earnings, endowment, accumulated incor | | | | 31 | |
| Net | 32 | Total net assets or fund balances | | | 14,273,570. | 32 | 12,628,046. |
| | 33 | Total liabilities and net assets/fund balances | | l l | 16,836,002. | 33 | 15,864,759. |

Form **990** (2019)

| Pa | t 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 | ,66 | 2,8 | <u>59.</u> | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 8 | ,68 | 2,5 | 59. | | |
| 3 | | | | | | | | |
| 4 | 14 | | | | | | | |
| 5 | Net unrealized gains (losses) on investments | 5 | | 37 | 4,1 | 76. | | |
| 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 on Schedule O) | 9 | | 0 | | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | | | | |
| | column (B)) | 10 | 12 | ,62 | 8,0 | 46. | | |
| Pa | t XII Financial Statements and Reporting | | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | <u></u> | | | | | |
| | | | | | 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 Schedule | Э. | | | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | | 2a | | X | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | 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? | | | 2b | X | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | | | | |
| | consolidated basis, or both: | | | | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | audit, | | | | 1 | | |
| | 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 on Sche | edu l e O | . | | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | gle Auc | lit | | | | | |
| | Act and OMB Circular A-133? | | | За | | X | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ed aud | it | | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | | 3b | | | | |

Form **990** (2019)

10260209 150872 RIF

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

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

| Pa | rt I | Reason for Public (| Charity Status 🕢 | All organizations must co | mplete th | is part.) Se | e instructions. | |
|------|-------|---|---|--|-------------------------------------|-----------------------|---|----------------------------|
| Γhe | organ | zation is not a private found | ation because it is: (F | or lines 1 through 12, c | heck on l y | one box.) | | |
| 1 | | A church, convention of chi | urches, or associatio | n of churches described | in sectio | n 170(b)(1 |)(A)(i). | |
| 2 | | A school described in secti | ion 170(b)(1)(A)(ii). | Attach Schedule E (Forn | n 990 or 99 | 90-EZ).) | | |
| 3 | 一 | A hospital or a cooperative | | | | | i). | |
| 4 | 同 | A medical research organization | | | | | | the hospital's name. |
| • | | city, and state: | | , | | | | , |
| 5 | | An organization operated for | or the benefit of a col | lege or university owned | or operate | ed by a go | vernmental unit describe | ed in |
| J | | section 170(b)(1)(A)(iv). (C | | logo of anivoloity ownor | or operati | oa by a go | vormionical arms accomb | 5 4 III |
| 6 | | A federal, state, or local gov | | ental unit described in | section 17 | 70/h)/1\/ A \/ | (v) | |
| | X | | | | | | | aublic described in |
| • | 21 | An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) | | | | | | |
| 0 | | | | 4VAVvi) (Complete Don | F II V | | | |
| 8 | | A community trust describe | | | | ad in aaniu | nation with a land grant | aallaaa |
| 9 | | An agricultural research org | | | | - | = | = |
| | | or university or a non-land-g | rant college of agrici | ulture (see instructions). | Enter the i | iame, city, | , and state of the college | ; Of |
| 40 | | university: | U. raasiyasy (1) maara | than 22 1/20/ of its aver | | | na mambarahin fasa an | d avana vanninta fram |
| 10 | | An organization that norma | • | • | | | • | |
| | | activities related to its exem | • | • | ` ' | | • | ŭ |
| | | income and unrelated busin | | (less section 511 tax) fro | m busines | sses acquii | red by the organization a | mer June 30, 1975. |
| | | See section 509(a)(2). (Cor | • | | f-4 O | | 201.1141 | |
| 11 | | An organization organized a | * | • | - | | | |
| 12 | | An organization organized a | * | = | - | | | |
| | | more publicly supported org | = | | | | | check the box in |
| _ | | lines 12a through 12d that | | | | | = | and order an |
| а | | Type I. A supporting orga | • | • | | _ | | = = |
| | | the supported organization | | | majority o | i the direc | tors or trustees of the st | apporting |
| | | organization. You must o | | | da a sa da la da | | -l | d., |
| b | | Type II. A supporting org | • | | | | - ' ' ' | = |
| | | control or management o | | | ame perso | ns that cor | ntrol or manage the supp | оопеа |
| _ | | organization(s). You mus | | | | ماهاندي مرمان | and firm attack all violations | ملائد ، الم |
| С | | Type III functionally inte | - | | | | | ed with, |
| | | its supported organization | | | | | | ration(a) |
| d | | Type III non-functionally | - | | | | | |
| | | that is not functionally int | - | | - | | | reness |
| _ | | requirement (see instructi | • | · · | | | | |
| е | | Check this box if the orga functionally integrated, or | | | | | Type I, Type II, Type III | |
| f | Ente | er the number of supported o | • • | ially integrated supporti | ig Organiz | ation. | | |
| | | ride the following information | | d organization(s) | | | | |
| | | i) Name of supported | (ii) EIN | (iii) Type of organization | (iv) Is the orga in your governi | nization listed | (v) Amount of monetary | (vi) Amount of other |
| | | organization | | (described on lines 1-10 above (see instructions)) | Yes | No | support (see instructions) | support (see instructions) |
| | | | | above (ose mended detreme); | | | | |
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| Foto | .1 | | | | | | | |

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) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| | Gifts, grants, contributions, and | (=) | | , · · / | (-7 | (-) | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 5374338. | 5493347. | 9988351. | 9843591. | 5048114. | 35747741. |
| 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 | 5374338. | 5493347. | 9988351. | 9843591. | 5048114. | 35747741. |
| 5 | The portion of total contributions | | | | | | |
| | 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) | | | | | | 9629134. |
| | Public support. Subtract line 5 from line 4. | | | | | | 26118607. |
| Sec | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 7 | Amounts from line 4 | 5374338. | 5493347. | 9988351. | 9843591. | 5048114. | 35747741. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | 917,705. | 905,017. | 102,488. | 178,084. | 183,611. | 2286905. |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | 1,000. | | | | | 1,000. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 38035646. |
| 12 | Gross receipts from related activities, | • | , | | | | <u>,614,724.</u> |
| 13 | First five years. If the Form 990 is for | the organization's | first, second, third | d, fourth, or fifth ta | x year as a sectior | n 501(c)(3) | |
| <u> </u> | organization, check this box and stor | here | | | | | > |
| | ction C. Computation of Publi | | | | | <u> </u> | 60 60 |
| | Public support percentage for 2019 (I | | | | | 14 | 68.67 <u>%</u> |
| | Public support percentage from 2018 | | | | | 15 | 65.25 % |
| 16a | 33 1/3% support test - 2019. If the c | | | | | | |
| | stop here. The organization qualifies | | | | | | |
| b | 33 1/3% support test - 2018. If the c | • | | | | | |
| | and stop here. The organization qual | | | | | | |
| 17a | 10% -facts-and-circumstances test | • | | | | | * |
| | and if the organization meets the "fac | | | | | | |
| | meets the "facts-and-circumstances" | | | | | | |
| b | 10% -facts-and-circumstances test | • | | | | | |
| | more, and if the organization meets the | | | | • | | e |
| | organization meets the "facts-and-circ | | | • | | | |
| <u>18</u> | Private foundation. If the organization | n did not check a | box on l ine 13, 16a | a, 16b, 17a, or 17b | o, check this box a | nd see instructions | <u> </u> |

Schedule A (Form 990 or 990-EZ) 2019



Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(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.)

| Se | ction A. Public Support | , | | | | | |
|-------|--|---|-------------------------------|-------------------------------|----------------------|---------------------|--|
| Cale | ndar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) 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- | | | | | | |
| | formed, or facilities furnished in any activity that is related to the | | | | | | |
| | 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 | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7 a | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | | | | | | |
| ŀ |) 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 | | | | | | |
| • | Add lines 7a and 7b | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | <u> </u> |
| | ction B. Total Support | | 1 | I | | | |
| | ndar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| | Amounts from line 6 | | | | | | |
| 108 | Gross income from interest, dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | | | | | | <u> </u> |
| t | 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 | | | | | | |
| • • • | activities not included in line 10b, | | | | | | |
| | whether or not the business is | | | | | | |
| 10 | regularly carried on Other income. Do not include gain | | | | | | |
| 12 | or loss from the sale of capital | | | | | | |
| 40 | assets (Explain in Part VI.) | | | | | 1 | |
| | Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for | the organization | first sacred this | d fourth or fifth to | V voor oo o casti- | F01(c)(2) =====:= | l ation |
| 14 | check this box and stop here | = | | | | | |
| Se | ction C. Computation of Publi | c Support Per | centage | | | | ······ |
| | Public support percentage for 2019 (li | | | column (fl) | | 15 | % |
| | Public support percentage from 2018 | | - | | | 16 | % |
| | ction D. Computation of Inves | | | | | | |
| 17 | Investment income percentage for 20 | 19 (line 10c, colur | mn (f), divided by l i | ne 13, column (f)) | | 17 | % |
| | Investment income percentage from | | | | | 18 | % |
| 198 | a 33 1/3% support tests - 2019. If the | organization did r | not check the box | on line 14, and line | e 15 is more than 3 | 3 1/3%, and line 1 | 7 is not |
| | more than 33 1/3%, check this box ar | | | | | | > |
| ŀ | 33 1/3% support tests - 2018. If the | organization did r | not check a box on | line 14 or line 19a | a, and line 16 is mo | ore than 33 1/3%, a | and |
| | line 18 is not more than 33 1/3%, che | ck this box and st | t op here. The orga | nization qua l ifies a | as a publicly suppo | orted organization | |
| 20 | Private foundation If the organization | n did not obook a | box on line 14, 10 | a ar 10b abaak th | sic boy and see inc | tructions | |

932023 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

Part IV | Supporting Organizations

(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.)

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 12a or 12b 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? [f "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 (as 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 disqualified 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.)

| | | Yes | No |
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| Par | rt IV Supporting Organizations _(continued) | | | |
|------------------|---|--------------|-----|----|
| | | | 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 | | |
| b | 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 | | |
| <u>Sec</u> | 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 | | |
| 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 Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |
| <u>Sec</u> | tion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction) | ons). | | |
| а | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see | instructions | | |
| 2 | Activities Test. Answer (a) and (b) below. | | 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 Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | 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 Part VI the role played by the organization in this regard. | 3b | | |

| Part V Type III Non-Functionally Integrated 509(a)(3) Support | ing Organi | zations | |
|--|-------------------------------|----------------------------|--------------------------------|
| 1 Check here if the organization satisfied the Integral Part Test as a qualify | Part VI). See instructions. A | | |
| other Type III non-functionally integrated supporting organizations must | complete Sec | tions 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 | | | |
| 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 | | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| Aggregate fair market value of all non-exempt-use assets (see | | | |
| instructions for short tax year or assets held for part of year): | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other | | | |
| factors (explain in detail in Part VI): | | | |
| 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 | | |
| Section C - Distributable Amount | | | Current Year |
| 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-function | ally integrated | d Type III supporting orga | anization (see |

Schedule A (Form 990 or 990-EZ) 2019

instructions).

| Par | [↑] V │ Type III Non-Functionally Integrated 509(| (a)(3) Supporting Orga | nizations _(continued) | |
|-------|---|-------------------------------|--|---|
| Secti | on D - Distributions | Current Year | | |
| 1 | Amounts paid to supported organizations to accomplish exer | | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | 3 | |
| 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 | ne organization is responsive | | |
| | (provide details in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2019 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | | | |
| Secti | ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
| 1 | Distributable amount for 2019 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2019 (reason- | | | |
| | able cause required- explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2019 | | | |
| а | From 2014 | | | |
| b | From 2015 | | | |
| С | From 2016 | | | |
| d | From 2017 | | | |
| е | From 2018 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2019 distributable amount | | | |
| i | Carryover from 2014 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2019 from Section D, | | | |
| | line 7: \$ | | | |
| а | Applied to underdistributions of prior years | | | |
| b | Applied to 2019 distributable amount | | | |
| С | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2019, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | |
| | than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2019. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2020. Add lines 3j | | | |
| | and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| а | Excess from 2015 | | | |
| b | Excess from 2016 | | | |
| С | Excess from 2017 | | | |
| d | Excess from 2018 | | | |
| е | Excess from 2019 | | | |

Schedule A (Form 990 or 990-EZ) 2019

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;

Part VI

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2019

Name of the organization Employer identification number READING IS FUNDAMENTAL, INC. 52-0976257

| organization type (check one). | | | | | | |
|--|--|--|--|--|--|--|
| Filers of | : | Section: | | | | |
| Form 99 | 0 or 990-EZ | X 501(c)(3) (enter number) organization | | | | |
| | | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | |
| | | 527 political organization | | | | |
| Form 99 | 0-PF | 501(c)(3) exempt private foundation | | | | |
| | | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | |
| | | 501(c)(3) taxable private foundation | | | | |
| Note: Or | nly a section 501(c)(| covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. | | | | |
| General | Rule | | | | | |
| | • | filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. | | | | |
| Special | Rules | | | | | |
| X | 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. | | | | | |
| | year, contributions is checked, enter he purpose. Don't com | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively expect, contributions totaling \$5,000 or more during the year | | | | |
| Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). | | | | | | |

923451 11-06-19

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) (2019)

Name of organization Employer identification number

READING IS FUNDAMENTAL, INC.

52-0976257

| 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 |
| 1 | | \$907,124. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | | \$ <u>645,590.</u> | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | | \$ 387,925. | Person X Payroll |
| (a) | (b) | (c) | (d) |
| No. 4 | Name, address, and ZIP + 4 | Total contributions \$ 250,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | | \$ <u>166,333.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZI P + 4 | (c) Total contributions | (d) Type of contribution |
| 6 | | \$ 103,839. | Person X Payroll |

Name of organization Employer identification number

READING IS FUNDAMENTAL, INC.

52-0976257

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

| Name of or | rganization | | | Employer identification numb | er | |
|---------------------------|--|---|--------------------|---|----------|--|
| READI | NG IS FUNDAMENTAL, INC. | | | 52-0976257 | | |
| Part III | Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional | through (e) and the following licharitable, etc., contributions of \$1,0 | ine entry. For ord | (c)(7), (8), or (10) that total more than \$1,000 for the y | ear | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | | |
| | | | | | _ | |
| - | | (e) Transfer | of gift | | | |
| - | Transferee's name, address, a | nd ZIP + 4 | | ationship of transferor to transferee | | |
| | | | | | <u> </u> | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | | |
| | | | | | _ | |
| - | (e) Transfer of gift | | | | | |
| _ | Transferee's name, address, a | | | ationship of transferor to transferee | | |
| | | | | | _ | |
| | | | | | _ | |
| (a) No. from Part I | (b) Purpose of gift (c) Use of | | | (d) Description of how gift is held | | |
| | | | | | _ | |
| - | | (a) Transfer | of gift | | _ | |
| | Transferee's name, address, a | (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee | | | | |
| | | | | | _ | |
| ()N | | | | | _ | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | | |
| | | | | | _ | |
| - | | (e) Transfer | of gift | | | |
| | Transferee's name, address, a | nd ZI P + 4 | Rel | ationship of transferor to transferee | | |
| | | | | | _ | |
| | | | | | _ | |

10240209 150872 RIF

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.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

READING IS FUNDAMENTAL, INC.

Employer identification number 52-0976257

| Pai | rt I Organizations Maintaining Donor Advised | d Funds or Other Similar Fund | ds or Accounts. Complete if the | | | | |
|-----|---|---|--|--|--|--|--|
| | organization answered "Yes" on Form 990, Part IV, line | e 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 v | vriting that the assets held in donor ad | vised funds | | | | |
| | are the organization's property, subject to the organization's e | exclusive legal control? | Yes No | | | | |
| 6 | Did the organization inform all grantees, donors, and donor ad | | | | | | |
| | for charitable purposes and not for the benefit of the donor or | donor advisor, or for any other purpos | se conferring | | | | |
| | impermissible private benefit? | | Yes No | | | | |
| Pai | Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. | | | | | | |
| 1 | Purpose(s) of conservation easements held by the organization | on (check all that apply). | | | | | |
| | Preservation of land for public use (for example, recreat | ion 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 qualifi | ed conservation contribution in the for | m of a conservation easement on the last | | | | |
| | day of the tax year. | | Held at the End of the Tax Year | | | | |
| а | Total number of conservation easements | | 2a | | | | |
| b | | | 1 1 | | | | |
| С | Number of conservation easements on a certified historic stru | cture included in (a) | 2c | | | | |
| d | Number of conservation easements included in (c) acquired a | fter 7/25/06, and not on a historic stru | cture | | | | |
| | listed in the National Register | | 2d | | | | |
| 3 | Number of conservation easements modified, transferred, rele | eased, extinguished, or terminated by t | the organization during the tax | | | | |
| | year ▶ | | | | | | |
| 4 | Number of states where property subject to conservation eas | ement is located 🕨 | <u>_</u> | | | | |
| 5 | Does the organization have a written policy regarding the peri | odic monitoring, inspection, handling of | of | | | | |
| | violations, and enforcement of the conservation easements it | holds? | Yes No | | | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, h | nandling of violations, and enforcing co | onservation easements during the year | | | | |
| | > | | | | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handle | ling of violations, and enforcing conser | vation easements during the year | | | | |
| | ▶ \$ | | | | | | |
| 8 | Does each conservation easement reported on line 2(d) above | e satisfy the requirements of section 17 | 70(h)(4)(B)(i) | | | | |
| | | | | | | | |
| 9 | In Part XIII, describe how the organization reports conservation | · | | | | | |
| | balance sheet, and include, if applicable, the text of the footne | ote to the organization's financial state | ements that describes the | | | | |
| Da | organization's accounting for conservation easements. | Aut Historical Traceruses and | Other Cimilar Accets | | | | |
| Pai | rt III Organizations Maintaining Collections of | | Other Similar Assets. | | | | |
| | Complete if the organization answered "Yes" on Form | | | | | | |
| та | If the organization elected, as permitted under FASB ASC 958 | · · | | | | | |
| | of art, historical treasures, or other similar assets held for pub | | • | | | | |
| | service, provide in Part XIII the text of the footnote to its finan | | | | | | |
| b | If the organization elected, as permitted under FASB ASC 958 | · · | | | | | |
| | art, historical treasures, or other similar assets held for public | exhibition, education, or research in fu | irtherance of public service, | | | | |
| | provide the following amounts relating to these items: | | > • | | | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | | | | |
| | | | | | | | |
| 2 | If the organization received or held works of art, historical trea | | cial gain, provide | | | | |
| | the following amounts required to be reported under FASB AS | - | . | | | | |
| a | Revenue included on Form 990, Part VIII, line 1 | | | | | | |
| b | Assets included in Form 990, Part X | | \$ | | | | |

Schedule D (Form 990) 2019

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

| | t III Organizations Maintaining C | Ollections of Art | | | er Simila | | 16231 | |
|--------------|--|-------------------------------|--------------------------------|---------------------|-------------------------|---------------|-----------------|---------------------------------------|
| 3 | Using the organization's acquisition, accession | | • | · | | | <u>(continu</u> | iea) |
| 3 | collection items (check all that apply): | on, and other records | s, check any of the i | ollowing that make | Significant | use or its | | |
| _ | Public exhibition | | Loop or ove | hanga pragram | | | | |
| a | | d | | hange program | | | | |
| b | Scholarly research | е | Other | | | | | |
| c | Preservation for future generations | | | | | | \/III | |
| 4 | Provide a description of the organization's co | • | • | • | | se in Part | XIII. | |
| 5 | During the year, did the organization solicit or | | | | | | 7 v | |
| Dai | to be sold to raise funds rather than to be ma | | | | | | _ Yes | No |
| ı aı | reported an amount on Form 990, Par | | ete ii the organizatio | n answered Yes C | n Form 990 | J, Part IV, I | line 9, or | |
| | Is the organization an agent, trustee, custodia | | any for contributions | or other coasts no | t included | | | |
| ıa | | | = | | | | Yes | ☐ No |
| h | on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a | | | | | | _ res | NO |
| b | ir res, explain the arrangement in Fart Air a | and complete the foli | owing table. | | | | Amount | |
| _ | Beginning balance | | | | 1c | | Amount | |
| | Additions during the year | | | | | | | |
| | Distributions during the year | | | | | | | |
| f | Ending balance | | | | | | | |
| | Did the organization include an amount on Fo | | | | | | Yes | No |
| | If "Yes," explain the arrangement in Part XIII. | | • | | | | _ | |
| Pai | | | | | | | | |
| | | (a) Current year | (b) Prior year | (c) Two years back | | years back | (e) Four v | ears back |
| 1a | Beginning of year balance | 6,470,176. | 739,400. | 740,327 | | 711,180. | | 81,490. |
| b | Contributions | , , | 5,726,977. | , | | | | · · · · · · · · · · · · · · · · · · · |
| c | Net investment earnings, gains, and losses | 474,546. | 80,775. | 35,807 | | 65,392. | | 59,607. |
| d | Grants or scholarships | · | • | | | | | |
| e | Other expenditures for facilities | | | | | | | |
| | and programs | 373,146. | 76,976. | 36,734. | . | 36,245. | | 29,917. |
| f | Administrative expenses | | • | | | | | |
| g | End of year balance | 6,571,576. | 6,470,176. | 739,400. | . 7 | 740,327. | - | 711,180. |
| 2 | Provide the estimated percentage of the current | ent year end balance | (line 1g, column (a) |) he l d as: | | | • | |
| а | Board designated or quasi-endowment | 53.33 | % | , | | | | |
| b | Permanent endowment ► 46.67 | % | _ | | | | | |
| С | Term endowment | % | | | | | | |
| | The percentages on lines 2a, 2b, and 2c show | uld equal 100%. | | | | | | |
| За | Are there endowment funds not in the posses | ssion of the organiza | tion that are he l d ar | d administered for | the organiz | ation | | |
| | by: | | | | | | \ | res No |
| | (i) Unrelated organizations | | | | | | 3a(i) | X |
| | (ii) Related organizations | | | | | | 3a(ii) | X |
| b | If "Yes" on line 3a(ii), are the related organization | tions listed as require | ed on Schedu l e R? | | | | 3b | |
| 4 | Describe in Part XIII the intended uses of the | | vment funds. | | | | | |
| Pai | t VI Land, Buildings, and Equipm | | | | | | | |
| | Complete if the organization answered | d "Yes" on Form 990 | , Part IV, line 11a. S | ee Form 990, Part | K, line 10. | | | |
| | Description of property | (a) Cost or of basis (investm | ` ' | 1-7 | Accumulate lepreciation | | (d) Book | value |
| 1a | Land | | | | | | | |
| | Buildings | | | | | | | |
| | Leasehold improvements | | | 6,714. | 162,9 | | | ,719. |
| d | Equipment | | | 8,260. | 72,0 | | | ,213. |
| | Other | | 1,28 | 6,423. | 723,4 | | | ,967. |
| <u>Total</u> | . Add lines 1a through 1e. (Column (d) must ed | gual Form 990. Part X | K. column (B). line 10 | Oc.) | | | 1,042 | <u>,899.</u> |

Schedule D (Form 990) 2019

(c) Method of valuation: Cost or end-of-year market value

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

(b) Book value

| hedu l e L |) (Form 990) 2019 | READING | TΩ | FUNDAM |
|-------------------|-------------------|-----------------|-----|--------|
| art VII | Investments - | Other Securitie | es. | |

(a) Description of security or category (including name of security)

| (1) Financial derivatives | | | |
|---|-----------------------------|--|--------------------------|
| (2) Closely held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | | | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line | 11c. See Form 990, Part X, line 13. | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end | d-of-year market value |
| (1) | , , | . , | <u> </u> |
| | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX Other Assets. | | | |
| Complete if the organization answered "Yes" | on Form 990 Part IV line : | 11d See Form 990 Part Y line 15 | |
| | Description | Tru. Gee Form 590, Fart A, line 13. | (b) Book value |
| | Description | | (b) Dook value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| | 45) | | |
| Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. | <u>15.)</u> | | |
| | 5 000 D 1 N/ I' | 44 | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 25 | |
| 1. (a) Description of liability | | | (b) Book value |
| (1) Federal income taxes | | | |
| | NCENTIVES | | 786,795. |
| (3) DEPOSITS | | | 60,657. |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| | | | |
| (8) | | | |
| (9) | | | 0.45 450 |
| Total. (Column (b) must equal Form 990. Part X, col. (B) line | | > | 847,452. |
| 2. Liability for uncertain tax positions. In Part XIII, provide | the text of the footnote to | the organization's financial statements \boldsymbol{t} | |
| organization's liability for uncertain tax positions under | FASB ASC 740. Check he | re if the text of the footnote has been pro | ovided in Part XIII X |
| | | Sch | nedule D (Form 990) 2019 |

8,682,

| | | (101111330) 2013 TIELLE III E I OLIDIELE III III | • | | - | OD TODO TAGE |
|-----|-----------------|---|--------|-------------------|--------------|--------------|
| Pai | rt XI | Reconciliation of Revenue per Audited Financial Statemen | ts Wit | h Revenue per Re | turn. | |
| | | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | | |
| 1 | Total r | evenue, gains, and other support per audited financial statements | | | 1 | 10,603,261. |
| 2 | Amou | nts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net ur | realized gains (losses) on investments | 2a | 374,176. | | |
| b | Donate | ed services and use of facilities | 2b | 3,605,702. | | |
| С | Recov | eries of prior year grants | 2c | | | |
| d | | (Describe in Part XIII.) | 2d | | | |
| е | Add I ir | nes 2a through 2d | | | 2e | 3,979,878. |
| 3 | | act line 2e from line 1 | | | 3 | 6,623,383. |
| 4 | | nts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Invest | ment expenses not included on Form 990, Part VIII, line 7b | 4a | 39,476. | | |
| b | Other | (Describe in Part XIII.) | 4b | | | |
| С | Add l ir | nes 4a and 4b | | | 4c | 39,476. |
| 5 | Total r | evenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) | | | 5 | 6,662,859. |
| Pa | rt XII | Reconciliation of Expenses per Audited Financial Statemen | nts Wi | th Expenses per R | Retur | n. |
| | | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | | |
| 1 | Total e | expenses and losses per audited financial statements | | | 1 | 12,248,785. |
| 2 | Amou | nts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| а | Donate | ed services and use of facilities | 2a | 3,605,702. | | |
| b | Prior y | ear adjustments | 2b | | | |
| С | Other | losses | 2c | | | |
| d | Other | (Describe in Part XIII.) | 2d | | | |
| е | Add I ir | nes 2a through 2d | | | 2e | 3,605,702. |
| 3 | Subtra | act line 2e from line 1 | | | 3 | 8,643,083. |
| 4 | Amou | nts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| а | Invest | ment expenses not included on Form 990, Part VIII, line 7b | 4a | 39,476. | | |
| b | Other | (Describe in Part XIII.) | 4b | | | |
| _ | ۸ طط انه | and An and Ah | | | 4. | 1 39 476 |

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) 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.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

52-0976257 READING IS FUNDAMENTAL, Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations e X Solicitation of non-government grants X Internet and email solicitations f X Solicitation of government grants X Phone solicitations Special fundraising events X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) LAUTMAN MASKA NEIL & CO. -Yes No 1730 RHODE ISLAND AVENUE, NW Х DIRECT MAIL 979,905 102,000 877,705. HUDSON FERRIS INCORPORATED -170 EAST 61ST STREET, 4TH FUNDRAISING CONSULTING Х 0 52,500 -52,500.

FOR MOMENTUM, LLC - 816 INDEPENDENCE SQ., SUITE D FUNDRAISING CONSULTING Х 0. 107,500 -107,500. 979,905. 262 000 717 705. Total

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

| AK,AL,AR,A | Z,CA,CO,CT,D | C, DE, FL, GA, HI | ,IA,ID,IL,IN,K | S,KY,LA,MA,MD,ME | MI,MN,MO |
|---------------|-------------------|-------------------|-----------------|------------------|------------|
| MS, MT, NC, N | D, NE, NH, NJ, NI | I,NV,NY,OH,OK | ,OR,PA,RI,SC,SI | D,TN,TX,UT,VA,VI | ',WA,WI,WV |
| WY | | | | | |
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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) 2019

| Г | irt i | of fundraising events. Complete if the | _ | | | |
|-----------------|--------|--|---------------------------|-----------------------------|--------------------|--|
| | | J J | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) |
| Ф | | | (event type) | (event type) | (total number) | Coi. (C)) |
| Revenue | | | | | | |
| Rev | 1 | Gross receipts | | | | |
| | 2 | Less: Contributions | | | | |
| | _ | | | | | |
| | 3 | Gross income (line 1 minus line 2) | | | | |
| | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| es | | | | | | |
| suac | 6 | Rent/facility costs | | | | |
| Direct Expense | 7 | Food and beverages | | | | |
| ₫ | ٥ | Entartainment | | | | |
| | 8 9 | Entertainment Other direct expenses | | | | |
| | 10 | Direct expense summary. Add lines 4 through | 9 in column (d) | | > | |
| | 11 | Net income summary. Subtract line 10 from lin | | | | |
| Pa | ırt I | | answered "Yes" on Forn | n 990, Part IV, line 19, or | reported more than | |
| | | \$15,000 on Form 990-EZ, line 6a. | | (b) Pull tabs/instant | I | (d) Total gaming (add |
| Revenue | | | (a) Bingo | bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
| <u>~</u> | 1 | Gross revenue | | | | |
| es | 2 | Cash prizes | | | | |
| Direct Expenses | 3 | Noncash prizes | | | | |
| Direct | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | | | Yes % | Yes % | Yes % | |
| | 6 | Volunteer labor | No | No No | No | |
| | 7 | Direct expense summary. Add lines 2 through | 5 in column (d) | | > | |
| | 8 | Net gaming income summary. Subtract line 7 | from line 1, column (d) | | > | |
| | | | | | | • |
| а | ls t | ter the state(s) in which the organization conduction the organization licensed to conduct gaming ac No," explain: | tivities in each of these | states? | | Yes No |
| ~ | | , | | | | |
| | | | | | | |
| | | ere any of the organization's gaming licenses re | · · | | year? | Yes No |
| b | lf "` | Yes," explain: | | | | |
| | _ | | | | | |
| 005- | | | | | Cabadala O/F | rm 000 o- 000 F7\ 0040 |
| 9320 | 52 09 | 9-11-19 | | | Scheaule G (Fo | rm 990 or 990-EZ) 2019 |

| Schedule G (Form 990 or 990-EZ) 2019 READING IS FUNDAMENTAL, INC. 52- | 0976257 | Page 3 |
|---|---|---------------|
| 11 Does the organization conduct gaming activities with nonmembers? | Yes | No 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 | % |
| | 13b | |
| b An outside facility | [130] | 70 |
| 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 | No |
| b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount | | |
| of gaming revenue retained by the third party > \$ | | |
| c 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 | ☐ No |
| | . L res | NO |
| 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 \$ Part IVI Supplemental Information Residuely and the supplemental Information Residuely and In | | N- 401- |
| Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | ırt III, lines 9, 9 | 96, 106, |
| | | |
| SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER: | <u>3: </u> | |
| | | |
| (I) NAME OF FUNDRAISER: LAUTMAN MASKA NEIL & CO. | | |
| | | |
| (I) ADDRESS OF FUNDRAISER: | | |
| 1730 RHODE ISLAND AVENUE, NW, WASHINGTON, DC 20036 | | |
| | | |
| | | |
| (I) NAME OF FUNDRAISER: HUDSON FERRIS INCORPORATED | | |
| (I) ADDRESS OF FUNDRAISER: | | |
| 170 EAST 61ST STREET, 4TH FLOOR, NEW YORK, NY 10065 | | |
| 932083 09-11-19 Schedule G (For | m 990 or 990 | -EZ) 2019 |

| Schooling Grom 980 or 9 | Sched | ule G (Form 990 or 990-EZ) $f READING\ IS\ FUNDAMENTAL$, $\ I$ | INC. | 52-0976257 | Page 4 |
|--|--|---|------|-------------------------|-----------|
| (I) ADDRESS OF FUNDRAISER: | Parl | IV Supplemental Information (continued) | | | |
| (I) ADDRESS OF FUNDRAISER: | | | | | |
| (I) ADDRESS OF FUNDRAISER: | | | | | |
| (I) ADDRESS OF FUNDRAISER: | (T) | NAME OF FUNDRAISER: FOR MOMENTUM LLC | | | |
| | <u>\ </u> | Maid of Fondialidate, Fon Homenton, Blo | | | |
| | (I) | ADDRESS OF FUNDRAISER: | | | |
| 816 INDEPENDENCE SQ., SUITE D, ATLANTA, GA 30338 | | | | | |
| | <u>816</u> | INDEPENDENCE SQ., SUITE D, ATLANTA, GA 3 | 0338 | | |
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| Schedule G (Form 990 or 990-EZ) | | | | Schedule G (Form 990 or | r 990-EZ) |

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

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

INC.

READING IS FUNDAMENTAL,

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

52-0976257

Name of the organization

| Part I General Information on Grants and Assistance | nd Assistance | | | | | | |
|---|-----------------------|------------------------------------|--------------------------|---|---|--|------------------------------------|
| Does the organization maintain records to substantiate the amount of criteria used to award the grants or assistance? | to substantiate the | | or assistance, the o | grantees' eligibility | for the grants or assis | the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection | n Xps |
| 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. | ocedures for monitor | oring the use of grant f | funds in the United | States. | | |] <u>}</u> |
| Part II Grants and Other Assistance to Domestic Organizations and | Domestic Organiz | ations and Domestic | Governments. C | omplete if the orga | ınization answered "Y | Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any | IV, line 21, for any |
| recipient that received more than \$5,000. Part II can be duplicated if additional space is needed | 55,000. Part II can I | be duplicated if additic | onal space is neede | d. | | | |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, EMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| MUSKINGUM IRA 205 N, 7TH STREET ZANESVILLE, OH 43701 | 31-1525731 | //A | •0 | 71,784. | АМ | BOOKS | TO FOSTER LITERACY |
| BESSEMER CITY SCHOOLS 1621 5TH AVENUE NORTH BESSEMER, AL 35020 | 26-3323883 | Y/Y | •0 | 41,265. | ΔИЗ | BOOKS | TO FOSTER LITERACY |
| LANCASTER SCHOOL DISTRICT 1075 GROFFTOWN ROAD LANCASTER, PA 17603 | 23-1726414 | N/A | •0 | 36,444. | FMV | BOOKS | TO FOSTER LITERACY |
| EXCEL AFTERSCHOOL PROGRAM 20 COOK STREET SAN FRANCISCO, CA 94118 | | N/A | .0 | 28,800. | FMV | BOOKS | TO FOSTER LITERACY |
| CANDLEWOOD ELEMENTARY 3635 CANDLEGLENN SAN ANTONIO, TX 78244 | | N/A | .0 | 21,444.FMV | FMV | BOOKS | TO FOSTER LITERACY |

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

Enter total number of other organizations listed in the line 1 table

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

13-6116238 501(C)(3)

PWC CHARITABLE FOUNDATION, INC.

4040 W. BOYSCOUT BLVD.

TAMPA, FL 33607

Q

•

TO FOSTER LITERACY

BOOKS

19,500, FMV

0

Schedule I (Form 990) (2019)

(g) Description of non-cash assistance

(f) Method of valuation (book, FMV, appraisal, other)

(e) Amount of non-cash assistance

(d) Amount of cash grant

(c) IRC section if applicable

(b) EIN

(a) Name and address of organization or government

BOOKS

19,200, FMV

0

94-1156608 501(C)(3)

FRANCISCO - 380 FULTON STREET

SAN FRANCISCO, CA 94102

LEBANON SCHOOL DISTRICT

499 E. PERSHING AVENUE

LEBANON, PA 17042

BOYS & GIRLS CLUBS OF SAN

BOOKS

19,188, FMV

0

N/A

BOOKS

19,023, FMV

Ö

59-6000597 N/A

ESCAMBIA COUNTY SCHOOL DISTRICT

75 NORTH PACE BOULEVARD

PENSACOLA, FL 32505

Page 1

READING IS FUNDAMENTAL, 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.)

(h) Purpose of grant or assistance TO FOSTER LITERACY TO FOSTER LITERACY

BOOKS

FMV

18,651,

0

46-4432711

SCHOOL DISTRICT - 404 JEFFERSON

STREET - INDIANOLA, MS 38751

JACK ANDERSON ELEMENTARY

SUNFLOWER COUNTY CONSOLIDATED

BOOKS

FMV

17,367.

Ö

62-1772026

TN 37075

HENDERSONVILLE,

250 SHUTE LANE

BOOKS

FMV

17,049,

0

95-6000671

BOOKS

17,008, FMV

0

47-2747735

KIWANIS CLUB OF GREATER MUSIC CITY FOUNDATION - 7020 STONE RUN DRIVE

TN 37211

- NASHVILLE,

JOHN C. FREMONT MAGNET SCHOOL

BAKERSFIELD, CA 93307

607 TEXAS STREEET

COLLEGE HEIGHTS ELEMENTARY

BAKERSFIELD, CA 93305

2551 SUNNY LANE

BOOKS

16,188. FMV

0

83-4319184 501(C)(3)

TO FOSTER LITERACY

BOOKS

15,963. FMV

。

74-2542664 501(C)(3)

2006 GREENBROOK PARKWAY

BOOKSPRING

AUSTIN, TX 78723

932241 04-01-19

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Page 1

| | s (Schedule I (Form 990), Part II.) |
|------------------------|--|
| , INC. | s and Organizations in the United States |
| IS FUNDAMENTAL | d Other Assistance to Governments |
| e I (Form 990) READING | Continuation of Grants and |
| Schedu | Part II |

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------------|-------------------------------|--------------------------|-----------------------------------|---|---|---------------------------------------|
| PAGE AHEAD CHILDREN'S LITERACY PROGRAM - 1130 NW 85TH STREET - SEATTLE, WA 98117 | 91-1600084 | 501(C)(3) | .0 | 15,000. | FMV | BOOKS | TO FOSTER LITERACY |
| SMART (START MAKING A READER TODAY) - 101 SW MARKET STREET - PORTLAND, OR 97201 | 93-1051724 | N/A | .0 | 15,000. | FMV | BOOKS | TO FOSTER LITERACY |
| CHILDRENS MIRACLE NETWORK 205 W. 700 SOUTH SALT LAKE CITY, UT 84101 | 87-0387205 501(C)(3) | 501(¢)(3) | .0 | 14,913. | FMV | BOOKS | TO FOSTER LITERACY |
| HANOVER AREA SCHOOL DISTRICT 1600 SANS SOUCI PARKWAY HANOVER TOWNSHIP, PA 18706 | 23-1738341 | N/A | 0 | 14,817. | FMV | BOOKS | TO FOSTER LITERACY |
| READING SCHOOL DISTRICT 800 WASHINGTON STREET READING, PA 19601 | 23-6004134 501(C)(3) | 501(C)(3) | .0 | 14,217. | FMV | BOOKS | TO FOSTER LITERACY |
| MADISON CREEK ELEMENTARY 1040 MADISON CREEK ROAD GOODLETTSVILLE, TN 37072 | 20-2493341 | N/A | .0 | 14,130. | FMV | BOOKS | TO FOSTER LITERACY |
| BEECH ELEMENTARY 3120 LONG HOLLOW PIKE HENDERSONVILLE, TN 37075 | 20-3522136 | N/A | .0 | 12,326. | FMV | BOOKS | TO FOSTER LITERACY |
| READING IS FUNDAMENTAL PITTSBURGH 10 CHILDREN'S WAY, SUITE 300 PITTSBURGH, PA 15212 | 25-1558336 | 501(C)(3) | .0 | 12,000. | FMV | BOOKS | TO FOSTER LITERACY |
| NORTHVIEW/WESTVIEW ELEMENTARY 725 E NORTH H STREET GAS CITY, IN 46933 | 35-6002529 | N/A | .0 | 11,394. | FMV | BOOKS | TO FOSTER LITERACY |
| | | | | | | | Schedule I (Form 990) |

| (a) Name and address of if applicable cash grant assistan | (a) | (c) IRC section | (d) Amount of cash grant | I せんら | of (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-----------------|--------------------------|---------|--|--|---------------------------------------|
| OAK GROVE ELEMENTARY SCHOOL 9000 TIGER CUB TRIAL BESSEMER, AL 35023 | 63-6000945 | N/A | 0. | 11,079. | FMV | BOOKS | TO FOSTER LITERACY |
| ALLEN COUNTY PRIMARY CENTER 721 NEW GALLATIN ROAD SCOTTSVILLE, KY 42164 | 61-6001355 | N/A | 0. | 10,890. | FMV | BOOKS | TO FOSTER LITERACY |
| FOSTER PARK ELEMENTARY SCHOOL 901 ARTHUR BOULEVARD UNION, SC 29379 | | N/A | 0. | 10,485. | FMV | BOOKS | TO FOSTER LITERACY |
| MCADORY ELEMENTARY SCHOOL 6251 EASTERN VALLEY ROAD MC CALLA, AL 35111 | 63-6000945 | N/A | 0. | 10,464. | FMV | BOOKS | TO FOSTER LITERACY |
| CARRIE DOWNIE ELEMENTARY SCHOOL 1201 DELAWARE STREET NEW CASTLE, DE 19720 | 51-0268095 | N/A | 0. | 9,864. | FMV | BOOKS | TO FOSTER LITERACY |
| NORTH PENN SCHOOL DISTRICT 401 E. HANCOCK STREET LANSDALE, PA 19446 | 23-1670665 | N/A | .0 | 9,840. | FMV | BOOKS | TO FOSTER LITERACY |
| HIGH SPRINGS COMMUNITY SCHOOL 19559 MAIN STREET HIGH SPRINGS, FL 32643 | 59-6000500 | N/A | 0. | 9,624. | FMV | BOOKS | TO FOSTER LITERACY |
| ARTHUR EDWARDS ELEMENTARY 200 EDUCATION LANE HAVELOCK, NC 28532 | 56-1286861 | N/A | 0. | 9,368. | FMV | BOOKS | TO FOSTER LITERACY |
| BETHLEHEM AREA SCHOOL DISTRICT 1516 SYCAMORE STREET BETHLEHEM, PA 18017 | 24-0862592 | N/A | 0 | 9,366. | FMV | BOOKS | TO FOSTER LITERACY |
| | | | | | | | Schedule I (Form 990) |

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 if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------------|-------------------------------|--------------------------|---|---|---|---------------------------------------|
| AAP-CA3 3160 CAMINO DEL RIO S., SUITE 101 SAN DIEGO, CA 92108 | 33-0782521 | N/A | .0 | 9,000, | FMV | BOOKS | TO FOSTER LITERACY |
| BOOK'EM 161 RAINS AVENUE NASHVILLE, TN 37203 | 58-2000621 | 501(C)(3) | .0 | 9,000. | FMV | BOOKS | TO FOSTER LITERACY |
| CLEVELAND KIDS' BOOK BANK 3635 PERKINS AVENUE, SUITE 1E CLEVELAND, OH 44114 | 47-5553602 501(C)(3) | 501(C)(3) | °° | *000'6 | FMV | BOOKS | TO FOSTER LITERACY |
| READING IS FUNDAMENTAL OF SPRINGFIELD MO, INC 309 E. WATER STREET - SPRINGFIELD, MO 65806 | 43-1370828 | 501(C)(3) | .0 | 9,000, | FMV | BOOKS | TO FOSTER LITERACY |
| HEALTHPARTNERS, INC. 8170 33RD AVENUE SOUTH MINNEAPOLIS, MN 55440 | 41-1693838 501(C)(3) | 501(C)(3) | .0 | 9,000, | FMV | BOOKS | TO FOSTER LITERACY |
| BUSHWICK COMMUNITY HIGH SCHOOL 231 PALMETTO STREET BROOKLYN, NY 11221 | | N/A | .0 | 9,000. | FMV | BOOKS | TO FOSTER LITERACY |
| BOOK DRIVE FOR KIDS 1301 WATERS RIDGE LEWISVILLE, TX 75057 | 75-2822224 | 501(C)(3) | 0. | 8,910. | FMV | BOOKS | TO FOSTER LITERACY |
| EASTBROOK SOUTH ELEMENTARY 694 S SECOND STREET UPLAND, IN 46989 | | N/A | 0. | 8,862. | FMV | BOOKS | TO FOSTER LITERACY |
| KENDALL ELEMENTARY SCHOOL 2009 W KEM ROAD MARION, IN 46952 | | N/A | 0 | 8,594. | FMV | BOOKS | TO FOSTER LITERACY |
| | | | | | | | Schedule I (Form 990) |

| | s (Schedule I (Form 990), Part II.) |
|------------------------|--|
| , INC. | s and Organizations in the United States |
| IS FUNDAMENTAL | d Other Assistance to Governments |
| e I (Form 990) READING | Continuation of Grants and |
| Schedu | Part II |

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------------|----------------------------------|--------------------------|-----------------------------------|--|---|---------------------------------------|
| PLAINVIEW PRIMARY/INTERMEDIATE ELEMENTARY - 1140 S PLAINVIEW ROAD - ARDMORE, OK 73401 | 73-1054849 | N/A | .0 | 8,367. | FMV | BOOKS | TO FOSTER LITERACY |
| HAZLETON AREA SCHOOL DISTRICT 275 MILL STREET HAZLETON, PA 18201 | 23-1667968 | N/A | 0 | 7,971. | FMV | BOOKS | TO FOSTER LITERACY |
| JAMES L. MASTERS ELEMENTARY 2650 WOODLAKE PARKWAY CONVERSE, TX 78109 | 74-1556846 | N/A | .0 | 7,941. | FMV | BOOKS | TO FOSTER LITERACY |
| BUSH ELEMENTARY SCHOOL 908 WOOD STREET FULTON, MO 65251 | | N/A | 0. | 7,821. | FMV | BOOKS | TO FOSTER LITERACY |
| JOSEPH HOPKINS ELEMENTARY SCHOOL 2440 ACKERMAN ROAD SAN ANTONIO, TX 78219 | 74-1556846 N/A | N/A | .0 | 7,524. | FMV | BOOKS | TO FOSTER LITERACY |
| GOODLETTSVILLE ELEMENTARY 514 DONALD STREET GOODLETTSVILLE, TN 37072 | | N/A | .0 | 7,506. | FMV | BOOKS | TO FOSTER LITERACY |
| BOYS & GIRLS CLUB OF WEST SAN GABRIEL VALLEY - 328 S RAMONA AVENUE - MONTEREY PARK, CA 91754 | 95-2782501 501(C)(3) | 501(C)(3) | 0. | 7,200. | FMV | BOOKS | TO FOSTER LITERACY |
| BOYS & GIRLS CLUBS OF SARASOTA COUNTY - 3100 FRUITVILLE ROAD - SARASOTA, FL 34237 | 59-6211876 501(C)(3) | 501(C)(3) | .0 | 7,200. | FMV | BOOKS | TO FOSTER LITERACY |
| DOGWOOD ELEMENTARY SCHOOL LIBRARY 12300 GALDE DRIVE RESTON, VA 20191 | 54-1679024 501(C)(3) | 501(C)(3) | 0 | 7,179. | FMV | BOOKS | TO FOSTER LITERACY |
| | | | | | | | Schedule I (Form 990) |

| | s (Schedule I (Form 990), Part II.) |
|------------------------|--|
| , INC. | s and Organizations in the United States |
| IS FUNDAMENTAL | d Other Assistance to Governments |
| e I (Form 990) READING | Continuation of Grants and |
| Schedu | Part II |

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---------------------------------------|
| ALLEN COUNTY INTERMEDIATE CENTER 720 OLIVER STREET SCOTTSVILLE, KY 42164 | 61-6001355 | N/A | 0 | ,666,9 | FWV | BOOKS | TO FOSTER LITERACY |
| GOVERNOR MIFFLIN SCHOOL DISTRICT 10 S WAVERLY STREET SHILLINGTON, PA 19607 | 23-1671237 | N/A | 0 | 6,798. | FMV | BOOKS | TO FOSTER LITERACY |
| SOUTH BOSTON ELEMENTARY SCHOOL 2320 PARKER AVENUE SOUTH BOSTON, VA 24592 | 54-6001335 | N/A | 0 | 6,684. | FMV | BOOKS | TO FOSTER LITERACY |
| BERWICK AREA SCHOOL DISTRICT 1401 N. MARKET STREET BERWICK, PA 18603 | | N/A | 0 | 6,557.0 | FMV | BOOKS | TO FOSTER LITERACY |
| JEFFERSON ELEMENTARY SCHOOL 1831 MT. ZION AVENUE JANESVILLE, WI 53545 | | N/A | 0 | 6,387. | FMV | BOOKS | TO FOSTER LITERACY |
| EASTON AREA SCHOOL DISTRICT RIF 1801 BUSHKILL DRIVE EASTON, PA 18040 | 23-1726731 | N/A | .0 | 6,375.1 | FMV | BOOKS | TO FOSTER LITERACY |
| STARK ELEMENTARY SCHOOL 209 STARK ROAD JACKSON, GA 30233 | | N/A | .0 | 6,327.1 | FMV | BOOKS | TO FOSTER LITERACY |
| HARRISON ELEMENTARY SCHOOL 760 PRINCETON ROAD JANESVILLE, WI 53546 | 83-1477982 | N/A | .0 | 6,216. | FMV | BOOKS | TO FOSTER LITERACY |
| WILKES BARRE AREA SCHOOL DISTRICT 730 S. MAIN STREET WILKES BARRE, PA 18702 | 23-1744259 | N/A | .0 | 6,039. | FMV | BOOKS | TO FOSTER LITERACY |
| | | | | | | | Schedule I (Form 990) |

| | s (Schedule I (Form 990), Part II.) |
|------------------------|--|
| , INC. | s and Organizations in the United States |
| IS FUNDAMENTAL | d Other Assistance to Governments |
| e I (Form 990) READING | Continuation of Grants and |
| Schedu | Part II |

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|----------------------------------|--------------------------|-----------------------------------|---|--|---------------------------------------|
| ADAMS ELEMENTARY SCHOOL 1138 EAST MEMORIAL JANESVILLE, WI 53545 | | N/A | .0 | 5,991. | FMV | BOOKS | TO FOSTER LITERACY |
| CLUSTER SPRINGS PTO 7091 HUELL MATTHEWS HIGHWAY ALTON, VA 24520 | 51-0155758 | 501(C)(3) | .0 | 5,742. | FMV | BOOKS | TO FOSTER LITERACY |
| LINCOLN ELEMENTARY SCHOOL 1821 CONDE STREET JANESVILLE, WI 53546 | | N/A | .0 | 5,574. | FMV | BOOKS | TO FOSTER LITERACY |
| JACKSON ELEMENTARY SCHOOL (BUTTS COUNTY SCHOOL DISTRICT) - 1105 BROWNLEE ROAD - JACKSON, GA 30233 | | N/A | .0 | 5,367. | FMV | BOOKS | TO FOSTER LITERACY |
| HAMPTON L. DAUGHTRY ELEMENTARY 150 SHILOH ROAD JACKSON, GA 30233 | | N/A | .0 | 5,238. | FMV | BOOKS | TO FOSTER LITERACY |
| JEFFERSON ELEMENTARY SCHOOL P.O. BOX 1709 ARDMORE, OK 73402 | | N/A | .0 | 5,070.1 | FMV | BOOKS | TO FOSTER LITERACY |
| CAPITAL AREA COMMUNITY SERVICES 101 E. WILLOW STREET LANSING, MI 48906 | 38-1791181 | 501(C)(3) | .0 | 5,001.1 | FMV | BOOKS | TO FOSTER LITERACY |
| PASADENA AREA READING IS FUN-DAMENTAL CORPORATION - P.O. BOX 5837 - PASADENA, CA 91107 | 51-0181437 | 501(C)(3) | .0 | 5,001. | FMV | BOOKS | TO FOSTER LITERACY |
| READING IS FUNDAMENTAL OF NORTHERN VIRGINIA - 1834 SATINWOOD COURT - VIENNA, VA 22182 | 51-0155758 | 501(C)(3) | 0. | 5,001. | 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.) READING IS FUNDAMENTAL, INC.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|----------------------------------|--------------------------|-----------------------------------|--|---|--|
| TOMPKINS COMMUNITY ACTION 701 SPENCER ROAD ITHACA, NY 14850 | 16-0910547 | 501(C)(3) | .0 | 5,001. | FMV | BOOKS | TO FOSTER LITERACY |
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| | | | | | | | Schedule I (Form 990) |



52-0976257

Schedule I (Form 990) (2019) READING IS FUNDAMENTAL, INC.

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- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---|--------------------------|--------------------------|---------------------------------------|---|---------------------------------------|
| | | | | | |
| | | | | | |
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| | | | | | |
| Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. | quired in Part I, line | 2; Part III, column | (b); and any other ad | ditional information. | |
| PART I, LINE 2: | | | | | |
| THERE IS NO NEED TO MONITOR THE USE | OF | FUNDS AS ALL FUNDS | UNDS ARE IN | N RIF'S | |
| CONTROL AND CAN ONLY BE USED TO PUI | PURCHASE AP | PROVED TIT | APPROVED TITLES MADE AVAILABLE | VAILABLE TO | |
| PROGRAMS THROUGH A WEB-BASED PORTAL. | BOOKS | AVAILABLE | FOR PURCHASE ARE | SE ARE | |
| LIMITED TO A LIST OF TITLES SCREENED | AND | APPROVED BY | AN ACADEMIC ADVISORY | C ADVISORY | |
| PANEL WITH EXPERTISE IN LITERACY E | EDUCATION. | | | | |
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SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

INC.

2019

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

READING IS FUNDAMENTAL,

Questions Regarding Compensation

Employer identification number 52-0976257

| | | | 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 Housing allowance or residence for personal use | | | |
| | Travel for companions Payments for business use of personal residence | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account Personal services (such as maid, chauffeur, chef) | | | |
| h | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or | | | |
| D | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, | 10 | | |
| _ | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | | |
| | trustees, and officers, frictioning the OLO/Executive Director, regarding the items checked of line 1a: | | | |
| 3 | Indicate which, if any, of the following the organization used to establish the compensation of the organization's | | | |
| | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to | | | |
| | establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| | X Compensation committee Written employment contract | | | |
| | X Independent compensation consultant X Compensation survey or study | | | |
| | Form 990 of other organizations X Approval by the board or compensation committee | | | |
| | | | | |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | |
| | organization or a related organization: | | | |
| а | Receive a severance payment or change-of-control payment? | 4a | | Х |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | | Х |
| С | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | X |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the revenues of: | | | |
| а | The organization? | 5a | | Х |
| | | 5b | | Х |
| - | If "Yes" on line 5a or 5b, describe in Part III. | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the net earnings of: | | | |
| а | The organization? | 6a | | Х |
| b | Any related organization? | 6b | | Х |
| | If "Yes" on line 6a or 6b, describe in Part III. | | | |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | | | |
| | not described on lines 5 and 6? If "Yes," describe in Part III | 7 | | Х |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | | |
| | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | | Х |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | | | |
| | Regulations section 53.4958-6(c)? | 9 | | |

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

Schedule J (Form 990) 2019

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

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must 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 V | (B) Breakdown of W-2 and/or 1099-MISC compensation | SC compensation | (C) Retirement and | 9 <u>e</u> | (E) Total of columns | E) |
|-----------------------------------|------------|--------------------------|--|---|--------------------------------|------------|----------------------|--|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | otner deferred compensation | Denemits | (a)-(i)(a) | in column (5) reported as deferred on prior Form 990 |
| (1) ALICIA LEVI | (i) | 267,620. | 0 | 0 | 13,316. | 4,365. | 285,301. | 0 |
| PRESIDENT AND CEO | (ii) | 0. | 0. | • 0 | • 0 | 0. | • 0 | • 0 |
| (2) EDWARD DE LEON, CHIEF PROGRAM | (i) | 168,413. | 0. | 1,300. | 8 | 1,899. | 180,033. | • 0 |
| & CONTENT OFFICER - UNTIL 02/2020 | (ii) | • 0 | 0 • | • 0 | | | • 0 | • 0 |
| (3) BETH L. MEYER, FORMER | Ξ | 151,655. | | 500. | , 7 | 7,401. | 167,139. | 0 |
| KEY EMPLOYEE - UNTIL 09/2019 | ≘ | • 0 | 0 | • 0 | | | • 0 | • 0 |
| ENT, | Ξ | 136,198. | | .059 | 9 | 17,899. | 161,557. | 0 |
| STRATEGIC INITIATIVES | (ii) | 0. | 0. | • 0 | 0 | 0. | • 0 | • 0 |
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Schedule J (Form 990) 2019

Part III Supplemental Information

| on. | |
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| ona l informat | |
| or any additic | |
| te this part fo | |
| Also comple | |
| nd for Part II. | |
| o, 7, and 8, ar | |
| 5a, 5b, 6a, 6k | |
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| nes 1a, 1b, 3 | |
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| n, or descrip | |
| 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. | |
| ne informatio | |
| Provide th | |

Schedule J (Form 990) 2019

47

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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.

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

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

| Pai | rt I Types of Property | | | | | | | | |
|-----|---|-------------------------------|---|---|--|-----|----|--|--|
| | | (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 deter noncash contribution | | s | | |
| 1 | Art - Works of art | | | | | | | | |
| 2 | Art - Historical treasures | | | | | | | | |
| 3 | Art - Fractional interests | | | | | | | | |
| 4 | Books and publications | X | | 266,649. | FMV | | | | |
| 5 | Clothing and household goods | | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | | |
| 7 | Boats and planes | | | | | | | | |
| 8 | Intellectual property | | | | | | | | |
| 9 | Securities - Publicly traded | X | 3 | 6,789. | FMV | | | | |
| 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 | Other () | | | | | | | | |
| 27 | Other () | | | | | | | | |
| 28 | Other (| | | | | | | | |
| 29 | Number of Forms 8283 received by the organization | ation during | the tax vear for co | ontributions | | | | | |
| | for which the organization completed Form 828 | - | | | | | | | |
| | 5 | , , | • | | | Yes | No | | |
| 30a | During the year, did the organization receive by | contributio | n anv property rep | orted in Part I. lines 1 throug | n 28, that it | | | | |
| | must hold for at least three years from the date | | | | | | | | |
| | exempt purposes for the entire holding period? | | | ' | | 0a | Х | | |
| b | , , , | | | | | 3.0 | | | |
| 31 | | olicv that re | auires the review o | of any nonstandard contribut | tions? | 31 | Х | | |
| | Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash | | | | | | | | |
| | contributions? | | _ | • | 3 | 2a | х | | |
| | • | . L | | . fan latala a a la a de la | 11 | | | | |
| 33 | If the organization didn't report an amount in co | umn (c) foi | a type of property | ror which column (a) is che | скеа, | | | | |
| | describe in Part II. | | | | | | | | |

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

Schedule M (Form 990) 2019

Schedule M (Form 990) 2019

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SCHEDULE O

(Form 990 or 990-EZ)

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

Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

> READING IS FUNDAMENTAL, INC.

Employer identification number 52-0976257

 ${ t PART}$ III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FUNDAMENTALS FOR SUCCESS. RIF CREATES INNOVATIVE LITERACY SOLUTIONS THAT ADDRESS KEY LITERACY ISSUES AND SUPPORTS THE IMPLEMENTATION OF THESE PROGRAMS TO ENSURE THAT CHILDREN HAVE THE OPPORTUNITY TO READ AND THROUGH RIF'S EBOOK PLATFORM AND ARRANGEMENTS WITH BOOK SUCCEED. PUBLISHERS AND DISTRIBUTORS, RIF MAXIMIZES THE IMPACT OF EVERY DOLLAR HELPING CHILDREN ACHIEVE THEIR FULL POTENTIAL THROUGH THE AND DONATION, LIFE-CHANGING POWER OF LITERACY. RIF PROVIDES BOOKS AND LITERACY RESOURCES TO REACH CHILDREN IN NEED WHERE THEY ARE WITH THE HELP OF THOUSANDS OF VOLUNTEERS AND LOCAL PROGRAMS THROUGHOUT THE COUNTRY.

PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: WHICH OCCUR THROUGHOUT THE YEAR, DISTRIBUTIONS, ALSO INCLUDE PARENT AND COMMUNITY ENGAGEMENT AND PROVIDE AN OPPORTUNITY FOR THE EMPLOYEES OF CORPORATE FUNDERS TO ACTIVELY PARTICIPATE. FOCUSING ON ACCESS AND CHOICE, STUDENTS IN COMMUNITIES THROUGHOUT THE COUNTRY PARTICIPATE IN A BOOKS FOR OWNERSHIP PROGRAM SELECTING NEW, AGE-APPROPRIATE BOOKS TO TAKE HOME AND OWN. THE PROGRAM'S INTEGRATED APPROACH TO LITERACY PROVIDES SUPPORTING RESOURCES TO TEACHERS AND INSPIRES CHILDREN TO LEARN THROUGH TWO ANNUAL EVENTS FOCUSED ON BOOK DISTRIBUTION AND THESE BOOKS ARE FURTHER SUPPORTED THROUGH DIGITAL RESOURCES ON RIF'S LITERACY CENTRAL.

RIF CONTINUES TO OFFER ITS READ FOR SUCCESS PROGRAM, AN INNOVATIVE READING INTERVENTION ADDRESSING THE LITERACY BACKSLIDE THAT

TRADITIONALLY HAPPENS DURING THE SUMMER MONTHS. READ FOR SUCCESS IS

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization

Employer identification number

52-0976257 READING IS FUNDAMENTAL, INC. CENTERED AROUND MOTIVATING CHILDREN TO READ BY PROVIDING ACCESS TO HIGH-QUALITY CLASSROOM BOOK COLLECTIONS, SUMMER BOOKS FOR STUDENTS TO CHOOSE AND OWN, ENRICHING STEAM-THEMED CLASSROOM ACTIVITIES, PROFESSIONAL DEVELOPMENT FOR TEACHERS, AND PARENT ENGAGEMENT RESOURCES. TESTED OVER TWO YEARS AMONG 33,000 STUDENTS FROM 16 STATES, RIF'S READ FOR SUCCESS PROGRAM HELPED REVERSE THE TREND OF SUMMER LEARNING LOSS FOR MORE THAN HALF THE PARTICIPATING STUDENTS. IN ADDITION, 57% OF THE STUDENTS SAW GAINS IN READING PROFICIENCY WHEN TESTED FROM SPRING TO FALL. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: PROGRAMS AND VOLUNTEERS ACROSS THE COUNTRY AND, MOST IMPORTANTLY, REACH MORE CHILDREN WITH LIFE-CHANGING LITERACY SUPPORT. THIS IS THE DESTINATION FOR ALL OF THE RESOURCES AND SUPPORT NEEDED TO BE AN EFFECTIVE LOCAL LITERACY CHAMPION WHETHER AN INDIVIDUAL WHO WANTS TO VOLUNTEER, ONE OF RIF'S COMMUNITY PARTNERS, A SCHOOL THAT WANTS TO IMPLEMENT A RIF PROGRAM, OR ONE OF OUR LOCAL RIF ORGANIZATIONS. THE LITERACY APP IS A FREE RESOURCE THAT ALLOWS USERS TO SCAN AN ISBN

BAR CODE OF A SPECIFIC BOOK AND LAUNCH THE LITERACY CENTRAL WEBPAGE

DEDICATED TO ACTIVITIES, GAMES, AND HELPFUL TIPS SPECIFIC TO THE BOOK.

CHILDREN ARE MOTIVATED TO STAY ENGAGED WITH READING THROUGH COUNTLESS

ADVENTURES THAT START WITH JUST ONE BOOK. PARENTS AND EDUCATORS HAVE AN

EASY, TRUSTED TOOL DESIGNED TO CREATE A CULTURE OF LITERACY FOR LASTING

IMPACT.

SKYBRARY IS A SUBSCRIPTION-BASED INTERACTIVE, DIGITAL LIBRARY OF MORE

THAN 900 HIGH-QUALITY EBOOKS AND VIDEO EXPLORATION FIELD TRIPS THAT

Employer identification number Name of the organization 52-0976257 READING IS FUNDAMENTAL, INC. ENGAGE READERS AND HELP FOSTER A LIFELONG LOVE OF LEARNING. THIS ONLINE RESOURCE ALLOWS CHILDREN TO EXPLORE THEMATIC COLLECTIONS OF BOOKS THAT INCLUDE AUDIO, ALONG WITH ADDITIONAL GAMES, VIDEOS, AND OTHER ACTIVITIES THAT SUPPORT THE BOOK. SKYBRARY SCHOOL FEATURES A CAREFULLY CURATED LIBRARY OF DIGITAL BOOKS ALONG WITH ADDED FEATURES JUST FOR EDUCATORS. TEACHERS CAN ACCESS LESSON PLANS AND TEACHING GUIDES INSPIRED BY THE BOOKS AND VIDEOS IN THE LIBRARY FOR EXTENDED LEARNING AS WELL AS TRACK AND MANAGE STUDENTS' USAGE OF THE BOOKS AND VIDEOS. FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: RIF CONDUCTS LITERACY TRAINING FOR EARLY CHILDHOOD EDUCATORS. THIS TRAINING IS DESIGNED TO SUPPORT CHILDREN'S EMERGING LANGUAGE AND LITERACY SKILLS WHILE INCLUDING 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. RIF HOSTS OTHER LITERACY EVENTS WHICH PROMOTE LITERACY AND INFORM OTHERS ABOUT ITS MISSION. RIF ENGAGES 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 11B:

Schedule O (Form 990 or 990-EZ) (2019)

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

Name of the organization READING IS FUNDAMENTAL, INC. Employer identification number 52-0976257

IS FILED WITH THE INTERNAL REVENUE SERVICE (IRS).

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

RIF'S CONFLICT OF INTEREST POLICY ("POLICY") APPLIES TO BOARD MEMBERS,

OFFICERS AND RIF SENIOR MANAGERS (COLLECTIVELY "RIF INSIDERS"). THE POLICY

REQUIRES THAT A RIF INSIDER DISCLOSE ANY POTENTIAL CONFLICT TO THE BOARD OF

DIRECTORS OR A DESIGNATED COMMITTEE OF THE BOARD. VIOLATIONS OF THE POLICY

WILL RESULT IN APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION, UP TO AND

INCLUDING DISMISSAL.

RIF INSIDERS ARE REQUIRED TO ANNUALLY SIGN A STATEMENT 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 TO THE BOARD OF DIRECTORS ITS EVALUATION. THE EXECUTIVE COMMITTEE
THEN SHARES ITS EVALUATION WITH THE PRESIDENT AND CEO.

| Schedule O (Form 990 or 990-EZ) (201 | 19) | Page 2 |
|--------------------------------------|---|---|
| Name of the organization READI | ING IS FUNDAMENTAL, INC. | Employer identification number 52-0976257 |
| | | |
| THE EXECUTIVE COMMI | TTEE THEN CONSULTS COMPARABILITY SURVE | YS TO DETERMINE |
| THE PRESIDENT AND C | EO'S COMPENSATION FOR THE NEXT YEAR. | |
| FORM 990 DART VI | LINE 17, LIST OF STATES RECEIVING COPY | OF FORM 990. |
| | E,FL,GA,HI,IA,ID,IL,IN,KS,KY,LA,MA,MD,I | |
| NC, ND, NE, NH, NJ, NM, N | Y,OH,OK,OR,PA,RI,SC,SD,TN,TX,UT,VA,VT, | WA,WI,WV,WY |
| FORM 990, PART VI, | SECTION C, LINE 19: | |
| RIF SUBMITS ITS AUD | ITED FINANCIAL STATEMENTS, FEDERAL FOR | M 990 AND IRS |
| LETTER OF DETERMINA | TION (OF RIF'S TAX EXEMPT STATUS) TO G | UIDESTAR FOR |
| PUBLICATION ON THAT | SERVICE. RIF ALSO PUBLISHES AUDITED F | INANCIAL |
| STATEMENTS AND FEDE | RAL FORM 990 ON ITS OWN WEBSITE. TO DAY | TE, RIF HAS NOT |
| PUBLISHED ITS CONFL | ICT OF INTEREST POLICY FOR ACCESS BY T | HE GENERAL PUBLIC. |
| ALL DOCUMENTS, INCL | UDING OUR GOVERNING DOCUMENTS AND THE | FEDERAL FORM 1023 |
| IS ALSO AVAILABLE U | PON REQUEST. | |
| FORM 990, PART IX, | LINE 11G, OTHER FEES: | |
| OTHER PROFESSIONAL | FEES: | |
| PROGRAM SERVICE EXP | ENSES | 306,261. |
| MANAGEMENT AND GENE | RAL EXPENSES | 50,557. |
| FUNDRAISING EXPENSE | S | 73,791. |
| TOTAL EXPENSES | | 430,609. |
| CONSULTING AND CONT | RACT SERVICES: | |
| PROGRAM SERVICE EXP | ENSES | 578,742. |
| MANAGEMENT AND GENE | RAL EXPENSES | 44,951. |
| FUNDRAISING EXPENSE | S | 0. |
| 932212 09-06-19 | Sche 5.4 | edule O (Form 990 or 990-EZ) (2019) |

| Name of th | ne organizati | on RE | ADII | NG IS | FUND. | AMENT. | AL, | INC. | | | | Employer identification numbe 52-0976257 |
|------------|---------------|-----------------|------|-------|-------|--------|-----|------|------|-----|---|--|
| TOTAL | EXPEN | SES | | | | | | | | | | 623,693. |
| TOTAL | OTHER | FEES | ON | FORM | 990, | PART | IX, | LINE | 11G, | COL | A | 1,054,302. |
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