Department of the Treasury

Internat 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)

OMB No. 1545-0047

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

and ending JUN 30, 2018 For the 2017 calendar year, or tax year beginning JUL 1, 2017 C Name of organization D Employer identification number READING CONNECTIONS, INC. Name 56-1726754 Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) E Telephone number]Final retum/ 122 N. ELM STREET, SUITE 920 336-230-2223 termin-ated 796,400. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amende return 27401 GREENSBORO, NC H(a) Is this a group return F Name and address of principal officer: JENNIFER B. Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) If "No," attach a list. (see instructions) 4947(a)(1) or Website: ► WWW.READINGCONNECTIONS.ORG H(c) Group exemption number K Form of organization: X Corporation Trust L Year of formation: 1991 M State of legal domicile; NC Part I Summary Briefly describe the organization's mission or most significant activities; READING CONNECTIONS TRANSFORMS Activities & Governance OUR COMMUNITY BY IMPROVING LITERACY AND PROMOTING EDUCATIONAL EQUITY Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 16 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 16 28 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 337 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 Ö. b Net unrelated business taxable income from Form 990-T, line 34 Current Year 775,255. 708,169 Contributions and grants (Part VIII, line 1h) 14,526. Program service revenue (Part VIII, line 2g) 2.496. 3,163. Investment income (Part VIII, column (A), lines 3, 4, and 7d) -10,247.-15,470. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 777,474. 700,418Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 444,398 505,161. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 34,050. b Total fundraising expenses (Part IX, column (D), line 25) 172,488. 179,963. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 616,886. 719,174. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 83,532. 58,300. Revenue less expenses, Subtract line 18 from line 12 Assets or Balances **Beginning of Current Year End of Year** 584,891. 649,111. 20 Total assets (Part X, line 16) 12,622. 13,592 21 Total liabilities (Part X, line 26) 571,299. 636,489. Net assets or fund balances. Subtract line 21 from line 20. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete-Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge ruchton Signature of officer Sign RUDOLPH CLARK, JR., VICE CHAIR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature Check 10/17/18 il self-employed JOHN M. ROBINSON ₽01281319 Paid JOHN M. ROBINSON Firm's name BERNARD ROBINSON & COMPANY, Preparer 56-0571159 Firm's EIN 🛌 Firm's address PO BOX 19608 **Use Only** Phone no. 336-294-4494 GREENSBORO, NC 27419-9608 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

	m 990 (2017) READING CONNECTIONS, INC.	56-172675 4	Page 2
Pa	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission: READING CONNECTIONS TRANSFORMS OUR COMMUNITY BY IMPROPORTING EDUCATIONAL EQUITY FOR PEOPLE OF ALL AGES, TO NAVIGATE CHANGES IN AN INCREASINGLY COMPLEX WORLD.	OVING LITERACY A	
	TO MAY TOATE CHANGED IN AN INCREASINGUL COMPLEX WORLD.		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?		X No
	If "Yes," describe these new services on Schedule O.	Margar Park Commission Co.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program serving "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service	s, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	others, the total expenses, ar	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 564,894 · including grants of \$) (Revenue \$ 17,1	.08.)
	READING CONNECTIONS, INC. PROVIDES FREE ADULT LITERAC	Y SERVICES AND	•
	WORKS TO INCREASE COMMUNITY AWARENESS OF ADULT LITERA		
	SERVICES ARE PROVIDED THROUGH ONE-ON-ONE VOLUNTEER TU	TORING AND ON-S	ITE
	STAFF/VOLUNTEER INSTRUCTION TO STUDENTS WORKING ON BA		
		MEMBERS PROVIDE	
	VOLUNTEER TUTORS WITH AN IN-DEPTH PROGRAM ORIENTATION		
	SUPPORT.	, INAINING, AND	
	DOFFORI •	-	
		No. 1950-1950-1950	
4b	(Code:) (Expenses \$) (Including grants of \$)	Revenue \$)
		<u> </u>	
4c	(Code:) (Expenses \$ including grants of \$) (F	Revenue \$)
		<u> </u>	
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 564,894.		
		Corm 99	0 (0017)

732002 11-28-17

Form 990 (2017) READING CONN
Part IV | Checklist of Required Schedules READING CONNECTIONS, INC.

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1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
	If "Yes," complete Schedule A	1	Х	
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		x
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			х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		X
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	7		X
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8	-	
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
С	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		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 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 Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
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
	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	144		
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b	\dashv	X
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15_		X
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		х
			990 (2043

READING CONNECTIONS, INC. Form 990 (2017) READING CONNECTION
Part IV Checklist of Required Schedules (continued)

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20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No X
	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			\vdash
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
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		Z
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		2
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		\vdash
	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			_
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
Ь	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		2
:6	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			_
-	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? # "Yes,"			
	complete Schedule L, Part II	26		2
7	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		_
•	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		2
8	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21	200	GZ.
~	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		_
Ŭ	diseases to the end of disease as a disease as a disease as a disease as a disease of the disease as a disease a disease as a disease a disease as a disease a d	28c		X
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25	-	
•	contributions? If "Ves." complete Schedule M.	30		X
11	Did the organization liquidate, terminate, or dissolve and cease operations?	30		-41
•				X
2	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?// "Yes," complete	31		-21
-			- 1	X
3	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
3	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	20		X
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		- 41
*		ایرا		X
5 2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34	$\overline{}$	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a	-	
В		[[- 1	
6	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
J	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
7	If "Yes," complete Schedule R, Part V, line 2	36		X
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
0	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	_		
	Note. All Form 990 filers are required to complete Schedule O	38	X	201

Form 990 (2017) READING CONNECTIONS, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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	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 1a 7			
	Enter the number of Forms W-2G included in line 1a, Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning			
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		frank'i	
	filed for the calendar year ending with or within the year covered by this return 2a 28			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	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	STORTER .	х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	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		Х
b	If "Yes," enter the name of the foreign country:		É	
_	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	100000	х
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	- 50		
	and the Alama Mank and a state of the state	6a		х
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	ua		
	Patellita shake and the same	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OU	111/1/11	
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		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	70		
	to file Form 8282?	7c		х
ď	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		
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
q	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?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/!!	onta	
	sponsoring organization have excess business holdings at any time during the year?	8	E PARTY	
9	Sponsoring organizations maintaining donor advised funds.	0	III E E E	
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:		hitthsti	ktiitoli
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	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	128	0011151	Part (
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a	per la	
а	Note. See the instructions for additional information the organization must report on Schedule O.	lod	1000	
ь	Enter the amount of reserves the organization is required to maintain by the states in which the			
D	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand 13c			
142	Did the organization receive any payments for indoor tanning services during the tax year?	14a	paparament.	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		
			990 /	2017)

Form 990 (2017) READING CONNECTIONS, INC. 56-1726754 Page
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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year 16 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 16 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? X 5 Did the organization have members or stockholders? X 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? X 14 Did the process for determining compensation of the following persons include a review and approvat by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a b Other officers or key employees of the organization X 15b 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 arrangement with a X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶NC Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection, Indicate how you made these available. Check all that apply X Upon request Another's website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: JENNIFER B. GORE - 336-230-2223 ELM STREET, SUITE 920, GREENSBORO, NC 122 N. 27401

732008 11-28-17 Form **990** (2017)

Form 990 (2017)		CONNECTIONS,		56-1726754	Page 7
Part VII Compensa	tion of Officers,	Directors, Trustees	, Key Employees,	Highest Compensated	
Employees	s, and Independe	ent 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.

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

(A)	(B)	l	31 1122			upe	1154	(D)	(E)	(F)
Name and Title	Average	(C) Position (do not check more than one						Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rsoni	is bot	h an	compensation	compensation	amount of
	week	-	cer an	id a d	irecto	or/trus	itee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	or d	3					organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	rusle	ıl trus		昱			(***2/1035************************************		and related
	below	iduali	institutional trustee	<u> </u>	Key employee	estco	<u>_</u>			organizations
	line)	Indiv	instit	Officer	Key e	Highest compensated employee	Former			
(1) LAWRENCE EISENBERG	1.00									
PRESIDENT		X		X				0.	0.	0.
(2) SHANE LUKAS	1.00									
PRESIDENT ELECT		X		X				0.	0.	0.
(3) KEM ELLIS	1.00									
SECRETARY		X		X				0.	0.	0.
(4) RUDOLPH CLARK, JR.	1.00									
TREASURER		X		X				0.	0.	0.
(5) DANA ADAMS	0.50									
BOARD MEMBER		X						0.	0.	0.
(6) PAULA BARGER	0.50									
BOARD MEMBER		X						0.	0.	0.
(7) CLYDE BROWN	0.50									
BOARD MEMBER		X						0.	0.	0.
(8) MARY JO CAGLE	0.50							_		
BOARD MEMBER		X					_	0.	0.	0.
(9) JOSE ESTADA	0.50							_	_	_
BOARD MEMBER		X						0.	0.	0.
(10) SUSAN HARMAN	0.50							_	_	_
BOARD MEMBER		Х				Ш		0.	0.	0.
(11) CAMILLE HESTER	0.50								_	
BOARD MEMBER		X	Щ					0.	0.	0.
(12) ASTRID MESA	0.50								_	_
BOARD MEMBER		X				Ш		0.	0.	0.
(13) ANNE MURR	0.50								_	
BOARD MEMBER		X				Ш		0.	0.	0.
(14) WASIF QURESHI	0.50							ا ا		
BOARD MEMBER		X				Ш		0.	0.	0.
(15) JULIE RENDLE	0.50							ا ا		
BOARD MEMBER	2 5 2	X						0.	0.	0.
(16) MIKE RICHEY	0.50	<u></u>						_		
BOARD MEMBER	0.50	X		_				0.	0.	0.
(17) ANGELA WAITERS	0.50	_								
BOARD MEMBER		Х						0.	0.	0.

732007 11-28-17

Form 990 (2017)

\$100,000 of compensation from the organization

Form 990 (2017) READING CONNECTIONS, INC.

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections
512 - 514 Related or Total revenue Unrelated exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 98,041 b Membership dues c Fundraising events 124,422 d Related organizations 266,641. e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 286,151 g Noncash contributions included in lines 1a-1f; \$ 11,615 h Total. Add lines 1a-1f 775,255. Business Code 2 a WORKFORCE DEVELOPMENT 7,749 900099 7,749 PARENT TRAINING 900099 6,777. 6,777. f All other program service revenue g Total. Add lines 2a-2f 14,526. Investment income (including dividends, interest, and other similar amounts) 3,163. 3,163. Income from investment of tax-exempt bond proceeds (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ 124,422. of contributions reported on line 1c). See Part IV, line 18 a 874 b Less: direct expenses _____ b 18,926. c Net income or (loss) from fundraising events -18,052 -18,052.9 a Gross income from garning activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from garning activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** PARKING REIMBURSEMENT 812930 2,021. 2,021. ь MISCELLANEOUS INCOME 900099 561. 561. d All other revenue e Total. Add lines 11a-11d 2,582. Total revenue. See instructions. 777,474. 17,108. -14,889.

732009 11-28-17

Part VIII

56-1726754

Page 9

Form 990 (2017)

READING CONNECTIONS, INC.

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Part IX	Statement of	Functional	Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must co	omplete column (A),	
	Check if Schedule O contains a respon	se or note to any line in	this Part IX		4.750.00000000000
	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				expenses
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	88,234.	75,711.	7,067.	5,456.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	380,943.	326,876.	30,509.	23,558.
8	Pension plan accruals and contributions (include	l			
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	35,984.	30,877.	2,882.	2,225.
11	Fees for services (non-employees):				
а	Management				
b	***************************************				
C	Accounting	8,000.		8,000.	
d					
e		34,050.			34,050.
f	Investment management fees	1,617.		1,617.	
9	1,000				
	column (A) amount, list line 11g expenses on Sch O.)	34,094.	21,802.	344.	11,948.
12	Advertising and promotion	22,159.	8,656.	5,200.	11,948. 8,303.
13	Office expenses	13,077.	11,790.	814.	473.
14	Information technology				
15	Royalties				
16	Occupancy	47,611.	43,619.	3,628.	364.
17	Travel	8,280.	7,344.	542.	394.
18	Payments of travel or entertainment expenses		İ		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,565.	5,204.	351.	10.
20	Interest				
21	Payments to affiliates	2 4 6 4			
22	Depreciation, depletion, and amortization	3,151.	2,879.	272.	
23	Insurance Other expanses therein supposes the state of th	5,949.	3,797.	1,868.	284.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM SUPPLIES	25,298.	25,298.		
b	EVENT EXPENSES	2,094.	,===		2,094.
С	SERVICE CHARGES	1,261.		590.	671.
d	MISCELLANEOUS	1,094.	648.	440.	6.
е	All other expenses	713.	393.	320.	
25	Total functional expenses. Add lines 1 through 24e	719,174.	564,894.	64,444.	89,836.
26	Joint costs. Complete this line only if the organization		, == = =		05,0001
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Fig. If following SOP 98-2 (ASC 958-720)				
732010	11-28-17				5 000 (0047)

Form 990 (2017)

READING CONNECTIONS, INC.

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art X	Balance Sheet					
_	Check if Schedule O contains a response or no	te to any line	in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			218,018.	1	210,269
2	Savings and temporary cash investments	151,355.	2	151,728		
3	Pledges and grants receivable, net	111,631.	3	173,814		
4	Accounts receivable, net				4	3,87
5	Loans and other receivables from current and for					
	trustees, key employees, and highest compensations	ated employ	ees. Complete			
	Part II of Schedule L				5	
6	Loans and other receivables from other disquali	fied persons	(as defined under	ENGLISH LANGUE	ands is	
	section 4958(f)(1)), persons described in section	1 4958(c)(3)(I	3), and contributing			
1	employers and sponsoring organizations of sect					
	employees' beneficiary organizations (see instr).				6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use				8	<u> </u>
9	Prepaid expenses and deferred charges			1,270.	9	1,514
108	Land, buildings, and equipment: cost or other	I I				
	basis. Complete Part VI of Schedule D	10a	60,288.			
t	Less: accumulated depreciation	10b	55,139.	5,190.	10c	5,149
11	Investments · publicly traded securities				11	11,651
12	Investments - other securities. See Part IV, line 1	11		97,427.	12	91,112
13	Investments - program-related. See Part IV, line				13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11		15			
16	Total assets. Add lines 1 through 15 (must equa	584,891.	16	649,111		
17	Accounts payable and accrued expenses		13,592.	17	12,622	
18	Grants payable		18			
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete F	Part IV of Sci	nedule D		21	0
22	Loans and other payables to current and former					
	key employees, highest compensated employee					
	Complete Part II of Schedule L				22	
23	Secured mortgages and notes payable to unrela	ted third na	ties		23	
24	Unsecured notes and loans payable to unrelated				24	
25	Other liabilities (including federal income tax, pay					
1	parties, and other liabilities not included on lines		50.7			
	Schedule D	11.000	' 1		25	
26	Total liabilities, Add lines 17 through 25			13,592.	26	12,622
1	Organizations that follow SFAS 117 (ASC 958)			etiinii milleteen mimi	20	
1	complete lines 27 through 29, and lines 33 and					
27	Unrestricted net assets			392,668.	27	416,081
28	Temporarily restricted net assets			178,631.	28	220,408
29				2.0,0020	29	220/100
	Organizations that do not follow SFAS 117 (AS				23	
1	and complete lines 30 through 34.	,				
30	Capital stock or trust principal, or current funds		0.00		30	
31	Paid-in or capital surplus, or land, building, or equ	uioment fund			31	
32	Retained earnings, endowment, accumulated inc				32	
33	Total net assets or fund balances			571,299.	33	636,489
34	Total liabilities and net assets/fund balances			584,891.	34	649,111
,	The state of the s			201/0311	37	Form 990 (201)

	n 990 (2017) READING CONNECTIONS, INC.	56-172	26754	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				91
	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	77	7,4	174.
2	Total expenses (must equal Part IX, column (A), line 25)	2	71	9,1	L74.
3	Revenue less expenses. Subtract line 2 from line 1	3	5	8,3	300.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	57	1,2	<u> 199.</u>
5	Net unrealized gains (losses) on investments	5		6,8	390.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
Da	column (B))	10	63	6,4	189.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	*****************			
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
_	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
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	2411		
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		10.00		
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				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	gle Audit			
	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 requir	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3h		

Form 990 (2017)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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 CONNECTIONS. 56-1726754 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 L An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s). that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (III) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

3,164,495.

Schedule A (Form 990 or 990-EZ) 2017 READING CONNECTIONS, INC. 56-1726754 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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 541,814. 580,220. include any "unusual grants.") 559,037. 708,169. 775,255 3,164,495. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to

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) 76,412. Public support. Subtract line 5 from line 4 3,088,083.

559,037.

708,169.

775,255.

580,220.

541,814.

Se	ction B. Total Support						
Calendar year (or fiscal year beginning in)		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	541,814.	580,220.	559,037.	708,169.	775,255.	3,164,495.
8	Gross income from interest,						
	dividends, payments received on					l í	
	securities loans, rents, royalties,			30			
	and income from similar sources	2,490.	2,812.	2,746.	2,496.	3,163.	13,707.
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.)	5,963.	7,456.	2,279.	4,627.	2,582.	22,907.
11	Total support. Add lines 7 through 10				38 T U T 7 H		3,201,109.
12	Gross receipts from related activities.	etc. (see instruction	ons)		1800 BE 0000	12	15,400.
13	First five years If the Form 900 is for	the ergonization!	first second Able	d Carriella a Citalian			

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	96.47	%						
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	95.52	%						
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and									

stop here. The organization qualifies as a publicly supported organization	► X
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box	
and stop here. The organization qualifies as a publicly supported organization	

	1
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more	re,
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization	1
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	1

	meets the facts and circumstances fest. The organization qualifies as a publicly supported organization	
b	10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the	
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	

Schedule A (Form 990 or 990-EZ) 2017

the organization without charge

4 Total. Add lines 1 through 3

Schedule A (Form 990 or 990-EZ) 2017 READING CONNECTIONS, INC.

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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		Jacob V Gare Hill				
Cal	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and			15,5515	(4,20.0	(0)2011	(i) iotai
	membership fees received. (Do not						
	include any "unusual grants.")			}		1	
2	Gross receipts from admissions,					 	
	merchandise sold or services per-		İ				
	formed, or facilities furnished in			j]	1	
	any activity that is related to the						
2	organization's tax-exempt purpose						
3							i
	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				1		
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge				61		
6	Total. Add lines 1 through 5	·					<u></u>
	Amounts included on lines 1, 2, and					 	<u> </u>
-	3 received from disqualified persons						
Ŀ	Amounts included on lines 2 and 3 received						
•	from other than disqualified persons that					1 1	
	exceed the greater of \$5,000 or 1% of the					1	
	amount on line 13 for the year						
C	Add lines 7a and 7b						
<u>B</u>	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support					•	-
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties.						
	and income from similar sources						
b	Unrelated business taxable income					 	
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
• •	activities not included in line 10b,						
	whether or not the business is		ŀ			i I	
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)					1	
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	first, second, third	, fourth, or fifth ta	x vear as a sectio	n 501(c)(3) organiza	ation.
	check this box and stop here	<u> </u>					
ec.	tion C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2017 (li	ne 8, column (f) div	vided by line 13, co	iumn (fi)		15	%
16	Public support percentage from 2016	Schedule A. Part I				16	
ec	tion D. Computation of Inves	tment Income	Percentage		· Lablasson · · · · · · · · · · · · · · · · · · ·	101	<u>%</u>
	Investment income percentage for 20			12 column (6)		42	
8	Investment income percentage from 3	016 Schadulo A. F	or (i) divided by IIDE Part III. IIoo 47	; 13, column (I)) .		17	%
92	Investment income percentage from 2	v 10 Ocheusie A, F	arim, me 17	E44 14		18	%
va	33 1/3% support tests - 2017. If the concept then 33 1/3% shock this box as	ngariization did No	or cueck fue pox of	nine 14, and line	15 is more than 3	3 1/3%, and line 17	is not
h	more than 33 1/3%, check this box an	u stop nere. The d	organization qualifi	es as a publicly s	upported organiza	ation	
D.	33 1/3% support tests - 2016. If the d	organization did no	ot check a box on I	ine 14 or line 19a,	and line 16 is mo	re than 33 1/3%, ar	nd
	line 18 is not more than 33 1/3%, chec	K this box andsto	p here. The organi	zation qualifies as	a publicly suppo	rted organization	
U	Private foundation. If the organization	did not check a b	ox on line 14, 19a,	or 19b, check thi	s box and see ins	tructions	

Schedule A (Form 990 or 990-EZ) 2017 READING CONNECTIONS, INC.

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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? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a 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
	1	2-00	CIIIIII
	SILLING		
	2	12911002	Piccicanen
	3a	16.000	
	3b		N III
	Зс		
	4a	100200	
	Grand D		
	4b	bitted	14.5
	4c		
	-		
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	5b 5c		
	30		
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	8	2	
	_9a		
	9b		
	9c		
	10a		Sept.
ᆜ	10b		

	edule A (Form 990 or 990-EZ) 2017 READING CONNECTIONS, INC.	56-172675	4 P	age 5
Ра	rt IV Supporting Organizations (continued)		1	
44	Has the expenientian accounted a sift or contribution from any of the full visit of the second		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
- a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		_
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	2-may 200	Yes	No
•				
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	2		
	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,	THE RESERVE		
	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	CONTRACTOR OF THE PARTY 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	65 65		
	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		TITLE I	
	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		11.571	
	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	-	
Sec	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 yeatsee instr	uctions).		
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.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see instructions	1	
2	Activities Test. Answer (a) and (b) below.			Ma
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	No
•				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	111111111111111111111111111111111111111		
	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		
Ь	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	H ROMINI		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

	dule A (Form 990 or 990-EZ) 2017 READING CONNECTIONS, II			56-1726754 Page 6
Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	-		Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must c	omplete S	Sections A through E.	·-
Sect	ion 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	1.00		
	collection of gross income or for management, conservation, or	100		
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		-
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):	124,000		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1ď		
е	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)	В		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5		5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	6.		
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	Illy integrat	ted Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions).

	dule A (Form 990 or 990 EZ) 2017 READING CONNE Type III Non-Functionally Integrated 509	CTIONS, INC.	anizations (continued)	66-1726754 Page 7
Sect	ion D - Distributions	7-77-7	(COUNTINEED)	Current Year
1	Amounts paid to supported organizations to accomplish exe	emnt numoses		Our one real
2	Amounts paid to perform activity that directly furthers exemp			
_	organizations, in excess of income from activity	or barboses or subborred		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	<u> </u>	
4	Amounts paid to acquire exempt-use assets			
_ - 7	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.		<u>.</u> .	
8	Distributions to attentive supported organizations to which to	ha arganization is responsive		
0	(provide details in Part VI). See instructions.	ne organization is responsive	•	l .
9			<u> </u>	
	Distributable amount for 2017 from Section C, line 6	<u> </u>		· · · · · · · · · · · · · · · · · · ·
10	Line 8 amount divided by line 9 amount	, , , , , , , , , , , , , , , , , , ,		4111
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			2
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			partition of the principle in the
а	Establishment and investigation of the next insight in the			
ь	From 2013			
C	From 2014			
d	From 2015			
е	From 2016			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			S
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			FUTURE THE PARTY OF THE PARTY
4	Distributions for 2017 from Section D.			
•	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h		THE CONTRACTOR OF THE CONTRACT	
_	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			Charles and the second
_	Excess from 2015			
	Excess from 2016			
<u> </u>	Excess from 2017	Stories mountaines differences		

Schedule A (Form 990 or 990-EZ) 2017

Schedule A	(Form 990 or 990 EZ						56-1726754	Page
Part VI	Supplemental Part IV, Section A, I line 1; Part IV, Sect Section D, lines 5, 6	Information lines 1, 2, 3b, 3 ion D, lines 2 a	Provide the c, 4b, 4c, 5a nd 3; Part IV,	e explanations 6, 9a, 9b, 9c, Section E, line	required by Part 11a, 11b, and 11 s 1c, 2a, 2b, 3a,	lc; Part IV, Section B and 3b; Part V, line 1	e 17a or 17b; Part III, line 12; , lines 1 and 2; Part IV, Sectio ; Part V, Section B, line 1e; Pa additional information.	n C.
	(See instructions.)			<u>.</u>				
					_	<u></u>		
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SCHEDULE D

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

Employer identification number

	READING CONNECTIONS, INC.	56-1726754
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	ccounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fun	ds
	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used of	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confer	-
	impermissible private benefit?	
Pai		
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
•	Preservation of land for public use (e.g., recreation or education) Preservation of a historically	important land area
	Protection of natural habitat	-
	Preservation of open space	stone structure
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	uncanistics escement on the last
_	day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
- b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c 2c
	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	20
u		2d
3	listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	
3	year	ization during the tax
4	Number of states where property subject to conservation easement is located	
5		
3	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	Yes No
6	violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservations.	resonantiane.
U	Start and volunteer flours devoted to monitoring, inspecting, flanding of violations, and emorcing conservation	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ea	sements during the year
•	S	sements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B	n/a
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense staten	nent and balance sheet and
_	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's	
	conservation easements.	Junization's accounting to
Par	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement ar	nd balance sheet works of art.
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	
	the text of the footnote to its financial statements that describes these items.	personal provider in the control
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and be	alance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public ser	
	relating to these items:	Tibe, provide the following amounts
	(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	
_	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	DI GAIGE
a	Revenue included on Form 990, Part VIII, line 1	▶ \$
	Assets included in Form 990, Part X	
	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2017
_ ,	,	manament in the contract of th

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Sche	edule D (Form 990) 2017 READING	CONNECTION	NS, INC.			56-17	2675	4 p	age 2
	rt III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Ot					
3	Using the organization's acquisition, accession								
	(check all that apply):			· ·	0.10				
а	Public exhibition	d	Loan or exc	hange programs					
ь	Scholarly research	e	Other	5.5					
C	Preservation for future generations	_			-				
4	Provide a description of the organization's co	llections and explain	how they further t	ne organization's e	vemnt nurne	neo in Par	+ YIII		
5	During the year, did the organization solicit or					Jac III Fai	ı Allı.		
•	to be sold to raise funds rather than to be ma		,				Yes		No
Pa	rt IV Escrow and Custodial Arrang								_ i40
	reported an amount on Form 990, Par		te ii trie organizatio	II alisweieu 1es	on ronn ssc	, raitiv,	iine 5, o	ı	
40	Is the organization an agent, trustee, custodia								
18			-				٦	-	٦.,
	on Form 990, Part X?						J Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table;						
							Amoun	t	
С	c Beginning balance								
d	Additions during the year								
е	Distributions during the year				1e				
f	Ending balance			***************************************	1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line :	21, for escrow or cu	istodial account lia	bility?		Yes	L	No
	If "Yes," explain the arrangement in Part XIII.								
Pa	rt V Endowment Funds. Complete if	the organization ans	wered "Yes" on Fo	rm 990, Part IV, lin	e 10.		Mary Lands		2.0
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	ears back	(e) Fou	r years	back
1a	Beginning of year balance	88,233.	80,460.	88,863		88,792.			
b	Contributions				1				
c	Net investment earnings, gains, and losses	6,665.	12,324.	-5,071		71.			
ď	Grants or scholarships	,							
	Other expenditures for facilities								
•	·	3,375.	3,391.	3,332					
	and programs	1,248,	1,160.	3,332	+				
ī	Administrative expenses			00.450	-	00.060			
g	End of year balance	90,275.	88,233.		•	88,863.			
2	Provide the estimated percentage of the curre	· · · · · · · · · · · · · · · · · · ·)) held as:					
а	Board designated or quasi-endowment	100.00	_%						
þ	Permanent endowment ► .00	%							
C	Temporarily restricted endowment	.00%							
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.							
За	Are there endowment funds not in the posses	ssion of the organiza	tion that are held ar	nd administered fo	r the organiz	ation			
	by:							Yes	No
	(i) unrelated organizations						3a(i)	Х	
	(ii) related organizations								X
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as require	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the								
	t VI Land, Buildings, and Equipme								
	Complete if the organization answered		Part IV line 11a S	ee Form 990 Part	X line 1Ω				
	Description of property	(a) Cost or oti		7 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -	Accumulate	d	(d) Boo	م باهد م	
	bescription of property	basis (investm	1 1		Accumulate lepreciation	"	(a) boo	K valu	2
d -	1 and		Udais (outer) C	icpi colatioi i	CONTRACTO			
	Land				22(0.)12(0.)	HALLES			
b	Buildings	0		0 500	20 50	<u> </u>			0
C	Leasehold improvements			8,500.	38,50				<u>U.</u>
đ	Equipment	1	2	1,788.	16,63	19.		5,1	<u>49.</u>
	Other								4.6
Cotal	. Add lines 1a through 1e. (Column (d) must eq	wal Form 990 Part \	Column (R) line 1	Oc. I				5 I	49.

Schedule D (Form 990) 2017

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

W 25	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)	···	· · · · · · · · · · · · · · · · · · ·
(9)		
Total. (Column (b) must equal Fo	orm 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017

2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	783,977
1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	783,977
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	783,977
a Net unrealized gains (losses) on investments b Donated services and use of facilities 2a 6,890. 2b 21,925.	
b Donated services and use of facilities 21,925.	
c Recoveries of prior year grants 2c	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d 2e	28,815
3 Subtract line 2e from line 1	755,162
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 4b 20,695.	
b Other (Describe in Part XIII.) 4b 20,695.	
c Add lines 4a and 4b	22,312.
	777,474.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
	758,408.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities 21,925.	
b Prior year adjustments 2b	
c Other losses 2c	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	40,851. 717,557.
3 Subtract line 2e from line 1	717,557 .
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b 4c	1,617.
***************************************	719,174.
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:	
THE BOARD OF DIRECTORS ESTABLISHED THE ENDOWMENT FUND WITH UNRESTRIC	TED
MONIES TO DESIGNATE RESOURCES FOR HOUSING THE ORGANIZATION'S OPERAT:	CONS.
PART X, LINE 2:	
IT IS THE ORGANIZATION'S POLICY TO EVALUATE ALL TAX POSITIONS TO IDE	ENTIFY
ANY THAT MAY BE CONSIDERED UNCERTAIN. ALL IDENTIFIED MATERIAL TAX	
POSITIONS ARE ASSESSED AND MEASURED BY A MORE-LIKELY-THAN-NOT THRESH	OLD TO
DETERMINE IF THE TAX POSITION IS UNCERTAIN AND WHAT, IF ANY, THE EFF	ECT OF
THE UNCERTAIN TAX POSITION MAY HAVE ON THE FINANCIAL STATEMENTS. NO)
N N	
MATERIAL UNCERTAIN TAX POSITIONS WERE IDENTIFIED FOR 2018 AND 2017.	

Schedule D (Form 990) 2017 READING CONNECTIONS, INC.	56-1726754 Page 5
Part XIII Supplemental Information (continued)	
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
EVENT EXPENSES INCLUDED ON FORM 990 STATEMENT OF REVENUE	-18,926.
PRIOR YEAR ADJUSTMENT TO RECOGNIZE PLEDGES RECEIVABLE	39,621.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	20,695.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
EVENT EXPENSES INCLUDED ON FORM 990 STATEMENT OF REVENUE	18,926.
	D
	S. S. S. S. S. S. S. S. S. S. S. S. S. S
	33
	- to October

SCHEDULE G (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.

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Department of the Treasury

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

Name of the organization						Employer ide	ntification number
READING	CONNECTIONS, INC.					56-1726	754
Part I Fundraising Activities required to complete this par	 Complete if the organization answer t. 	ered "Y	'es" o	n Form 990, Part IV,	line 1	7. Form 990-E2	filers are not
 1 Indicate whether the organization rais a X Mail solicitations b X Internet and email solicitations c X Phone solicitations d X In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid indirecompensated at least \$5,000 by the 	e X Solicitat f X Solicitat g X Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (includerofess	non-g gover ising ding o ional t	overnment grants nment grants events fficers, directors, tru fundraising services?	stees	X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contrib	ustody	(iv) Gross receipts from activity		Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
MARY SULLIVAN - 519 WOODLAND DRIVE, GREENSBORO, NC 27408	FUND DEVELOPMENT	Yes	No X	0,		34,050.	+34,050.
,							
27							
otal 3 List all states in which the organization	n is renistered or linensed to solicit		utions	or has been notified	l it is	34,050.	-34,050.
or licensing.	in is registered of interised to solicit	Johnne	ations	or has been notined	11(15	exempt nom re	gistration
				-			
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	o areast 1.3 to		756				
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Schedule G (Form 990 or 990-EZ) 2017

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

Sch	edu	le G (Form 990 or 990-EZ) 2017 READING II Fundraising Events. Complete if the	CONNECTIONS	inc.	56-	1726754 Page 2	
F	II L	of fundraising event contributions and gr					
		or iditalianty over contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	1	
			H.O.R.S.E.	, ,	NONE	(d) Total events	
			FOR CHANGE BENEVON			(add col. (a) through col. (c))	
<u>a</u>			(event type)	(event type)	(total number)	COI. (C))	
Revenue	1	Gross receipts	39,625.	85,671.		125,296.	
	2	Less: Contributions	38,751.	85,671.		124,422.	
_	3	Gross income (line 1 minus line 2)	874.			874.	
	4	Cash prizes					
S	5	Noncash prizes	1,022.			1,022.	
xpense	6	Rent/facility costs					
Direct Expenses	7	Food and beverages	2,040.	6,437.		8,477.	
Δ	8	Entertainment	300.	1		300.	
	9	Other direct expenses	6,777.			300. 9,127.	
	10	Direct expense summary. Add lines 4 through				18,926.	
	11	Net income summary. Subtract line 10 from I	ine 3, column (d)			-18,052.	
Pa	rt l		answered "Yes" on Forn	n 990, Part IV, line 19, or i	reported more than		
		\$15,000 on Form 990-EZ, line 6a.	1	hara managan kananan da			
e			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue				onigorpi ogradon a aniga		coi. (a) throaght coi. (c))	
æ	1	Gross revenue					
_	Ť	G1000 10761100					
Ses	2	Cash prizes					
t Expenses	3	Noncash prizes					
Direct	4	Rent/facility costs					
	5	Other direct expenses					
	6	Volunteer labor	Yes % No	Yes %	Yes % No		
	7 Direct expense summary. Add lines 2 through 5 in column (d)						
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)				
	ls t	ter the state(s) in which the organization condu he organization licensed to conduct gaming a No," explain:	ctivities in each of these	states?		☐ Yes ☐ No	
	_						
		re any of the organization's gaming licenses re Yes," explain:		erminated during the tax y	/ear?	Yes No	
	_						
77200	2 00	1-13-17			Schodule C/Est	m 990 or 990-EZ) 2017	

Schedule G (Form 990 or 990 EZ) 2017 READING CONNECTIONS, INC.	56-1726754 Page 3
11 Does the organization conduct gaming activities with nonmembers?	
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entit to administer charitable gaming?	y formed
13 Indicate the percentage of gaming activity conducted in:	res
a The organization's facility	13a 96
 b An outside facility 14 Enter the name and address of the person who prepares the organization's gaming/special events book 	
Name	s and records:
Address >	
15a Does the organization have a contract with a third party from whom the organization receives gaming re-	
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ a	nd 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	n
retain the state gaming license?	
b Enter the amount of distributions required under state law to be distributed to other exempt organization	
organization's own exempt activities during the tax year > \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) ar	nd (v): and Part III lines 9. 9h. 10h. 15h
15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	(1), 4(10) 4(11), (1103 3, 30, 100, 100,
Test 19, and applications to provide any additional information ded metadetoria.	
	<u> </u>

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chedule G (Form 990 or 990 EZ) Part IV Supplemental Info	ormation (continued)		
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

► Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

READING CONNECTIONS, INC.

Employer identification number 56-1726754

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
FOR PEOPLE OF ALL AGES, EMPOWERING THEM TO NAVIGATE CHANGES IN AN
INCREASINGLY COMPLEX WORLD.
FORM 990, PART VI, SECTION A, LINE 4:
THE ORGANIZATION'S BYLAWS WERE AMENDED TO ALLOW THE PRESIDENT-ELECT TO
SERVE A TWO-YEAR TERM, AND TO NAME THE IMMEDIATE PAST PRESIDENT AS A
PERMANENT MEMBER OF THE EXECUTIVE COMMITTEE.
FORM 990, PART VI, SECTION B, LINE 11B:
THE RETURN WILL BE REVIEWED BY THE FINANCE COMMITTEE AND WILL BE PROVIDED
TO ALL BOARD MEMBERS PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
ANY CONFLICT OF INTEREST, POTENTIAL CONFLICT OF INTEREST, OR THE APPEARANCE
OF A CONFLICT OF INTEREST IS TO BE REPORTED IMMEDIATELY.
FORM 990, PART VI, SECTION B, LINE 15A:
THE EXECUTIVE COMMITTEE, COMPRISED OF BOARD OFFICERS, REVIEWS THE
COMPENSATION AND PERFORMANCE OF THE EXECUTIVE DIRECTOR ANNUALLY, AND
REPORTS THE STATUS TO THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.