

Note: READ Global's 2015 990's were submitted before the audited financials were finalized and there are updates to the final figures. For the most accurate numbers for 2015, please refer to our 2015 audited financials. Disclosures will also be provided in the 2016 990's.

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

Department of the Treasury Internal Revenue Service

<u>99</u>0

Form

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

Internal Revenue Service	Information about Form 99 ar year, or tax year beginning	0 and its instructions is at www.irs.gov/form990.
A For the 2015 calend	ar vear, or tax vear beginning	and ending



B c	heck if	e: C Name of organization	D Employer identification number			
	Addre	RURAL EDUCATION & DEVELOPMENT, INC				
	Name Chang	· · · · · · · · · · · · · · · · · · ·	23-2656376			
	Initial		E Telephone number			
	Final Final	DO DOW 2020C	Room/suite	415-56		
	termir ated			G Gross receipts \$	587,317.	
	Amen			H(a) Is this a group re	,	
			for subordinates?			
	pendi	¹⁹ SAME AS C ABOVE	H(b) Are all subordinates included? Yes No			
11	ax-ex	empt status: 🗴 501(c)(3) 🛄 501(c) ()◀ (insert no.) 🛄 4947(a)(1) c	or 527		list. (see instructions)	
		te: READGLOBAL.ORG		H(c) Group exemption	· · · · · · · · · · · · · · · · · · ·	
		organization: 🔟 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year		State of legal domicile: PA	
	art I	Summary				
_	1	Briefly describe the organization's mission or most significant activities: "READ"	PARTNERS	WITH THREE IN		
Governance		COUNTRY ORGANIZATIONS IN RURAL VILLAGES TO ESTABLISH COMMUNIT				
rna	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	sets.	
ove	3	Number of voting members of the governing body (Part VI, line 1a)			11	
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			11	
s 8		Total number of individuals employed in calendar year 2015 (Part V, line 2a)		9		
viti		Total number of volunteers (estimate if necessary)			12	
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12		0.		
٩		Net unrelated business taxable income from Form 990-T, line 34		0.		
			Prior Year	Current Year		
Ð	8	Contributions and grants (Part VIII, line 1h)	2,387,897.	572,044.		
Revenue	9	Program service revenue (Part VIII, line 2g)		Ο.	Ο.	
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		28,348.	581.	
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		51,522.	149.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .	2,467,767.	572,774.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	1,688,348.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .		863,600.	480,400.	
sue	16a	Professional fundraising fees (Part IX, column (A), line 11e)		27,050.	32,347.	
Expenses		Total fundraising expenses (Part IX, column (D), line 25)				
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,461,365.	373,866.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,352,015.	2,574,961.	
	19	Revenue less expenses. Subtract line 18 from line 12		115,752.	-2,002,187.	
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year	
sset: 3alar	20	Total assets (Part X, line 16)		3,738,814.	1,175,541.	
at As	21	Total liabilities (Part X, line 26)		103,532.	50,417.	
_		Net assets or fund balances. Subtract line 21 from line 20		3,635,282.	1,125,124.	
Pa	art 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.

Sign Here	Signature of officer NAITA SAECHAO CHIALVO, DEPUTY DIR Type or print name and title	ECTOR		Date						
Paid	Print/Type preparer's name JENNIFER BECKER HARRIS	Preparer s signature	Date 11/14/16	Check PTIN if self-employed P00183358						
Preparer	Firm's name CLARK NUBER P.S.			Firm's EIN 91-1194016						
Use Only	Firm's address ▶ 10900 NE 4TH, SUITE 1700									
	BELLEVUE, WA 98004 Phone no.4									
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)									
532001 12-1	32001 12-16-15 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2015)									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2015) RURAL EDUCATION & DEVELOPMENT, INC	23-2656376	Page 2
Pa	rt 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 ORGANIZATIONS 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?	Y	es 🗵 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?	? XY	es 🗌 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, a	s measured by expen-	ses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth		
	revenue, if any, for each program service reported.		_,
4a	(Code:) (Expenses \$ 1,995,691. including grants of \$ 1,688,348.) (Rever	nue \$)
	IN 2015, READ SUPPORTED THREE INDEPENDENT LOCAL ORGANIZATIONS (READ		/
	NEPAL, READ INDIA, AND READ BHUTAN) AS 7 NEW CENTERS OPENED ACROSS ALL		
	THREE COUNTRIES REACHING A TOTAL OF 86 CENTERS (COMMUNITY LIBRARIES): 8		
	TOTAL IN BHUTAN, 19 TOTAL IN INDIA, AND 59 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 MORE THAN 70,000 RURAL VILLAGERS. IN		
	ADDITION TO THE NEW RESOURCES AVAILABLE AT ALL READ CENTERS, READ		
	SUPPORTED NEW TARGETED TRAININGS AND PROGRAMS ACROSS THE REGION: 4,274		
	TRAINEES LEARNED ABOUT MICROFINANCE, BUSINESS MANAGEMENT, AND		
	MARKETING; 2,689 VILLAGERS LEARNED HOW TO UTILIZE THE INTERNET,		
	MICROSOFT OFFICE, AND ADOBE SUITE; 4,625 CHILDREN PARTICIPATED IN ART		
4b	(Code:) (Expenses \$ including grants of \$) (Rever	¢)
40		ilue ֆ)
4c	(Code:) (Expenses \$ including grants of \$) (Rever	nue\$)
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 1,995,691.		
		Forn	n 990 (2015)

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	990 (2015) RURAL EDUCATION & DEVELOPMENT, INC 23-2656376		P	age 3
Par	t 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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40		
	endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	110	x	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a	21	
5	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
~	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
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		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	х	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	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** (2015)

	990 (2015) RURAL EDUCATION & DEVELOPMENT, INC 23-2656	876	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
		-	Yes	No
20a	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		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		x
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		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			x
	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	00-		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•.	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
5	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			
55	If "Yes," complete Schedule R, Part V, line 2			x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
57	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37	<u> </u>	<u> </u>
30	• • • • • •	38	x	
	Note. All Form 990 filers are required to complete Schedule O	30	L **	L

Form **990** (2015)

-	990 (2015) RURAL EDUCATION & DEVELOPMENT, INC		23-2656376		P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	10			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming			
	(gambling) winnings to prize winners?			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	2a	9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
				3a		X
	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	nt)?	4a	X	
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut		-			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
	to file Form 8282?			7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contraction			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	e	-		
				8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:		l			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	I	l			
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		2	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the		l			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				
				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	еО		14b		

Form 990 (2015)
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	990 (2015) RURAL EDUCATION & DEVELOPMENT, INC		23-2656376			age 6			
Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough	7b below, and for a	"No" r	espon	se			
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See	nstructions.						
	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	11						
	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	11						
2	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	e dire	ct supervision						
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	as filed?	4		Х			
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X			
6	Did the organization have members or stockholders?			6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap								
	more members of the governing body?			7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockh	olders, or						
	persons other than the governing body?			7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-						
а	The governing body?			8a	Х				
b	Each committee with authority to act on behalf of the governing body?			8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenu	e Code.)						
					Yes	No			
	Did the organization have local chapters, branches, or affiliates?			10a		X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch								
	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 bod	y befo	re filing the form?	11a	Х				
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		41:-+-O	12a	X				
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye			10	v				
10	in Schedule O how this was done			12c	X				
13	Did the organization have a written whistleblower policy?			13	X X				
14	Did the organization have a written document retention and destruction policy?			14					
15	Did the process for determining compensation of the following persons include a review and approva	ai by ir	luependent						
~	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			150	х				
a b	The organization's CEO, Executive Director, or top management official			15a 15b		x			
u	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			130					
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent v	vith a						
104				16a		x			
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			104					
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate	-	-						
				16b					
Sec	exempt status with respect to such arrangements?								
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	(Sect	ion 501(c)(3)s only) f	availah	le				
	for public inspection. Indicate how you made these available. Check all that apply.	10001		av unau					
	Own website Another's website Upon request Other (explain	in Scl	nedule ())						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co			d finan	cial				
	statements available to the public during the tax year.				5.41				
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks ar	nd records:						
	CHRISTINA SCIABICA - 415-563-3362								
	P.O. BOX 29286, SAN FRANCISCO, CA 94129								

4- 0		the state of the state of the state of the	
Section A	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
	Check if Schedule O contains a response or note to any line in this Part VII		
	Employees, and Independent Contractors		
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensation	ated	
Form 990 (-2656376	Page 1

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.

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

(A)	(B)	(C) Position					(D)	(E)	(F)	
Name and Title	Average hours per week	box	(do not check more than one box, unless person is both an officer and a director/trustee)				h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DEBORAH JACOBS	5.00								_	_
BOARD CHAIR		х		х				0.	0.	0.
(2) ED LHEE	4.00	4							_	_
VICE CHAIR		х		х				0.	0.	0.
(3) SABINA AHMED	3.00									
TREASURER		х		х				0.	0.	0.
(4) BRIAN BANNON	1.00									
DIRECTOR		х						0.	0.	0.
(5) JANICE BERTOZZI	1.00									
DIRECTOR		х						0.	0.	0.
(6) ANTONIA NEUBAUER	5.00									
FOUNDER		х						0.	0.	0.
(7) KAREN SAGE	1.00	4								
DIRECTOR		х						0.	0.	0.
(8) SEAN WALLACE	1.00									
DIRECTOR		Х						0.	0.	0.
(9) RAPHAEL BEMPORAD	1.00									
DIRECTOR		х						0.	0.	0.
(10) MELISSA ANDERSON	1.00									
DIRECTOR FROM 7/2015		Х						0.	0.	0.
(11) LAURENCE NEUBAUER	1.00									
DIRECTOR		Х						0.	0.	0.
(12) ELIZABETH BORELLI	1.00									
DIRECTOR THRU 6/2015		Х						0.	0.	0.
(13) CHRISTINA SCIABICA	40.00									
EXECUTIVE DIRECTOR				Х				132,625.	0.	11,010.
(14) NAITA SAECHAO CHIALVO	40.00									
DEPUTY DIRECTOR, BOARD SECRETARY				X				51,974.	0.	8,763.

Form 990 (2015) RURAL EDUCAT				<u>,</u>					23-265	6376		Pa	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week	verage purs per week week tist any purs for elated unizations			Position heck more than one ss person is both ar			Reportable compensation	(E) Reportable compensatio from related	on	an	(F) stimate nount other	
	(list any hours for related organizations below line)				organization (W-2/1099-MI		fr org and	pensa om the anizat d relat anizati	e ion ed				
		-											
1b Sub-total c Total from continuation sheets to Part V	II, Section A							184,599. 0.		0.			773. 0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but r compensation from the organization ►							lo r	184,599. received more than \$100	,000 of reportab	⁰ . le		19,	.773. 1
												Yes	No
3 Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>											3		x
4 For any individual listed on line 1a, is the si and related organizations greater than \$15	um of reportab	le co	omp	ensa	ation	n and	l ot	her compensation from			4		x
5 Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes," con	-				-			-			5		x
Section B. Independent Contractors	mpopostod in	dono	nda	nt o	ontr	ooto		that reactived mare than	¢100.000 of con		ation f		
Complete this table for your five highest co the organization. Report compensation for (A)	-										(C		
Name and business	address	NO	NE				_	Description of s	ervices	C	ompe		n
							_						
2 Total number of independent contractors (\$100.000 of compensation from the organi	e e	iot lii	mite	d to		se lis 0	tec	d above) who received m	nore than				

<u>For</u> m	n 990 (2015) RURAL E	DUCATION & DI	EVELOPMENT, I	NC		23-2656376	Page 9
	rt VII	I Statement of Rever						
		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
Am Am	с	Fundraising events	1c	21,163.				
Gifi İlar	d	Related organizations	1d					
ini,	е	Government grants (contribut	ions) 1e					
er S	f	All other contributions, gifts, gran						
<u>Ş</u>		similar amounts not included abo	ve 1f	550,881.				
ont od	_	Noncash contributions included in lines						
<u>ה</u> כ	h	Total. Add lines 1a-1f			572,044.			
				Business Code				
Program Service Revenue	2 a							
verv ue	b							
те Кело	с							
gra Re	d							
Pro	e	All other prearem convice roug						
		All other program service rever Total. Add lines 2a-2f						
	<u>y</u> 3	Investment income (including						
	3	other similar amounts)			581.			581.
	4	Income from investment of ta						
	5	Royalties	• •					
	Ŭ		(i) Real	(ii) Personal				
	6 a	Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)		►				
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	с	Gain or (loss)						
		Net gain or (loss)		►				
e	8 a	Gross income from fundraisin	g events (not					
Other Revenue		including \$ 21	,163. of					
Sev		contributions reported on line	1c). See					
erl		Part IV, line 18						
Gth		Less: direct expenses		14,543.				
		Net income or (loss) from fund		▶	-374.			-374.
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam		▶				
	iu a	Gross sales of inventory, less						
	h	and allowances						
		Less: cost of goods sold						
	C	Net income or (loss) from sale Miscellaneous Revenu		Business Code				
	11 2	RENT REFUND		532420	500.			500.
	b							
	c b							
		All other revenue		900099	23.			23.
		Total. Add lines 11a-11d			523.			
	12	Total revenue. See instructions.			572,774.	0.	0.	730.

Pai	rt IX Statement of Functional Expens	es			
Secti	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All otl	her organizations must co	omplete column (A).	
	Check if Schedule O contains a respor	nse or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	1,688,348.	1,688,348.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		60 50		65 F0F
-	trustees, and key employees	201,784.	63,707.	70,482.	67,595
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
_	persons described in section 4958(c)(3)(B)	102 701	F7 100	0.0 (1.7	F2 00C
7	Other salaries and wages	193,791.	57,188.	82,617.	53,986
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)	54,543.	15,380.	22 777	15,386
9	Other employee benefits	30,282.	,	23,777.	
10	Payroll taxes	50,282.	10,046.	10,133.	10,103
11	Fees for services (non-employees):				
a L	Management	2,220.		2,220.	
b		100,688.	24,500.	76,188.	
-	Accounting	100,000.	24,500.	70,100.	
d	Lobbying Professional fundraising services. See Part IV, line 17	32,347.			32,347
e f	Investment management fees	52,517.			52,51
g	Other. (If line 11g amount exceeds 10% of line 25,				
a	column (A) amount, list line 11g expenses on Sch 0.)	88,382.	41,462.	46,920.	
12	Advertising and promotion	642.	213.	215.	214
13	Office expenses	7,179.	-	2,402.	2,395
14	Information technology	19,016.	,	6,363.	6,344
15	Royalties	,	-,	-,	-,
16	Occupancy	20,316.	10,114.	10,202.	
17	Travel	86,084.		42,798.	11,490
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	17,315.	15,463.	927.	925
20	Interest	,	,		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,241.			3,241
23	Insurance	· · ·			,
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					
с С					
d					
	All other expenses	28,783.	28,783.		
25	Total functional expenses. Add lines 1 through 24e	2,574,961.	,	375,244.	204,026
26	Joint costs. Complete this line only if the organization	_,, - , - , - , - , - , - , - , - , - ,			,-20
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Check here

______ if following SOP 98-2 (ASC 958-720)

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Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or note	to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			866,289.	1	147,898.
	2	Savings and temporary cash investments			1,360,502.	2	310,157.
	3	Pledges and grants receivable, net			1,401,283.	3	700,000.
	4	Accounts receivable, net			45,488.	4	0.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensate	ed em	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified					
		section 4958(f)(1)), persons described in section 4	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section					
ş		employees' beneficiary organizations (see instr). C				6	
Assets	7	Notes and loans receivable, net		-		7	
Ä	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			897.	9	3,751.
	10a	Land, buildings, and equipment: cost or other		Γ			
		basis. Complete Part VI of Schedule D	10a	25,245.			
	b		10b	11,510.	59,959.	10c	13,735.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			4,396.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal			3,738,814.	16	1,175,541.
	17	Accounts payable and accrued expenses			103,532.	17	50,417.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete Pa				21	
S	22	Loans and other payables to current and former of	officers	s, directors, trustees,			
Liabilities		key employees, highest compensated employees	s, and o	disqualified persons.			
iab		Complete Part II of Schedule L		22			
	23	Secured mortgages and notes payable to unrelate	ed thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, paya	ables t	o related third			
		parties, and other liabilities not included on lines 1	17-24).	Complete Part X of			
		Schedule D		-		25	
	26	Total liabilities. Add lines 17 through 25			103,532.	26	50,417.
		Organizations that follow SFAS 117 (ASC 958),		k here ▶ 🔯 and			
ses		complete lines 27 through 29, and lines 33 and					
anc	27	Unrestricted net assets			369,527.	27	-1,976,791.
Fund Balances	28	Temporarily restricted net assets			3,265,755.	28	3,101,915.
pu	29					29	
		Organizations that do not follow SFAS 117 (AS	C 958), check here ▶└─┘			
, or		and complete lines 30 through 34.					
Net Assets or	30	Capital stock or trust principal, or current funds				30	
Ast	31	Paid-in or capital surplus, or land, building, or equ				31	
let	32	Retained earnings, endowment, accumulated inco				32	
2	33	Total net assets or fund balances			3,635,282.	33	1,125,124.

RURAL EDUCATION & DEVELOPMENT, INC

Total net assets or fund balances

Total liabilities and net assets/fund balances

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Page **11**

Form 990 (2015)

3,738,814.

34

1,175,541.

Form 990 (2015) Part X Balance Sheet

Form	990 (2015) RURAL EDUCATION & DEVELOPMENT, INC	23-2656376		Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				<u>v</u>
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		572	,774.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	,574	,961.
3	Revenue less expenses. Subtract line 2 from line 1	3	- 2	,002	,187.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3	,635	,282.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-507	,971.
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	,125	,124.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or 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		X
	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	,			
	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				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2015)

SCHEDULE A	
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(Form 990	or	990-	EΖ
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Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

49

)47(a)(1)	nonexer	npt cl	haritabl	le trust.
Attach	to Form	990 oi	r Form	990-F7

2015	
Open to Public Inspection	

OMB No. 1545-0047

004

Department of the Treasury Internal Revenue Service

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

Name	of the	organization
	•••••	

Nam	ame of the organization Employer identification number											
	RURAL EDUCATION & DEVELOPMENT, INC 23-2656376											
Pa	τI	Reason for Public (Charity Status (A	All organizations must co	omplete th	is part.) Se	ee instruction	S.				
The o	organ	ization is not a private found	ation because it is: (For lines 1 through 11, o	check only	one box.)						
1		A church, convention of ch	urches, or associatio	on of churches describe	d in sectio	n 170(b)(1	I)(A)(i).					
2		A school described in secti	on 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 9	90-EZ).)						
3		A hospital or a cooperative					ii).					
4		A medical research organization	ation operated in co	njunction with a hospita	l described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,			
		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:										
5		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). (C	omplete Part II.)		-							
6		A federal, state, or local gov	ernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).					
7	Х	An organization that normal						he general	public described in			
		section 170(b)(1)(A)(vi). (Co		1 11	5			5	•			
8		A community trust describe		1)(A)(vi). (Complete Par	t II.)							
9		An organization that normal				contributi	ons. members	ship fees, a	nd aross receipts from			
		activities related to its exem	•	-	-			-	•			
		income and unrelated busir		-					-			
		See section 509(a)(2). (Cor					,	5	,			
10		An organization organized a	• •	ivelv to test for public sa	afetv. See :	section 50)9(a)(4).					
11		An organization organized a	-	•	-			arrv out the	e purposes of one or			
		more publicly supported or	-	-	-			•				
		lines 11a through 11d that	-									
а		Type I. A supporting orga	•••			-		-	aivina			
		the supported organization	•	•								
		organization. You must c		• • • •	, ,				11 5			
b		Type II. A supporting orga	-		tion with it	s support	ed organizatio	on(s), by ha	vina			
		control or management of	-				-		-			
		organization(s). You mus						5 1				
с		Type III functionally inte	-		in connec	tion with. a	and functiona	Ilv integrate	ed with.			
		its supported organization						, 0				
d		Type III non-functionally						rted organi	zation(s)			
		that is not functionally int						-				
		requirement (see instructi			-		-					
е		Check this box if the orga	•	•				II, Type III				
		functionally integrated, or										
f	Ente	er the number of supported of										
		vide the following information										
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o listed i		(v) Amount of	-	(vi) Amount of			
		organization		(described on lines 1-9 above (see instructions))	governing	document?	support	-	other support (see			
					Yes	No	instruct	ions)	instructions)			

Total

Schedule A (Form 990 or 990-EZ) 2015 RURAL EDUCATION & DEVELOPMENT, INC

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	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6,155,402.	484,769.	918,775.	2,255,956.	572,044.	10,386,946.
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	6,155,402.	484,769.	918,775.	2,255,956.	572,044.	10,386,946.
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)						7,131,710.
6	Public support. Subtract line 5 from line 4.						3,255,236.
Se	ction B. Total Support		· · · · ·	·			
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	6,155,402.	484,769.	918,775.	2,255,956.	572,044.	10,386,946.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	54.	99.	223.	2,074.	581.	3,031.
9	Net income from unrelated business				-		-
	activities, whether or not the						
	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						
	assets (Explain in Part VI.)		1,295.	1,169.	898.	523.	3,885.
11	Total support. Add lines 7 through 10						10,402,687.
12	•	etc. (see instructio	ns)	•		12	
13	First five years. If the Form 990 is for	the organization's				n 501(c)(3)	
	organization, check this box and stop	here			-		
Se	ction C. Computation of Publi		centage				
14	Public support percentage for 2015 (li	ne 6, column (f) div	vided by line 11, co	olumn (f))		14	31.29 %
15	Public support percentage from 2014	Schedule A, Part I	I, line 14			15	41.32 %
	33 1/3% support test - 2015. If the o					nore, check this bo	x and
	stop here. The organization qualifies a	as a publicly suppc	orted organization				
b	33 1/3% support test - 2014. If the o						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	0 10% -facts-and-circumstances test						
	more, and if the organization meets th	-					
	organization meets the "facts-and-circ						
18	Private foundation. If the organization						

Schedule A (Form 990 or 990-EZ) 2015

23-2656376

Schedule A (Form 990 or 990-EZ) 2015 RURAL EDUCATION & DEVELOPMENT, INC

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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						
10	3 received from disqualified persons						
r	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.)						
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(a) 2012	(4) 2014	(a) 2015	(f) Total
	,	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6						
102	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	on 501(c)(3) orga	nization,
	check this box and stop here)
-	ction C. Computation of Pub						
15	Public support percentage for 2015 (line 8, column (f) d	ivided by line 13, o	column (f))		15	%
16	Public support percentage from 2014					16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20)15 (line 10c, colur	nn (f) divided by lii	ne 13, column (f))		17	%
18	Investment income percentage from					18	%
19 a	33 1/3% support tests - 2015. If the					33 1/3%, and lin	e 17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly	supported organiz	ation	
k	33 1/3% support tests - 2014. If the						
	line 18 is not more than 33 1/3%, che	•			-		
20	Private foundation. If the organization			•		•	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

10b

Yes

No

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			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
-	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
		-	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. 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):			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b				
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	;).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
a				110
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	20		
5	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		
2	-	20		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а		2-		
•-	trustees of each of the supported organizations? Provide details in <i>Part VI.</i>	3a		
a	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	01		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2015

532026 09-23-15

1

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		

7 ot Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2015

Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

(B) Current Year

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	i ugo i
	on D - Distributions		1	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	IS	
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 t	the organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	1	-	
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015
			110 2010	
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a				
b				
<u> </u>				
	From 2013			
	From 2014			
-	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Carryover from 2010 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
5	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
5	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
a				
b				
-	Excess from 2013			
	Excess from 2014			
	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 RURAL EDUCATION & DEVELOPMENT, INC	23-2656376	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 1 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, 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; P	nes 1 and 2; Part IV, Sectio art V, Section B, line 1e; Pa	on C,
Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any ad (See instructions.)	ditional information.	
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.		
LEASE REFUND		
2015 AMOUNT: \$ 500.		
SCHEDULE A, PART II, LINES 1-11		
HISTORICAL AMOUNTS REPORTED ON PREVIOUS FORMS 990 HAVE BEEN RESTATED TO		
REFLECT THE CONVERSION FROM MULTIPLE ENTITY (CONSOLIDATED) FINANCIAL		
STATEMENTS TO SINGLE ENTITY FINANCIAL STATEMENTS.		

** PUBLIC DISCLOSURE COPY **

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

2015

Employer identification number

NI		
Name	ortne	organization

Schedule B

(Form 990, 990-F7.

Department of the Treasury

Internal Revenue Service

or 990-PF)

RURAL E	DUCATION & DEVEL	OPMENT, INC	23-2656376

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

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

General Rule

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

Special Rules

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Page 2

Employer identification number

RURAL EDUCATION & DEVELOPMENT, INC

Name of organization

23-2656376

Part I	Contributors (see instructions). Use duplicate copies of Part I if additionation	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$80,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$21,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$16,920.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Page 2

Name of organization

Employer identification number

23-2656376

RURAL EDUCATION & DEVELOPMENT, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
8		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5		\$14,400.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
6		\$13,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)
Name of organization

Employer identification number

23-2656376

RURAL EDUCATION & DEVELOPMENT, INC

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

	CATION & DEVELOPMENT, INC		23-2656376				
art III	Exclusively religious, charitable, etc., contr the year from any one contributor. Complete co	ibutions to organizations described plumns (a) through (e) and the follow	in section 501(c)(7), (8), or (10) that total more than \$1,000 f wing line entry. For organizations				
	completing Part III, enter the total of exclusively religious	, charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.) *				
) No.	Use duplicate copies of Part III if additiona	il space is needed.					
rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
.							
-							
		(e) Transfer of gif	t				
			-				
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee				
-							
-							
) No.							
rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-							
— ·							
-	_						
	(e) Transfer of gift						
	Transferee's name, address, an		Relationship of transferor to transferee				
-							
-							
-							
) No. rom							
artl	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-							
— ·							
	(e) Transfer of gift						
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee				
-							
-							
) No. rom	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
art I							
-							
.							
	(a) Transfer of sitt						
-	(e) Transfer of gift						
		(-,					
	Transferee's name, address, an		Relationship of transferor to transferee				
	Transferee's name, address, an						

SC	HEDULE	ΞD
/		

(Form 990)

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.



	ment of the Treasury Revenue Service	► Information about Schedule D (For	Attach to Form 990. m 990) and its instructions is at <i>www.irs.go</i>	v/form990.	Open to Public Inspection
Nam	e of the organizat		· · · ·		r identification number
	Ū	RURAL EDUCATION & DEVELOPMEN	NT, INC		3-2656376
Par	t I 🛛 Organiz	ations Maintaining Donor Advise	d Funds or Other Similar Funds or	Accounts	Complete if the
	organizatio	on answered "Yes" on Form 990, Part IV, lin			
			(a) Donor advised funds	(b) Funds ar	nd other accounts
1	Total number at e	nd of year			
2		of contributions to (during year)			
3	Aggregate value of	of grants from (during year)			
4	Aggregate value a	at end of year			
5	Did the organizati	on inform all donors and donor advisors in v	writing that the assets held in donor advised f	unds	
	are the organizati	on's property, subject to the organization's	exclusive legal control?		🕒 Yes 🔛 No
6	Did the organizati	on inform all grantees, donors, and donor a	dvisors in writing that grant funds can be use	d only	
	for charitable pur	poses and not for the benefit of the donor o	r donor advisor, or for any other purpose cont	ferring	
	impermissible priv				🔄 Yes 🔄 No
Par	t II Conserv	vation Easements. Complete if the org	anization answered "Yes" on Form 990, Part	IV, line 7.	
1		servation easements held by the organizati			
	Preservatio	n of land for public use (e.g., recreation or e	ducation)	Illy important	land area
		of natural habitat	Preservation of a certified	historic struc	ture
		n of open space			
2			ied conservation contribution in the form of a		
	day of the tax yea				l at the End of the Tax Year
	-				
			ucture included in (a)	. 2c	
d			after 8/17/06, and not on a historic structure		
3			eased, extinguished, or terminated by the org		ing the tax
3	year ►	rvation easements modified, transferred, rei	eased, extinguished, or terminated by the org	anization dun	ing the tax
4		where property subject to conservation eas	sement is located		
5		ation have a written policy regarding the per			
5		forcement of the conservation easements if			Yes No
6			handling of violations, and enforcing conserva		
-					
7	Amount of expension	 ses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	easements du	uring the vear
	▶\$	с, т с,			0 ,
8	Does each conse	rvation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B)(i)	
					Yes No
9			on easements in its revenue and expense stat		alance sheet, and
	include, if applica	ble, the text of the footnote to the organizat	ion's financial statements that describes the	organization's	accounting for
	conservation ease				
Par	t III Organiz	ations Maintaining Collections of	f Art, Historical Treasures, or Othe	r Similar A	ssets.
		if the organization answered "Yes" on Form			
1a	If the organization	n elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statement	and balance	sheet works of art,
	historical treasure	es, or other similar assets held for public exh	nibition, education, or research in furtherance	of public serv	ice, provide, in Part XIII,
	the text of the foo	otnote to its financial statements that descri	bes these items.		
b	If the organization	n elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement and	l balance she	et works of art, historical
	treasures, or othe	er similar assets held for public exhibition, ec	ducation, or research in furtherance of public	service, provid	de the following amounts
	relating to these i				
	(i) Revenue inclu	uded on Form 990, Part VIII, line 1		🕨 💲 🔄	
2			asures, or other similar assets for financial gai	n, provide	
	-	unts required to be reported under SFAS 1		. .	
b	Assets included in	n Form 990, Part X		🕨 💲	

LHA	For	Paperwork	Reduction	Act Notice,	see the	Instruction	s for Form 99	90.
53205 ⁻ 11-02-								

Sche	dule D (Form 990) 2015 RURAL EDUCA	ATION & DEVELOPM	MENT, I	INC			2	3-26563	876	Page 2
Par	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures, o	r Other	Simila	nr Asse	ts (contir	nued)
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following that	are a sig	nificant u	ise of its	collectio	n items
	(check all that apply):									
а	Public exhibition	c			hange progra					
b	Scholarly research	e		Other						
с	Preservation for future generations									
4	Provide a description of the organization's co	-		-	-			se in Parl	t XIII.	
5	During the year, did the organization solicit of								٦	<u> </u>
De	to be sold to raise funds rather than to be m								Yes	└── No
Fai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	organizatio	n answered "	Yes" on F	orm 990	, Part IV,	line 9, or	
10	Is the organization an agent, trustee, custod		diany for	contribution	e or othor as	cote not in	cluded			
Id									Yes	
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII							······ └──	165	
D		and complete the re	liowing						Amoun	t
c	Beginning balance						1c		7 arrio arr	
	Additions during the year									
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F						/?		Yes	No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete i	if the organization ar	nswered	"Yes" on Fo	orm 990, Part	IV, line 10).			
		(a) Current year	(b) F	rior year	(c) Two years	s back (d) Three ye	ears back	(e) Four	r 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 cur	-	-	g, column (a	a)) held as:					
	Board designated or quasi-endowment		_%							
	Permanent endowment	%								
С	Temporarily restricted endowment	%								
20	The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse		ation th	at are hold a	and administra	od for the	organiz	ation		
Ja		ession of the organiz		at are neiu a			organiz	alion	I	Yes No
	by: (i) unrelated organizations								3a(i)	
	(ii) related organizations									
b	If "Yes" on line 3a(ii), are the related organizations									
4	Describe in Part XIII the intended uses of the								0.0	
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 99	0, Part IV	V, line 11a. S	See Form 990	, Part X, lii	ne 10.			
	Description of property	(a) Cost or c basis (investr	other	(b) Cost	or other	(c) Acc	umulate	d	(d) Boo	k value
4-	Land			Dasis	(other)	depri	COLOUI			
	Land									
	Buildings Leasehold improvements									
					25,245.		11,	510.		13,735.
	EquipmentOther						±±,			,
	Add lines 1a through 1e. (Column (d) must e		X. colur	nn (B). line 1	10c.)					13,735.
			,	, <i>,,</i> - .	,			< 1		

Schedule D (Form 990) 2015

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (c) Method of valuation: Cost or end-of-year market value (b) Book 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 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market 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 15.

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

Part X Other Liabilities.

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

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

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

Sche	edule D (Form 990) 2015 RURAL EDUCATION & DEVELOPMENT, INC		23-2656376	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Staten	nents With Rev	enue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	ea.		
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d				
е			2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ments With Exp	penses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	?a.		
1	Total expenses and losses per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses			
d				
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	
_5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)		5	
Pa	rt XIII Supplemental Information.			

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE F (Form 990)			ivities Outside the Ui n answered "Yes" on Form 990, Par			OMB No. 1545-0047
Department of the Treasury	Information .	aut Ochard 1 =	Attach to Form 990.			Open to Public
Internal Revenue Service	Information ab	out Schedule F	(Form 990) and its instructions is at	www.irs.gov/f		Inspection entification number
RURAL EDUCATION & DEVE			taide the United Otates a		23-2656376	
Form 990, Part I		Activities Ou	tside the United States. Compl	ete if the orgar	nization answere	ed "Yes" on
	•	n maintain recor	ds to substantiate the amount of its gr	ants and other	assistance,	
the grantees' eligibility	for the grants or a	assistance, and	the selection criteria used to award th	e grants or ass	istance?[X Yes No
-	cribe in Part V the	e organization's	procedures for monitoring the use of i	ts grants and o	ther assistance	outside the
United States.	The fellowing Dev	h Liling Ottoble a		·		
3 Activities per Region. (1 (a) Region	(b) Number of	(c) Number of	an be duplicated if additional space is (d) Activities conducted in region	1	vity listed in (d)	(f) Total
(a) negion	offices in the region	employees, agents, and independent contractors in region	(by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	is a pro describe	gram service, e specific type ce(s) in region	expenditures for and investments in region
SOUTH ASIA	C	1	GRANT MAKING	N/A		1,688,348.
3 a Sub-total	C	1				1,688,348.
b Total from continuation						
sheets to Part I	0	0				0.
c Totals (add lines 3a and 3b)	C	1				1,688,348.

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

Schedule F (Form 990) 2015

OMB No. 1545-0047

RURAL EDUCATION & DEVELOPMENT, INC

23-2656376

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			READ PARTNERS WITH					
			THE LOCAL					
			ORGANIZATION TO BUILD					
		SOUTH ASIA	LIBRARY AND RESOURCE	930,322.	WIRE	Ο.		
			READ PARTNERS WITH					
			THE LOCAL					
			ORGANIZATION TO BUILD					
		SOUTH ASIA	LIBRARY AND RESOURCE	412,486.	WIRE	Ο.		
			READ PARTNERS WITH					
			THE LOCAL					
			ORGANIZATION TO BUILD					
		SOUTH ASIA	LIBRARY AND RESOURCE	345,540.	WIRE	٥.		
2 Enter total number of	recipient organizatio	ns listed above that are	recognized as charities by the	foreign country	, recognized as tax-e	xempt by		
			n 501(c)(3) equivalency letter					3
						>		0

SEE PART V FOR COLUMN (D) DESCRIPTIONS

23-2656376

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

Part III can be duplicated if additional space is needed.

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

Schedule F (Form 990) 2015

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 No
2	Did the organization have an interest in a foreign trust during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to 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) 2015

RURAL EDUCATION & DEVELOPMENT. INC 23-2656376 Schedule F (Form 990) 2015 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. 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. PART II, COLUMN (D): REGION: SOUTH ASIA (D) PURPOSE OF GRANT: READ PARTNERS WITH THE LOCAL ORGANIZATION TO BUILD LIBRARY AND RESOURCE CENTERS. REGION: SOUTH ASIA (D) PURPOSE OF GRANT: READ PARTNERS WITH THE LOCAL ORGANIZATION TO BUILD LIBRARY AND RESOURCE CENTERS. REGION: SOUTH ASIA (D) PURPOSE OF GRANT: READ PARTNERS WITH THE LOCAL ORGANIZATION TO BUILD LIBRARY AND RESOURCE CENTERS. 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).

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.

SCHEDULE G	Suppleme	ental Information Regarding	. E	draia	ing or Coming	۰. ۱	vition	OMB No. 1545-0047
(Form 990 or 990-EZ)	2015							
Department of the Treasury Internal Revenue Service		Open to Public Inspection						
Name of the organization		dentification number						
	RURAL EDUC.	ATION & DEVELOPMENT, INC					23-2656376	
		Complete if the organization answe	ered "Y	es" o	n Form 990, Part IV,	line 1	7. Form 990-E	Z filers are not
 Indicate whether the a X Mail solicitation b X Internet and e c Phone solicitation d X In-person solicitation key employees listed 	organization rai ns mail solicitations tions tiations have a written o d in Form 990, F highest paid ind	sed funds through any of the followi e X Solicita f Solicita g X Special pr oral agreement with any individua Part VII) or entity in connection with p lividuals or entities (fundraisers) pure	tion of tion of fundra l (inclue	non-g gover aising ding o sional 1	overnment grants nment grants events fficers, directors, true fundraising services?	stees	X Ye	
(i) Name and address or entity (fundra		(ii) Activity	have c	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	to (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
PAMELA JOYCE - 120 I	INDEN		Yes	No				
LANE, SAN RAFAEL, CA	A 94901	FUNDRAISING CONSULTANT		x	0.		7,847	7,847.
SMARTER GOOD - 180 9	TH AVE.,							
SAN FRAN, CA 94120		GRANT MANAGEMENT SERVICES		x	0.		24,500	-24,500.
Total		L		. ►			32,347	32,347.
		on is registered or licensed to solicit	contrit	oution	s or has been notified	d it is	exempt from	registration

AL, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NV, NH, NJ, NM, NY, NC ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WV, WI, AK, DC, WA

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

	of fundraising event contributions and	gross income on Form 990 (a) Event #1	EZ, lines 1 and 6b. List e	(c) Other events	ipts greater than \$5,000.
		(a) Event #1	(D) Event #2	NONE	(d) Total events (add col. (a) through
		CHICAGO FUNDRAISER	SF FUNDRAISER		col. (c))
		(event type)	(event type)	(total number)	
	1 Gross receipts	14,260.	21,072.		35,332
	2 Less: Contributions	7,010.	14,153.		21,163
	3 Gross income (line 1 minus line 2)	7,250.	6,919.		14,169
	4 Cash prizes				
,	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	7,250.	6,919.		14,169
ן י	8 Entertainment				
	9 Other direct expenses	. 374.			374
	10 Direct expense summary. Add lines 4 throu	gh 9 in column (d)		►	14,543
	11 Net income summary. Subtract line 10 from				-374
'a	rt III Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	n answered "Yes" on Form	1 990, Part IV, line 19, or r	eported more than	
		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add

Pa	irt I	Gaming. Complete if the organization a	answ	ered "Yes" on Form	n 990, Part IV, line 19, or	reported more than				
		\$15,000 on Form 990-EZ, line 6a.								
Revenue				(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming col. (a) through c			
Reve	1	Gross revenue								
SS	2	Cash prizes								
xpense	3	Noncash prizes								
Direct Expenses	4	Rent/facility costs								
	5	Other direct expenses		1						
	6	Volunteer labor		Yes% No	└── Yes % └── No	└── Yes % └── No				
	7 Direct expense summary. Add lines 2 through 5 in column (d)									
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)									
		ter the state(s) in which the organization condu								
а	ls t	he organization licensed to conduct gaming a	ctiviti	es in each of these	states?		L Yes L	No		
b	b If "No," explain:									

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes L **b** If "Yes," explain:

532082 09-14-15

Direct Expenses

Page **2**

21,163.

14,169.

14,169.

374. 14,543.

-374.

__ No

Sch	edule G (Form 990 or 990-EZ) 2015 RURAL EDUCATION & DEVELOPMENT, INC 23-26	56376		Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No 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
13	Indicate the percentage of gaming activity conducted in:			
a	a The organization's facility	13a		%
k	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			
1 5a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	🗌 No
Ł	o If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount			
~	of gaming revenue retained by the third party \triangleright \$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
10				
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
	Mandatory distributions:			
a	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
Ľ	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Da	organization's own exempt activities during the tax year s Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III,		06 1	
10	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	mes 9,	9D, 1	JD, 15D,

SCHEDULE O

(Form 990 or 990-EZ)

Name of the organization	- -
Internal Revenue Service	
Department of the Treasury	

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.

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

Copen to Public Inspection Employer identification number 23-2656376

OMB No 1545-0047

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

TWELVE VOLUNTEER BOARD MEMBERS SERVED DURING 2015.

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 III, LINE 3, CHANGES IN PROGRAM SERVICES:

THE PROGRAM SERVICES FOR READ GLOBAL HAVE NOT CHANGED, HOWEVER THE

DISCLOSURES ON THE FORM 990 ARE NOW BEING REPORTED ON A SINGLE ENTITY

BASIS.

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

CLASSES, WRITING COMPETITION, AND READING PROGRAMS; AND 8,421 VILLAGERS

WERE TRAINED IN AGRICULTURE, INCLUDING FARMING AND ORGANIC PESTICIDES.

FORM 990, PART IV, LINE 12A AND PART XII, LINE 2B

READ GLOBAL UNDERWENT A FINANCIAL STATEMENT AUDIT FOR CALENDAR YEAR

2015. THE AUDITED FINANCIAL STATEMENTS WERE NOT ISSUED BY THE TIME THE

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

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization	Employer identification number
RURAL EDUCATION & DEVELOPMENT, INC	23-2656376

RETURN WAS FILED WITH THE IRS.

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

ANTONIA NEUBAUER AND LAWRENCE NEUBAUER HAVE A FAMILY RELATIONSHIP.

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

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

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

FILED WITH THE IRS.

FORM 990, PART 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.

Schedule O (Form 990 or 990-EZ) (2015) Name of the organization	Page Employer identification numbe
RURAL EDUCATION & DEVELOPMENT, INC	23-2656376
THE CHAIR OF THE BOARD OF DIRECTORS, IF APPROPRIATE, APPOINTS A	·
DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE	
PROPOSED TRANSACTION OR ARRANGEMENT.	
AFTER EXERCISING DUE DILIGENCE, THE BOARD OF DIRECTORS DETERMINES WHETHER	
READ CAN OBTAIN, WITH REASONABLE EFFORTS, A MORE ADVANTAGEOUS TRANSACTION	
OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A	
CONFLICT OF INTEREST.	
IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY	
POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE	
BOARD OF DIRECTORS DETERMINES BY A MAJORITY VOTE OF THE DISINTERESTED	
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 9, CHANGES IN NET ASSETS:

Schedule O (Form 990 or 990-EZ) (2015)	
Name of the organization RURAL EDUCATION & DEVELOPMENT, INC	Employer identification number 23-2656376
CONVERSION FROM MULTIPLE ENTITY TO SINGLE ENTITY FINANCIAL	
STATEMENTS507,971.	