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Department of the Treasury

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.

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service and ending A For the 2016 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change RURAL EDUCATION & DEVELOPMENT, INC Name change READ GLOBAL 23-2656376 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ PO BOX 29286 415-563-3362 terminated G Gross receipts \$ 1,472,930. City or town, state or province, country, and ZIP or foreign postal code Amended return SAN FRANCISCO, CA 94129 H(a) Is this a group return Applica-F Name and address of principal officer: CHRISTINA SCIABICA for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? 501(c) ( Tax-exempt status: X 501(c)(3) 4947(a)(1) or ) ◀ (insert no.) If "No," attach a list. (see instructions) J Website: NEADGLOBAL.ORG **H(c)** Group exemption number ▶ **K** Form of organization: X Corporation Trust Association Other > L Year of formation: 1992 M State of legal domicile: PA Part I Summary "READ" PARTNERS WITH THREE IN Briefly describe the organization's mission or most significant activities: Activities & Governance COUNTRY ORGANIZATIONS IN RURAL VILLAGES TO ESTABLISH COMMUNITY Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 10 Number of independent voting members of the governing body (Part VI, line 1b) 10 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 10 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b 0. **Prior Year** Current Year Contributions and grants (Part VIII, line 1h) 572.044. 1,468,353. Revenue 0 0 Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) 581 39. 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 149 780. 572 774 1 469 172. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ 1,688,348 1,106,142. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 480,400, 387,854. Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 32 347 30 625. **b** Total fundraising expenses (Part IX, column (D), line 25) 373,866 352,568. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,574,961 1,877,189. -2,002,187. -408,017. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year** End of Year 1,175,541 1,774,006. Total assets (Part X, line 16) 27,950. 50,417 21 Total liabilities (Part X, line 26) Net/ 1,125,124, 1,746,056. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign NAITA SAECHAO CHIALVO, DEPUTY DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature JENNIFER BECKER HARRIS JENNIFER BECKER HARRIS Paid 11/13/17 P00183358 Firm's name CLARK NUBER P.S. Preparer Firm's EIN ▶ 91-1194016 Firm's address 10900 NE 4TH, SUITE 1700 Use Only Phone no.425-454-4919 BELLEVUE, WA 98004

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes

Ра	Itt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	RURAL EDUCATION & DEVELOPMENT, INC (READ) PARTNERS WITH THREE IN	
	COUNTRY ORGANIZATION IN RURAL VILLAGES TO ESTABLISH COMMUNITY LIBRARY	
	AND RESOURCE CENTERS (READ CENTERS) AS VEHICLES FOR SOCIAL AND	
	ECONOMIC TRANSFORMATION, READ CENTERS OFFER TRAINING PROGRAMS IN	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	l expenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$1,416,823. including grants of \$1,106,142. ) (Revenue \$	)
	IN 2016, READ SUPPORTED THREE INDEPENDENT LOCAL ORGANIZATIONS (READ	
	NEPAL, READ INDIA, AND READ BHUTAN) AS 13 NEW CENTERS OPENED ACROSS ALL	
	THREE COUNTRIES REACHING A TOTAL OF 99 CENTERS (COMMUNITY LIBRARIES): 9	
	TOTAL IN BHUTAN, 25 TOTAL IN INDIA, AND 65 TOTAL IN NEPAL. WITH READ	
	SUPPORT, THESE THREE INDEPENDENT ORGANIZATIONS WERE ALSO ABLE TO OFFER	
	PROGRAMS ON WOMEN'S EMPOWERMENT, LITERACY, ECONOMIC EMPOWERMENT, AND	
	OTHER LIFE-CHANGING PROGRAMS TO NEARLY 75,000 RURAL VILLAGERS (47,620	
	WOMEN INCLUDED). IN ADDITION TO THE NEW RESOURCES AVAILABLE AT ALL READ	
	CENTERS, READ SUPPORTED NEW TARGETED TRAININGS AND PROGRAMS ACROSS THE	
	REGION.	
46		
4b	(Code:) (Expenses \$	,
4c	(Code:) (Expenses \$	,
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses ► 1,416,823.	

## Form 990 (2016) RURAL EDUCATION & Dark IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
•	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
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?			1
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			ĺ
	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			ĺ
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			.,
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446		x
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		^
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	77	Х
14a	, 1 , , ,	14a	Х	
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			1
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	14b	х	1
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	IHU		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	-		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	х	1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х

# Form 990 (2016) RURAL EDUCATION & DEVELOPME Part IV Checklist of Required Schedules (continued)

			Yes	No
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
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			۱,,
	Schedule K. If "No", go to line 25a	24a		Х
	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	04-		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
<b>2</b> 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		х
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
Ь	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Cabadida I Dart 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	200		
	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			
	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		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	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	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
00	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		Х
33		33		х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		Λ
34		34		х
35a	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
-	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

23-2656376

## Form 990 (2016) RURAL EDUCATION & DEVELOPMENT, INC Part 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					Ш
			1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	2			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and					
	(gambling) winnings to prize winners?		 I	1c	Х	
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		5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)				
				3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		•			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	ınt)?	4a	Х	
b	If "Yes," enter the name of the foreign country: ► BHUTAN					
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A					
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans-			5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5с		
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to			0-		x
<b>L</b>	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contribu			6a		
D	were not tax deductible?		-	6b		
7	Organizations that may receive deductible contributions under section 170(c).			OD		
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices	provided to the payor?	7a	Х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v					
•	to file Form 8282?		•	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year		1			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		ct?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 8	899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation	file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	ne			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
	Section 501(c)(7) organizations. Enter:	l	1			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	۔ مدا	i			
	Gross income from members or shareholders	11a				
D	Gross income from other sources (Do not net amounts due or paid to other sources against	116				
100	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b	2	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	į l	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	l			
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
-	<b>Note.</b> 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				
С	Enter the amount of reserves on hand					
				14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O		14b		

Form 990 (2016) RURAL EDUCATION & DEVELOPMENT, INC 23-2656376 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.		•							
	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 10									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2	х							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, or trustees, or key employees to a management company or other person?	3		х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х						
6										
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		Х						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	Х							
	Each committee with authority to act on behalf of the governing body?	8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X							
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	in Schedule O how this was done	12c	X							
13	Did the organization have a written whistleblower policy?	13	X							
14	Did the organization have a written document retention and destruction policy?	14	Х							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-	х							
	The organization's CEO, Executive Director, or top management official	15a		х						
b	Other officers or key employees of the organization	15b								
160	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16-		х						
h	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a								
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure	100		<u> </u>						
17	List the states with which a copy of this Form 990 is required to be filed ▶CA									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availah	ماد							
.0	for public inspection. Indicate how you made these available. Check all that apply.	a v anal								
	X Own website Another's website X Upon request Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial							
.5	statements available to the public during the tax year.	IQII	Jiui							
20	State the name, address, and telephone number of the person who possesses the organization's books and records:									
_5	CHRISTINA SCIABICA - 415-563-3362									
	P.O. BOX 29286, SAN FRANCISCO, CA 94129									

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	(B) (C)						(D)	(E)	(F)
Name and Title	Average	(do		Pos heck		than	one	Reportable	Reportable	Estimated
	hours per week					is bot or/trus		compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DEBORAH JACOBS	5.00									
BOARD CHAIR		Х		Х				0.	0.	0
(2) ED LHEE	2.00									
VICE CHAIR		Х		Х				0.	0.	0
(3) SABINA AHMED	3.00									
TREASURER		Х		Х				0.	0.	0
(4) BRIAN BANNON	1.00	1								
DIRECTOR		Х						0.	0.	0 .
(5) JANICE BERTOZZI	1.00	1								
DIRECTOR		Х						0.	0.	0 .
(6) ANTONIA NEUBAUER	2.00	1								
FOUNDER		Х						0.	0.	0 .
(7) KAREN SAGE	1.00									
DIRECTOR		Х						0.	0.	0 .
(8) SEAN WALLACE	1.00							_	_	_
DIRECTOR		Х						0.	0.	0 .
(9) MELISSA ANDERSON	1.00	ł								
DIRECTOR	1 00	Х						0.	0.	0
(10) SARAH STREET	1.00	١							0	
DIRECTOR (11) CURTONIA COLLEGE	40.00	Х						0.	0.	0 .
(11) CHRISTINA SCIABICA	40.00	x		, .				120 000	0	11 010
EXECUTIVE DIRECTOR (12) NAITA SAECHAO CHIALVO	40.00	<u> </u>		Х				130,000.	0.	11,010
DEPUTY DIRECTOR, BOARD SECRETARY	40.00	1		х				74,637.	0.	0.
DEPUTE DIRECTOR, BOARD SECRETARY				_				74,037.	0.	0,
		1								
		1								
	1									
		1								
				$\vdash$						
		1								
	-	1	1	I	l	1	l	1		1

632007 11-11-16 Form **990** (2016)

(F)

(E)

(B)

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

(C)

Position

(D)

(A)

Name and title		Average hours per	box	not c , unle	heck ss pe	rson	than is bot or/trus	h an	Reportable compensation	Reportable compensation	on amount of				
		week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer B	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	ons compensati		ation e tion ted		
To Guid Total							0	1	11	,010. 0.					
	Total (add lines 1b and 1c)							<u> </u>	204,637.			11	,010.		
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed a	bove	e) wł	no r	eceived more than \$100	,000 of reportable			2		
_	5											Yes	No		
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for s										3		х		
4	For any individual listed on line 1a, is the su														
	and related organizations greater than \$15										4		х		
5	Did any person listed on line 1a receive or a							elat	ted organization or indivi	idual for services					
	rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	ıch	pers	son .				5		Х		
1	ction B. Independent Contractors  Complete this table for your five highest co	mponeated in	done	ndo	nt c	ont	roote	aro t	that received more than	\$100,000 of compor		from			
•	the organization. Report compensation for										Sation	110111			
	(A)								(B)		(	C)			
	Name and business	address	NO	NE					Description of s	ervices	Compe	ensatio	n		
2	Total number of independent contractors (i \$100,000 of compensation from the organi	ŭ	ot li	mite	d to		se li: 0	stec	d above) who received m	nore than					
											Form	<b>990</b> (	2016)		

Form 990 (2016) RURAL EDUCA
Part VIII Statement of Revenue

		Check if Schedule O conta	ins a response	or note to any lin	e in this Part VIII			
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
s, C	С	Fundraising events	1c	19,851.				
ar,		Related organizations						
imi		Government grants (contribution						
rior S	f	All other contributions, gifts, grants	s, and					
the		similar amounts not included above	e   1f	1,448,502.				
함	g	Noncash contributions included in lines 1	a-1f: \$	3,758.				
g g	h	Total. Add lines 1a-1f		<b>&gt;</b>	1,468,353.			
				Business Code				
e	2 a							
و چَ	b							
Program Service Revenue	С							
ran ev	d							
90 F	е							
≖ੋ	f	All other program service reven	iue					
$\Box$	g	Total. Add lines 2a-2f						
	3	Investment income (including o	lividends, inter	est, and				
		other similar amounts)		▶	39.			39.
	4	Income from investment of tax-	exempt bond p	oroceeds <b>&gt;</b>				
	5	Royalties		▶				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		<u></u>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)		······ •				
une	8 a	Gross income from fundraising including \$ 19,						
š		contributions reported on line 1						
Ä.		Part IV, line 18		3,758.				
Other Reven	h	Less: direct expenses						
0		Net income or (loss) from fundr			0.			
		Gross income from gaming act						
		Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gamin						
		Gross sales of inventory, less re						
		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sales						
Ī		Miscellaneous Revenue		<b>Business Code</b>				
Ī	11 a	MISC. PRODUCT SALES		900099	40.			40.
	b							
	С							
	d	All other revenue		900099	740.			740.
	е	Total. Add lines 11a-11d		<b></b>	780.			
	12	Total revenue. See instructions.			1,469,172.	0.	0.	819.

### Part IX Statement of Functional Expenses

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

Check if Schodule O contains a response or note to any line in this Part X   Check	0001	Check if Schedule O contains a respons			1 ,	
Total expenses   Program service   Program ser	Do		(A)	(B)	(C)	(D)
1 Grants and other assistance to demostic organizations and domestic operated for the process of the process			Total expenses			Fundraising expenses
2 Grants and other assistance to domestic inclividuate. Soe Part N. line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign inclividuate. See Part N. line 51 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of inclivided above, to disqualified persons (as defined under section 4958(ff)(1) and persons described in section 4958(ff)(1) and persons 4958(ff)(1) and per	1	Grants and other assistance to domestic organizations		·		•
Individuals. See Part N. Ine 22   3   Grants and other assistance to foreign organizations, foreign governments, and foreign organization grant governments, and foreign organizations, foreign governments, and foreign organization grant grant grant governments, and foreign organization grant		and domestic governments. See Part IV, line 21				
3 Grants and other assistance to foreign organizations, foreign powerments, and foreign organizations, foreign powerments, and foreign individuals. See Part IV, lines 15 and 16  4 Benefits paid to for for members Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees and persons described in section 4988(ff)(1) and eggs (1) and 989(6)(3)(8)  7 Other salaries and vages Pensis plant acrusts and contributions (include section 401(k) and 403(k)) employer contributions)  9 Other employee benefits 113,059, 4,963, 5,615, 2,461, 10 Payroll taxes 113,059, 4,963, 5,615, 2,461, 10 Payroll taxes 114,050,449, 16,170, 6,737, 4,042, 115,742, 11	2	Grants and other assistance to domestic				
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16		individuals. See Part IV, line 22				
Individuals. See Part IV, lines 15 and 16	3	Grants and other assistance to foreign				
## Benefits paid to or for members		organizations, foreign governments, and foreign				
5 Compensation of current officers, directors, trustees, and key employees   218,785,   161,129,   28,828,   28,82		individuals. See Part IV, lines 15 and 16	1,106,142.	1,106,142.		
Tustees, and keye employees   Compensation on included above, to disqualified persons (as defined under section 4980((1))) and persons (as defined under section 4980((1))) and persons described in section 4980((1)) an	4	Benefits paid to or for members				
6 Compensation not included above, to disqualified persons (as defined under section 4958(r)(3)(8)  7 Other salaries and wages  8 Pension plan acruals and contributions (include section 401(k) and 403(b) employer contributions)  9 Other employee benefits  13,059, 4,963, 5,615, 2,481,  10 Payroll taxes  126,949, 16,170, 6,737, 4,042,  11 Fees for services (non-employees):  a Management  b Legal 891, 891, 891, 891, 891, 115,742, 115	5	Compensation of current officers, directors,				
persons described in section 4986(p(1)) and persons described in section 4986(p(3)(8))  7 Other salaries and wages  8 Pension plan accruais and contributions (include section 401(k) and 403(b) employer contributions)  9 Other employee benefits  13 ,059		trustees, and key employees	218,785.	161,129.	28,828.	28,828.
persons described in section 4988(c)(3)(8) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 13,059, 4,963, 5,615, 2,481, 10 Payroll taxes 26,949, 16,170, 6,737, 4,042, 11 Fees for services (non-employees): 13 Management 15 Legal 891, 891, 891, 15,742, 115,742, 10 Lobbying 16 Professional fundraising services. See Part IV, line 17 10 Investment management fees 9 Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 146,824, 60,494, 318, 86,012, 12 Advertising and promotion 68, 68, 13 Office expenses 12,256, 823, 10,116, 1,317, 14 Information technology 13,618, 21,279, 1,339, 15 Royalties 16 Occupancy 13,618, 21,279, 1,339, 17 Travel 36,068, 13,787, 14,916, 7,365, 18 Payments of travel or entertainment expenses for any federal, state, or local public officials or line 124, 116, 116, 116, 117, 117, 117, 117, 117	6	Compensation not included above, to disqualified				
7 Other salaries and wages						
8 Pension plan accrusis and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 13,059, 4,963, 5,615, 2,481, 10 Payroll taxes 26,949, 16,170, 6,737, 4,042. 11 Fees for services (non-employees): 8 Management						
section 401(k) and 403(b) employer contributions)  Other employee benefits  13,059, 4,963, 5,615, 2,481,  10 Payroll taxes  26,949, 16,170, 6,737, 4,042,  11 Fees for services (non-employees):  a Management  Legal 891, 891, 891,  C Accounting 115,742, 115,742,  d Lobbying,  Professional fundraising services. See Part IV, line 17 1,000 (11 to 19	7		129,061.	49,043.	55,495.	24,523.
9 Other employee benefits 13,059, 4,963, 5,615, 2,481, 10 Payroll taxes 26,949, 16,170, 6,737, 4,042.	8	· · · · · · · · · · · · · · · · · · ·				
10 Payroll taxes		The state of the s				
11 Fees for services (non-employees): a Management b Legal	9		<i>'</i>	· · ·	· · · · · · · · · · · · · · · · · · ·	
a Management b Legal 891. 891. c Accounting 115,742. 115,742. d Lobbying e Professional fundraising services. See Part IV, line 17 30, 625. f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 146,824. 60,494. 318. 86,012. Advertising and promotion 68. 68. 68. 13 Office expenses 12,256. 823. 10,116. 1,317. Information technology 13,618. 12,279. 1,339. Royaltes Cocupancy 15,912. 3,992. 8,363. 3,557. Travel 36,068. 13,787. 14,916. 7,365. Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 3,105. 280. 2,545. 280. Payments to affiliates Depreciation, depletion, and amortization 3,938. 3,938. Insurance 4,146. 4,146. Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount, list line 24e expenses on Schedule O.)  a b  c c d d All other expenses 5 Total functional expenses. Add lines 1 through 24e 1,877,189. 1,416,823. 266,059. 194,307. Check net p	10		26,949.	16,170.	6,737.	4,042.
b Legal						
C Accounting 115,742. 116,824. 116,824. 116,824. 115,742. 116,824. 116,824. 116,824. 116,824. 116,824. 116,824. 116,824. 115,824. 115,824. 115,824. 115,824. 115,825			224		201	
d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)  2 Advertising and promotion 6 8. 6 8. 6 8.  3 Office expenses 12,256. 823. 10,116. 1,317. 14 Information technology 13,618. 10,799. 13,399. 15 Royalties  Cocupancy 15,912. 3,992. 8,363. 3,557. 7 Travel 36,068. 13,787. 14,916. 7,365.  19 Conferences, conventions, and meetings 19 Conferences, conventions, and meetings 3,105. 280. 2,545. 280						
e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)  2 Advertising and promotion 68. 6.  2 Advertising and promotion 68. 6.  3 Office expenses 12,255. 823. 10,116. 1,317. 17 Information technology 13,618. 12,279. 1,339.  18 Royalties 19 Cocupancy 15,912. 3,992. 8,363. 3,557.  18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 3,105. 280. 2,545. 280.  10 Interest 11 Payments to affiliates 12 Depreciation, depletion, and amortization 3,938. 3,938.  21 Insurance 4,146. 4,146.  22 Other expenses. Interiex expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e expenses on Schedule O.)  2 All other expenses. 2 Total functional expenses. Add lines 1 through 24e 2 All other expenses. 3 Total functional expenses. Add lines 1 through 24e 2 Interioration (B) joint costs from a combined educational campaign and fundraising solicitation. Check here			115,742.		115,742.	
f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)  2 Advertising and promotion  68. 68. 68.  10. Office expenses  12, 256. 823. 10, 116. 1, 317. 11 Information technology  13, 618.  Cocupancy  15, 912. 3, 992. 8, 363. 3, 557.  17 Travel  36, 068. 13, 787. 14, 916. 7, 365.  18 Payments of travel or entertainment expenses for any federal, state, or local public officials for any federal, state, or local public officials or laterated above. (List miscellameous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)  a All other expenses  Total functional expenses. Add lines 1 through 24e  1,877,189. 1,416,823. 266,059. 194,307. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check there  line line 24e, 14 following Sory 862,4869 888-720)			20 625			20 625
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)  2 Advertising and promotion 68. 68.  3 Office expenses 12,256. 823. 10,116. 1,317.  4 Information technology 13,618. 12,279. 1,339.  5 Royalties Cocupancy 15,912. 3,992. 8,363. 3,557.  7 Travel 36,068. 13,787. 14,916. 7,365.  8 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 3,105. 280. 2,545. 280.  10 Conferences, conventions, and amortization 13,938. 3,938. 3,938.  20 Interest 20 Depreciation, depletion, and amortization 3,938. 3,938. 3,938.  3 Insurance 4,146. 4,146.  4 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount, ist line 24e expenses on Schedule 0.)  a b c All other expenses Schedule O.)  a C 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			30,625.			30,625.
column (A) amount, list line 11g expenses on Sch 0.)  146,824, 60,494, 318, 86,012.  Advertising and promotion 68. 68.  68. 68.  13 Office expenses 12,2556, 823, 10,116, 1,317.  Information technology 13,618, 12,279, 1,339.  Royalties 50.  Occupancy 15,912, 3,992, 8,363, 3,557.  Travel 36,068, 13,787, 14,916, 7,365.  Payments of travel or entertainment expenses for any federal, state, or local public officials  Conferences, conventions, and meetings 3,105, 280, 2,545, 280.  Interest 51.  Payments to affiliates 52.  Depreciation, depletion, and amortization 3,938, 3,938.  Insurance 4,146, 4,146.  Uther 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.)  a b c c d e All other expenses . Add lines 1 through 24e 1,877,189, 1,416,823, 266,059, 194,307.  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						
12 Advertising and promotion 68 68 68.  13 Office expenses 12,256 823 10,116 1,317.  14 Information technology 13,618 12,279 1,339.  15 Royalties	g		146 924	60 404	210	96 012
13 Office expenses	40		· · · · · ·	00,494.		80,012.
14       Information technology       13,618.       12,279.       1,339.         15       Royalties				823		1 217
15 Royalties  16 Occupancy  15,912. 3,992. 8,363. 3,557.  17 Travel  36,068. 13,787. 14,916. 7,365.  18 Payments of travel or entertainment expenses for any federal, state, or local public officials  19 Conferences, conventions, and meetings  3,105. 280. 2,545. 280.  10 Interest  21 Payments to affiliates  22 Depreciation, depletion, and amortization  3,938. 3,938.  23 Insurance  4,146. 4,146.  4,146. 4,146.  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 O.)  a b  c c d d e All other expenses.  5 Total functional expenses. Add lines 1 through 24e  1,877,189. 1,416,823. 266,059. 194,307.  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  Infollowing SOP 98-2 (ASC 958-720)			-	025.		
15,912. 3,992. 8,363. 3,557.  17 Travel 36,068. 13,787. 14,916. 7,365.  18 Payments of travel or entertainment expenses for any federal, state, or local public officials  19 Conferences, conventions, and meetings 3,105. 280. 2,545. 280.  10 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 3,938. 3,938.  10 Insurance 4,146. 4,146. 4,146.  21 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.)  25 Total functional expenses. Add lines 1 through 24e 1,877,189. 1,416,823. 266,059. 194,307.  26 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  in following SOP 98-2 (ASC 958-720)			13,010.		12,275.	1,337.
17 Travel 36,068. 13,787. 14,916. 7,365.  18 Payments of travel or entertainment expenses for any federal, state, or local public officials  19 Conferences, conventions, and meetings 3,105. 280. 2,545. 280.  10 Interest 3,938. 280. 2,545. 280.  10 Payments to affiliates 4,146. 3,938. 3,93			15 912	3 992	8 363	3 557
Payments of travel or entertainment expenses for any federal, state, or local public officials  Conferences, conventions, and meetings  Interest  Payments to affiliates  Depreciation, depletion, and amortization  Insurance  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.)  All other expenses. Add lines 1 through 24e  All other expenses. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here   Introllowing SOP 98-2 (ASC 958-720)				<u>'</u>	· · ·	
for any federal, state, or local public officials  19 Conferences, conventions, and meetings 3,105. 280. 2,545. 280.  20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 3,938. 3,938.  21 Insurance 4,146. 4,146.  22 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.)  2			30,000.	13,707.	11,510.	7,303.
19 Conferences, conventions, and meetings 3,105. 280. 2,545. 280.  20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 3,938. 3,938. 3,938.  21 Insurance 4,146. 4,146. 4,146.  22 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.)  28 All other expenses 25 Total functional expenses. Add lines 1 through 24e 1,877,189. 1,416,823. 266,059. 194,307.  29 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  Infollowing SOP 98-2 (ASC 958-720)	10	·				
20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 3,938. 23 Insurance 4,146. 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)  a b  c c  d e All other expenses 25 Total functional expenses. Add lines 1 through 24e  All other expenses  50 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)	10		3 105.	280.	2 545.	280.
21 Payments to affiliates  22 Depreciation, depletion, and amortization  3,938.  3,938.  3,938.  23 Insurance  4,146.  24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)  a b  c d  e All other expenses.  25 Total functional expenses. Add lines 1 through 24e  26 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  infollowing SOP 98-2 (ASC 958-720)			-,-39.		-,	
Depreciation, depletion, and amortization 3,938. 3,938. 3,938.  23 Insurance 4,146. 4,146.  24 Other expenses. Itemize expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)  a b C C C C C C C C C C C C C C C C C C						
Insurance 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.)  a b C d All other expenses Total functional expenses. Add lines 1 through 24e  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  In following SOP 98-2 (ASC 958-720)			3,938.			3,938.
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.)  a  b  c  d  All other expenses  Total functional expenses. Add lines 1 through 24e  1,877,189.  1,416,823.  266,059.  194,307.  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		The state of the s	-		4,146.	,
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.)  a b c d e All other expenses  Total functional expenses. Add lines 1 through 24e  1,877,189.  1,416,823.  266,059.  194,307.  26 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)		Other expenses. Itemize expenses not covered			, .	
a mount, list line 24e expenses on Schedule 0.)  a b C C C C C C C C C C C C C C C C C C		above. (List miscellaneous expenses in line 24e. If line				
a b c d e All other expenses  25 Total functional expenses. Add lines 1 through 24e 1,877,189. 1,416,823. 266,059. 194,307.  26 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)		amount, list line 24e expenses on Schedule 0.)				
b c d e All other expenses  25 Total functional expenses. Add lines 1 through 24e 1,877,189. 1,416,823. 266,059. 194,307.  26 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 in following SOP 98-2 (ASC 958-720)	а	,				
c d e All other expenses  25 Total functional expenses. Add lines 1 through 24e 1,877,189. 1,416,823. 266,059. 194,307.  26 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 in following SOP 98-2 (ASC 958-720)	b					
d e All other expenses  25 Total functional expenses. Add lines 1 through 24e 1,877,189. 1,416,823. 266,059. 194,307.  26 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)	С					
Total functional expenses. Add lines 1 through 24e 1,877,189. 1,416,823. 266,059. 194,307.  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)						
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)	е	All other expenses				
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here if following SOP 98-2 (ASC 958-720)	25	Total functional expenses. Add lines 1 through 24e	1,877,189.	1,416,823.	266,059.	194,307.
educational campaign and fundraising solicitation.  Check here if following SOP 98-2 (ASC 958-720)	26	Joint costs. Complete this line only if the organization				
Check here if following SOP 98-2 (ASC 958-720)		reported in column (B) joint costs from a combined				
		educational campaign and fundraising solicitation.				
		Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2016)
Part X Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			147,898.	1	843,616.
	2	Savings and temporary cash investments			310,157.	2	174,043.
	3	Pledges and grants receivable, net			700,000.	3	464,203.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated er	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	4958(	c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 50	1(c)(9) voluntary			
ş		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net				7	
¥	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			3,751.	9	285,741.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	25,245.			
	b	Less: accumulated depreciation		18,842.	13,735.	10c	6,403.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equ	1,175,541.	16	1,774,006.		
	17	Accounts payable and accrued expenses			50,417.	17	27,950.
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
es	22	Loans and other payables to current and former	office	rs, directors, trustees,			
≝		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela	ated th	rd parties		23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	17-24	). Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			50,417.	26	27,950.
		Organizations that follow SFAS 117 (ASC 958		ck here ▶ 🗓 and			
Ses		complete lines 27 through 29, and lines 33 an					
Fund Balances	27	Unrestricted net assets			-1,976,791.	27	17,997.
Bal	28	Temporarily restricted net assets			3,101,915.	28	1,728,059.
п	29					29	
		Organizations that do not follow SFAS 117 (A	SC 95	B), check here ▶∟			
ğ		and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or	32	Retained earnings, endowment, accumulated in				32	
_	33	Total net assets or fund balances			1,125,124.	33	1,746,056.
	34	Total liabilities and net assets/fund balances			1,175,541.	34	1,774,006.

Form **990** (2016)

Pa	rt XI Reconciliation of Net Assets			`	<u> </u>		
	Check if Schedule O contains a response or note to any line in this Part XI				Х		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	,469	,172.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,877	,189.		
3	Revenue less expenses. Subtract line 2 from line 1	3		408	,017.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	,125,	,124.		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7							
8	Prior period adjustments	8	1	028	,949.		
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	1	746	,056.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				Х		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	e O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	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?		2b		х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,					
	consolidated basis, or both:						
	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	ne audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si						
	Act and OMB Circular A-133?	_	За		х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b				

Form **990** (2016)

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

Total

(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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number RURAL EDUCATION & DEVELOPMENT INC 23-2656376 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

## Part II 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.)

Se	ction A. Public Support			,			
Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and	,	, ,	` '	`,	, ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	484,769.	918,775.	2,255,956.	792,084.	1,468,353.	5,919,937.
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	484,769.	918,775.	2,255,956.	792,084.	1,468,353.	5,919,937.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						2,902,601.
	Public support. Subtract line 5 from line 4.						3,017,336.
	ction B. Total Support	<u> </u>				1	
	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	484,769.	918,775.	2,255,956.	792,084.	1,468,353.	5,919,937.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties			0.054	501	20	2 016
_	and income from similar sources	99.	223.	2,074.	581.	39.	3,016.
9	Net income from unrelated business						
	activities, whether or not the	5,415.		3,410.			0 025
40	business is regularly carried on	5,415.		3,410.			8,825.
10	Other income. Do not include gain						
	or loss from the sale of capital	1,295.	1,169.	898.	523.	780.	4,665.
	assets (Explain in Part VI.)	1,295.	1,109.	898.	323.	700.	5,936,443.
	<b>Total support.</b> Add lines 7 through 10	-4- ( i4				40	3,930,443.
12 13	Gross receipts from related activities, First five years. If the Form 990 is for	•	,	d fourth or fifth to		12   n 501(a)(2)	
13	organization, check this box and <b>stor</b>		•		•		ightharpoonup
Sec	etion C. Computation of Publ		rcentage				
	Public support percentage for 2016 (			olumn (f))		14	50.83 %
	Public support percentage from 2015					15	31.29 %
	33 1/3% support test - 2016. If the o						
100	<b>stop here.</b> The organization qualifies	•		•		•	
h	33 1/3% support test - 2015. If the o						
_	and <b>stop here.</b> The organization qual	•		•		•	
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	J					,
	meets the "facts-and-circumstances"						
h	10% -facts-and-circumstances tes						
	more, and if the organization meets the	_					
	organization meets the "facts-and-circ				-		<b>▶</b> □
18	<b>Private foundation.</b> If the organization						s <b>&gt;</b>

Page 3

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

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

Se	ction A. Public Support	, 1	,				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6					, ,	
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	r the organization'	s first, second, thi	rd, fourth, or fifth t	ax vear as a section	on 501(c)(3) organi:	zation.
		-			•		
Se	ction C. Computation of Publ						
	Public support percentage for 2016 (			column (f))		15	%
	Public support percentage from 2015					16	%
	ction D. Computation of Inves					1	,,
	Investment income percentage for 20					17	%
	Investment income percentage from					18	<del>//</del>
	a 33 1/3% support tests - 2016. If the						
	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2015. If the						
•	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Page 4

## Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ju		
9b		
9с		
10a		
10b		

Pa	rt IV   Supporting Organizations (continued)		- ' '	age <b>c</b>
ıa	rt IV   Supporting Organizations <sub>(continued)</sub>			
			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)	44-		
	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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
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 yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	<u>).</u>	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b				
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Page 6 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 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter 85% of line 1 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 Enter greater of line 2 or line 3 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2016

instructions).

Par	rt V   Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	anizations <sub>(continued)</sub>	
Secti	ion D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which	the organization is responsive	e	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
0 4:	in E. Diskelbuding Allegations (see instructions)	Excess Distributions	Underdistributions	Distributable
Secti	ion E - Distribution Allocations (see instructions)		Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
а				
b	Excess from 2013			
С	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
OTHER INCOME
2012 AMOUNT: \$ 1,295.
2013 AMOUNT: \$ 1,169.
2014 AMOUNT: \$ 898.
2015 AMOUNT: \$ 23.
2016 AMOUNT: \$ 740.
LEASE REFUND
2015 AMOUNT: \$ 500.
MISC. PRODUCT SALES
2016 AMOUNT: \$ 40.

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

Name of the organization

**Employer identification number** 

RURAL EDUCATION & DEVELOPMENT, INC 23-2656376

Organiza	ation type (check or	ne):
Filers of:		Section:
Form 990	or 990-EZ	X 501(c)( 3 ) (enter number) organization
		4947(a)(1) nonexempt charitable trust <b>not</b> 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
		covered by the <b>General Rule</b> or a <b>Special Rule.</b> 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	Rule	
	· ·	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special F	Rules	
	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 r, 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, line 1. Complete Parts I and II.
	year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the cions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III.
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year
Caution:	An organization tha	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF),

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

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) (2016)

Name of organization

Employer identification number

RURAL EDUCATION & DEVELOPMENT, INC

23-2656376

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	al spa	ace is needed.	
(a)	(b)		(c)	(d)
No.	Name, address, and ZIP + 4		Total contributions	Type of contribution
1		\$_	180,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)		(c)	(d)
No.	Name, address, and ZIP + 4		Total contributions	Type of contribution
2		\$ <u>-</u>	881,446.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)		(c)	(d)
No.	Name, address, and ZIP + 4		Total contributions	Type of contribution
		\$_		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)		(c)	(d)
No.	Name, address, and ZIP + 4	\$_	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
1101	Training additions all TT	\$_	. Can contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)		(c)	(d)
No.	Name, address, and ZIP + 4	\$_	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

RURAL EDUCATION & DEVELOPMENT, INC

23-2656376

Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions) Part I

lame of orga	anization		Employer identification number
RURAL EDU	CATION & DEVELOPMENT, INC		23-2656376
Part III		columns (a) through (e) and the follous, charitable, etc., contributions of \$1,000 o	in section 501(c)(7), (8), or (10) that total more than \$1,000 for bying line entry. For organizations
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
-		(e) Transfer of git	
_	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(a) Towns for a facility	
	Transferee's name, address, a	(e) Transfer of gif	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of git	<u> </u>
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No.			
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	ft
	Transferee's name, address, a		Relationship of transferor to transferee

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

RURAL EDUCATION & DEVELOPMENT, INC

**Employer identification number** 23-2656376

Par	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		
Par		•	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or	education) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic st		
d	Number of conservation easements included in (c) acquired	•	
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
_	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing cor	nservation easements during the year
_	Annual of comments in consider the first incomments of the constant of the con	allian africal attacks and automatical and an area	attana a sa
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
0	Data and conservation assembly variety on line 2(d) sha	ve estisfy the requirements of eastion 17	O(b)(4)(D)(i)
8	Does each conservation easement reported on line 2(d) about a particle 170(b)(4)(D)(i)(2		
0	and section 170(h)(4)(B)(ii)?		
9	include, if applicable, the text of the footnote to the organization	•	
		ation's illiancial statements that describes	s the organization's accounting for
Par	conservation easements. rt III   Organizations Maintaining Collections o	of Art. Historical Treasures, or C	Other Similar Assets
	Complete if the organization answered "Yes" on Forn	•	Timer Cirmiai 71000101
12	If the organization elected, as permitted under SFAS 116 (A)		ement and halance sheet works of art
ıu	historical treasures, or other similar assets held for public ex	•	
	the text of the footnote to its financial statements that descri		arios of pashe service, provide, in real count,
b	If the organization elected, as permitted under SFAS 116 (Al		nt and balance sheet works of art, historical
-	treasures, or other similar assets held for public exhibition, e		
	relating to these items:	radication, of rootal on in factorial loss of pr	able correct, provide the relieving amounts
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre		
_	the following amounts required to be reported under SFAS 1		g, p. 5 g
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		

Pai	t III Organizations Maintaining Co	llections of A	rt, Hist	torical Tr	easures,	or Other	Similar As	sets(continued)
3	Using the organization's acquisition, accession	, and other record	ls, check	k any of the	following tha	at are a sigr	nificant use of	its collection items
	(check all that apply):							
а	Public exhibition	d	ı 🔲 i	Loan or exc	hange progra	ams		
b	Scholarly research	е		Other				
С	Preservation for future generations							
4	Provide a description of the organization's colle	ections and explai	n how th	ney further t	the organizati	ion's exem	ot purpose in	Part XIII.
5	During the year, did the organization solicit or r							
	to be sold to raise funds rather than to be main	ntained as part of t	the orgai	nization's c	ollection?			Yes No
Pai	t IV Escrow and Custodial Arrange	ements. Comple	ete if the	organizatio	on answered	"Yes" on F	orm 990, Part	IV, line 9, or
	reported an amount on Form 990, Part 2	X, line 21.						
1a	Is the organization an agent, trustee, custodian	n or other intermed	diary for	contribution	ns or other as	ssets not in	cluded	
	on Form 990, Part X?							Yes No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the fo	llowing t	able:				
								Amount
С	Beginning balance						1c	
d	Additions during the year						1d	
е	Distributions during the year						1e	
f	Ending balance						1f	
2a	Did the organization include an amount on Form	m 990, Part X, line	21, for 6	escrow or c	ustodial acco	ount liability	ı?	Yes Mo
<u>b</u>	If "Yes," explain the arrangement in Part XIII. C							
Pai	t V Endowment Funds. Complete if the	he organization an	swered	"Yes" on Fo	orm 990, Par	t IV, line 10		
		(a) Current year	<b>(b)</b> P	rior year	(c) Two yea	rs back (d	<b>)</b> Three years ba	ack (e) Four years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the currer	nt year end baland	e (line 1	g, column (	a)) held as:			
а	Board designated or quasi-endowment		_%					
b	Permanent endowment >	%						
С	Temporarily restricted endowment ▶	%						
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.						
3a	Are there endowment funds not in the possess	sion of the organiz	ation tha	at are held a	and administe	ered for the	organization	
	by:							Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" on line 3a(ii), are the related organization	ons listed as requi	red on S	chedule R?	)			3b
4	Describe in Part XIII the intended uses of the o		wment 1	funds.				
Pai	t VI Land, Buildings, and Equipme	nt.						
	Complete if the organization answered '	"Yes" on Form 990	D, Part IV	/, line 11a. S	See Form 990	0, Part X, lir	ne 10.	
	Description of property	(a) Cost or o		(b) Cost	t or other		umulated	(d) Book value
		basis (investr	nent)	basis	(other)	depre	eciation	
1a	Land							
	Buildings							
С	Leasehold improvements							
d	Equipment				25,245.		18,842.	6,403.
	Other							
Tota	. Add lines 1a through 1e. (Column (d) must equ	ıal Form 990, Part	X, colun	nn (B), line	10c.)		<b>&gt;</b>	6,403.

Schedule D (Form 990) 2016 RURAL EDUCATION	& DEVELOPMENT, INC		23-2656376	Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cos	st or end-of-year marke	t value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D) (E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 1	3.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cos		t value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11d. See Form 990. Part X. line 1	15.	
	Description	, ,	(b) Book	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	4=1			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	ne 15.)		<u></u>	
Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 990 Part Y	( line 25	
1. (a) Description of liability		(b) Book value	., III 16 23.	
(1) Federal income taxes		(a) Beek value		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

23-2656376

Pai	t XI Reconciliation of Revenue per Audited Financial St		nue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li			
1	Total revenue, gains, and other support per audited financial statements .		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12			
Pai	T XII Reconciliation of Expenses per Audited Financial S		nses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities			
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)	•		
_	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
c 5	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 1			
շ 5 <b>Pa</b> ı	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 1 <b>T XIII</b> Supplemental Information.	8.)	5	<i>(</i> 1
5 Pai	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 14 XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	(1,
5 Pai	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 1 <b>T XIII</b> Supplemental Information.	8.) 4; Part IV, lines 1b and 2b;	5	<b>(</b> Ι,
5 Pai	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 14 XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	ΚΙ,
5 Pai	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 14 XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	KI,
5 Pai	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 14 XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	(1,
5 Pai	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 14 XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	(1,
5 Pai	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 14 XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	α,
5 Pai	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 14 XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	(Ι,
5 Pai	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 14 XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	(1,
5 Pai	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 14 XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	ξί,
5 Pai	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 14 XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	(1,
5 Pai	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 14 XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	(1,
5 Pai	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 14 XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	(Ι,
5 Pai	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 14 XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	(Ι,
5 Pai	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 14 XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	α,
5 Pai	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 14 XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	(1,
5 Pai	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 14 XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	(1,
5 Pai	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 14 XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	(I,
5 Pai	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 14 XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	(Ι,
5 Pai	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 14 XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	(I)
5 Pai	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 14 XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	(I,
5 Pai	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 14 XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	α,
5 Pai	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 14 XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	(1,
5 Pai	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 14 XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	ζ(),

### SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service **Statement of Activities Outside the United States** 

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

2016
Open to Public Inspection

Name of the organization

Employer identification number

י סווכ	AL EDUCATION & DEVE	יז.∩סאביאיית דאים				23-2656376	
			ctivities Ou	tside the United States. Comple	ate if the organ		Ves" on
<u>. u</u>	Form 990, Part I		ionvines ou	tolde the officed otates. Comple	ete ii tile organ	ization answered	res on
1			n maintain recor	ds to substantiate the amount of its gra	ants and other	assistance.	
				the selection criteria used to award the			Yes No
2	For grantmakers. Descurited States.	cribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistance ou	tside the
3		The following Part	t I. line 3 table ca	an be duplicated if additional space is i	needed.)		
<u> </u>	(a) Region		(c) Number of employees, agents, and independent	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to	(e) If acti	vity listed in (d) gram service, e specific type	(f) Total expenditures for and investments
			contractors in the region	recipients located in the region)	of service	(s) in the region	in the region
SOU	TH ASIA -		and region		PARTNERING	WITH RURAL	
AFGI	HANISTAN,				COMMUNITIES	TO BUILD	
BANG	GLADESH, BHUTAN,				LIBRARY ANI	RESOURCE	
IND	IA, MALDIVES,	0	0	GRANTMAKING	CENTERS		1,106,142.
AFGI	TH ASIA - HANISTAN,				INDEP. CONS		
	GLADESH, BHUTAN,					ROGRAMMATIC	
IND:	IA, MALDIVES,	0	1	PROGRAM SERVICES	SUPPORT TO	THE REGION	56,621.
3 a	Sub-total	0	1				1,162,763.
	Total from continuation sheets to Part I	0	0				0.
С	Totals (add lines 3a and 3b)	0	1				1,162,763.

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>(b)</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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA -	TO SUPPORT PROGRAM					
		AFGHANISTAN,	AND OPERATIONAL COSTS					
		BANGLADESH,	IN FURTHERING READ					
		BHUTAN, INDIA,	GLOBAL'S MISSION	575,204.	WIRE	0.		
		SOUTH ASIA -	TO SUPPORT PROGRAM					
		AFGHANISTAN,	AND OPERATIONAL COSTS					
		BANGLADESH,	IN FURTHERING READ					
		BHUTAN, INDIA,	GLOBAL'S MISSION	267,164.	WIRE	0.		
		SOUTH ASIA -	TO SUPPORT PROGRAM					
		AFGHANISTAN,	AND OPERATIONAL COSTS					
		BANGLADESH,	IN FURTHERING READ					
		BHUTAN, INDIA,	GLOBAL'S MISSION	182,499.	WIRE	0.		
		SOUTH ASIA -	TO SUPPORT PROGRAM					
		AFGHANISTAN,	AND OPERATIONAL COSTS					
		BANGLADESH,	IN FURTHERING READ					
		BHUTAN, INDIA,	GLOBAL'S MISSION	81,275.	WIRE	0.		
			recognized as charities by the	-	-	xempt by		
			n 501(c)(3) equivalency letter			<b>&gt;</b> .		4
3 Enter total number of	other organizations	or entities						0

art 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 a  (a) Type of grant or assistance	dditional space is neede (b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
		recipionis	odon grant	odon disparacinicine	assistance	noncash assistance	(book, FMV, appraisal, other)

## Schedule F (Form 990) 2016 F Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," 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)	X Yes	□ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately 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? If "Yes," 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)	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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2016

Page 5

## Part V | Supplemental Information

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. See instructions.
PART I, LINE 2:
EACH OF THE THREE LOCAL ORGANIZATIONS THAT RECEIVE GRANTS FROM READ IS
REQUIRED TO SIGN A MEMO OF UNDERSTANDING THAT OUTLINES OUR INTENTIONS FOR
USE OF FUNDS AND THAT THEY AGREE TO USE THE FUNDS AS SPECIFIED. AFTER THE
END OF OUR FISCAL YEAR, WE REQUIRE A REPORT FROM EACH ORGANIZATION THAT
RECAPS HOW FUNDS WERE USED. IF FUNDS ARE NOT USED PROPERLY OR
DOCUMENTATION FOR HOW FUNDS WERE USED IS NOT PROVIDED, FUTURE FUNDS CAN
BE WITHHELD. WHEN POSSIBLE, ACTUAL SITE VISITS ARE CONDUCTED TO SEE
ACTUAL EVIDENCE OF THE USE OF FUNDS.
SCHEDULE F, PART IV, QUESTION 1
FORM 926 IS NOT REQUIRED TO BE FILED BECAUSE THE TRANSFER TO A FOREIGN
CORPORATION DOES NOT MEET THE REPORTING REQUIREMENTS IN IRC SEC.
6038(A)(1)(A).

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

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

▶ Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

RURAL EDUC	ATION & DEVELOPMENT, INC				23-2656376	
Part I Fundraising Activities required to complete this par	• Complete if the organization answert.	ered "Y	'es" or	n Form 990, Part IV,	line 17. Form 990-E2	Z filers are not
<ul> <li>Indicate whether the organization rais a X Mail solicitations</li> <li>X Internet and email solicitations</li> <li>C Phone solicitations</li> <li>In-person solicitations</li> <li>In-person solicitations</li> <li>Did the organization have a written of key employees listed in Form 990, Policy in Yes," list the 10 highest paid indicompensated at least \$5,000 by the</li> </ul>	e X Solicita f X Solicita g Special  or oral agreement with any individua cart VII) or entity in connection with position or entities (fundraisers) pursuit	tion of tion of fundra I (include profess	non-g gover lising o ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees, or X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have con contribu	ustoay trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
MARTER GOOD - 180 9TH AVE., SAN FRANCISCO, CA 94120	GRANT MANAGEMENT SERVICES	Yes	No X	0.	28,000.	-28,000.
3 List all states in which the organization or licensing.		contrib	utions		28,000. d it is exempt from re	-28,000. egistration
LL,AR,CA,CO,CT,FL,GA,HI,IL,KS,K ID,OH,OK,OR,PA,RI,SC,TN,UT,VA,W LL			_			

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events SARAH STREET NYC NONE (add col. (a) through EVENT col. (c)) (event type) (total number) (event type) Revenue 1 Gross receipts 23,609 23,609. 2 Less: Contributions 19,851 19,851. 3 Gross income (line 1 minus line 2) ..... 3,758. 3,758. 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages ..... 3,758. 3,758. 8 Entertainment 9 Other direct expenses ..... 10 Direct expense summary. Add lines 4 through 9 in column (d) 3,758. 11 Net income summary. Subtract line 10 from line 3, column (d) 0. Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue ..... 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses ..... Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? No **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? \_\_\_\_\_ Yes \_\_\_\_ No b If "Yes," explain: \_\_\_

<u>Sch</u>	edule G (Form 990 or 990-EZ) 2016 RURAL EDUCATION & DEVELOPMENT, INC 23-26	56376		Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
12	Indicate the percentage of gaming activity conducted in:			
		-مدا	I	0/
	a The organization's facility			%
	o An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶			
	Address >			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party  \$\bigs\\$			
С	If "Yes," enter name and address of the third party:			
	Name ▶			
	Address >			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	·			
а	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		V	
	retain the state gaming license?	'	Yes	└── No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year 🕨 \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III,	lines 9	9b, 1	0b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions			

Schedule G	G (Form 990 or 990-EZ)	RURAL EDUCATION &	DEVELOPMENT,	, INC	23-2656376	Page 4
Part IV	G (Form 990 or 990-EZ)  Supplemental Info	rmation (continued)				

#### SCHEDULE O

(Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Department of the Treasury Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service Name of the organization **Employer identification number** 23-2656376 RURAL EDUCATION & DEVELOPMENT, INC FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: LIBRARY/RESOURCE CENTERS AS VEHICLES FOR SOCIAL & ECONOMIC TRANSFORMATION. FORM 990, PART 1, LINE 6, DESCRIPTION FOR VOLUNTEERS TEN VOLUNTEER BOARD MEMBERS SERVED DURING 2016. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: EDUCATION, ECONOMIC EMPOWERMENT, TECHNOLOGY, AND WOMEN'S EMPOWERMENT. WITH EACH CENTER, READ ALSO SEEDS A FOR-PROFIT "SUSTAINING ENTERPRISE" A 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 IV, LINE 12A AND PART XII, LINE 2B READ GLOBAL UNDERWENT A FINANCIAL STATEMENT AUDIT FOR CALENDAR YEAR THE AUDITED FINANCIAL STATEMENTS WERE NOT ISSUED BY THE TIME THE 2016. RETURN WAS FILED WITH THE IRS. FORM 990, PART VI, SECTION A, LINE 2: ANTONIA NEUBAUER AND MELISSA ANDERSON HAVE A FAMILY RELATIONSHIP. FORM 990, PART VI, SECTION B, LINE 11B: 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.

Name of the organization  RURAL EDUCATION & DEVELOPMENT, INC	Employer identification number 23-2656376
·	25 2656576
FORM 990, PART VI, SECTION B, LINE 12C:	
IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN	
INTERESTED PARTY DISCLOSES THE EXISTENCE OF THE FINANCIAL AND/OR PERSONAL	
INTERESTS AND IS GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO	
THE DISINTERESTED 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	
DECIDE 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	

Name of the organization  RURAL EDUCATION & DEVELOPMENT, INC	Employer identification number 23-2656376
BOARD OF DIRECTORS DETERMINES BY A MAJORITY VOTE OF THE DISINTERESTED	
DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN READ'S BEST	
INTEREST, FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR AND REASONABLE. IN	
CONFORMITY WITH THE ABOVE DETERMINATION, IT MAKES ITS DECISION 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 COMPENSATION PROCESS AND THE	
PROCESS WAS DOCUMENTED. THE LAST COMPENSATION REVIEW TOOK PLACE IN MAY	
2016.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY	
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART XI, LINE 8, PRIOR PERIOD ADJUSTMENTS:	
THE 2015 AUDITED FINANCIAL STATEMENTS WERE FINALIZED AFTER THE 2015 TAX	
RETURN WAS FILED. ACCORDINGLY, THE PRIOR PERIOD ADJUSTMENT REFLECTS	
CHANGES TO THE BEGINNING OF YEAR AMOUNTS SHOWN ON THE 2016 FORM 990,	
PART X, COLUMN (A).	