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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 black lung benefit trust or private foundation)

OMB No 1545-0047

Open to Public

Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection Internal Revenue Service and ending JUN 2008 30, 2009 For the 2008 calendar year, or tax year beginning JUL D Employer identification number C Name of organization Check if applicable FOUNDATION FOR READING AREA COMMUNITY use (RS Address change label or COLLEGE print or Name change 23-2273163 type Doing Business As Initial Number and street (or P.O. box if mail is not delivered to street address) See Room/suite E Telephone number Specific Termin-(610)607-6239 O. BOX 1706 Instruc-866,860. City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-19603 H(a) Is this a group return READING, PA pending Yes X No F Name and address of principal officer MICHAEL E NAGEL for affiliates? SAME AS C ABOVE H(b) Are all affiliates included? Yes No I Tax-exempt status: X 501(c) (3) ◀_ (insert no) 4947(a)(1) or If "No." attach a list, (see instructions) J Website: ► WWW.RACC.EDU/ABOUT/FOUNDATION.ASPX **H(c)** Group exemption number ▶ K Type of organization: X Corporation Year of formation: 1988 M State of legal domicile: PA Trust Association Part I Summary Briefly describe the organization's mission or most significant activities THE MISSION OF THE FOUNDATION Activities & Governance FOR READING AREA COMMUNITY COLLEGE IS TO AUGMENT THE COLLEGE'S Check this box | If the organization discontinued its operations or disposed of more than 25% of its assets 26 Number of voting members of the governing body (Part VI, line 1a) 3 3 26 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of employees (Part V, line 2a) 5 5 6 38 Total number of volunteers (estimate if necessary) 0. 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) 7a 0. b Net unrelated business paratite mounterfrom Form 1990-T, ine 34 **Prior Year Current Year** OSC 589,604. Contributions and drants (Part VIII, line 1h) 671,553 8 Revenue e xevenue (Ebert Vill6lin2e02lo) 9 Program service Investment income (Part VIII, column (A), lines 224,717 132,712. and 7d) 10 88,240. 207,246 YM, Column (A); lings o 5d, 8d, 9c, 10c, and 11e) 1,103,516 810,556. ust equal Part VIII. column (A), line 12) 1,378,577 822,852. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 46,495. 700,074 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 2,078,651 869,347. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) -975.135-58,791 Revenue less expenses Subtract line 18 from line 12 28 End of Year **Beginning of Year** 7,875,501 6,466,649**.** 20 Total assets (Part X, line 16) 30,964 16,307. 21 Total liabilities (Part X, line 26) let let 7,844,537. Net assets or fund balances Subtract line 21 from line 20 450,342. Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of prepage (other than officer) is based on all information of which preparer has any knowledge a 1410 Sign Signature of officer Here Chairman OXHOLM auL Type or print name and title Date Check if Preparer's identifying number (see instructions) Preparer's self-employed ▶ Paid signature 29/0 Preparer's Firm's name (or HERBEIN + COMPANY, EIN > yours if self-employed), Use Only 2763 CENTURY BOULEVARD Phone no. \triangleright (610) 378-1175

> X Yes No Form 990 (2008)

READING, PA 19610 May the IRS discuss this return with the preparer shown above? (see instructions)

| | m 990 (2008) COLLEGE 23-2273 | 163 | Page 2 |
|-------|---|----------------|----------|
| Ра | art III Statement of Program Service Accomplishments (see instructions) | | |
| 1 | Briefly describe the organization's mission: | | |
| | THE MISSION OF THE FOUNDATION FOR READING AREA COMMUNITY COLLEG | E IS | TO |
| | AUGMENT THE COLLEGE'S ABILITY TO OFFER AFFORDABLE, QUALITY EDUC | ATIO | VAL. |
| | OPPORTUNITIES TO RESIDENTS OF GREATER READING AND BERKS COUNTY. | | _ |
| | | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on | | |
| | the prior Form 990 or 990-EZ? | Yes | X No |
| | If "Yes", describe these new services on Schedule O. | | 140 |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | ¬voc | X No |
| 9 | If "Yes", describe these changes on Schedule O | 162 | LALI NO |
| | • | | |
| 4 | Describe the exempt purpose achievements for each of the organization's three largest program services by expenses | | |
| | Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and | | |
| | allocations to others, the total expenses, and revenue, if any, for each program service reported. | | |
| | | | |
| 4a | , | 452, | 704.) |
| | TO MAINTAIN AND DEVELOP THE EDUCATIONAL FACILITIES AND PROGRAMS | OF | |
| | READING AREA COMMUNITY COLLEGE | | |
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| 4b | | 292,5 | 508.) |
| | TO AWARD SCHOLARSHIPS AND/OR GRANTS TO FUTURE, PRESENT, AND FOR | MER | |
| | STUDENTS OF THE READING AREA COMMUNITY COLLEGE | | |
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| 4c | | 124,1 | L35.) |
| | TO PROVIDE BOOKS AND EQUIPMENT FOR READING AREA COMMUNITY COLLE | GE | |
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| 4d | Other program services. (Describe in Schedule O.) | | |
| | (Expenses \$ including grants of \$) (Revenue \$) | | <u>_</u> |
| 4e | 060 245 | | |
| | | Form 99 | 0 (2008) |
| 83200 | | _ | / |

Part IV Checklist of Required Schedules

| | , | | 162 | NO |
|-----|---|----------|--------------|-------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | ₹. | |
| _ | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | _2 | | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | _ | | v |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | | | |
| 5 | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III | 5 | | |
| _ | Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice | <u> </u> | | |
| 6 | 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, | | | |
| 7 | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | i | х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| 0 | Schedule D, Part III | 8 | | х |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide | | | |
| 3 | credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | Х |
| 10 | Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | Х | |
| 11 | Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? | | | |
| | If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | 11 | Х | |
| 12 | Did the organization receive an audited financial statement for the year for which it is completing this return that was | | | |
| | prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII | 12 | Х | |
| 13 | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the U.S? | 14a | | Х |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | and program service activities outside the U.S ? If "Yes," complete Schedule F, Part I | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity | | | |
| | located outside the United States? If "Yes," complete Schedule F, Part II | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals | | | |
| | located outside the United States? If "Yes," complete Schedule F, Part III | 16 | | X |
| 17 | Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I | 17 | | X |
| 18 | Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | _X_ | |
| 19 | Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19_ | | X |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20 | 77 | X |
| 21 | Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | X | 37 |
| 22 | Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? 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 questions 24b-24d and complete Schedule K. | 24a | | х |
| _ | If "No", go to question 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | 73 |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | 240 | | |
| С | 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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a | | | |
| 200 | disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | х |
| ь | Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a | | | |
| ~ | prior year? If "Yes," complete Schedule L, Part I | 25b | | х |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified | | | T |
| | person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial | | | |
| | contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | 27 | | х |
| | | Form | 990 (| 2008) |

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Part IV Checklist of Required Schedules (continued)

If "Yes," complete Schedule R, Part V, line 2

If "Yes," complete Schedule R, Part V, line 2

| | Onecklist of Nequiled Ochedules (continued) | | Yes | No |
|----|--|-----|----------|-----|
| 28 | During the tax year, did any person who is a current or former officer, director, trustee, or key employee. | | 163 | 140 |
| | Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an | | | |
| _ | indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other | | | |
| | person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV | 28a | . : | х |
| b | Have a family member who had a direct or indirect business relationship with the organization? | | | |
| | If "Yes," complete Schedule L, Part IV | 28b | | х |
| С | Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional | | | |
| | corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV | 28c | | х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | Х |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | <u> </u> | Х |
| 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, Parts II, III, IV, and V, line 1 | 34 | | X |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? | 1 | | |

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Form 990 (2008)

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COLLEGE

| Par | t V Statements Regarding Other IRS Filings and Tax Compliance | | | | |
|-----|---|----------------|----------|-------|--------|
| | | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096, Amual Summary and Transmittal of | | - | | |
| | U.S. Information Returns. Enter -0- if not applicable | 0 | | | |
| b | 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 reportable gamir | ng | | | |
| | (gambling) winnings to prize winners? | - | 1c | | X |
| | 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 | 0 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | - | 2b | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) | | | | |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return | ' [?] | 3a | | X |
| | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | - | 3b | | _ |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | a | | | v |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | - | 4a | | Х |
| | If "Yes," enter the name of the foreign country | | | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and | | | | |
| | Financial Accounts Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | 5a | | Х |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | - | 5a 5b | | X |
| | If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prof | hibited | 30 | | -21 |
| | Tax Shelter Transaction? | Dittou | 5c | | |
| | Did the organization solicit any contributions that were not tax deductible? | | 6a | | Х |
| | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | | |
| | were not tax deductible? | | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | |
| а | Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? | . [| 7a | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | _ | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | | |
| | to file Form 8282? | - | 7c | | X |
| | If "Yes," indicate the number of Forms 8282 filed during the year | | - 1 | | |
| е | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal | | | | |
| | benefit contract? | - | 7е | - | X |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | · - | 7f | | X |
| - | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | - | 7g | | X |
| | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | - | 7h_ | | |
| 8 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have | | | | |
| | excess business holdings at any time during the year? | • | 8 | | |
| 9 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. | | | | |
| | Did the organization make any taxable distributions under section 4966? | | 9a | | |
| | Did the organization make a distribution to a donor, donor advisor, or related person? | | 9ь | | |
| | Section 501(c)(7) organizations. Enter: N/A | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | | |
| 11 | Section 501(c)(12) organizations. Enter: N/A | | | | |
| а | Gross income from members or shareholders | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | | |
| | amounts due or received from them) | | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | - | 12a | | |
| b | if "Yes," enter the amount of tax-exempt interest received or accrued during the yearN/A12b | | | 000 | |
| | | | Form | 990 (| (2008) |

Form 990 (2008)

COLLEGE

23-2273163

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Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

| For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O See instructions. Enter the number of voting members of the governing body Entitle the number of voting members of the governing body Entitle the number of voting members that are independent of the governing body Entitle the number of voting members that are independent of the governing body in the process of the company of the process of the company of the process of the company of the process of the organization show with any other office, director, furstee, or key employees to a management company or other person? 4 Dot the organization have members or stockholders or the process of | Sec | tion A. Governing Body and Management | | | | |
|---|-----|--|----------|------------|-------------|-----------|
| For each "Yes" response to larse 2-7b below, and for a "No" response to larks 8 or 9b below, describe the curcumstances, processes, or changes in Schedule O. See maturotines. 15. Enter the number of voting members of the governing body. 16. Enter the number of voting members of the governing body. 17. Enter the number of voting members of the governing body. 18. Enter the number of voting members that are independent. 19. Did the organization delegate control over management dutes customarily performed by or under the direct supervision of offices, directors or trustees, or key employees to a management company or other person? 19. Did the organization make any significant changes to its organizational documents since the prior Form 950 was filed? 20. Did the organization make any significant changes to its organizational documents since the prior Form 950 was filed? 21. Did the organization make any significant changes to its organizational documents since the prior Form 950 was filed? 22. X. 23. Did the organization make management dutes out of the organization's assets? 25. Did the organization make management significant changes of the organization's assets? 26. X. 27. Discouration was a significant changes of the organization's assets? 28. Did the organization have members of such choices, or other persons who may elect one or more members of the governing body subject to approval by members, stockholders, or other persons? 28. Did the organization have members, stockholders, or other persons? 29. Did the following: 29. The governing body? 29. Did the following: 29. The governing body? 29. Did the following: 29. Did the procadulation of the significant of the governing body before the was filed? All organizations must describe in Schedule O the process, if any, the organization is so to review the form 950 person the washed of the form 950 person the form 950 person | | | | | Yes | No |
| 16 Enter the number of voting members of the governing body | | For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, | [| | | |
| 16 Enter the number of voting members of the governing body | | processes, or changes in Schedule O. See instructions. | | | | ı |
| Dd any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management dubes customarily performed by or under the direct supervision of officers, director, trustees, or key employees to a management company or other person? 3 | 1a | | 26 | | | |
| 2 Dd dary officer, director, trustee, or key employee? 3 Dd the organization delegate control over management duties customanily performed by or under the direct supervision of officers, director, trustees, or key employee? 3 Dd the organization delegate control over management duties customanily performed by or under the direct supervision of officers, directors or trustees, or key employees to a organization part or other person? 3 X 4 X 5 Dd the organization become aware during the year of a material diversion of the organization's assets? 5 Desist the organization have members or stockholders? 6 Desist the organization have members or stockholders, or other persons who may elect one or more members of the governing body? 7 a variety of the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8 Dd the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8 Ba X 9 Desists organization have local chapters, branches, or affidities? 9 If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization of the Form 390 or where the organization have written policies and procedures governing body before the was filed? All organizations must describe in Schedule 0 the process, if any, the organization uses to review the Form 990 10 Was a copy of the Form 390 provided to the organization uses to review the Form 990 11 Is there any officer, director or trustee, or key employee selden in Part Will, Schot on A, who cannot be reached at the organization in Early and consistently monitor and enforce compliance with the policy? If "Yes, cessorbe in Schedule 0 how this is done 12 Desist the organization have a written organization of the deliberation and decision. 1 Feb. Desist the organization have a writ | b | Enter the number of voting members that are independent | 26 | | | |
| officer, director, trustee, or key employee? 3 Dd the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 4 Dd the organization have members or stockholders? 5 Dd the organization have members as otsockholders? 6 Dese the organization have members, stockholders, or other person? 7 Dese the organization have members, stockholders, or other persons who may effect one or more members of the governing body? 8 Dese the organization have members, stockholders, or other persons who may effect one or more members of the governing body subject to approval by members, stockholders, or other persons? 8 De the organization have members, stockholders, or other persons? 8 De the organization have bed of chapters, branches, or affiliates; and the organization have blocal chapters, branches, or affiliates? 9 Des the organization have blocal chapters, branches, or affiliates? 10 Was a copy of the Form 950 provided to the organization's governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10 Was a copy of the Form 950 provided to the organization's governing body? 11 Is there any officer, director or trustees, or key employee Isted in Part VII, Section A, who cannot be reached at the organization have a director or trustee, or key employees required to disclose annually interests that could give rise to conflicts? 12 Does the organization have a written conflict of interest policy? If 'No,' go b line 13 13 A Person B. Policies 14 Yes No 15 De the organization have a written observed the formal policy? 15 De the organization have a written observed the formal policy? 16 Desserved of the process or directors of trustees, and key employees required to disclose annually interests that could give rise to conflicts? 16 Desserved the process or Schedule O (see instructions) 17 De | | | | | | |
| 3 Det the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 5 Did the organization make any synificant changes to its organization of the organization assests? 5 Does the organization have members or stockholders? 6 Does the organization have members or stockholders? 7 Does the organization have members of stockholders. 8 Does the organization have members of the governing body? 9 Does the organization have members discholders. 9 Did the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 9 Does the organization have members, stockholders, or other persons? 10 Did the organization of the governing body subject to approval by members, stockholders, or other persons? 10 Did the organization of the governing body? 11 Did the organization of the governing body? 12 Dess the organization have becal chapters, branches, or stificates? 13 Dess the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 12 Dess the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 13 Was a copy of the Form 990 provided to the organization uses to review the Form 990 14 Section B. Policies 15 Did the organization have a written conflict of interest policy? If | _ | | . | 2 | | X |
| of officers, directors or frustees, or key employees to a management company or other person? 4 | 3 | | | | | |
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| 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision. a The organization's CEO, Executive Director, or top management official? b Other officers or key employees of the organization? Describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶PA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply. □ Own website X Another's website X Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ THE FOUNDATION − 610−607−6239 10 SOUTH SECOND ST., READING AREA COMMUNITY COLLEGE, READING, PA 19603 | 13 | Does the organization have a written whistleblower policy? | ļ | 13 | | |
| persons, comparability data, and contemporaneous substantiation of the deliberation and decision. a The organization's CEO, Executive Director, or top management official? b Other officers or key employees of the organization? Describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed PA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available. Check all that apply. Own website X Another's website X Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization P THE FOUNDATION - 610-607-6239 10 SOUTH SECOND ST., READING AREA COMMUNITY COLLEGE, READING, PA 19603 | 14 | Does the organization have a written document retention and destruction policy? | ļ | 14 | Х | |
| a The organization's CEO, Executive Director, or top management official? b Other officers or key employees of the organization? Describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶PA 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply. Own website X Another's website X Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► THE FOUNDATION − 610−607−6239 10 SOUTH SECOND ST., READING AREA COMMUNITY COLLEGE, READING, PA 19603 | 15 | | Ì | | | |
| b Other officers or key employees of the organization? Describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 15b X 16a X 15b X 15b X 15b X 15c | | persons, comparability data, and contemporaneous substantiation of the deliberation and decision. | | | | _ |
| Describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X 1 | а | · · · · · · · · · · · · · · · · · · · | ļ | <u>15a</u> | | |
| 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶PA 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. □ Own website □ X Another's website □ X Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ | b | • • • | ļ | 15b | | <u> X</u> |
| taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶PA 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply. ☐ Own website X Another's website X Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ | | Describe the process in Schedule O (see instructions) | | | | |
| b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶PA 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply. ☐ Own website X Another's website X Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► THE FOUNDATION − 610−607−6239 10 SOUTH SECOND ST., READING AREA COMMUNITY COLLEGE, READING, PA 19603 | 16a | | ļ | | | |
| In joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶PA 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. □ Own website ▼X Another's website ▼X Upon request. 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▼ THE FOUNDATION − 610−607−6239 10 SOUTH SECOND ST., READING AREA COMMUNITY COLLEGE, READING, PA 19603 | | | ļ | 16a_ | | <u> X</u> |
| exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶PA 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available. Check all that apply. ☐ Own website ☐ X Another's website ☐ X Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ | b | | Ì | | | |
| Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶PA 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. ☐ Own website ☐ X Another's website ☐ X Upon request. 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ | | | ŀ | | | |
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| Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization | Sec | | | | | |
| public inspection. Indicate how you make these available. Check all that apply. Own website X Another's website X Upon request. Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization. THE FOUNDATION - 610-607-6239 10 SOUTH SECOND ST., READING AREA COMMUNITY COLLEGE, READING, PA 19603 | 17 | | | | | |
| Own website X Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization THE FOUNDATION - 610-607-6239 10 SOUTH SECOND ST., READING AREA COMMUNITY COLLEGE, READING, PA 19603 | 18 | | lable | for | | |
| Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► THE FOUNDATION − 610−607−6239 10 SOUTH SECOND ST., READING AREA COMMUNITY COLLEGE, READING, PA 19603 | | | | | | |
| statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization THE FOUNDATION - 610-607-6239 10 SOUTH SECOND ST., READING AREA COMMUNITY COLLEGE, READING, PA 19603 | | | | | | |
| 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization THE FOUNDATION - 610-607-6239 10 SOUTH SECOND ST., READING AREA COMMUNITY COLLEGE, READING, PA 19603 | 19 | | cy, an | d fina | ncial | |
| THE FOUNDATION - 610-607-6239 10 SOUTH SECOND ST., READING AREA COMMUNITY COLLEGE, READING, PA 19603 | | · | | _ | | |
| 10 SOUTH SECOND ST., READING AREA COMMUNITY COLLEGE, READING, PA 19603 | 20 | | anızat | ion 🕨 | - | |
| | | | | | 100 | |
| | | 10 SOUTH SECOND ST., READING AREA COMMUNITY COLLEGE, READING | <u>P</u> | <u>A</u> | <u> 196</u> | |

Form 990 (2008)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

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

Employees, and Independent Contractors

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- 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 the organization did not | compensate an | y of | fice | r, dır | ecto | or, tr | uste | ee, or key employee. | | |
|--|---------------|-------------------------------|------------------------|----------|--------------|------------------------------|-----------|----------------------|---|-----------------------|
| (A) | (B) | (C) | | | | | (D) | (E) | (F) | |
| Name and Title | Average | l | Position | | Reportable | Reportable | Estimated | | | |
| | hours | (c | (check all that apply) | | compensation | compensation | amount of | | | |
| | per week | cto | | | l | | | from the | from related organizations | other |
| | Week | ig i | | | | ted | | organization | (W-2/1099-MISC) | compensation from the |
| | | stee | truste | | يو | bens | | (W-2/1099-MISC) | (** = ********************************* | organization |
| | ļ. | ual tr | ional | | ploye | e tcom | | | | and related |
| | 1 | ndividual trustee or director | nstitutional trustee | Officer | Key employee | Highest compensated employee | e e | | | organizations |
| | 1 | _ | Γ | ۲ | _ | | <u> </u> | | | |
| RONALD L. BASHORE | 1 00 | | | | ٠ | | | | 0 | |
| DIRECTOR | 1.00 | X | ╀ | ├— | | - | | 0. | 0. | 0. |
| MARY ANN CHELIUS SMITH | 1 00 | | | | | | ŀ | | 0 | |
| DIRECTOR | 1.00 | X | \vdash | - | | - | | 0. | 0. | 0. |
| JAMES M. CONNORS | 1 00 | 7, | | | | | | | • | _ |
| DIRECTOR CEVERIN H. FAVERMAN | 1.00 | A | \vdash | \vdash | | \vdash | \vdash | 0. | 0. | 0. |
| SEVERIN H. FAYERMAN DIRECTOR | 1.00 | v | | | | | | 0. | 0. | |
| P. MICHAEL EHLERMAN | 1.00 | ^ | \vdash | - | ╁ | ┼ | | 0. | 0. | 0. |
| DIRECTOR | 1.00 | v | | | | | | 0. | 0. | 0. |
| CHRISTOPHER E. PRUITT | 1.00 | ^ | H | | - | - | | 0. | 0. | 0. |
| TREASURER | 1.00 | Y | | x | İ | | | 0. | 0. | 0. |
| SONIA BRISKIN | 1.00 | - | † | 1 | | | | | | <u></u> |
| DIRECTOR | 1.00 | x | | | İ | | | 0. | 0. | 0. |
| WHITNEY A. SANDERS, II | 1 | | | | | t | | | <u> </u> | |
| DIRECTOR | 1.00 | x | | | | | | 0. | 0. | 0. |
| ROLF D. SCHMIDT | | | İ | | | | | | | |
| DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| JAMES G. HUGHES, PH.D. | | | | | | | | | - | - |
| ASSISTANT TREASURER | 1.00 | X | | X | | | | 0. | 0. | 0. |
| PETER T. EDELMAN, ESQ | | | | | | | | | | |
| DIRECTOR | 1.00 | X | <u> </u> | | | | | 0. | 0. | 0. |
| JAMES H. YOCUM | | | | | | | ļ | | | |
| VICE-CHAIRMAN | 1.00 | X | | X | | | <u> </u> | 0. | 0. | 0. |
| JONATHAN D. ENCARACION | | | | | | | | | | |
| DIRECTOR | 1.00 | X | L | _ | <u> </u> | L | | 0. | 0. | 0. |
| KATIE HANNON | | | | | | ŀ | | | | |
| VICE-CHAIRMAN | 1.00 | X | <u> </u> | X | | <u> </u> | | 0. | 0. | 0. |
| ANNA WEITZ | | | | | | | | | _ | _ |
| DIRECTOR | 1.00 | X | <u> </u> | ļ | ļ | <u> </u> | _ | 0. | 0. | 0. |
| JOHN P. WEIDENHAMMER | | | | | } | | | _ | _ | _ |
| VICE-CHAIRMAN | 1.00 | X | ⊢- | X | | ļ | <u> </u> | 0. | 0. | 0. |
| GUST ZOGAS | 1 1 00 | | 1 | | | } | | | | _ |
| DIRECTOR | 1.00 | X | | <u></u> | | | L_ | 0. | 0. | 0. |

832007 12-18-08

Form 990 (2008)

| Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) | | | | | | | | | | | | |
|--|-----------------|-------------------------------|------------------------|---------|--------------|-------------------------------------|-----------|---------------------------|--|-------------------|-------------------|-------------|
| (A) | (B) | (C) | | (D) (E) | | | (F) | | | | | |
| Name and title | Average | | Position | | | Reportable Reportable | | | Estima | ted | | |
| | hours | (с | (check all that apply) | | ly) | compensation compensation | | | amoun | _ | | |
| | per | į | 흥 | | | from from related the organizations | | | othe | | | |
| | week | rdire | _ | | | <u></u> | İ | organization | (W-2/1099-MISC) | | compens from t | |
| | | steeo | nstee | | | ensa | l | (W·2/1099-MISC) | (***2/1033*141150) | ı | organiza | |
| | | at trus | nal tr | | loyee | E = | | (17 2) 1000 111100) | | | and refa | |
| | | ndividual trustee or director | institutional trustee | Officer | Key employee | Highest compensated employee | ĕ | | | | organiza | tions |
| | | 를 | Ē | 5 | \$ | Ξ \$ | ਣ | | | | | |
| NORA SOBOTTKA | | | | | | | | | | 1 | | |
| DIRECTOR | 1.00 | X | | | | L | <u> </u> | 0. | C |) . | | 0. |
| PAUL G. OXHOLM | | | | | | | | | | | | |
| CHAIRMAN | 1.00 | X | | X | | L | | 0. | | ١. | | 0. |
| MARILYN A. WADEMAN | | | | | | | i | | | | | |
| DIRECTOR | 1.00 | X | | | | | | 0. | | ١. | | 0. |
| NED E. DIEFENDERFER | | | | | | | | | | | | |
| DIRECTOR | 1.00 | Х | | | | | | 0. | C | ١. | | 0. |
| JON SCOTT | | | | | | | | | | | | |
| DIRECTOR | 1.00 | х | | | | | | 0. | C | | | 0. |
| JANET PETERS | | | | | | | İ | | | | | |
| DIRECTOR | 1.00 | Х | | | | 1 | | 0. | C | ا۔ ١ | | 0. |
| LYNDELL KLINE | | | | | | | | - | | | | |
| SECRETARY | 1.00 | Х | | Х | | | | 0. | C | | | 0. |
| NEIL L BERKLEY | 1.00 | | | -22 | | | | | | | | |
| DIRECTOR | 1.00 | х | | | | | | 0. | C | | | 0. |
| EDWIN L STOCK | | 0. | | + | | | | | | | | |
| DIRECTOR | | | ١. | | 0. | | | | | | | |
| MICHAEL E NAGEL | 1.00 | Λ | | | ╁ | | | | | ' • - | | |
| EXECUTIVE DIRECTOR | 1.00 | х | | | | | | 0. | ٠ | | | 0. |
| | 1.00 | Λ | | | J | | <u> </u> | 0. | | 0. | | |
| 1b Total | | 0001 | - d - | | the | n ¢1 | 00 | | <u>. </u> | • | <u> </u> | 0. |
| Total number of individuals (including those | in ia) who re | ceiv | ea n | iore | una | пфı | UU, | 000 in reportable | | | | ^ |
| compensation from the organization | | - | | | | | | | | <u> </u> | Yes | 0 : No |
| O Did the every nation let any form or officer | d | | بمدا | | | | I | h.ahaat aawaanaatad aa | | Г | | + |
| 3 Did the organization list any former officer, | | | , ke | y en | ibio | yee, | or i | nignest compensated er | nployee on | | | v |
| line 1a? If "Yes," complete Schedule J for s | | | | | - 4 | | | | | ⊢ | 3 | <u> </u> |
| 4 For any individual listed on line 1a, is the su | • | | | | | | | · | the organization | | | x |
| and related organizations greater than \$150Did any person listed on line 1a receive or a | | | | | | | | | ann roadorod to | - | 4 | +^- |
| the organization? If "Yes," complete Sched | | | | IOIII | i au iy | uiii | Ciai | ted organization for serv | ices rendered to | - [| 5 | x |
| Section B. Independent Contractors | ule o loi sucri | Ders | 011 | - | | | | | | | <u> </u> | <u>, 22</u> |
| Complete this table for your five highest co | mnensated inc | dene | ende | nt c | onti | racto | ors 1 | that received more than | \$100,000 of compe | nsa | tion from | |
| the organization NONE | inpondatod in | чор. | J. 100 | | ,0,11 | 401 | | mac received more than | φ100,000 0. 00mpc | | | |
| (A) | | | | | | | | (B) | | | (C) | |
| Name and business | address | | | | | | | Description of s | ervices | Co | mpensati | on |
| | | | | _ | | | | | | | | |
| | | | | | | | | | | | | |
| | • | | | | | | \neg | - | | | | |
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| | | | | - | | | \neg | | - | | | |
| | | | | | | | | | | | | |
| | | | | - | - | | | | | _ | • | |
| | | | | | | | | | | | | |
| 2 Total number of independent contractors (ii | ncluding those | e in : | 1) wh | no re | ecer | ved | moi | re than \$100,000 in com | pensation | | | |
| from the organization | 0 | | • | | | | | | . | | | |

COLLEGE Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

| | | | not required to comple | ,te columns (b), (c), an | |
|----|---|-----------------------|------------------------------|-------------------------------------|---|
| | 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 governments and | | | | |
| | organizations in the U.S. See Part IV, line 21 | 822,852. | 822,852. | | · · · · · · · · · · · · · · · · · · · |
| 2 | Grants and other assistance to individuals in | | | | |
| | the U.S. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, | | | | |
| | organizations, and individuals outside the U.S. | | | | |
| | See Part IV, lines 15 and 16 | | | | · · · · · · · · · · · · · · · · · · · |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | | | | |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | | | | |
| 8 | Pension plan contributions (include section 401(k) | | | | |
| | and section 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (non-employees): | | | | |
| а | Management | | · | | |
| b | Legal | | | | |
| С | Accounting | 7,261. | 7,261. | | |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other . | | | | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 675. | 675. | | |
| 14 | Information technology | | | | |
| 15 | Royalties _ | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | 245. | 245. | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 8,195. | 8,195. | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates . | | | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance | | | | |
| 24 | Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) | | | | |
| а | TARTE CONCENSOR DATE DATE OF C | 18,028. | 18,028. | | |
| b | IDED TO THE DEED OF CONT. | 8,540. | 8,540. | | |
| С | ANNUAL CAMPAIGN | 2,253. | 2,253. | | |
| d | HOSPITALITY | 719. | 719. | | |
| е | MISCELLANEOUS | 320. | 320. | | |
| f | All other expenses | 259. | 259. | | |
| 25 | Total functional expenses Add lines 1 through 24f | 869,347. | 869,347. | 0. | 0. |
| 26 | Joint Costs Check here ▶ ☐ If following | | | | |
| | SOP 98-2. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | Ì | | |
| | educational campaign and fundraising solicitation | | <u> </u> | | |

COLLEGE

| Pai | <u> </u> | Balance Sneet | | | | | | |
|---------------|--|--|--------------------------------|----------|-------------------------|--------------|------------|--|
| | | | (A) Beginning of year | | (B) End of y | ⁄ear | | |
| | 1 | Cash - non-interest-bearing | 683,657. | 1 | 601 | . , 3 | 94. | |
| | 2 | Savings and temporary cash investments | 5,930,225. | 2 | 4,893 | | | |
| | 3 | Pledges and grants receivable, net | 744,379. | 3 | 586 | 5,2 | 21. | |
| | 4 | Accounts receivable, net | | 4 | | | | |
| | 5 | Receivables from current and former officers, directors, trustees, key | | | | | | |
| | | employees, or other related parties. Complete Part II of Schedule L | | 5 | | | | |
| | 6 | Receivables from other disqualified persons (as defined under section | | | | | | |
| | | 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete | | | | | | |
| | | Part II of Schedule L | | 6 | | | | |
| ţ | 7 | Notes and loans receivable, net | | 7 | | | | |
| Assets | 8 | Inventories for sale or use | | 8 | | | | |
| Ä | 9 | Prepaid expenses and deferred charges | | 9 | | | | |
| | 10a | Land, buildings, and equipment cost basis 10a |] | | | | | |
| | b | Less accumulated depreciation Complete | | | | | | |
| | | Part Vi of Schedule D . 10b | | 10c | | | | |
| | 11 | Investments - publicly traded securities | | 11 | | | | |
| | 12 | Investments - other securities. See Part IV, line 11 | | 12 | | | | |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | | | | |
| | 14 | Intangible assets . | | 14 | | | | |
| | 15 | Other assets See Part IV, line 11 | 517,240. | 15 | 385 | 5,8 | 17. | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 7,875,501. | 16 | 6,466 | <u>;,6</u> | 49. | |
| | 17 | Accounts payable and accrued expenses | 30,964. | 17 | <u> </u> | <u>;,3</u> | 07. | |
| | 18 | Grants payable | | 18 | | | | |
| | 19 | Deferred revenue . | | 19 | | | | |
| | 20 | Tax-exempt bond liabilities | | 20 | | | | |
| Ø | 21 | Escrow account liability Complete Part IV of Schedule D | | 21 | | | | |
| ≝ | 22 | Payables to current and former officers, directors, trustees, key employees, | | | | | | |
| Liabilities | | highest compensated employees, and disqualified persons. Complete Part II of Schedule L. | | 22 | | | | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | | | | |
| | 24 | Unsecured notes and loans payable | | 24 | | | | |
| | 25 | Other liabilities Complete Part X of Schedule D | | 25 | | | | |
| | 26 | Total liabilities. Add lines 17 through 25 | 30,964. | 26 | <u> </u> | <u>; , 3</u> | 07. | |
| | | Organizations that follow SFAS 117, check here X and complete | | | | | | |
| es | | lines 27 through 29, and lines 33 and 34. | | | | | | |
| Š | 27 | Unrestricted net assets | 1,098,589. | 27 | 770 | | | |
| Fund Balances | 28 | Temporarily restricted net assets | 2,157,859. | 28 | 870 | | | |
| Β | 29 | Permanently restricted net assets | 4,588,089. | 29 | 4,808 | <u>, 6</u> | <u>48.</u> | |
| Ē | | Organizations that do not follow SFAS 117, check here and | | | | | | |
| Net Assets or | | complete lines 30 through 34. | | | | | | |
| ets | 30 | Capital stock or trust principal, or current funds | | 30 | | | | |
| Ass | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | | | | |
| et | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | | | | |
| 2 | 33 | Total net assets or fund balances | 7,844,537. | 33 | 6,450 | | | |
| | 34 | Total liabilities and net assets/fund balances | 7,875,501. | 34 | 6,466 | <u>, 6</u> | <u>49.</u> | |
| Ра | rt XI | Financial Statements and Reporting | | | 1, | Yes | No | |
| | | | - 1 | | | 163 | 140 | |
| 1 | | ounting method used to prepare the Form 990: Cash X Accrual | _ Other | | | | ٠, | |
| 2a | | e the organization's financial statements compiled or reviewed by an independent | accountant? | | 2a | | X | |
| | | e the organization's financial statements audited by an independent accountant? | | | 2b | Х | | |
| C | | es" to lines 2a or 2b, does the organization have a committee that assumes response | | audit, | 2c | x | l | |
| _ | review, or compilation of its financial statements and selection of an independent accountant? | | | | | | | |
| За | | result of a federal award, was the organization required to undergo an audit or au | idits as set forth in the Sing | jie Audi | 1 1 | | v | |
| | | and OMB Circular A-133? | | | 3a | | X | |
| <u> </u> | IT "Y | es," did the organization undergo the required audit or audits? | | | 3b | ~~ | ~~~ | |

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

2008 Open to Public

Inspection

OMB No 1545-0047

Employer identification number FOUNDATION FOR READING AREA COMMUNITY Name of the organization 23-2273163 COLLEGE Reason for Public Charity Status (All organizations must complete this part) (see instructions) The organization is not a private foundation because it is (Please check only one organization) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i), 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) Я A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete the Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4), (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated d ____ Type III - Other a Type I **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disgualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g Yes A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11q(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11q(iii) Provide the following information about the organizations the organization supports h (iii) Type of (iv) Is the organization (v) Did you notify the (vi) Is the organization in col. (vii) Amount of (i) Name of supported (ii) EIN organization in col. (i) listed in your organization in col. support organization (i) organized in the U.S.? (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes No Yes No Yes

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

Schedule A (Form 990 or 990-EZ) 2008

Schedule A (Form 990 or 990-EZ) 2008 COLLEGE

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)

| Sec | ction A. Public Support | _ | | | | | | |
|-----------|--|-----------------------|-----------------------|---|---------------------|---------------------|--|--|
| Cald | endar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total | |
| | Gifts, grants, contributions, and | | | • | | | | |
| | membership fees received. (Do not | | | | | | | |
| | include any "unusual grants.") | 660,059. | 765,863. | 755,242. | 671,553. | 589,604. | 3,442,321. | |
| 2 | Tax revenues levied for the organ- | • | | | | | | |
| _ | ization's benefit and either paid to | | | | | | | |
| | or expended on its behalf | | | | | | | |
| • | The value of services or facilities | | | | | | | |
| 3 | | | | | | | | |
| | furnished by a governmental unit to | | | | • | | | |
| | the organization without charge | 660 050 | 765 963 | 755 040 | C71 FF2 | E00 C04 | | |
| | Total. Add lines 1 - 3 | 660,059. | 765,863. | 755,242. | 671,553. | 589,604. | 3,442,321. | |
| 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) | | | | | , | 874,563. | |
| 6 | Public Support Subtract line 5 from line 4 | | | | | | 2,567,758, | |
| | ction B. Total Support | | | | | | | |
| | endar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total | |
| | Amounts from line 4 | 660,059. | 765,863. | 755,242. | 671,553. | 589,604. | 3,442,321, | |
| • | Gross income from interest, | 000,000. | 70370030 | , | 07273331 | 30370010 | J, 442, J21. | |
| 0 | dividends, payments received on | | | | | | | |
| | ' ' | | | | | | | |
| | securities loans, rents, royalties | 104,581. | 250 007 | 220 570 | 224,717. | 132,712. | | |
| _ | and income from similar sources | 104,501. | 250,087. | 330,373. | 224,/1/. | 134,/14. | 1,042,676. | |
| 9 | Net income from unrelated business | | | | | | | |
| | activities, whether or not the | | | | | | | |
| | business is regularly carried on | | | | | , | | |
| 10 | Other income Do not include gain | | | | | | | |
| | or loss from the sale of capital | | | | | | | |
| | assets (Explain in Part IV.) | | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 4,484,997. | |
| 12 | Gross receipts from related activities, | etc. (see instruction | ons) | | | 12 | | |
| 13 | First five years. If the Form 990 is for | r the organization's | s first, second, thir | d, fourth, or fifth ta | ax year as a sectio | n 501(c)(3) | | |
| | organization, check this box and stor | here | | | | | | |
| Sec | ction C. Computation of Publ | ic Support Per | rcentage | | | | | |
| 14 | Public support percentage for 2008 (| line 6, column (f) di | ivided by line 11, o | column (f)) | | 14 | 57.25 % | |
| 15 | Public support percentage from 2007 | Schedule A, Part | IV-A, line 26f | | | 15 | 51.79 % | |
| 16a | 33 1/3% support test - 2008. If the o | organization did no | t check the box o | n line 13, and line | 14 is 33 1/3% or n | nore, check this bo | ox and | |
| | stop here. The organization qualifies | as a publicly supp | orted organization | · • | | | $\triangleright X$ | |
| ь | • | | - | | line 15 is 33 1/3% | or more, check th | | |
| _ | b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | | | | | | |
| 179 | • | • • | • • | | 13 16a or 16b s | and line 14 is 10% | | |
| 176 | 17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization | | | | | | | |
| | • | | | • | • | t iv now the organ | ıı∠atıorı ⊾ □ | |
| | meets the "facts-and-circumstances" | • | • | , , , , , | • | 17a and be 45 | 100/ 51 | |
| b | 10% -facts-and-circumstances tes | • | | | | • | | |
| | more, and if the organization meets the | | · · | | • | | , ———————————————————————————————————— | |
| | organization meets the "facts-and-circ | | • | • | | | . | |
| <u>18</u> | Private foundation. If the organization | n did not check a | box on line 13, 16 | a, 16b, 17a, or 17b | | | | |
| | | | | | Sche | dule A (Form 990 | or 990_E7\ 2008 | |

832022 12-17-08

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. Section A. Public Support Calendar year (or fiscal year beginning in) (d) 2007 (e) 2008 (f) Total (a) 2004 (b) 2005 (c) 2006 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, 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 business under section 513 4 Tax revenues levied for the organization'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 - 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9. 10c, 11, and 12 for the year or \$5,000 c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c 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 IV) 13 Total support (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) % 15 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 % Section D. Computation of Investment Income Percentage 17 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) % 18 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h % 19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2007. If the organization did not check a box on line 19 a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2008

| FOUNDATION FOR READING AREA COMMUNITY | _ |
|---|--------------|
| Schedule A (Form 990 or 990-EZ) 2008 COLLEGE Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17 | |
| or Part III, line 12 Provide any other additional information (see instructions) | |
| SCHEDULE A, LIST OF UNUSUAL GRANTS RECEIVED: | |
| SCHEDULE A, LIST OF UNUSUAL GRANTS RECEIVED. | |
| CAPITAL CAMPAIGN CONTRIBUTION | _ |
| DATE: 06/07/05 AMOUNT: 5189766. | |
| BUSINESS PROGRAMS AT TRAINING & TECHNOLOGY CENTER | |
| | |
| DATE: 06/06/07 AMOUNT: 600000. | |
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Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008
Open to Public Inspection

Name of the organization

FOUNDATION FOR READING AREA COMMUNITY COLLEGE

Employer identification number 23-2273163

| Pa | rt I Organizations Maintaining Donor Advise | ed Funds or Other Similar Fund | s or Accounts. Complete if the | | | | | |
|----|---|--|--|--|--|--|--|--|
| | organization answered "Yes" to Form 990, Part IV, lin | | | | | | | |
| | | (a) Donor advised funds | (b) Funds and other accounts | | | | | |
| 1 | Total number at end of year | | | | | | | |
| 2 | Aggregate contributions to (during year) | | | | | | | |
| 3 | Aggregate grants from (during year) | | | | | | | |
| 4 | Aggregate value at end of year | | | | | | | |
| 5 | Did the organization inform all donors and donor advisors in | writing that the assets held in donor advi | sed funds | | | | | |
| | are the organization's property, subject to the organization's | | Yes No | | | | | |
| 6 | Did the organization inform all grantees, donors, and donor a | | | | | | | |
| | for charitable purposes and not for the benefit of the donor of | | | | | | | |
| Pa | | | | | | | | |
| 1 | Purpose(s) of conservation easements held by the organizat | | | | | | | |
| | Preservation of land for public use (e.g., recreation or public use) | pleasure) Preservation of an hi | storically important land area | | | | | |
| | Protection of natural habitat | Preservation of certif | fied historic structure | | | | | |
| | Preservation of open space | | | | | | | |
| 2 | Complete lines 2a-2d if the organization held a qualified cons | servation contribution in the form of a cor | nservation easement on the last day | | | | | |
| | of the tax year | | • | | | | | |
| | • | | Held at the End of the Year | | | | | |
| а | Total number of conservation easements | | 2a | | | | | |
| b | Total acreage restricted by conservation easements | | 2b | | | | | |
| С | Number of conservation easements on a certified historic str | ructure included in (a) | 2c | | | | | |
| d | Number of conservation easements included in (c) acquired | after 8/17/06 | 2d | | | | | |
| 3 | Number of conservation easements modified, transferred, re | leased, extinguished, or terminated by th | ne organization during the taxable | | | | | |
| | year ▶ | , | · | | | | | |
| 4 | Number of states where property subject to conservation ea | sement is located | | | | | | |
| 5 | Does the organization have a written policy regarding the pe | | and | | | | | |
| | enforcement of the conservation easements it holds? | | Yes No | | | | | |
| 6 | Staff or volunteer hours devoted to monitoring, inspecting, a | and enforcing easements during the year | > | | | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, and | enforcing easements during the year | \$ | | | | | |
| 8 | Does each conservation easement reported on line 2(d) above | | - | | | | | |
| | and section 170(h)(4)(B)(ii)? | | Yes No | | | | | |
| 9 | In Part XIV, describe how the organization reports conservat | ion easements in its revenue and expens | e statement, and balance sheet, and | | | | | |
| | include, if applicable, the text of the footnote to the organiza | tion's financial statements that describes | s the organization's accounting for | | | | | |
| | conservation easements | | | | | | | |
| Pa | rt III Organizations Maintaining Collections o | f Art, Historical Treasures, or C | Other Similar Assets. | | | | | |
| | Complete if the organization answered "Yes" to Form | 990, Part IV, line 8 | <u> </u> | | | | | |
| | | | | | | | | |
| 1a | If the organization elected, as permitted under SFAS 116, no | ot to report in its revenue statement and l | palance sheet works of art, historical | | | | | |
| | treasures, or other similar assets held for public exhibition, e | ducation, or research in furtherance of pi | ublic service, provide, in Part XIV, the text of | | | | | |
| | the footnote to its financial statements that describes these | items | | | | | | |
| b | b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, | | | | | | | |
| | or other similar assets held for public exhibition, education, of | or research in furtherance of public service | e, provide the following amounts relating to | | | | | |
| | these items | | | | | | | |
| | (i) Revenues included in Form 990, Part VIII, line 1 | | > \$ | | | | | |
| | (ii) Assets included in Form 990, Part X | | ► \$ ► \$ | | | | | |
| 2 | If the organization received or held works of art, historical tre | easures, or other similar assets for financi | | | | | | |
| | the following amounts required to be reported under SFAS 1 | 16 relating to these items: | | | | | | |
| а | Revenues included in Form 990, Part VIII, line 1 | | > \$ | | | | | |
| b | Assets included in Form 990, Part X | | ► \$ ► \$ | | | | | |

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

Schedule D (Form 990) 2008

| _ | dule D (Form 990) 2008 COLLEGE | | | | | | | | <u> 23-22</u> | | | |
|-------|---|------------------------|-----------------|---------------|-----------------|-----------|--------|----------|---------------|----------------|---------|----------------|
| Par | t III Organizations Maintaining C | collections of A | <u>rt, Hist</u> | orical Tr | easures, c | or Oth | er S | Simila | r Asse | ts (con | tinued) | |
| 3 | Using the organization's accession and other | r records, check any | y of the fo | llowing tha | t are a signifi | cant us | e of | rts coll | ection ite | ms (che | ck all | |
| | that apply): | | _ | | | | | | | | | |
| а | Public exhibition | C | ╸┞┪ | oan or excl | hange progra | ams | | | | | | |
| b | Scholarly research | 6 | , [_] | Other | | | | | | | | |
| C | Preservation for future generations | | | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and expla | in how the | ey further tl | he organizati | on's exe | empt | purpo | se in Par | t XIV | | |
| 5 | During the year, did the organization solicit of | r receive donations | of art, his | torical treas | sures, or oth | er sımıla | ır as | sets | | | | |
| | to be sold to raise funds rather than to be m | aintained as part of | the organ | ization's co | llection? | | | | | Yes | | No_ |
| Par | t IV Trust, Escrow and Custodia | | . Comple | ete if organi | zation answe | ered "Ye | es" to | o Form | 990, Par | t IV, line | 9, or | |
| | reported an amount on Form 990, Pa | rt X, line 21. | | | | | | | | | | |
| 1a | Is the organization an agent, trustee, custod | ian or other interme | diary for c | contribution | s or other as | sets no | t incl | luded | | _ | | |
| | on Form 990, Part X? | | | | | | | | | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIV | and complete the fo | ollowing ta | able. | | | _ | | | | | |
| | | | | | | | | | | Amour | ıt | |
| С | Beginning balance | | | | | | | 1c | | | | |
| d | Additions during the year | | | | | | . [| 1d | | | | |
| е | Distributions during the year | | | | | | į | 1e | | | | |
| f | Ending balance | | | | | | | 1f | | | | |
| 2a | Did the organization include an amount on F | orm 990, Part X, line | 21? | | | | | | | Yes | | No |
| b | if "Yes," explain the arrangement in Part XIV | • | | | | | | | | | | |
| Par | t V Endowment Funds. Complete | f organization answ | ered "Yes | to Form 9 | 990, Part IV, I | ıne 10 | | | | | | |
| | | (a) Current year | (b) Pr | or year | (c) Two year | s back | (d) | Three y | ears back | (e) Fou | r years | back |
| 1a | Beginning of year balance | 6724879. | | | | | | | | | | |
| ь | Contributions | 658,111. | | | | | | | | | | |
| С | Investment earnings or losses | -865,220. | | | | | | | | | | |
| d | Grants or scholarships | 756,246. | : | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | | | |
| | and programs | | | | | | | | | | | |
| f | Administrative expenses | 19,328. | | | | | | | | | | |
| g | End of year balance | 5742196. | | | | | | | | | | |
| 2 | Provide the estimated percentage of the year | r end balance held | as | | | | | | | | | |
| а | Board designated or quasi-endowment | 7.81 | % | | | | | | | | | |
| ь | Permanent endowment ► 83.74 | % | | | | | | | | | | |
| С | | % | | | | | | | | | | |
| За | Are there endowment funds not in the posse | ession of the organiz | ation that | t are held a | nd administe | red for | the c | organiz | ation | | | |
| | by: | ŭ | | | | | | Ū | | | Yes | No |
| | (i) unrelated organizations | | | | | | | | | 3a(i) | | X |
| | (ii) related organizations | | | | | | | | | 3a(ii) | | Х |
| ь | If "Yes" to 3a(ii), are the related organization: | s listed as required o | on Sched | ule R? | | | | | • | 3b | | |
| 4 | Describe in Part XIV the intended uses of the | • | | | | | • | | | | | |
| Par | t VI Investments - Land, Building | | | | , Part X, line | 10 | | • | | | | |
| | Description of investment | (a) Cost or o | | (b) Cost | | | Depre | eciatio | n | (d) Boo | k valu | <u>——</u> е |
| | · | basis (investi | | | (other) | | | | | | | |
| 1a | Land | | | | | | | | | | | |
| | Buildings | | | | | | | | | | | |
| С | Leasehold improvements | | | | | | | | | | | |
| d | Equipment | | | | | | | | | | | |
| | Other | | | | | | | | | | | |
| Total | . Add lines 1a-1e (Column (d) should equal Fe | orm 990, Part X, colu | umn (B), li | ne 10(c)) | | | | | | | | 0. |

Schedule D (Form 990) 2008

| Schedule D (Form 990) 2008 COLLEGE | | | 23-2273163 Page |
|---|---------------------------------------|---|-----------------|
| Part VII Investments - Other Securities. | See Form 990, Part X, line 12 | | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of v Cost or end-of-year | |
| Financial derivatives and other financial products | | | |
| Closely-held equity interests | | | |
| Other | | | |
| | | | |
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| T-1-1 (O-1/h) should soul [5 000 BhV sel (B) best 40 h | | | |
| Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) Part VIII Investments - Program Related. | Con Form 000, Dod V. for 12 | | |
| | 1 | (c) Method of v | aluation: |
| (a) Description of investment type | (b) Book value | Cost or end-of-year | |
| | | - | |
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| Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) | > | | |
| Part IX Other Assets. See Form 990, Part X, li | | | |
| | a) Description | | (b) Book value |
| CHARITABLE REMAINDER TRUST R | ECEIVABLE | | 385,817 |
| | | | |
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| | | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) | | | ▶ 385,817 |
| Part X Other Liabilities. See Form 990, Part (a) Description of liability | | b) Amount | |
| Federal income taxes | | | |
| | | | |
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| | | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) |) line 25) | | |
| | | | |

In Part XIV, 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

832053 12-23-08

| Sche | dule D (Form 990) 2008 COLLEGE | | | <u> 23-</u> | <u> 2273163</u> | Page 4 |
|------------|---|------------------------|---|-------------|------------------|-------------------|
| Pai | t XI Reconciliation of Change in Net Assets from Form 990 to | Financial State | ments | | | |
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | | 1 | | | <u>.556.</u> |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | · · | 2 | | 869 | 347. |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | . [| 3 | | -58 | 791. |
| 4 | Net unrealized gains (losses) on investments | į | 4 | | | |
| 5 | Donated services and use of facilities | ĺ | 5 | | | |
| 6 | Investment expenses | ĺ | 6 | | | |
| 7 | Prior period adjustments | ĺ | 7 | | | |
| 8 | Other (Describe in Part XIV) | [| 8 | | -1,335 | 404. |
| 9 | Total adjustments (net). Add lines 4-8 | İ | 9 | | -1,335 | 404. |
| 10 | Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 | ļ | 10 | | | 195. |
| | t XII Reconciliation of Revenue per Audited Financial Stateme | nts With Reven | ue per R | eturr | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | ·— | 1 | | 388. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | | 0001 |
| a | Net unrealized gains on investments | $ _{2a} _{-1,33}$ | 5,404. | | | |
| h | Donated services and use of facilities | 2b | <u> </u> | | | |
| • | Recoveries of prior year grants | 2c | - | l | | |
| ٦ | Other (Describe in Part XIV) | | 8,540. | | | |
| d | Add lines 2a through 2d | _ 20 | 0,340. | 2e | -1,343 | 911 |
| e | Subtract line 2e from line 1 | | | 3 | | ,556. |
| 3 | · | | | 3 | 010 | , 220. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1. | 4- | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | | |
| D | Other (Describe in Part XIV) | 4b | | | | 0 |
| C | Add lines 4a and 4b | | | 4c | 010 | <u>0.</u> 556. |
| Da. | Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) t XIII Reconciliation of Expenses per Audited Financial Stateme | ente With Eyne | ncac nar |) | | , 330. |
| | | ents with Expe | ises pei | | | 807. |
| 1 | Total expenses and losses per audited financial statements | | | 1_ | 860 | , 80 / . |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | 1 - 1 | | | | |
| а | Donated services and use of facilities | 2a | | | | |
| ь | Prior year adjustments | 2b | | | | |
| С | Losses reported on Form 990, Part IX, line 25 | 2c | 0 540 | | | |
| d | Other (Describe in Part XIV) | | 8,540. | | • | 540 |
| е | Add lines 2a through 2d . | | | 2e | | 540. |
| 3 | Subtract line 2e from line 1 | | | 3_ | 869 | 347. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1. | 1 1 | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | | |
| b | Other (Describe in Part XIV) | _4b | | | | _ |
| | Add lines 4a and 4b | | | 4c | | 0. |
| | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) | | | 5 | 869 | <u>.347.</u> |
| | t XIV Supplemental Information | | | | | |
| Com | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part II | i, lines 1a and 4, Par | t IV, lines 1 | b and | 2b; Part V, line | 4, Part |
| | rt XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b | | | | | |
| PAI | RT V, LINE 4: THE INTENDED USE OF THE ENDOU | WMENTS IS | <u>LARGEL</u> | YT | O FUND | |
| | | | | | | |
| SCI | <u> IOLARSHIPS, OTHER APPROVED READING AREA CO</u> | MMUNITY CO | <u>LLEGE</u> | PRO | <u>GRAMS AI</u> | <u>1D</u> |
| | | | | | | |
| <u>OPI</u> | ERATIONS. | | | | | |
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| | | | | | | |
| PAI | RT XI, LINE 8 - OTHER ADJUSTMENTS: | · | | | | |
| | | | | | | |
| CUI | RRRENT YEAR UNREALIZED GAIN/(LOSS) ON MARKI | ETABLE SEC | URITIE | <u>s:</u> | <u>-1203981</u> | <u>L.</u> |
| | | | | | | |
| MAI | RKET GAIN/(LOSS) ON CHARITABLE REMAINDER TI | RUST: -131 | <u>423. </u> | | | |
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| FOUNDATION FOR READING AREA COMMUNITY | 22 2272162 5 - |
|---|---|
| Schedule D (Form 990) 2008 COLLEGE Part XIV Supplemental Information (continued) | 23-2273163 Page 5 |
| Supplemental information (commissor) | |
| PART XII, LINE 2D - OTHER ADJUSTMENTS: | |
| INDUSTRADIE DIEDGE COMMUTEUMIONG. 0540 | |
| UNREALIZABLE PLEDGE CONTRIBUTIONS: -8540. | · <u> </u> |
| | |
| | |
| PART XIII, LINE 2D - OTHER ADJUSTMENTS: | |
| UNREALIZABLE PLEDGE CONTRIBUTIONS: -8540. | |
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SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2008 Open To Public

| nternal Revenue Service | • | | • | | | | | Ins | spection |
|---|------------------|----------------|------------------------|---------|--|---------------------------------------|---|----------------|--|
| | | ON FOR | READING AR | ΕA | COM | MUNITY | | | ification number |
| | COLLEGE | | | | | | | <u> 2731</u> | 63 |
| | | | e organization answe | | | | ine 17. | | |
| 1 Indicate whether the or a X Mail solicitations | - | ed funds throu | | - | | Check all that apply overnment grants | | | |
| b X Email solicitation | | | | | - | nment grants | | | |
| c X Phone solicitation d X In-person solicities | | | g X Special | fundra | iising (| events | | | |
| 2 a Did the organization h | | oral agreemer | nt with any individual | (includ | dina o | fficers, directors, trus | stees or | | |
| key employees listed i | | | | | | | | Yes | X No |
| b If "Yes," list the ten his | | | | | | | | r is to be | • |
| compensated at least | \$5,000 by the | organization F | orm 990-EZ flers are | not re | quired | to complete this tal | ole | | |
| (i) Name of individual or entity (fundrais | I | (ii) |) Activity | or con | Did aiser ustody trol of utions? | (iv) Gross receipts from activity | (v) Amount to (or retaine fundraise listed in co | d by) t | (vi) Amount paid o (or retained by) organization |
| | | | | Yes | No | | | | |
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| | | | | 1 | <u> </u> | | | | |
| Total 3 List all states in which t | the organization | ıs reastered | or licensed to solicit | funds | or has | been notified it is ex | empt from red | distration | or licensing. |
| PA | | | | | | | | | - |
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule G (Form 990 or 990-EZ) 2008

FOUNDATION FOR READING AREA COMMUNITY Schedule G (Form 990 or 990-EZ) 2008 COLLEGE 23-2273163 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, Ine 6a List events with gross receipts greater than \$5,000. (c) Other Events (a) Event #1 (b) Event #2 (d) Total Events NONE (Add col. (a) through GALA GOLF OUTING col (c)) (event type) (event type) (total number) 144,544. 98,084 46,460 Gross receipts Less Charitable contributions 98,084 46,460 144,544. Gross revenue (line 1 minus line 2) 1,200 1,200. Cash prizes Non-cash prizes Direct Expenses Rent/facility costs 9,840. 9,733 19,573. 33,010, 2,521 35,531. Other direct expenses 56,304) Direct expense summary Add lines 4 through 7 in column (d) 88,240. Net income summary Combine lines 3 and 8 in column (d) Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, ine 6a. (b) Pull tabs/Instant (d) Total gaming (Add (c) Other gaming Revenue (a) Bingo bingo/progressive bingo col. (a) through col (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Non-cash prizes Rent/facility costs Other direct expenses Yes % Yes % Yes % Volunteer labor Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Combine lines_1 and 7 in column (d) Yes No 9 Enter the state(s) in which the organization operates gaming activities a Is the organization licensed to operate gaming activities in each of these states? 9a b If "No," Explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a b If "Yes," Explain:

Schedule G (Form 990 or 990-EZ) 2008

11

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?

Does the organization operate gaming activities with nonmembers?

| 13 Indicate the percentage of gaming activity operated in: a The organization's facility b An outside facility 13a 96 14 Provide the name and address of the person who prepares the organization's gaming/special events books and records: Name Address Address b If "Yes," enter the amount of gaming revenue received by the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization c If "Yes," enter name and address: Name Address C If "Yes," enter name and address: Name Gaming manager information Name Gaming manager compensation S Description of services provided Director/officer Employee Independent contractor 17 Mandatory distributions. a Is the organization required under state law to make chantable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the | Schedule G (Form 990 or 990-EZ) 2008 COLLEGE | 23-227 | <u>316</u> | 3 Pa | age 3 |
|--|--|--------|------------|------|-------|
| a The organization's facility b An outside facility 14 Provide the name and address of the person who prepares the organization's gaming/special events books and records' Name ▶ Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization P \$ and the amount of gaming revenue received by the organization P \$ and the amount of gaming revenue received by the organization P \$ and the amount of gaming revenue received by the organization P \$ and the amount of gaming revenue received by the organization receives gaming revenue? 15a | • | | | Yes | |
| b An outside facility 14 Provide the name and address of the person who prepares the organization's gaming/special events books and records' Name ▶ Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address: Name ▶ Address ▶ Gaming manager information Name ▶ Description of services provided ▶ Description of services provided ▶ Independent contractor 17 Mandatory distributions. a is the organization required under state law to make chantable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the | 13 Indicate the percentage of gaming activity operated in: | | | | |
| 14 Provide the name and address of the person who prepares the organization's garning/special events books and records. Name ▶ Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives garning revenue? b if "Yes," enter the amount of garning revenue received by the organization PS and the amount of garning revenue retained by the third party ▶ \$ | a The organization's facility | % | | | |
| Name ► | b An outside facility | % | | | |
| Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b if "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the organization ▶ \$ and the amount of gaming manager information Name ▶ Description of services provided ▶ Independent contractor 17 Mandatory distributions. a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the | 14 Provide the name and address of the person who prepares the organization's gaming/special events books and rec | cords. | | | |
| Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b if "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the organization ▶ \$ and the amount of gaming manager information Name ▶ Description of services provided ▶ Independent contractor 17 Mandatory distributions. a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the | | | | | |
| 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b if "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ to if "Yes," enter name and address: Name ▶ Address ▶ 166 Gaming manager information Name ▶ Description of services provided ▶ Director/officer | Name | | | | |
| 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b if "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ to if "Yes," enter name and address: Name ▶ Address ▶ 166 Gaming manager information Name ▶ Description of services provided ▶ Director/officer | | | | | |
| b if "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue received by the organization P \$ and the amount of gaming revenue received by the organization P \$ and the amount of gaming revenue received by the organization P \$ and the amount of gaming revenue received by the organization P \$ and the amount of gaming revenue received by the organization P \$ and the amount of gaming revenue received by the organization P \$ and the amount of gaming revenue received by the organization P \$ and the amount of gaming revenue received by the organization P \$ and the amount of gaming revenue received by \$ and the amount of gaming revenue received by \$ and the amount of gaming revenue received by \$ and the amount of gaming revenue received by \$ and the amount of gaming revenue received by \$ and the amount of gaming revenue received by \$ and the amount of gaming revenue received by \$ and the amount of gaming revenue received by \$ and the amount of gaming revenue received by \$ and the amount of gaming revenue received by \$ and the amount of gaming revenue received by \$ and the amount of gaming revenue received by \$ and the amount of gaming revenue received by \$ and the amount of gaming revenue received by \$ and the amount of gaming revenue received by \$ | Address | | | | |
| b if "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue received by the organization P \$ and the amount of gaming revenue received by the organization P \$ and the amount of gaming revenue received by the organization P \$ and the amount of gaming revenue received by the organization P \$ and the amount of gaming revenue received by the organization P \$ and the amount of gaming revenue received by the organization P \$ and the amount of gaming revenue received by the organization P \$ and the amount of gaming revenue received by the organization P \$ and the amount of gaming revenue received by \$ and the amount of gaming revenue received by \$ and the amount of gaming revenue received by \$ and the amount of gaming revenue received by \$ and the amount of gaming revenue received by \$ and the amount of gaming revenue received by \$ and the amount of gaming revenue received by \$ and the amount of gaming revenue received by \$ and the amount of gaming revenue received by \$ and the amount of gaming revenue received by \$ and the amount of gaming revenue received by \$ and the amount of gaming revenue received by \$ and the amount of gaming revenue received by \$ and the amount of gaming revenue received by \$ and the amount of gaming revenue received by \$ | | | | | |
| of gaming revenue retained by the third party ▶\$ c If "Yes," enter name and address: Name ▶ | 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? | } | 15a_ | | |
| of gaming revenue retained by the third party \$ c If "Yes," enter name and address: Name | 1. If NV-s A subsubbs successful of successful by the successful b | | | | |
| c If "Yes," enter name and address: Name ▶ Address ▶ 16 Gaming manager information Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ □ Director/officer □ Employee □ Independent contractor 17 Mandatory distributions. a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the | | unt | | | |
| Name ► Address ► 16 Gaming manager information Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer | | | | | |
| Address | c if "Yes," enter name and address" | | | | |
| Address | Nama - | | | | |
| 16 Gaming manager information Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ □ Director/officer □ Employee □ Independent contractor 17 Mandatory distributions. a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the | Name - | | | | i |
| Name ► | Address > | | | | |
| Gaming manager compensation \$ Description of services provided Director/officer | 16 Gaming manager information | | | | |
| Gaming manager compensation \$ Description of services provided Director/officer | | | | | |
| Description of services provided Director/officer | Name | | | | |
| Description of services provided Director/officer | | | | | |
| Director/officer | Gaming manager compensation \$ | | | | |
| Director/officer | | | | | |
| 17 Mandatory distributions. a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the | Description of services provided | | | | |
| 17 Mandatory distributions. a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the | | | | | |
| 17 Mandatory distributions. a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the | | | | | |
| 17 Mandatory distributions. a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the | Director/officer Employee Independent contractor | | | | |
| a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the | | | | | |
| a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the | 17 Mandatory distributions. | | | | |
| retain the state gaming license? b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the | • | | | | |
| b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the | · · · · · · · · · · · · · · · · · · · | | 17a | | |
| | · · · · · · · · · · · · · · · · · · · | ļ | | | |
| | organization's own exempt activities during the tax year > \$ | | | J | |

Schedule G (Form 990 or 990-EZ) 2008

| SCHEDULEI | | | | | | | | OMB No 1545-0047 | -0047 |
|---|---|--------------------|--|--|---------------------------------------|---|--|---|---------------|
| (Form 990) | | | Grants and Governn | Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S. | to Organizations luals in the U.S. | o. | | 5008 | |
| Department of the Treasury Internal Revenue Service | | ▲ Сошр | Complete if the organization answered "Ves," on Form 990, Part IV, lines 21 or 22. | in answered "Yes, | " on Form 990, P. | art IV, lines 21 or 22. | | Open to Public | Julio |
| Name of the organization | tion FOUNDATION | FOR | READING AREA C | COMMUNITY | | | | Employer identification number 23-2273163 | number 163 |
| Part I General II | General Information on Grants and Assistance | nd Assistance | | | | | | | |
| 1 Does the organi | Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection | o substantiate the | amount of the grants | or assistance, the | grantees' eligibility | y for the grants or ass | istance, and the select | | |
| | criteria used to award the grants or assistance? | tance? | | | | | | X Yes | & |
| 깘 | Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States | cedures for monit | oring the use of grant | funds in the United | d States | | | | |
| Part II Grants ar | Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any | sovernments and | d Organizations in the | • United States. C | omplete if the orga | anization answered "Y | 'es" on Form 990, Part | IV, line 21, for any | |
| recipient t | recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule 1-1 (Form 990) if additional space is needed | 5,000 Check this | box if no one recipien | it received more th | ian \$5,000. Use Pe | art IV and Schedule I-1 | (Form 990) if addition | al space is needed | |
| 1 (a) Name and a or go | 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | t |
| | | | | | | | | CAPITAL EXPANSION, | BOOKS |
| READING AREA COMMUNITY COLLEGE | MUNITY COLLEGE | | | | | | | AND EQUIPMENT, MILLER | ER |
| 10 SOUTH SECOND STREET | STREET | | | | | | | CENTER, SCHOLARSHIPS, | ά |
| READING DA 19603 | ښ | | | 822 852 | 0 | | | WORKS OF ART | |
| NEAL SALES | | | | | | | | | |
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| | | | | | | | | | |
| 2 Enter total num | Enter total number of section 501(c)(3) and government organizations | nd government or | ganizations | | | | | A | |
| 3 Enter total num! | Enter total number of other organizations | | | | | | | • | 1 |
| LHA For Privacy Ac | For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. | tion Act Notice, | see the Instructions | for Form 990. | | | | Schedule I (Form 990) 2008 | 90) 2008 |

Page 2

23-2273163 Schedule I (Form 990) 2008 COLLEGE

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Use Schedule I-1 (Form 990) if additional space is needed

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|--|--------------------------|--------------------------|--|--|--|
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| Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information | de the information | required in Part I, | line 2, and any other | additional information | |
| SCHEDULE I, PART I, LINE 2: INDIVIDUAL | DUAL PAPER | FILES | ARE KEPT ON | EVERY GRANT | |
| OR ASSISTANCE. EACH FILE CONTAINS | GRANT O | R ASSISTAN | CONTAINS GRANT OR ASSISTANCE INFORMATION | TION, | |
| AGREEMENT, ELIGIBILITY AND SELECTI | SELECTION CRITERIA. | | SELECTED RECIPIENT | IENT | |
| INFORMALTION IS PERMANENTLY MAINTAINED | . 1 | ELECTRONICALLY. | Y. STUDENT | L | |
| APPLICATIONS NOT SELECTED FOR AWARDS | ARE | EPT ON FIL | KEPT ON FILE FOR ONE YEAR | YEAR | |
| FOLLOWING AWARD DISTRIBUTION. | | | | | |
| | | | | | |

Schedule I (Form 990) 2008

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SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

FOUNDATION FOR READING AREA COMMUNITY COLLEGE

Employer identification number 23-2273163

Schedule R (Form 990) 2008 Employer identification number Open to Public Inspection OMB No 1545-0047 Direct controlling Direct controlling 23-2273163 entity entity End-of-year assets status (if section Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 See separate instructions. Public charity 501(c)(3)) Exempt Code section Total income 9 9 501(C)3 Related Organizations and Unrelated Partnerships Legal domicile (state or Legal domicile (state or foreign country) foreign country) <u>0</u> <u>©</u> PENNSYLVANIA FOUNDATION FOR READING AREA COMMUNITY LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Primary activity Primary activity COMMUNITY COLLEGE <u>@</u> Identification of Related Tax-Exempt Organizations Identification of Disregarded Entities COLLEGE Name, address, and EIN Name, address, and EIN of related organization of disregarded entity READING AREA COMMUNITY COLLEGE 10 SOUTH SECOND STREET Name of the organization READING PA 19603 Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Part II Parti

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Page 2

23-2273163

Schedule R (Form 990) 2008

Part III Identification of Related Organizations Taxable as a Partnership

| | | | į | | | | | | | |
|--|---|---|-------------------------------|--|-------------------------------|---|--|--|--|--------------------------------|
| (A) Name, address, and EIN of related organization | (b) Primary activity | (C) Legal domicile (state or foreign country) | (D) Direct controlling entity | (t) Predominant income (related, investment, unrelated) | | (F) Share of total income | (G) Share of end-of-year assets | (H) Disproportionate allocations? Yes No | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | General or managing partner? |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| Part IV Identification of Related Org | Identification of Related Organizations Taxable as a Corporation or Trust | rporation or | Trust | | | | | | | |
| (A) Name, address, and EIN of related organization | <u> </u> | <u>E</u> | (B) Primary activity | (C) Legal domicile (state or foreign country) | (D) Direct controlling entity | (E) Type of entity (C corp, S corp, or trust) | (F) ty Share of total income | | (G) Share of Peend-of-year on assets | (H) Percentage ownership |
| | | | | | | | | | | |
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| 832162 12-23-08 | | | 33 | | | | | Sch | Schedule R (Form 990) 2008 | 90) 2008 |

Page 3

Yes

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Schedule R (Form 990) 2008 Amount involved 23-2273163 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. (B) Transaction type (a·r) 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Performance of services or membership or fundraising solicitations for other organization(s) Performance of services or membership or fundraising solicitations by other organization(s) Name of other organization(s) a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity j Lease of facilities, equipment, or other assets from other organization(s) i Lease of facilities, equipment, or other assets to other organization(s) Sharing of facilities, equipment, mailing lists, or other assets r Other transfer of cash or property from other organization(s) c Gift, grant, or capital contribution from other organization(s) q Other transfer of cash or property to other organization(s) **b** Gift, grant, or capital contribution to other organization(s) Reimbursement paid by other organization for expenses Note. Complete line 1 if any entity is listed in Parts II, III, or IV Reimbursement paid to other organization for expenses d Loans or loan guarantees to or for other organization(s) e Loans or loan guarantees by other organization(s) Part V Transactions With Related Organizations Purchase of assets from other organization(s) COLLEGE Sale of assets to other organization(s) Sharing of paid employees Schedule R (Form 990) 2008 Exchange of assets Ε থ্ৰ ପ୍ର € 9 **(1**)

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Page 4 23-2273163

FOUNDATION FOR READING AREA COMMUNITY

COLLEGE

Part VI Unrelated Organizations Taxable as a Partnership

Schedule R (Form 990) 2008

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

| that was not a related organization. See instructions regarding exclusion for certain investment partnerships | clusion for certain investment partners | sdius | | | | | |
|---|---|-------------------|------------------|-----------------|--------|-----------------|-------------|
| (A) | (B) | <u>(</u>) | <u>Q</u> | (E) | Œ | (9) | Ξ |
| Name, address, and EIN | Primary activity | Legal domicile | Are all partners | Share of end of | | Code V UBI | |
| of entity | | (state or foreign | organizations? | year assets | tions? | of Schedule K-1 | part |
| | | country) | Yes No | | Yes No | (Form 1065) | Yes No |
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Schedule R (Form 990) 2008

Form **8868** (Rev. April 2009)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

| internal Re | venue Service | File a separate application to | or each return. | | | |
|----------------------------------|---|--|---|------------|------------------------------------|-----------------|
| • If you | are filing for an Add | matic 3-Month Extension, complete only Part I and che ional (Not Automatic) 3-Month Extension, complete of ess you have already been granted an automatic 3-month | nly Part II (on page 2 of this | - | n 8868. | ► X |
| Part I | Automatic | 3-Month Extension of Time. Only submit original | al (no copies needed). | | | |
| Part I or | lly | Form 990-T and requesting an automatic 6-month extensi | | | | ▶ □ |
| | corporations (includ come tax returns. | ng 1120-C filers), partnerships, REMICs, and trusts must t | use Form 7004 to request ar | extens | ion of time | |
| noted be (not auto you mus | elow (6 months for a omatic) 3-month ext st submit the fully co | nerally, you can electronically file Form 8868 if you want a corporation required to file Form 990-T). However, you can also or (2) you file Forms 990-BL, 6069, or 8870, group repleted and signed page 2 (Part II) of Form 8868. For more e-file for Charities & Nonprofits. | nnot file Form 8868 electroni eturns, or a composite or co | cally if (| (1) you want the ted Form 990-T | e additional |
| Type or | · · | - | | Emplo | yer identificat | ion number |
| print | | N FOR READING AREA COMMUNITY | • | 2.5 | 2 227216 | 2 |
| File by the | COLLEGE Number street | nd room or suite no. If a P.O box, see instructions | | | <u>3-227316</u> | 3 |
| due date fo filing your | P. O. BO | | | | | |
| return See instructions | City, town or po | t office, state, and ZIP code For a foreign address, see in PA 19603 | estructions | • | | |
| Check t | ype of return to be | iled (file a separate application for each return) | | | | |
| X Fo | orm 990 | Form 990-T (corporation) | Form 47 | 20 | | |
| | orm 990-BL | Form 990-T (sec. 401(a) or 408(a) trust) | Form 52 | | | |
| Fc | orm 990-EZ | Form 990-T (trust other than above) | Form 60 | 69 | | |
| Fo | rm 990-PF | Form 1041-A | Form 88 | 370 | | |
| | | · · · · · · · · · · · · · · · · · · · | | | | |
| | | THE FOUNDATION - 10 SOUTH | | EAD] | NG AREA | |
| | | of COMMUNITY COLLEGE - READI | | | | |
| | hone No ► <u>610</u> | | | | | . — |
| | - | t have an office or place of business in the United States | | | | |
| box > | | n, enter the organization's four digit Group Exemption Nur of the group, check this box ▶ ☐ and attach a list wit | | | | |
| DOX - | in it is for pan | in the group, check this box and attach a list wit | n the names and Eins of all | membe | rs the extension | n will cover |
| is | FEBRUARY for the organization calendar year | or | for the organization named a | | he extension | |
| • | X tax year begin | ing <u>JUL 1, 2008</u> , and ending | <u>JUN 30, 2009</u> | | - | |
| 2 If 1 | this tax year is for le | s than 12 months, check reason | Final return | | change in accou | unting period |
| 3a If | this application is fo | Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the ten | itative tax, less any | | | |
| _ | nrefundable credits | | | 3a | \$ | |
| | | Form 990-PF or 990-T, enter any refundable credits and e | stimated | | | |
| | | clude any prior year overpayment allowed as a credit | | 3b | \$ | |
| | | line 3b from line 3a Include your payment with this form, | • | | | |
| _ | | on or, if required, by using EFTPS (Electronic Federal Tax | Payment System) | | _ | 37 / 7 |
| Se | e instructions | | | 3c | \$ | N/A_ |
| Caution | . If you are going to | nake an electronic fund withdrawal with this Form 8868, s | ee Form 8453-EO and Form | 8879-E | O for payment i | instructions |
| LHA I | For Privacy Act and | Paperwork Reduction Act Notice, see Instructions. | | | Form 886 | B (Rev. 4-2009) |

823831 05-26-09