	Q	a	n
Form	J	J	U

Department of the Treasury

Internal Revenue Service

AMENDED RETURN

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Information about Form 990 and its instructions is at www.irs.gov/form990.



A	For th	e 2014 calendar year, or tax year beginning and	ending	_	
B	Check if applicab	e: C Name of organization		D Employer identifie	cation number
	Addre	RURAL EDUCATION & DEVELOPMENT, INC.			
				23-2	656376
	 return	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone number	r
	Final	DO BOY 20286			563-3362
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,469,642.
X	Amen	SAN FRANCISCO, CA 94129		H(a) Is this a group re	eturn
	Applie tion	F Name and address of principal officer: CIINIDILINA DCIADICA		for subordinates	? Yes 🔀 No
	pendi	^{ng} SAME AS C ABOVE		H(b) Are all subordinates in	Included? Yes No
		empt status: 🗴 501(c)(3) 🛄 501(c) ()◀ (insert no.) 🛄 4947(a)(1) d	or 📃 527	lf "No," attach a	list. (see instructions)
_		te: READGLOBAL.ORG		H(c) Group exemption	
_		f organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 1992 N	State of legal domicile: PA
Pá	art I	Summary			
é	1	Briefly describe the organization's mission or most significant activities:	PART I	II, LINE 1.	
anc					
Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos			
20	3	Number of voting members of the governing body (Part VI, line 1a)			11
<u>ه</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)			11
Activities &	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)			8
ΕĬ	6	Total number of volunteers (estimate if necessary)			14
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 34	·····		
				Prior Year 1,019,622.	Current Year 2,387,897.
Iue	8	Contributions and grants (Part VIII, line 1h)		0.	2,307,097.
Revenue	9	Program service revenue (Part VIII, line 2g)		22,382.	28,348.
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		26,355.	51,522.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,068,359.	2,467,767.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s	15	Salarias, other componentian, ampleives benefits (Part IV, column (A), lines 5.10)		965,818.	863,600.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)		26,598.	27,050.
per	b	Total fundraising expenses (Part IX column (D) line 25) 334,8	77.		,
Щ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,030,895.	1,461,365.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,023,311.	2,352,015.
	19	Revenue less expenses. Subtract line 18 from line 12		-954,952.	115,752.
or				ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		3,648,201.	3,738,814.
ASS	21	Total liabilities (Part X, line 26)		128,671.	103,532.
Fun	22	Net assets or fund balances. Subtract line 21 from line 20		3,519,530.	3,635,282.
Pa	art II				

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Date
Here		ECUTIVE DIRECTOR	
	Type or print name and title		
	Print/Type preparer's name	Preparer's signature	te Check PTIN
Paid			self-employed
Preparer	Firm's name 🕞 GELMAN, ROSENBER	.G & FREEDMAN	Firm's EIN 52-1392008
Use Only	Firm's address 4550 MONTGOMERY	AVE SUITE 650N	
	BETHESDA, MD 208	14-2930	Phone no. (301) 951-9090
May the IF	RS discuss this return with the preparer shown ab	ove? (see instructions)	X Yes No
432001 11-0	7-14 LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.	Form 990 (2014)

		2
Ра	rt III Statement of Program Service Accomplishments	
1	Check if Schedule O contains a response or note to any line in this Part III	
•	READ GLOBAL PARTNERS WITH RURAL VILLAGES TO ESTABLISH COMMUNITY	
	LIBRARY AND RESOURCE CENTERS (READ CENTERS) AS VEHICLES FOR SOCIAL AN	N
	ECONOMIC TRANSFORMATION. READ CENTERS OFFER TRAINING PROGRAMS IN	
	EDUCATION, ECONOMIC EMPOWERMENT, TECHNOLOGY, AND WOMEN'S EMPOWERMENT	•
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ? Yes 🖸	X
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	<u>X</u>
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	d
40	revenue, if any, for each program service reported. (Code:) (Expenses \$ 1,704,663. including grants of \$) (Revenue \$ 46,82]	1
4a	(Code:) (Expenses \$ 1,704,663. including grants of \$) (Revenue \$ 46,8. IN 2014, READ DOUBLED THE NUMBER OF NEW CENTERS IT ESTABLISHED IN 202	
	BY COMPLETING 10 NEW CENTERS (COMMUNITY LIBRARIES): 1 IN BHUTAN, 4 IN	
	INDIA AND 5 IN NEPAL. READ ALSO OFFERED PROGRAMS ON WOMEN'S	_
	EMPOWERMENT, LITERACY, ECONOMIC EMPOWERMENT AND OTHER LIFE-CHANGING	
	PROGRAMS TO MORE THAN 50,000 RURAL VILLAGERS ACROSS ITS THREE COUNTRY	Ι
	OF OPERATION.	
	IN ADDITION TO THE RESOURCES AVAILABLE AT ALL READ CENTERS, READ	
	OFFERED THE FOLLOWING TARGETED TRAININGS AND PROGRAMS ACROSS ITS	
	CENTERS: 14,832 PEOPLE RECEIVED LEGAL RIGHT/ADVOCACY TRAINING, 6773	
	RECEIVED HEALTH SERVICES/TRAINING, 6142 YOUTH PARTICIPATING IN	
	SPECIALIZED TRAININGS, 5359 ADULTS PARTICIPATED IN LITERACY CLASSES,	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 1,704,663.	
	Total program service expenses L, / 04, 663.	_
4e		יר
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RURAL EDUCATION & DEVELOPMENT, INC.

Pa	t IV Checklist of Required Schedules			0
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	•		
Ŭ	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
U		6		x
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	0		- 23
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
-	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
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	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120		12a	х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
10	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	120		X
13		13 14a	Х	- 23
	Did the organization maintain an office, employees, or agents outside of the United States?	148	47	<u> </u>
a	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		х	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	~	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2014)

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Form 990 (2014)	RURAL	EDUCATION	&	DEVELOPMENT,	INC.
Part IV Checklis	t of Required S	chedules (continu	(hai		

Fai				
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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		X
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	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		
Ũ	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	200		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or gualified conservation	23		
30		30		х
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?	30		- 23
31		31		х
20	If "Yes," complete Schedule N, Part I	31		- 23
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	00		х
22	Schedule N, Part II	32		- 21
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		х
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u></u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			х
05-	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2014)

432004 11-07-14

_	<u>990 (2014)</u> RURAL EDUCATION & DEVELOPMENT, INC. 23-2656	376	Р	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
		_	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 6			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 8			
b	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 <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	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		x
h	If "Yes," enter the name of the foreign country: ► BHUTAN	104		
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
	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			
vu	any contributions that were not tax deductible as charitable contributions?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua		
D D		6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	00		
	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	x	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10		
C		7c		x
ا م	to file Form 8282?	70		
		70		x
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the N/A	7h		
8		•		
~	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? N/A	0.		
		9a		
		9b		
10	Section 501(c)(7) organizations. Enter:			
a k	Initiation fees and capital contributions included on Part VIII, line 12 N/A 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 N/A			
a				
a	Gross income from other sources (Do not net amounts due or paid to other sources against			
40	amounts due or received from them.)	10		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
-	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand			v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		L

RURAL EDUCATION & DEVELOPMENT,

Form 990 (2	2014)
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RURAL EDUCATION & DEVELOPMENT, INC.

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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.

1a Enter the number of voting members of the governing body at the end of the tax year 1a 11 1b there are material differences in voting rights among members of the governing body. of if the governing body if the organization average ware during the year of a significant diversion of the governing body? 2 X 4 Doff the organization have wenthes, stockholders? 6 7 5 Doff the organization have members, stockholders? 6 7 6 Diff the organization have members, stockholders? 7 6 7 Diff the organization have members, stockholders? 7 7 8 Diff the organization have members, stockholders? 7 7 9 Diff the organization have members, stockholders? 7 7 9 Diff the organization have members, stockholders? 7 8		Check if Schedule O contains a response or note to any line in this Part VI		<u></u>		2
Table Term the number of voting mombers of the governing body of the governing bod of the governing bod of the governing bod of the governing bo	Sec	tion A. Governing Body and Management				
If there are material differences in voting rights among members of the governing body, or if the governing body, despited troad authority to an execute committee or similar committee, sopian in Schedule 0. 11 D dary officer, director, trustee, or key employees have a family relationship or a business relationship with any other officer, director, trustee, or key employees to an management of program shows as field? 2 A the organization delegate control over management dulies customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 A the organization have members or stockholders? 5 D bid the organization have members, stockholders? 6 D bid the organization have members, stockholders? 7 D did the organization have members, stockholders? 7 D did the organization contemporateously document is and advectors of the organization's assets? 7 D did the organization contemporateously document is maching budy? 8 B die organization authory to act on behalf of the governing body? 8 B is there any officer, director, trustee, or every entition and advectors of the organization authory? 8 B is there any officer, director, trustee, or every entition and advectors of the organization authory? 8 B is there any officer, director, trustee, or every entition and advectors of the organization and advectors? 7 B is there any officer, director, trustee, and procedure governing body? 8 </th <th></th> <th></th> <th></th> <th><u> </u></th> <th>Yes</th> <th>1</th>				<u> </u>	Yes	1
bedy delegated bread anthority to an exceptive commerse or similar committee, organization she put the following. 11 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management duties customantly performed by or under the direct supervision of difficer, directors, or trustees, or key employees to a management company or ditter person? 2 X 0 Did the organization delegate control over management duties customantly performed by or under the direct supervision of a difficer, directors, or trustees, or key employees to a management company or ditter person? 3 10 Did the organization have members or stockholders? 5 10 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 2 Did the organization transmitter of the governing body? 8 8 2 Each committee with authority to a cto hohal of the governing body? 8 8 2 Each committee with authority to a cto hohal of the governing body? 8 8 3 Each committee with authority to a cto hohal of the governing body? 9 9 4 Each committee with authority to a cto hohal of the governing body? 9 9 4 Each committee with authority	1a	Enter the number of voting members of the governing body at the end of the tax year	1a	11		
b Enter the number of voting members included in line 1a. above, who are independent <u>10</u> <u>11</u> <u>12</u> <u>13</u> <u>13</u> <u>14</u> <u>14</u> <u>14</u> <u>15</u> <u>14</u> <u>15</u> <u>15</u> <u>15</u> <u>15</u> <u>15</u> <u>15</u> <u>15</u> <u>15</u>		If there are material differences in voting rights among members of the governing body, or if the governing				
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in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		taxable entity during the year?		16a		
exempt status with respect to such arrangements? 16b ection C. Disclosure 7 Ist the states with which a copy of this Form 990 is required to be filed ▶CA CA 8 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. ☑ Own website □ Another's website ☑ Upon request □ Other (explain in Schedule O) 9 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. 0 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶ GANI LAGUISMA - (415) - 373 - 7688 180 9TH AVENUE, SAN FRANCISCO, CA 94118 Form 990	b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	uate its participation			
 is the states with which a copy of this Form 990 is required to be filed ►CA 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. Image: Image: Image		in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	anization's			
 7 List the states with which a copy of this Form 990 is required to be filed ► CA 8 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. I Own website Another's website I Upon request Other (explain in Schedule O) 9 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. 0 State the name, address, and telephone number of the person who possesses the organization's books and records: ►		exempt status with respect to such arrangements?		16b		
 8 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. I Own website Another's website I Upon request Other (explain in Schedule O) 9 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. 0 State the name, address, and telephone number of the person who possesses the organization's books and records: GANI LAGUISMA - (415) - 373 - 7688 180 9TH AVENUE, SAN FRANCISCO, CA 94118 	ec	tion C. Disclosure				
 8 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. I Own website Another's website I Upon request Other (explain in Schedule O) 9 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. 0 State the name, address, and telephone number of the person who possesses the organization's books and records: GANI LAGUISMA - (415) - 373 - 7688 180 9TH AVENUE, SAN FRANCISCO, CA 94118 	17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright ext{CA}$				
 X Own website Another's website X Upon request Other (explain in Schedule O) 9 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. 0 State the name, address, and telephone number of the person who possesses the organization's books and records: ► GANI LAGUISMA - (415) - 373 - 7688 180 9TH AVENUE, SAN FRANCISCO, CA 94118 	18)-T (Section 501(c)(3)s c	only) availał	ole	
 9 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. 0 State the name, address, and telephone number of the person who possesses the organization's books and records: ► GANI LAGUISMA - (415) - 373 - 7688 180 9TH AVENUE, SAN FRANCISCO, CA 94118 Form 990 						
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: <u>GANI LAGUISMA - (415)-373-7688</u> <u>180 9TH AVENUE, SAN FRANCISCO, CA 94118</u> Form 990 6			,			
0 State the name, address, and telephone number of the person who possesses the organization's books and records: ► GANI LAGUISMA - (415) - 373 - 7688 180 9TH AVENUE, SAN Francisco, CA 94118 11-07-14 6	19		conflict of interest policy	y, and finar	ncial	
GANI LAGUISMA - (415)-373-7688 180 9TH AVENUE, SAN FRANCISCO, CA 94118 12006 11-07-14 6						
180 9TH AVENUE, SAN FRANCISCO, CA 94118 12006 11-07-14 Form 990 6 6	20	State the name, address, and telephone number of the person who possesses the organization's to GANI LAGUISMA - (415) - 373 - 7688	books and records: \blacktriangleright			
6						_
6	32000			Forn	n 990	(2
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Part VII	Co	mpensation of Officers,	Directors,	Trustees,	Key Employees,	Highest C	compensated
	Em	ployees, and Independe	ent Contrac	ctors			

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 (Ď), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(A)	(B) (C)							(D)	(E)	(F)
Name and Title	Average hours per week	box	not c , unle	heck ss pe	eck more than one s person is both an a director/trustee)			Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director			the	organizations (W-2/1099-MISC)	compensation from the organization and related organizations			
(1) JANICE BERTOZZI CHAIR	3.00	x		x				0.	0.	0.
(2) DEBORAH JACOBS	5.00									
VICE CHAIR		x		x				0.	0.	0.
(3) SABINA AHMED TREASURER	3.00	x		x				0.	0.	0.
(4) ANTONIA NEUBAUER	5.00	Ē				,				
FOUNDER		x						0.	0.	0.
(5) BRIAN BANNON	3.00									
DIRECTOR		Х						0.	0.	0.
(6) EDWARD LHEE	4.00									_
DIRECTOR	1 00	X	r					0.	0.	0.
(7) SEAN WALLACE	1.00							0	0	0
DIRECTOR (8) LAWRENCE NEUBAUER	1.00	X						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(9) ELIZABETH BORELLI	1.00	122							0.	0.
DIRECTOR		x						0.	0.	0.
(10) RAPHAEL BEMPORAD	1.00									
DIRECTOR		x						0.	0.	0.
(11) KAREN SAGE	1.00									
DIRECTOR		X						0.	0.	0.
(12) CHRISTINA SCIABICA	40.00							100 540	0	
EXECUTIVE DIRECTOR				X				120,748.	0.	6,754.
		$\left \right $								
422007 11 07 14										Form 990 (2014)

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Form 990 (2014)

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	990 (2	2014)	RURAL	EDU	CATION	&	DE	EVE	ELC	DDI	1EI	NT, INC.	23-2	656	<u>376</u>	Pa	age 8
Par	t VII	Section A. Officers	, Directors	, Truste	es, Key Em	ploy	vees,	and	d Hi	ghe	st C	Compensated Employe	es (continued)				
		(A) (B) Name and title Average hours per week		Average hours per do not check more than one box, unless person is both an						h an	(D) Reportable compensation from	compensatio	(E) Reportable compensation from related		(F) Estimated amount of other		
				o	(list any hours for related rganizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI		fr org and	pensa om the anizati d relate anizatio	e on ed
	Sub-1	total										120,748.		0.		6,7	54.
c d	Total Total	from continuation (add lines 1b and 1	sheets to P c)	Part VII,	Section A							0 • 120 , 748 • eceived more than \$100	000 of roportab	0.		6,7	0.
		ensation from the or		-		iose	IISLE		5006	=) \			,000 of reportab	ie			1
3		0	,	,								highest compensated e			3	Yes	No X
4	For and re	ny individual listed or elated organizations	n line 1a, is greater tha	the sum n \$150,0	n of reportab 000? <i>If</i> "Yes,	le co " <i>co</i>	ompe <i>mple</i>	ensa ete S	ation Sche	n and edule	d otl 9 <i>J f</i>	her compensation from for such individual	the organization		4		X
5 Sect	rende	ny person listed on li ered to the organizati . Independent Cont	on? If "Yes,		-				-			ed organization or indiv			5		X
	Comp	plete this table for yo	ur five high									that received more than		npens	ation f	rom	
	the or			A)			ONE			or w	Itriir	n the organization's tax (B) Description of s		C	(C ompe	;) nsatior	1
											_						
2						not li	mite	d to		se lis	stec	above) who received n	nore than				
	، 100 چ	,000 of compensatio	n from the c	organiza						<u> </u>					Form	990 (2	2014)

		(2014) RURAL EDUCAT	ON & DEV	ELOPMENT,	INC.	23-2656	376 Page 9
	rt VI						
		Check if Schedule O contains a response	or note to any lir				
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
a, C		Fundraising events 1c	5,335.				
Giff	d	Related organizations 10					
ns, imi	е	Government grants (contributions)					
er S	f	All other contributions, gifts, grants, and					
the			382,562.				
utro D D C		Noncash contributions included in lines 1a-1f: \$					
a Č	h	Total. Add lines 1a-1f	🕨	2,387,897.			
			Business Code				
Program Service Revenue	2 a						
erv ue	b						
m S ven	C						
gra	c						
Pro	e						
_	f	1 3					
	<u> </u>	Total. Add lines 2a-2f Investment income (including dividends, inter					
	3	other similar amounts)		28,202.			28,202.
	4	Income from investment of tax-exempt bond					,
	5	Royalties					
	-	(i) Real	(ii) Personal				
	6 a	Gross rents					
	b						
	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 2,021.					
	b	Less: cost or other basis					
		and sales expenses 1,875					
		Gain or (loss) 146 .		140			140
		Net gain or (loss)	· <u>·····</u>	146.			146.
Other Revenue	8 a	Gross income from fundraising events (not including \$ 5,335. of contributions reported on line 1c). See					
er F		Part IV, line 18 a					
Oth		Less: direct expenses b	0.				
•		Net income or (loss) from fundraising events	▶	3,410.			3,410.
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 a					
		Less: direct expenses b					
		Net income or (loss) from gaming activities	······ >				
	10 a	Gross sales of inventory, less returns	46,811.				
	l-	and allowances a	-				
		Less: cost of goods sold b	_	46,811.	46,811.		
	c	Net income or (loss) from sales of inventory .			±0,011.		
	11 a	Miscellaneous Revenue MISCELLANEOUS INCOME	Business Code 900099	42,538.			42,538.
	11 a b		900099	-41,237.			-41,237.
	a o						
	d						
	-	Total. Add lines 11a-11d		1,301.			
	12	Total revenue. See instructions.		2,467,767.		0.	33,059.
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Part IX Statement of Functional Expenses

RURAL EDUCATION & DEVELOPMENT, INC.

	Check if Schedule O contains a respons		this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	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,	107 500	E4 026	20 600	12 076
	trustees, and key employees	127,502.	54,826.	30,600.	42,076
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
_	persons described in section 4958(c)(3)(B)	648,749.	432,459.	71,329.	144,961
7	Other salaries and wages	040,749.	452,459.	/1,529.	144,901
8	Pension plan accruals and contributions (include				
~	section 401(k) and 403(b) employer contributions)	53,403.	34,963.	6,221.	12,219
9	Other employee benefits	33,946.	21,368.	4,425.	8,153
0	Payroll taxes	55,540.	Z1, 500.	=,=2J•	0,155
1	Fees for services (non-employees):				
a h	Management	484.		484.	
b	E	127,076.	5,336.	114,740.	7,000
c d		127,070	5,550.	111,710.	7,000
e e		27,050.			27,050
f	Investment management fees				
g					
9	column (A) amount, list line 11g expenses on Sch O.)	116,270.	102,053.	14,217.	
2	Advertising and promotion	10,440.		,	10,440
3	Office expenses	111,383.	72,279.	24,785.	14,319
4	Information technology	13,180.	30.	526.	12,624
5	Royalties				
6	Occupancy	87,130.	43,785.	28,798.	14,547
7	Travel	120,852.	83,568.	6,602.	30,682
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	8,953.	843.	2,616.	5,494
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	10,215.	10,215.		
3	Insurance				
4	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 EXPENSES	719,325.	719,325.		
a b	PROJECT EXPENSES	37,612.	37,612.		
2	WORKSHOPS AND TRAININGS	36,650.	34,400.	2,250.	
d	CONSTRUCTION EXPENSES	25,137.	25,137.	_,	
e		36,658.	26,464.	4,882.	5,312
5	Total functional expenses. Add lines 1 through 24e	2,352,015.	1,704,663.	312,475.	334,877
<u>5</u> 6	Joint costs. Complete this line only if the organization	, ,	,,	, _, _, _,	
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here ► if following SOP 98-2 (ASC 958-720)				

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Form **990** (2014)

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10a Land, buildings, and equipment: cost or other 71,310. basis. Complete Part VI of Schedule D _____ 10a 67,408. 11,351. b Less: accumulated depreciation _____ 10b 10c 524. Investments - publicly traded securities 11 11 12 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 6,611. 15 Other assets. See Part IV, line 11 15 3,648,201. 3,738,814. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 128,671. 17 17 Accounts payable and accrued expenses 18 18 Grants payable Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D 128,671. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🔟 and complete lines 27 through 29, and lines 33 and 34. -54,456. 27 Unrestricted net assets 27 3,573,986. 3,265,755. Temporarily restricted net assets 28 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 3,519,530. 3,635,282. Total net assets or fund balances 33 33 3,648,201. 3,738,814. 34 Total liabilities and net assets/fund balances_____ 34

RURAL EDUCATION & DEVELOPMENT, Part X Balance Sheet

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

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Accounts receivable, net

Part II of Schedule L

Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing

Notes and loans receivable, net

Inventories for sale or use

5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete

employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L

Prepaid expenses and deferred charges

23-2656376 Page 11

(B)

End of year

866,289.

45,488.

897.

59,959.

4,396.

103,532.

103,532.

3<u>69,527</u>.

Form **990** (2014)

1,360,502.

1,401,283.

1

2

3

4

5

6

7 8

9

584.

(A)

Beginning of year

623,604

10,792.62,343.

2,876,335.

Form	aan	(2014)
	990	(2014)

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Assets

_iabilities

Vet Assets or Fund Balances

Form	990 (2014) RURAL EDUCATION & DEVELOPMENT, INC.	23-26	56376	Page 1	2
Pa	t XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,467		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,352		
3	Revenue less expenses. Subtract line 2 from line 1	3		5,752	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,519	9,530	•
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0	•
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	3,635	5,282	•
Pa	t XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes No	<u>)</u>
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				
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	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	X	_
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e 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 Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	0			
	Act and OMB Circular A-133?		3 a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				_
			Form	990 (201)	<i>1</i> \

Form **990** (2014)

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SCHEDULE A

Department of the Treasury

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2014
Open to Public Inspection

	Information about Schedule A (Form 990 or 990-EZ) and its instructions is at WWW.I/S.
Internal Revenue Service	▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at <i>www.irs.</i>
Dopartinoni or ino moadarj	

		ion about Schedule A	(Form 990 or 990-EZ) and	its instruct	ions is at w	ww.irs.gov/fc				
Name	of the organization RIIR A		N & DEVELOPM	ENT	TNC .			identification number 3-2656376		
Part						ee instruction		5 2050570		
	ne organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)									
1	A church, convention of ch									
2	A school described in sect					•//• •//•/•				
3	A hospital or a cooperative			action 170	V6V1VAVi	ii)				
4	A medical research organiz					-	Viii) Enter	the hospital's name		
- L	city, and state:		injunioni with a noopita					the neoplar o hame,		
5	An organization operated f	or the benefit of a co	llege or university owned	d or operat	ted by a d	overnmental	unit describ	ed in		
0	section 170(b)(1)(A)(iv). (0				lou by u g	overniteritar				
6	A federal, state, or local go		mental unit described in	section 17	70(6)(1)(4)	(v)				
	An organization that norma	-					he general	nublic described in		
1 1	section 170(b)(1)(A)(vi). (C	-	antial part of its support	ion a gov	erninentai		ine general			
8	A community trust describe			+ 11.)						
9	An organization that norma				contributi	one mombor	chin food a	nd gross receipts from		
J _	activities related to its exer	•		-			-	•		
	income and unrelated busi	-						-		
	See section 509(a)(2). (Co			on busine	.5505 acqu		gamzation			
10	An organization organized		eively to test for public se	afety See	section 50	19(2)(4)				
11 L	An organization organized						arry out the	nurnoses of one or		
	more publicly supported or						-			
	lines 11a through 11d that									
а	Type I. A supporting orga							aivina		
ŭ	the supported organizati			•						
	organization. You must o			a majority (apporting		
b	Type II. A supporting org	-		tion with it	s support	ed organizatio	n(s) hy ha	vina		
	control or management of	-				•		-		
	organization(s). You mus						age the sup	portod		
с	Type III functionally inte	-		in connec	tion with	and functiona	Illy integrate	ed with		
Ū	its supported organizatio						iny integrate			
d	Type III non-functionally						rted organi	zation(s)		
	that is not functionally in						-			
	requirement (see instruct			•		-				
е	Check this box if the orga	-	-				ell. Type III			
-	functionally integrated, o						, .)			
f	Enter the number of supported	organizations								
	Provide the following information	•	ed organization(s).							
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o		(v) Amount o	f monetary	(vi) Amount of		
	organization		(described on lines 1-9	listed i governing o		support		other support (see		
			above or IRC section (see instructions))	Yes	No	Instruct	ions)	Instructions)		
-										

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Total

Schedule A (Form 990 or 990-EZ) 2014 RURAL EDUCATION & DEVELOPMENT, INC. 23-2 Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)

23-2656376 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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	955,105.	6,298,872.	603,618.	1,019,622.	2,387,897.	11,265,114.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	955,105.	6,298,872.	603,618.	1,019,622.	2,387,897.	11,265,114.
5							
	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)						6,566,543.
6	Public support. Subtract line 5 from line 4.						4,698,571.
	ction B. Total Support						, ,
	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	955,105.	6,298,872.	603,618.	1,019,622.	2,387,897.	11,265,114.
	Gross income from interest,						<u> </u>
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	5,195.	11,102.	9,010.	22,315.	28,202.	75,824.
9		-					-
	activities, whether or not the						
	business is regularly carried on					3,410.	3,410.
10	Other income. Do not include gain						-
	or loss from the sale of capital						
	assets (Explain in Part VI.)	1,362.	9,810.	30,964.	-15,677.	1,301.	27,760.
11	Total support. Add lines 7 through 10	-				-	11,372,108.
	Gross receipts from related activities,	etc. (see instructi	ons)			12	99,353.
	First five years. If the Form 990 is for		,	d. fourth. or fifth ta	ax vear as a sectio		
	organization, check this box and stop	-					
See	ction C. Computation of Publ	ic Support Pe	rcentage				
-	Public support percentage for 2014 (I			column (f))		14	41.32 %
	Public support percentage from 2013					15	27.65 %
	33 1/3% support test - 2014. If the c					nore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2013. If the c						
	and stop here. The organization qual	-					
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-	-	-	
b	10% -facts-and-circumstances tes	-	-		-		
~	more, and if the organization meets th	-					
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio		U U	•	,		
				,,,,		dulo A (Eorm 990	

Schedule A (Form 990 or 990-EZ) 2014

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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 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	4 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and				4		
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						_
	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨 🔤	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	4 (f) Total
	Amounts from line 6 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						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for t	he organization'	s first, second, thi	d, fourth, or fifth ta	x vear as a section	on 501(c)(3) o	roanization.
	check this box and stop here	•			•		▶[
Sec	ction C. Computation of Public	: Support Pe	rcentage				
	Public support percentage for 2014 (lir			column (f))		15	
						16	
	Public support percentage from 2013 section D. Computation of Invest					10	
	•						
17	Investment income percentage for 201			ne 13, column (f))		17	
18	Investment income percentage from 20					18	
19a	33 1/3% support tests - 2014. If the c	organization did r	not check the box	on line 14, and line	15 is more than	33 1/3%, and	l line 17 is not
	more than 33 1/3%, check this box and	d stop here. The	e organization qua	lifies as a publicly s	supported organiz	zation	Þl
	33 1/3% support tests - 2013. If the c	•					· .
b	line 18 is not more than 33 1/3% chec					guin	
	line 18 is not more than 33 1/3%, chec Private foundation . If the organization		box on line 1/ 10	a or 19h check th	is hox and see in	structions	
20	Private foundation. If the organization		box on line 14, 19	a, or 19b, check th			
20			box on line 14, 19				rm 990 or 990-EZ)
20 320:	Private foundation. If the organization	did not check a		a, or 19b, check th 15 RURAL EDUC	Sc	hedule A (Fo	rm 990 or 990-EZ

1

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2014

16

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990 or 990-EZ) 2014 RURAL EDUCATION & DEVELOPMENT, INC. Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
-	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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. Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
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 year(see instructions):			
a	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 inst.	uctions)	
2	Activities Test. Answer (a) and (b) below.	uotiono	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	
u	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	20		
D	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	0		
2	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	0-		
	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	01-		
	of its supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard.	3b		

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Schedule A (Form 990 or 990-EZ) 2014

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Schedule A (Form 990 or 990-EZ) 2014 RURAL EDUCATION & DEVELOPMENT, INC.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All

other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sectio	n A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 N	let short-term capital gain	1		
2 F	Recoveries of prior-year distributions	2		
3 (Other gross income (see instructions)	3		
4 A	Add lines 1 through 3	4		
5 [Depreciation and depletion	5		
6 F	Portion of operating expenses paid or incurred for production or			
c	collection of gross income or for management, conservation, or			
n	naintenance of property held for production of income (see instructions)	6		
7 (Other expenses (see instructions)	7		
8 A	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sectio	n B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 A	Aggregate fair market value of all non-exempt-use assets (see			
ii	nstructions for short tax year or assets held for part of year):			
a A	Average monthly value of securities	1a		
b A	Average monthly cash balances	1b		
сF	Fair market value of other non-exempt-use assets	1c		
d 1	Fotal (add lines 1a, 1b, and 1c)	1d		
еD	Discount claimed for blockage or other			
f	actors (explain in detail in Part VI):			
2 A	Acquisition indebtedness applicable to non-exempt-use assets	2		
3 S	Subtract line 2 from line 1d	3		
4 (Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
s	ee instructions).	4		
5 N	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 N	Aultiply line 5 by .035	6		
7 F	Recoveries of prior-year distributions	7		
8 N	Minimum Asset Amount (add line 7 to line 6)	8		
Sectio	n C - Distributable Amount			Current Year
1 A	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 E	Enter 85% of line 1	2		
3 N	Inimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 E	Enter greater of line 2 or line 3	4		
5 li	ncome tax imposed in prior year	5		
6 E	Distributable Amount. Subtract line 5 from line 4, unless subject to			
e	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-	integr	ated Type III supporting orga	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2014

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Schedule A (Form 990 or 990-EZ) 2014 RURAL EDUCATION & DEVELOPMENT, INC.

Fai	I ype III Non-Functionally integrated 509	values supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemption	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	·	(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
с				
d				
е	From 2013			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Carryover from 2009 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
-	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
U	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
U	and 4b from line 1 (if amount greater than zero, see			
	-			
7	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
<u>a</u>				
b				
c				
	Excess from 2013			
е	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

432027 09-17-14

rt VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line Also complete this part for any additional information. (See instructions).
	~
28 09-17-	14 Schedule A (Form 990 or 990- 20

Schedule A

423171 05-01-14

Identification of Excess Contributions Included on Part II, Line 5

23-2656376

2014

** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
BILL & MELINDA GATES FOUNDATION	6,208,013.	5,980,571
XAORI SONODA-ZAGE & RAYMOND ZAGE III	428,456.	201,014
ROTA FOUNDATION	350,000.	122,558
THE CATERPILLAR FOUNDATION	489,842.	262,400
•		
otal Excess Contributions to Schedule A, Part II, Line 5		6,566,543

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

Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 . OMB No. 1545-0047

2014

Employer identification number

Name of the organization	
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contration type (chook one)

RURAL	EDUCATION	&	DEVELOPMENT,	INC.	
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23-2656376

organization type (check one).				
Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

23-2656376

RURAL EDUCATION & DEVELOPMENT, INC.

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contributi
1	KAORI SONODA-ZAGE & RAYMOND ZAGE III 35 BELMONT RD SINGAPORE 269872	\$ <u>175,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contributi
2	ROTA FOUNDATION P.O. BOX 5825 DOHA, QATAR	\$350,000.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
		\$	Person Payroll On Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
		\$	Person Payroll Noncash (Complete Part II for noncash contribution)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
		\$	Person Payroll Noncash (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
		\$	Person Payroll On Complete Part II for noncash contribution

23-2656376

RURAL EDUCATION & DEVELOPMENT, INC.

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

(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		- - - \$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - \$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - \$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - \$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- ¢	
3453 11-05	-14 23	\$\$Schedule B (Form	990, 990-EZ, or 990-PF)

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rt III	Exclusively religious, charitable, etc., cont	T, INC. ributions to organizations described in s	ection 501(c)(7), (8), or (10) that total more than \$1,000 line entry. For organizations
	the year from any one contributor. Complete of completing Part III, enter the total of exclusively religiou	columns (a) through (e) and the following is, charitable, etc., contributions of \$1,000 or less	for the year. (Enter this info. once.)
	Use duplicate copies of Part III if addition	al space is needed.	
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
- - -			
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
No. m tl	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
.		(e) Transfer of gift	
 . .	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
lo. m t I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
-			

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SCHEDULE [)
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Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/torm990.



		Information about Confedure B	1. 01.111.000	
Name of the organizati	ion			

Employer identification number 23 - 2656376

	RURAL EDUCATION & I	DEVELOPMENT, INC.	23-2656376
Pa			r Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		·
		(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 of grants norm (during year)		
4 5	Did the organization inform all donors and donor advisors in v	witing that the assets hold in dense advised	fundo
5	-	-	
~	are the organization's property, subject to the organization's of Did the organization informed was and denote a		
6	Did the organization inform all grantees, donors, and donor ad		•
	for charitable purposes and not for the benefit of the donor of		
Pa		anization annuared "Vee" to Form 000. Ded	
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e		
	Protection of natural habitat	Preservation of a certifie	d historic structure
-	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ed conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		
b			
	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the or	rganization during the tax
	year		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) abov		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes the	e organization's accounting for
De	conservation easements.	Art Historical Tracquires or Oth	ar Similar Acasta
Pa	t III Organizations Maintaining Collections of		er Similar Assets.
	Complete if the organization answered "Yes" to Form		
та	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh		e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ec	lucation, or research in furtherance of public	c service, provide the following amounts
	relating to these items:		
	(i) Revenue included in Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical trea		ain, provide
	the following amounts required to be reported under SFAS 1		
а	Revenue included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		• •
	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2014
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		DUCATION &		-			-2656		
Pa	t III Organizations Maintaining C								-
3	Using the organization's acquisition, access	ion, and other record	ls, check any of th	e following that	at are a si	gnificant use	of its colle	ction	tems
_	(check all that apply):								
a	Public exhibition	d		kchange progr					
b	Scholarly research	e	Uther						
c	Preservation for future generations	- 11 41							
4	Provide a description of the organization's c During the year, did the organization solicit c						in Part XIII	•	
5	to be sold to raise funds rather than to be m		,	,			Ye	-	No No
Pa	t IV Escrow and Custodial Arran								
	reported an amount on Form 990, Pa	-	ete il the organizat		163 101	101111330,12	arrv, inte a	, 01	
1a	Is the organization an agent, trustee, custod		liary for contribution	ons or other as	ssets not	included			
	on Form 990, Part X?						Ye	s	
b	If "Yes," explain the arrangement in Part XIII							-	
		·	0				Am	ount	
с	Beginning balance					1c			
	Additions during the year								
	Distributions during the year								
f	Ending balance					. 1 f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or	custodial acco	ount liabili	ity?	📖 Ye	S	
	If "Yes," explain the arrangement in Part XIII								
Pa	t V Endowment Funds. Complete	-							
		(a) Current year	(b) Prior year	(c) Two yea	rs back	(d) Three years	s back (e)	Four y	ears back
1 a	Beginning of year balance								
b	Contributions								
	Net investment earnings, gains, and losses								
	Grants or scholarships								
е	Other expenditures for facilities								
	and programs			-					
t	Administrative expenses End of year balance								
g 2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1 a. column	(a)) held as:					
a	Board designated or quasi-endowment		%						
b	Permanent endowment	%							
	Temporarily restricted endowment	%							
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%.							
3a	Are there endowment funds not in the posse		ation that are held	and administe	ered for th	ne organizatio	on		
	by:							Y	es No
	(i) unrelated organizations							a(i)	
	(ii) related organizations							a(ii)	
b	If "Yes" to 3a(ii), are the related organization	s listed as required o	n Schedule R?					ßb	
4	Describe in Part XIII the intended uses of the		wment funds.						
Pa	t VI Land, Buildings, and Equipm								
	Complete if the organization answere								
	Description of property	(a) Cost or of basis (investn	• •	st or other s (other)		cumulated	(d)	Book	/alue
	Land						_		
	Buildings								
	Leasehold improvements			60 704		10 041		E 0	602
	Equipment			62,734.		10,041			<u>,693.</u>
	Other		<u> </u>	8,576.		1,310	•		,266.
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	x, column (B), line	e 10c.)			·	59	,959.

Schedule D (Form 990) 2014

432052 10-01-14

		e 11b. See Form 990, Part X, line 12.	
a) Description of security or category (including name of sec	curity) (b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
Financial derivatives			
Closely-held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12			
art VIII Investments - Program Relate			
Complete if the organization answered			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13	3.) ►		
Part IX Other Assets.			
Complete if the organization answered		e 11d. See Form 990, Part X, line 15.	
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(8) (9) tal. (Column (b) must equal Form 990, Part X, col.	(B) line 15.)		•
(8) (9) tal. (Column (b) must equal Form 990, Part X, col. art X Other Liabilities.			•
(8) (9) tal. (Column (b) must equal Form 990, Part X, col. art X Other Liabilities. Complete if the organization answered		e 11e or 11f. See Form 990, Part X, line 2	25.
(8) (9) tal. (Column (b) must equal Form 990, Part X, col. art X Other Liabilities.		e 11e or 11f. See Form 990, Part X, line 2 (b) Book value	25.
(8) (9) (al. (Column (b) must equal Form 990, Part X, col. art X Other Liabilities. Complete if the organization answered (a) Description of liability			25.
(8) (9) (al. (Column (b) must equal Form 990, Part X, col. art X Other Liabilities. Complete if the organization answered (a) Description of liability (1) Federal income taxes			25.
(8) (9) (al. (Column (b) must equal Form 990, Part X, col. art X Other Liabilities. Complete if the organization answered (a) Description of liability (1) Federal income taxes (2)			25.
(8) (9) (al. (Column (b) must equal Form 990, Part X, col. art X Other Liabilities. Complete if the organization answered (a) Description of liability (1) Federal income taxes (2) (3)			>
(8) (9) tal. (Column (b) must equal Form 990, Part X, col. art X Other Liabilities. Complete if the organization answered (a) Description of liability			25.
(8) (9) tal. (Column (b) must equal Form 990, Part X, col. art X Other Liabilities. Complete if the organization answered (a) Description of liability (1) Federal income taxes (2) (3) (4)			25.
(8) (9) tal. (Column (b) must equal Form 990, Part X, col. art X Other Liabilities. Complete if the organization answered (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)			25.
(8) (9) atl. (Column (b) must equal Form 990, Part X, col. art X Other Liabilities. Complete if the organization answered (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)			25.
(8) (9) tal. (Column (b) must equal Form 990, Part X, col. art X Other Liabilities. Complete if the organization answered (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)			25.
(8) (9) tal. (Column (b) must equal Form 990, Part X, col. art X Other Liabilities. Complete if the organization answered (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	"Yes" to Form 990, Part IV, line		25.
(8) (9) tal. (Column (b) must equal Form 990, Part X, col. art X Other Liabilities. Complete if the organization answered (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	"Yes" to Form 990, Part IV, line	(b) Book value	

RURAL EDUCATION & DEVELOPMENT, INC.

23-2656376 Page 3

Schedule D (Form 990) 2014

Schedule D	(Form 990) 2014	RURAL	EDUCATION	& 1	DEVELOPME	ENT,	INC.		23-2	2656376	Page 4
Part XI	Reconciliation of	f Revenue	e per Audited Fi	inan	cial Stateme	nts Wit	h Revenu				
	Complete if the organi	ization answ	ered "Yes" to Form	990, F	Part IV, line 12a.						
1 Total r	revenue, gains, and oth	er support p	er audited financial	stater	nents				1	2,490	,725.
2 Amou	nts included on line 1 b	out not on Fo	rm 990, Part VIII, lin	e 12:							
a Net ur	nrealized gains (losses)	on investme	nts			2a					
b Donat	ed services and use of	facilities				2b	22	,958.			
c Recov	veries of prior year grant	ts				2c					
	(Describe in Part XIII.)										
e Add lir	nes 2a through 2d								2e		,958.
	act line 2e from line 1 .								3	2,467	<u>,767.</u>
	nts included on Form 9										
a Invest	ment expenses not incl	luded on For	m 990, Part VIII, line	ə7b		4a					
b Other	(Describe in Part XIII.)					4b					
									4c		0.
	waxaa Aalal Kaaa O aa	d Ac (This n	nust equal Form 990	Dort	$1 \lim_{n \to \infty} 12$				5	2,467	.767.
									•		/
	Reconciliation of	f Expense	s per Audited I	Finar	ncial Stateme				•		1.0.0
Part XII	Reconciliation of Complete if the organi	f Expense	es per Audited I ered "Yes" to Form	Finar 990, F	ncial Stateme Part IV, line 12a.	ents Wi	th Expension	ses per	•	rn.	
Part XII 1 Total e	Reconciliation of Complete if the organi expenses and losses pe	f Expense ization answ er audited fir	es per Audited I ered "Yes" to Form s nancial statements	Finar 990, F	ncial Stateme Part IV, line 12a.	ents Wi	th Expension	ses per	•		
Part XII 1 Total e 2 Amound	Reconciliation of Complete if the organi expenses and losses pents included on line 1 b	f Expense ization answe er audited fir put not on Fo	es per Audited I ered "Yes" to Form nancial statements rm 990, Part IX, line	-inar 990, F 25:	Part IV, line 12a.	ents Wi	th Expens	ses per	Retu	rn.	
Part XII 1 Total e 2 Amound	Reconciliation of Complete if the organi expenses and losses pe	f Expense ization answe er audited fir put not on Fo	es per Audited I ered "Yes" to Form nancial statements rm 990, Part IX, line	-inar 990, F 25:	Part IV, line 12a.	ents Wi	th Expens	ses per	Retu	rn.	
1 Total e 2 Amour a Donate	Reconciliation of Complete if the organi expenses and losses pents included on line 1 b	f Expense ization answe er audited fir out not on Fo facilities	es per Audited I ered "Yes" to Form nancial statements rm 990, Part IX, line	Finar 990, F 25:	ncial Stateme Part IV, line 12a.	ents Wi	th Expens	ses per	Retu	rn.	
Part XII1Total e2AmoundaDonatebPrior y	Reconciliation of Complete if the organi expenses and losses pe nts included on line 1 b red services and use of	f Expense ization answer ar audited fir out not on Fo facilities	es per Audited I ered "Yes" to Form nancial statements rm 990, Part IX, line	Finar 990, F 25:	Part IV, line 12a.	ents Wi 2a 2b	th Expens	ses per	Retu	rn.	
Part XII1Total e2AmoundaDonatebPrior ycOtherdOther	Reconciliation of Complete if the organi expenses and losses pents included on line 1 b red services and use of year adjustments losses (Describe in Part XIII.)	f Expense ization answer er audited fir out not on Fo facilities	es per Audited I ered "Yes" to Form s nancial statements rm 990, Part IX, line	Finar 990, F 25:	Part IV, line 12a.	2a 2b 2c 2d	th Expension	ses per	Retu	rn. 2,374	,973.
Part XII 1 Total e 2 Amount a Donate b Prior y c Other d Other e Add lin	Reconciliation of Complete if the organi expenses and losses pents included on line 1 b red services and use of year adjustments losses (Describe in Part XIII.) nes 2a through 2d	f Expense ization answer er audited fir out not on Fo facilities	es per Audited I ered "Yes" to Form s nancial statements rm 990, Part IX, line	Finar 990, F 25:	Part IV, line 12a.	2a 2b 2c 2d	th Expension	,958.	Retu	rn. 2,374 22	<u>,973.</u>
Part XII 1 Total e 2 Amount a Donate b Prior y c Other d Other e Add lin	Reconciliation of Complete if the organi expenses and losses pents included on line 1 b red services and use of year adjustments losses (Describe in Part XIII.)	f Expense ization answer er audited fir out not on Fo facilities	es per Audited I ered "Yes" to Form s nancial statements rm 990, Part IX, line	Finar 990, F 25:	Part IV, line 12a.	2a 2b 2c 2d	th Expension	,958.	1	rn. 2,374	<u>,973.</u>
Part XII 1 Total e 2 Amoun a Donate b Prior y c Other d Other e Add lin 3 Subtra 4 Amoun	Reconciliation of Complete if the organi expenses and losses pents included on line 1 b red services and use of year adjustments losses (Describe in Part XIII.) nes 2a through 2d act line 2e from line 1 nts included on Form 9	f Expense ization answer er audited fir out not on Fo facilities 90, Part IX, I	es per Audited I ered "Yes" to Form s nancial statements rm 990, Part IX, line	Finar 990, F 25:	Part IV, line 12a.	2a 2b 2c 2d	th Expension	,958.	1 2e	rn. 2,374 22	<u>,973.</u>
Part XII 1 Total e 2 Amoun a Donate b Prior y c Other d Other e Add lin 3 Subtra 4 Amoun	Reconciliation of Complete if the organi expenses and losses pents included on line 1 b red services and use of year adjustments losses (Describe in Part XIII.) nes 2a through 2d act line 2e from line 1	f Expense ization answer er audited fir out not on Fo facilities 90, Part IX, I	es per Audited I ered "Yes" to Form s nancial statements rm 990, Part IX, line	Finar 990, F 25:	Part IV, line 12a.	2a 2b 2c 2d	th Expension	,958.	1 2e	rn. 2,374 22	<u>,973.</u>
Part XII1Total e2AmountaDonatebPrior ycOtherdOthereAdd lin3Subtrate4AmountaInvest	Reconciliation of Complete if the organi expenses and losses pents included on line 1 b red services and use of year adjustments losses (Describe in Part XIII.) nes 2a through 2d act line 2e from line 1 nts included on Form 9	f Expense ization answer er audited fir out not on Fo facilities 90, Part IX, I luded on For	es per Audited I ered "Yes" to Form nancial statements rm 990, Part IX, line ine 25, but not on lir m 990, Part VIII, line	Finar 990, F 25: ne 1: ⇒7b	Part IV, line 12a.	2a 2b 2c 2d	th Expension	,958.	1 2e	rn. 2,374 22	,973. ,958. ,015.
Part XII1Total e2AmoundaDonatebPrior ycOtherdOthereAdd lin3Subtrate4AmoundaInvestbOther	Reconciliation of Complete if the organi expenses and losses pents included on line 1 b red services and use of year adjustments losses (Describe in Part XIII.) nes 2a through 2d act line 2e from line 1 nts included on Form 9 ment expenses not incl (Describe in Part XIII.)	f Expense ization answer er audited fir out not on Fo facilities 90, Part IX, I luded on For	es per Audited I ered "Yes" to Form nancial statements rm 990, Part IX, line ine 25, but not on lir m 990, Part VIII, line	Finar 990, F 25: ne 1: ⇒ 7b	Part IV, line 12a.	2a 2b 2c 2d 4a 4b	th Expension	,958.	1 2e	rn. 2,374 22 2,352	<u>,973.</u> ,958. ,015.
Part XII1Total e2AmoundaDonatebPrior ycOtherdOthereAdd lin3Subtrate4AmoundaInvestbOthercAdd lin5Total e	Reconciliation of Complete if the organi expenses and losses pents included on line 1 b red services and use of year adjustments losses (Describe in Part XIII.) nes 2a through 2d act line 2e from line 1 nts included on Form 9 ment expenses not incl (Describe in Part XIII.)	f Expense ization answer er audited fir out not on Fo facilities 90, Part IX, I luded on For and 4c. (<i>This</i>)	es per Audited I ered "Yes" to Form s nancial statements rm 990, Part IX, line ine 25, but not on lin m 990, Part VIII, line <i>must equal Form 9</i> 5	Finar 990, F 25: ne 1: ⇒ 7b	Part IV, line 12a.	2a 2b 2c 2d 4a 4b	th Expension	,958.	1 2e 3	rn. 2,374 22	<u>,973.</u> ,958. ,015.

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 X, LINE 2:

FOR THE YEAR ENDED DECEMBER 31, 2014, READ GLOBAL HAS DOCUMENTED ITS

CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR

REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL

UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN

THE FINANCIAL STATEMENTS.

432054 10-01-14

15580602 745960 27550

SCHEDULE F (Form 990)			ivities Outside the Ur n answered "Yes" on Form 990, Part			OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Information ab	out Sobodulo E	Attach to Form 990. (Form 990) and its instructions is at			Open to Public Inspection
Name of the organization		out Schedule F		www.irs.gov/fo		ntification number
······						
RURAL EDUCATI					23-2656	
		ctivities Ou	tside the United States. Comple	ete if the organ	ization answere	d "Yes" on
	art IV, line 14b.					
-	•		ds to substantiate the amount of its gra the selection criteria used to award the		· _	Yes No
2 For grantmakers. D United States.	Describe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistance	outside the
	n. (The following Parl	t I, line 3 table ca	an be duplicated if additional space is I	needed.)		
(a) Region	(b) Number of offices in the region	employees, agents, and independent	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to	is a pro	vity listed in (d) gram service, e specific type	(f) Total expenditures for and investments
		contractors in region	recipients located in the region)	of servio	ce(s) in region	in region
				PARTNERING COMMUNITIES COMMUNITY I		
SOUTH ASIA	3	35	PROGRAM SERVICES	RESOURCE CE	ENTERS AS	1,328,465.
3 a Sub-total	3	35				1,328,465.
b Total from continuat	tion	0				0.
sheets to Part I c Totals (add lines 3a and 3b)		35				1,328,465.
,						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART V FOR COLUMN (E) DESCRIPTIONS

Schedule F (Form 990) 2014

432071 09-24-14

23-2656376

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			C					
	he grantee or counse	el has provided a sectior	recognized as charities by the n 501(c)(3) equivalency letter					

23-2656376

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2014

Page 3

Schedule F (Form 990) 2014 RURAL EDUCATION & DEVELOPMENT, INC. Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)</i>	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2014

432074 09-24-14

	(Form 990) 201			&	DEVELOPMENT,	INC.	23-2656376	Page 5
Part V	Suppleme	ntal Informat	ion					

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

PART I, LINE 3, COLUMN (E):

REGION: SOUTH ASIA

(E) SPECIFIC TYPES OF SERVICES IN REGION: PARTNERING WITH RURAL

COMMUNITIES TO BUILD COMMUNITY LIBRARY AND RESOURCE CENTERS AS VEHICLES

FOR SOCIAL AND ECONOMIC TRANSFORMATION.

432075 09-24-14	Schedule F (Form 990) 2014
L5580602 745960 27550	33 2014.05093 RURAL EDUCATION & DEVELOPME 275504

SCHEDULE G	0	utal lufa un atian Danaudin		-l		A		OMB No. 1545-0047
(Form 990 or 990-EZ)	••	ental Information Regarding e organization answered "Yes" to	-		• •			2014
		organization entered more than \$1	15,000	on Fo	rm 990-EZ, line 6a.			Open to Public
Department of the Treasury Internal Revenue Service	Information a	► Attach to Form 99 bout Schedule G (Form 990 or 990-EZ				nov/fo	rm 990	Inspection
Name of the organization	1						Employer ic	lentification number
		DUCATION & DEVELOR					23-265	
	complete this par	• Complete if the organization answ t.	ered "Y	'es" to	o Form 990, Part IV, I	ine 17	7. Form 990-E	Z filers are not
		sed funds through any of the follow	ing acti	vities.	Check all that apply			
a 🔀 Mail solicitat	ons	e X Solicita	ation of	non-g	overnment grants			
	email solicitations			•	nment grants			
c X Phone solicit		g ⊥X ∣ Specia	l fundra	aising	events			
d X In-person sol		or oral agreement with any individua	l (inclu	dina o	fficare directore tru	otooo	or	
Ũ		or oral agreement with any individua Part VII) or entity in connection with (•	Ũ				es 🗌 No
	-	lividuals or entities (fundraisers) purs			•			
compensated at le	•	· / /		5				
			(;;;)	Did		(v)	Amount paid	
(i) Name and address		(ii) Activity	fundi have c	Did raiser ustody	(iv) Gross receipts	tò (c	r retained by	
or entity (fund	raiser)		or cor	ntrol of utions?	from activity		fundraiser ed in col. (i)	organization
PAMELA JOYCE - 120	LINDEN		Yes	No				
LANE, SAN RAFAEL, O	CA 94901	FUNDRAISING CONSULTING		X	0.		13,050	-13,050.
SMARTER GOOD - 180	9тн							
AVENUE, SAN FRANCIS	SCO, CA	GRANT MANAGEMENT SERVICES		x	0.		14,000	14,000.
Total							27,050	-27,050.
		on is registered or licensed to solicit		oution	I s or has been notifie	L d it is		
or licensing.								
HA For Paperwork Pa	duction Act Not	ice, see the Instructions for Form	990 ~	900.	F7 9	Scher	lule G (Form	990 or 990-EZ) 2014
		FOR CONTINUATIONS	550 01	550-	3	, . (000 01 000-LZJ ZU 14
432081 08-28-14								
			34					

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5.000.

		or fullulaising event contributions and gr					-	
			(a) Event #1		(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
e			(event type)		(event type)		(total number)	001. (0 <i>)</i>
enu								
Revenue	1	Gross receipts						
	2	Less: Contributions						
\rightarrow	3	Gross income (line 1 minus line 2)						
	4	Cash prizes						
	5	Noncash prizes						
s	Ŭ							
Direct Expenses	6	Rent/facility costs						
벙	7	Food and beverages						
Dire	'							
- 1	8	Entertainment						
	9	Other direct expenses						
	10	Direct expense summary. Add lines 4 through					•	
	11							
Pa		III Gaming. Complete if the organization	answered "Yes" to Forn	n 990, l	Part IV, line 19, or r	repo	ted more than	
		\$15,000 on Form 990-EZ, line 6a.						
				(b)	Pull tabs/instant	,		(d) Total gaming (add
Revenue			(a) Bingo		/progressive bingo	(c) Other gaming	col. (a) through col. (c)
eve								
۳	1	Gross revenue						
	-							
ő	2	Cash prizes						
Jse								
bei	3	Noncash prizes						
Direct Expenses								
rec	4	Rent/facility costs						
ā								
	5	Other direct expenses						
		· · · · · · · · · · · · · · · · · · ·	Yes %		Yes %		Yes %	
	6	Volunteer labor	□ No		No		No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)					
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)					
9	Ent	ter the state(s) in which the organization condu	ucts gaming activities:					
а	ls t	the organization licensed to conduct gaming a	ctivities in each of these	e states	?			🔄 Yes 🔛 No
b	lf "	No," explain:						
10a	We	ere any of the organization's gaming licenses re	evoked, suspended or to	erminat	ed during the tax	year	?	🔛 Yes 🔛 No
b	lf "	Yes," explain:						
43208	32 08	8-28-14					Schedule G (Fo	orm 990 or 990-EZ) 2014
								-

Schedule G (Form 990 or 990-EZ) 2014 RURAL EDUCATION & DEVE	LOPMENT, INC. 23-2	656376 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		
to administer charitable gaming?		Yes No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility		13a %
b An outside facility		13b %
14 Enter the name and address of the person who prepares the organization's gai		•
Name ►		
Address		
15a Does the organization have a contract with a third party from whom the organiz	ation receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization $igstar{}$	\$ and the amount	
of gaming revenue retained by the third party ▶\$		
c If "Yes," enter name and address of the third party:		
Name ►		
Address ►		
Address		
16 Gaming manager information:		
o Gaming manager mormation.		
Name		
Gaming manager compensation 🕨 \$		
Description of services provided		
Director/officer Employee Independer	nt contractor	
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions fro	m the gaming proceeds to	
retain the state gaming license?		
b Enter the amount of distributions required under state law to be distributed to a		•
organization's own exempt activities during the tax year 🕨 \$		
Part IV Supplemental Information. Provide the explanations required by Par	t I, line 2b, columns (iii) and (v), and Part III, li	nes 9, 9b, 10b, 15b,
15c, 16, and 17b, as applicable. Also provide any additional information	on (see instructions).	
SCHEDULE G, PART I, LINE 2B, LIST OF TEN H	IIGHEST PAID FUNDRAISER	.S :
/->		
(I) NAME OF FUNDRAISER: PAMELA JOYCE		
(I) ADDRESS OF FUNDRAISER: 120 LINDEN LANE	E, SAN RAFAEL, CA 9490	1
(I) NAME OF FUNDRAISER: SMARTER GOOD		
		110
(I) ADDRESS OF FUNDRAISER: 180 9TH AVENUE,	SAN FRANCISCO, CA 94	118
	0-1-11-0/5	
432083 08-28-14	Schedule G (Form	1 990 or 990-EZ) 2014

36 15580602 745960 27550 2014.05093 RURAL EDUCATION & DEVELOPME 27550__4

Stadule 2 (form 920 or 920 E	Schedule G (Form 990 or 9 Part IV Suppleme	990-EZ) RURAL	EDUCATION	& DEVELOPMENT,	INC.	23-2656376	Page 4
J84 J1-14		ntal information (co	ontinued)				
J84 J1-14							
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	15-01-14			37			0 4

 $15580602 \ 745960 \ 27550$

2014.05093 RURAL EDUCATION & DEVELOPME 27550__4

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

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.



RURAL EDUCATION & DEVELOPMENT, INC. Employer identification number 23-2656376

OMB No 1545-0047

Open to Public

Inspection

14

FORM 990, PART I, AMENDED RETURN:

THE ORIGINAL 990 WAS PREPARED PRIOR TO THE COMPLETION OF THE 2014

AUDIT. THE AMENDED RETURN REFLECTS SUBSEQUENT AUDIT ADJUSTMENTS. DUE TO

THESE ADJUSTMENTS, PARTS I, III, VIII, IX, X, XI AND XII ALONG WITH

SCHEDULES A, D AND O HAVE BEEN UPDATED.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WITH EACH CENTER, READ ALSO SEEDS A FOR-PROFIT "SUSTAINING ENTERPRISE"

SMALL BUSINESS THAT GENERATES INCOME TO FUND THE ONGOING COSTS OF THE

CENTER. THE CENTERS ARE BUILT BY READ AND OWNED BY THE COMMUNITY.

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

15,761 ADULTS PARTICIPATED IN LIVELIHOOD SKILLS DEVELOPMENT, 2246

PEOPLE TOOK COMPUTER CLASSES, AND 906 COMMUNITY MEMBERS PARTICIPATED IN

CAPACITY-BUILDING TRAINING TO MORE EFFECTIVELY RUN READ CENTERS AND

MEET THE NEEDS OF RURAL VILLAGERS.

FORM 990, PART VI, SECTION A, LINE 2:

ANTONIA NEUBAUER AND LAWRENCE NEUBAUER HAVE A FAMILY RELATIONSHIP.

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

THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS, AND REVIEWED BY

SENIOR MANAGEMENT. THE BOARD RECEIVED A COPY OF THE FORM 990 BEFORE IT WAS

FILED WITH THE IRS.

FORM 990, PART V	I, SECTION B, LINE 1	.2C:		_
LHA For Paperwork Reductio	n Act Notice, see the Instructions for	Form 990 or 990-EZ.	Schedule O (Form 990 or 990-EZ) (2014)	•
		38		
580602 745960 275	550 2014.050	93 RURAL EDUCATION	& DEVELOPME 27550 4	

15580602 745960 27550

Schedule O (Form 990 or 990-EZ) (2014) Page 2										
Name of the organization	RURAL EDUCATION & DEVELOPMENT, INC.	Employer identification number 23-2656376								
IN CONNECTION	WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTE	EREST, AN								
INTERESTED PAP	RTY DISCLOSES THE EXISTENCE OF THE FINANCIAL	AND/OR PERSONAL								
INTERESTS AND	IS GIVEN THE OPPORTUNITY TO DISCLOSE ALL MAT	ERIAL FACTS TO								
THE DISINTERES	STED DIRECTORS.									

AFTER DISCLOSURE OF THE FINANCIAL OR PERSONAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSIONS WITH THE INTERESTED PARTY, HE OR SHE LEAVES THE BOARD MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS DECIDES IF A CONFLICT OF INTEREST EXISTS.

AN INTERESTED PARTY MAY MAKE A PRESENTATION AT THE BOARD OF DIRECTORS MEETING, BUT AFTER THE PRESENTATION HE OR SHE LEAVES THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT INVOLVING THE POSSIBLE CONFLICT OF INTEREST.

THE CHAIR OF THE BOARD OF DIRECTORS, IF APPROPRIATE, APPOINTS A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT.

AFTER EXERCISING DUE DILIGENCE, THE BOARD OF DIRECTORS DETERMINES WHETHER READ CAN OBTAIN WITH REASONABLE EFFORTS A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST.

IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY

POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE

BOARD OF DIRECTORS DETERMINES BY A MAJORITY VOTE OF THE DISINTERESTED 432212 08-27-14 Schedule O (Form 990 or 990-EZ) (2014) 39

15580602 745960 27550

2014.05093 RURAL EDUCATION & DEVELOPME 27550_4

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization RURAL EDUCATION & DEVELOPMENT, INC.	Employer identification number 23-2656376
DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN RE	AD'S BEST
INTEREST, FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR AND	REASONABLE. IN
CONFORMITY WITH THE ABOVE DETERMINATION, IT MAKES ITS DEC	ISION AS TO
WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT.	
FORM 990, PART VI, SECTION B, LINE 15A:	
COMPENSATION FOR THE TOP MANAGEMENT OFFICIAL WAS REVIEWED	BY THE CHAIRMAN
OF THE BOARD. COMPARABLE DATA WAS USED IN THE COMPENSATIO	N PROCESS AND THE
PROCESS WAS DOCUMENTED. THE LAST COMPENSATION REVIEW TOOK	PLACE IN MAY
2015.	
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 REQ	UEST.
432212 08-27-14 Schee	dule O (Form 990 or 990-EZ) (2014)
40	

TAXABLE YEARCalifornia Exempt Organization2014Annual Information Return

	201	4	Annual Informa	tion Return						199
Calenc	dar Yeai	r 2014 or fi	scal year beginning (mm/dd/yyyy)			, and ending	(mm/dd/yy	yy)		
Corpo	oration/Or	rganization Na	ame				Cal	ifornia corp	oration n	umber
			TION & DEVELOPM	ENT, INC.				3310	434	
Additi	onal Into	rmation. See	instructions.				FE	<u>23-2</u>	656	276
Street	address	s (suite or roor	m)					PMB no.	020	570
		2928						T MB Ho.		
City	0011						State	ZIP code		
SAN	I FR	ANCIS	CO				CA	9412	9	
	n countr			Foreign province/state/o	county			Foreign p	ostal co	de
A Fi	irst Retu	urn				npt under R&TC			-	
B A	mendeo	d Return 💠		• X Yes No		ed in political act				
			(1) trust	Yes X No I		organization exer	-			'01g? ● Yes 🚺 No
D Fi		ormation Re				" enter the gross				•
•			Surrendered (Withdrav ganized Enter date: (mm/dd/yyyy)			s nization is exemp				
		counting m		'	-	eets the filing fee				
				Other		equired.				
		eturn filed?		1		organization a Li				
(1	1) • 🗌	990T				organization file				
		• • •	? See instructions.	• Yes X No		taxable income?				
			n a group exemption?	Yes X No		organization und				
lf	"Yes," v	what is the p	parent's name?			dited in a prior y				
	id tha a	rachization	have any changes to its guidelines		P Is an II	RS Form 1023/10	J24 pending	<u>]?</u>		Yes X No
			TB? See instructions.		Date III					
Par	tl	Complete P	art I unless not required to file thi	s form. See General Insti	ructions E	and C.				
			ss sales or receipts from other sour					•	1	81,745.00
		2 Gros	ss dues and assessments from me	mbers and affiliates				•	2	00
Rec	eipts	3 Gros	ss contributions, gifts, grants, and	similar amounts received			STMT	<u>1</u> •	3	2,387,897. ₀₀
	ind	4 This	ss contributions, gifts, grants, and gross receipts for filing requirement test. line must be completed. If the result is lea	ss than \$50,000, see General li	nstruction E	3		•	4	2,469,642. ₀₀
	enues	5 Cost	t of goods sold t or other basis, and sales expenses		•	5 6	1 0 7	00		
								5.00	7	1,875.00
		7 Tota 8 Tota	Il costs. Add line 5 and line 6	m line A					7	2,467,767.00
			Il gross income. Subtract line 7 from Il expenses and disbursements. Fro					•	9	2,352,015.00
Expe	enses		ess of receipts over expenses and c			line 8			10	115,752.00
			g fee \$10 or \$25. See General Instr						11	0.00
E:	l'n a		l payments						12	00
	ling ee		alties and Interest. See General Inst						13	00
'									14	00
		15 Bala	ance due. Add line 11, line 13, and lities of perjury, I declare that I have exam rrect, and complete. Declaration of prepa	line 14. Then subtract line	e 12 from	the result	ements, and to	O the best o	15 f my kno	wiedge and belief.
0:		it is true, co	rrect, and complete. Declaration of prepa	rer (other than taxpayer) is bas		formation of which		ny knowled	lge.	
Sign		Signature of officer			Title FYFCI	JTIVE DI	Date			Telephone
Here		of officer		ł	-	Date	Check	. ;¢		PTIN
		Preparer's signature						mployed		
Paid		Firm's name						-		● FEIN
Prepa	rer's	(or yours, if self-	GELMAN, ROSENB							52-1392008
Use O	nly	employed) and address	4550 MONTGOMER		6501	1			_	Telephone
			BETHESDA, MD 2						_	(301) 951-9090
		May the F	TB discuss this return with the pre	oarer shown above? See i	nstructior	IS		• X	Yes	No

L

RURAL E	DUCATION	&	DEVELOPMENT,	INC.	

428951 11-26-14

115,752.

	1	Gross sales or receipts from all	business a	ctivities. See instru	ctions		•	1		50,221. ₀₀
	2	Interest					•	2		28,202. ₀₀
		Dividends						3		00
Receipts		Gross rents						4		00
from	5	Gross royalties					•	5		00
Other	6	Gross amount received from sa	le of assets	s (See Instructions)		STZ	ATEMENT 2 •	6		2,021. ₀₀
Sources		Other income				SEE STA	ATEMENT 3 •	7		1,301.00
	8	Total gross sales or receipts fro	om other so	ources. Add line 1 th	hrough	line 7. Enter here and	on Side 1, Part I, line 1	8		81,745. ₀₀
	9	Contributions, gifts, grants, and	l similar an	nounts paid			•	9		00
	10	Disbursements to or for membe	ers				•	10		00
	11	Compensation of officers, direc	tors, and tr	ustees		SEE STA	ATEMENT 4 \bullet	11		127,502. ₀₀
	12	Other salaries and wages					•	12		648,749. ₀₀
Expenses	s 13	Interest					•	13		00
and	14	Taxes					•	14		33,946. ₀₀
Disburse		Rents						15		87,130. ₀₀
ments	16	Depreciation and depletion (See Other Expenses and Disbursem	e instructio	ns)			•	16		10,215. ₀₀
	17	Other Expenses and Disbursem	ents			SEE STA	ATEMENT 5 \bullet	17		,444,473. ₀₀
	18	Total expenses and disburseme	ents. Add li					18		,352,015. ₀₀
Sched	ule L	Balance Sheets		Beginning of	ftaxabl			d of tax	kable y	
Assets				(a)		(b)	(C)			(d)
						3,499,939			•	2,226,791.
		s receivable				62,343	•		•	45,488.
		ceivable							•	
4 Inver	ntories								•	
		state government obligations							•	
		in other bonds							•	
7 Inves	stments	in stock							•	
8 Mort									•	
9 Othe	r invest	ments STMT 6				524			•	
10 a De	preciat	le assets		129,434.			71,3			
		mulated depreciation	(62,026.)		67,408	. (11,351	L.)		59,959.
11 Land		STMT 7							•	
12 Othe	r assets	STMT 7				17,987			•	1,406,576.
13 Tota	assets	3				3,648,201	•			3,738,814.
Liabilitie						100 (81				100 500
14 Acco	unts pa	yable				128,671	•		•	103,532.
		s, gifts, or grants payable							•	
		notes payable							•	
		payable							•	
		es								
		c or principal fund							•	
		tal surplus. Attach reconciliation			_	2 510 520	-		•	2 625 202
		nings or income fund				3,519,530			•	3,635,282. 3,738,814.
		ties and net worth	L			3,648,201	•			3,730,014.
Sched	ule N	1-1 Reconciliation of income Do not complete this sche				e 13, column (d), is le	ess than \$50,000.			
1 Net i	ncome	per books	•	115,7	52.	7 Income recorde	d on books this year			
		me tax				not included in	this return.		•	
		pital losses over capital gains					nis return not charged			
		recorded on books this year				against book ind	come this year		•	
		corded on books this year not				9 Total. Add line 7				
		this return				10 Net income per				

6 Total. Add line 1 through line 5

3652144

Subtract line 9 from line 6

115,752.

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FORM 199 IN	CASH CONTRIBUTIONS CLUDED ON PART I, LINE 3	ST	ATEMENT 1
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
MONICA MCGUE	205 LAUREL GROVE AVENUE KENTFIELD, CA 94904	12/31/14	5,250.
JAGJIT KAUR	119 TRAMWAY ROAD INCLINE VILLAGE, NV 89451	12/31/14	5,475.
MICHAEL HIRSCHHORN & JIMENA MARTINEZ	307 STERLING PLACE BROOKLYN, NY 11238	12/31/14	5,500.
KAREN & STEPHEN WIEL	930 TAHOE BLVD., #802-373 INCLINE VILLAGE, NV 89451	12/31/14	5,850.
MYTHS AND MOUNTAINS, INC.	976 TEE COURT INCLINE VILLAGE, NV 89451	12/31/14	5,805.
ASHISH GUPTA & KANCHANA SHAHI	20 MOUNT ECHO PARK SINGAPORE 248783	12/31/14	7,192.
ALEXANDER CHARLES HUNGATE	8 NAPIER ROAD SINGAPORE 258502	12/31/14	7,750.
SEAN AND LISA WALLACE	27A SWETTENHAM ROAD SINGAPORE 248128	12/31/14	7,800.
T & J MEYER FAMILY FOUNDATION	3 KENDRICK MEWS LONDON UNITED KINGDOM SW7 3HG	12/31/14	10,000.
MR. JEREMY BREST	814 TOLMAN DRIVE STANFORD, CA 94305	12/31/14	10,000.
SCHWAB CHARITABLE FUND	211 MAIN STREET SAN FRANCISCO, CA 94105	12/31/14	7,568.
VICTORIA LAUTMAN	3100 N. SHERIDAN, #58 CHICAGO, IL 60657	12/31/14	12,400.
KATE KINLEY GREGG	50 PU'U ANOANO ST #704 LAHAINA, HI 96751-1955	12/31/14	12,500.
MARY GUINAN	930 TAHOE BLVD, NO. 802 PAKMAIL NO. 529 INCLINE VILLAGE, NV 89451	12/31/14	15,125.
THE NEW YORK COMMUNITY TRUST:GREGG, KATE	909 THIRD AVE NEW YORK, NY 10022	12/31/14	21,000.

RURAL EDUCATION & DEVEL	OPMENT, INC.		23-2656376
NEUBAUER, LAWRENCE & JILLIAN	115 CENTRAL PARK WEST # 16G NEW YORK, NY 10023	12/31/14	25,000.
ANDERSON, PAUL & MELISSA	831 BLACK ROCK ROAD GLADWYNE, PA 19035	12/31/14	25,000.
KAORI SONODA-ZAGE & RAYMOND ZAGE III	35 BELMONT RD SINGAPORE 269872	12/31/14	175,000.
ROTA FOUNDATION	P.O. BOX 5825 DOHA QATAR	12/31/14	350,000.
TOTAL INCLUDED ON LINE 3			714,215.

FORM 199	GRO	DSS	AMOUN	r from	SALE O	F ASSETS	5	 S	TATEMENT	2
DESCRIPTION					DA' ACQU		DAT SOI		THOD UIRED	
								 PUR	CHASED	
				COST OTHER	F OR BASIS	DEPREC		ENSE SALE	GROSS SALES PRI	ICE
				1	.,875.		0.	 0.	2,02	21.
TOTAL TO FORM 19	9, PAGE	2,	LN 6	1 1	.,875.		0.	 0.	2,02	21.
FORM 199				OTHER	INCOME	Ż		 S'	TATEMENT	3
DESCRIPTION									AMOUNT	
MISCELLANEOUS IN LOSS ON EXCHANGE									42,53 -41,23	
TOTAL TO FORM 19	9, PART	II,	LINE	7					1,30	01.
				5						

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FORM 199 COMP	ENSATION OF	OFFICERS,	DIRECTORS AND TRUSTEES	STATEMENT 4
NAME AND ADDRESS			TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
JANICE BERTOZZI PO BOX 29286 SAN FRANCISCO, CA	94129		CHAIR 3.00	0.
DEBORAH JACOBS PO BOX 29286 SAN FRANCISCO, CA	94129		VICE CHAIR 5.00	0.
SABINA AHMED PO BOX 29286 SAN FRANCISCO, CA	94129		TREASURER 3.00	0.
ANTONIA NEUBAUER PO BOX 29286 SAN FRANCISCO, CA	94129		FOUNDER 5.00	0.
BRIAN BANNON PO BOX 29286 SAN FRANCISCO, CA	94129		DIRECTOR 3.00	0.
EDWARD LHEE PO BOX 29286 SAN FRANCISCO, CA	94129		DIRECTOR 4.00	0.
SEAN WALLACE PO BOX 29286 SAN FRANCISCO, CA	94129	2	DIRECTOR 1.00	0.
LAWRENCE NEUBAUER PO BOX 29286 SAN FRANCISCO, CA	94129		DIRECTOR 1.00	0.
ELIZABETH BORELLI PO BOX 29286 SAN FRANCISCO, CA	94129		DIRECTOR 1.00	0.
RAPHAEL BEMPORAD PO BOX 29286 SAN FRANCISCO, CA	94129		DIRECTOR 1.00	0.
KAREN SAGE PO BOX 29286 SAN FRANCISCO, CA	94129		DIRECTOR 1.00	0.

RURAL EDUCATION & DEVELOPMENT	, INC.		23-2656376
CHRISTINA SCIABICA PO BOX 29286 SAN FRANCISCO, CA 94129		EXECUTIVE DIRECTOR 40.00	127,502.
TOTAL TO FORM 199, PART II, LIN	IE 11		127,502.
FORM 199	OTHER	EXPENSES	STATEMENT 5
DESCRIPTION			AMOUNT
PROGRAM EXPENSES PROJECT EXPENSES WORKSHOPS AND TRAININGS CONSTRUCTION EXPENSES OTHER EMPLOYEE BENEFITS LEGAL FEES ACCOUNTING FEES PROFESSIONAL FUNDRAISING FEES OTHER PROFESSIONAL FEES ADVERTISING AND PROMOTION OFFICE EXPENSES INFORMATION TECHNOLOGY TRAVEL CONFERENCES AND CONVENTIONS ALL OTHER EXPENSES TOTAL TO FORM 199, PART II, LIN	IE 17		719,325. 37,612. 36,650. 25,137. 53,403. 484. 127,076. 27,050. 116,270. 10,440. 111,383. 13,180. 120,852. 8,953. 36,658. 1,444,473.
FORM 199 0	THER IN	VESTMENTS	STATEMENT 6
DESCRIPTION		BEG. OF YEAR	END OF YEAR
PUBLICLY TRADED SECURITIES		524.	0.
TOTAL TO FORM 199, SCHEDULE L,	LINE 9	524.	0.

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FORM 199 OTHER ASSETS		STATEMENT 7
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE PREPAID EXPENSES AND DEFERRED CHARGES SECURITY DEPOSITS	10,792. 584. 6,611.	1,401,283. 897. 4,396.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	17,987.	1,406,576.

TAXABLE YE 2014		ornia e-file Return Author npt Organizations	rization f	or		FORM 8453-EO
Exempt Organiza	ation name				ldent	ifying number
RURAL	EDUCATION	& DEVELOPMENT, INC.			23	-2656376
Part I Ele	ectronic Return In	formation (whole dollars only)				
•	ross receipts (Form					1 2,469,642.00
-	ross income (Form					2 2,467,767.00 3 2,352,015.00
3 Total ex	penses and disbur	sements (Form 199, line 9)				3 2,352,015.00
Part II Se	ttle Your Account	Electronically for Taxable Year 2014				
	ectronic funds with			thdrawal date (mm/dd/	уууу)	
		(Have you verified the exempt organization's b	panking informat	ion?)		
5 Routing			/		Г	
6 Account			7 Type of a	ccount: Checkin	gц	Savings
	eclaration of Office	er s account to be settled as designated in Part II. If I ch	eck Part II Rox 4	l authorize an electronic f	unds v	ithdrawal for the amount listed
on line 4a.	oxompt organization		ook i uit ii, box i,			
Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2014 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization's return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider, the reason(s) for the delay.						
Sign	Signature of Officer	Date	EXECUTI	VE DIRECTOR		
Here	Signature of Officer	Date	The			
Part V De	eclaration of Elect	ronic Return Originator (ERO) and Paid Prep	arer.			
I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-E0 are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-E0 accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-E0 before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2014 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-E0 on file for four years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.						
ERO signa	's- ature		Date	Check if Check also paid if self preparer emplo	- r	ERO'S PTIN
Must Firm	's name (or yours	GELMAN, ROSENBERG & FRE	EDMAN		FEI	
	lf-employed) address	4550 MONTGOMERY AVE SUI BETHESDA, MD	TE 650N		ZIP	Code 20814 - 2930
Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.						
Paid Preparer	Paid preparer's signature		Date	Check if self- employed		Paid preparer's PTIN
Must	Firm's name (or yours	GELMAN, ROSENBERG & F	REEDMAN		FEI	52-1392008
Sign	if self-employed) and address	▼ 4550 MONTGOMERY AVE S BETHESDA, MD		N	ZIP	Code 20814 - 2930
For Privacy	Notice, get FTB 1	131 ENG/SP.				FTB 8453-EO 2014

429021 11-06-14