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Internal Revenue Service

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)

The organization may have to use a copy of this return to satisfy state reporting requirements

2009
OpentoRublic Inspection

Α	For th	e 2009 calendar year, or tax year beginning $$ JUL $1,2009$ and ending	JUN 30, 2010	
В	Check if applicab	I ASSEST TO INDALLON FOR READING AREA COMMONITY	D Employer identific	cation number
	Addre	ess label or COLLEGE		
Ē	Name chang	ge type Doing Business As	<del></del>	273163
누	return	Number and street (or P.U. box it mail is not delivered to street address)   Room/s		
늗	ated Amen	Instruc- P · O · BOX 1/06	(610	)607-6239
F	return	of the country of the	G Gross receipts \$	883,321.
L	Applii tion pendi	LEADING, FA 19005	H(a) Is this a group re	
	,	F Name and address of principal officer PAUL G. OXHOLM	for affiliates?	Yes X No
_		SAME AS C ABOVE	H(b) Are all affiliates inc	luded? Yes No
		(empt status: X 501(c) ( 3 ) ◀ (insert no.) 4947(a)(1) or 527	If "No," attach a	list. (see instructions)
		tte: ► WWW.RACC.EDU/ABOUT/FOUNDATION.ASPX	H(c) Group exemptio	
			'ear of formation: $1981$ N	State of legal domicile PA
<u>P</u>	art;i,	Summary		
ø	1	Briefly describe the organization's mission or most significant activities: THE MISS	ION OF THE FO	UNDATION
Activities & Governance		FOR READING AREA COMMUNITY COLLEGE IS TO AUG	MENT THE COLL	EGE'S
Ë	2	Check this box  if the organization discontinued its operations or disposed of r	nore than 25% of its net as	
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)	3	27
জ জ	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	27
es	5	Total number of employees (Part V, line 2a)	5	_ 0
Ϋ́	6	Total number of volunteers (estimate if necessary)	6	55
\cti	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	- 0
_	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
			Prior Year	Current Year
<u>a</u>	8	Contributions and grants (Part VIII, line 1h)	589,604.	695,960.
nue	9	Program service revenue (Part VIII, line 2g)	1	·
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	132,712.	155,938.
•	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	88,240.	1,307.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	810,556.	853,205.
_	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	822,852.	883,107.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
pe	Ь	Total fundraising expenses (Part IX, column (D), line 25)	200200	WANTE LINE OF THE
யி	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	46,495.	157,747.
	18	Total expenses, Add lines 13:17 (must equal Part IX, column (A), line 25)	869,347.	1,040,854.
ſ	19	Describe Less Appendes. Subtract line 18 from line 12	-58,791.	-187,649.
5	: I	RECEIVED	Beginning of Current Year	End of Year
Ssets	20	Total assets (Part X, line ta	6,466,649.	6,833,468.
ASS.		Totaliabilities (Part X, Irre 28)	16,307.	12,410.
器	70 J	Net assets or fund balances. Subtract line 21 from line 20	6,450,342.	6,821,058.
P	art II	Signature Block		
_		United the hatties of perion, declare that I have examined this return, including accompanying schedules and statem and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	ents, and to the best of my knowled	ge and belief, it is true, correct,
		Tailut transperse Section of preparer (other trial officer) is based on an information of which preparer has any known	, auge	
Sig	ın	INT E CHA	ر برودادار ا	
He		Signature of officer	Date 7	
		CHRISTAPHON E POWOT, Transver		
		Type or print name and title		
		Preparer's Date		er's identifying number structions)
Pai		self- employed > (see ins	ou donona)	
	parer's	I Fill S PAIN OF THE RESERVE OF THE PAIN O	EIN ▶	<del></del>
USE	Only	self-employed), 2763 CENTURY BOULEVARD	<u> </u>	
		address, and ZIP+4 READING, PA 19610	Phone no. ► (	610) 378-1175
— Ma	v the I	RS discuss this return with the preparer shown above? (see instructions)	1	X Yes No

22001 02-04-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2009)

Pa	rt III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: THE MISSION OF THE FOUNDATION FOR READING AREA COMMUNITY COLLEGE IS TO
	AUGMENT THE COLLEGE'S ABILITY TO OFFER AFFORDABLE, QUALITY EDUCATIONAL
	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?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
	If "Yes," describe these changes on Schedule O
4	Describe the 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	(Code ) (Expenses \$ 639,184. including grants of \$ ) (Revenue \$ 29,259.)  TO MAINTAIN AND DEVELOP THE EDUCATIONAL FACILITIES AND PROGRAMS OF  READING AREA COMMUNITY COLLEGE
4b	(Code: )(Expenses \$ 287,127. including grants of \$ )(Revenue \$ 126,679.) TO AWARD SCHOLARSHIPS AND/OR GRANTS TO FUTURE, PRESENT, AND FORMER STUDENTS OF THE READING AREA COMMUNITY COLLEGE
4c	(Code: ) (Expenses \$ 114,543. including grants of \$ ) (Revenue \$ 0.) TO PROVIDE BOOKS AND EQUIPMENT FOR READING AREA COMMUNITY COLLEGE
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ \$ 1,040,854.
4e	Total program service expenses ▶\$ 1,040,854.

23-2273163 Page 3

Form, 990 (2009) COLLEGE
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	<u> </u>		
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
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		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			٠,,
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?		x	
	If "Yes," complete Schedule D, Part V	10		
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X	11	x	
•	as applicable  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	├		
_	Part VI.			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	İ		
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	1		
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		X	
404	Schedule D, Parts XI, XII, and XIII	12	<u> </u>	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional  Yes No  12A X	1		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	$\vdash$	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		<u> </u>	-
_	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		х
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		Х
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 a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		ŀ	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	1	,,	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19	<del> </del>	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	900	
		rorm	990 (	2009)

Form, 990 (2009)

COLLEGE

23-2273163 Page 4

Part IV Checklist of Required Schedules (continued)

			res	NO
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		х	
~~	•	21	Λ.	<del></del>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	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, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete	]		
,	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			ŀ
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	1		
	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	1		
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1		
	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	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	ļ		
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			<u>-</u> -
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O.	38	Х	
	•	C	$\omega \omega \alpha$	2000

_	990 (2009) COLLEGE 23-2273	<u> 163</u>	P	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			1
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
<b>2</b> a	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			
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)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country: ▶			
	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		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			<sub>v</sub>
	any contributions that were not tax deductible?	6a	_	X
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	١		
_	were not tax deductible?	6b		
7_	Organizations that may receive deductible contributions under section 170(c).		<u> </u>	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services			x
	provided to the payor?	7a		
	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		х
· ~	If "Yes," indicate the number of Forms 8282 filed during the year	10	-	
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
·	benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<b></b>	
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			
	at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	}		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	j		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		

Form **990** (2009)

**b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Form 990 (2009)

COLLEGE

23-2273163

Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

<u>Sec</u>	tion A. Governing Body and Management						
	,			0.5		Yes	No
1a	Enter the number of voting members of the governing body	1a		27			
b	Enter the number of voting members that are independent	1b		27			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with	any other				
	officer, director, trustee, or key employee?				2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	ct supervisi	on	_		37
_	of officers, directors or trustees, or key employees to a management company or other person?				3		$\frac{x}{x}$
4	Did the organization make any significant changes to its organizational documents since the prior For		0 was filed?	?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets	s?	•		5		X
6	Does the organization have members or stockholders?	<b>.</b>	4 41	-	6		
7a	Does the organization have members, stockholders, or other persons who may elect one or more men	mber	s of the		7.		Х
	governing body?		,		7a 7b		X
_	Are any decisions of the governing body subject to approval by members, stockholders, or other personal the programmer and the programmer hald as written actions undertaken or				70		
8	Did the organization contemporaneously document the meetings held or written actions undertaken oby the following:	uurin	y ine year				
а	The governing body?				8a	X	
b	Each committee with authority to act on behalf of the governing body?				8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched	at the		- 00		
J	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	Crica	at the		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenu	e Code.)				
	The state of the control of the state of the		0 0000,,			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?				10a		X
	If "Yes," does the organization have written policies and procedures governing the activities of such or	chapt	ers, affiliate	es.			
	and branches to ensure their operations are consistent with those of the organization?	•	•	•	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fill	ling th	ne form?		11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	-					Ī
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that cou	ıld gıv	e rise				
	to conflicts?				12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "	'Yes,"	descnbe				
	in Schedule O how this is done				12c	X	
13	Does the organization have a written whistleblower policy?				13	X	
14	Does the organization have a written document retention and destruction policy?				14	X	
15	Did the process for determining compensation of the following persons include a review and approva	al by I	ndependen	t			İ
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official				15a		X
b	Other officers or key employees of the organization				15b		X
4-	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements of the contribute assets to, or participate in a joint venture or similar arrangements.	nent v	with a				X
	taxable entity during the year?	la cont	<b>.</b>		16a		A .
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eval		•	tion			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization of the control o	anızat	ion's		16h		
800	exempt status with respect to such arrangements? tion C. Disclosure				16b		
	<del></del>						
17 1Ω	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)e onto	available	for		
18	public inspection. Indicate how you make these available. Check all that apply.	(301)	(C)(C)S ONIY)	avallable	IUI		
	Own website Another's website X Upon request						
10	·	onflic	t of interest	nolicy of	nd fina	neral	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, co statements available to the public.	OTHIC	i oi iiilerest	policy, ar	iu IIIla	uiciai	
20	State the name, physical address, and telephone number of the person who possesses the books ar	nd rec	ords of the	organizat	tion: 🖿	•	
20	THE ORGANIZATION - (610)607-6239	180	OI 1110	organiza			
	P. O. BOX 1706, READING, PA 19603						

932006 02-04-10

23-2273163

Page 7

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

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

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

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(A)	(B)	<del></del>						(D)	(E)	(F)
Name and Title	Average		(C) Position			,		Reportable	Reportable	Estimated
ivanio di di Vido	hours	(ct				арр	ly)	compensation	compensation	amount of
	per week	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
RONALD L. BASHORE								" 1		
DIRECTOR	1.00	X						0.	0.	0.
MARY ANN CHELIUS SMITH								·		
DIRECTOR	1.00	X						0.	0.	0.
JAMES M. CONNORS										
DIRECTOR	1.00	X				<u> </u>		0.	0.	0.
SEVERIN H. FAYERMAN										
DIRECTOR	1.00	X						0.	0.	0.
P. MICHAEL EHLERMAN										
DIRECTOR	1.00	X						0.	0.	0.
CHRISTOPHER E. PRUITT									_	_
TREASURER	1.00	X		X			<u> </u>	0.	0.	0.
WHITNEY A. SANDERS, II									_	_
DIRECTOR	1.00	X						0.	0.	0.
ROLF D. SCHMIDT									_	_
DIRECTOR	1.00	X						0.	0.	0.
JAMES G. HUGHES, PH.D. ASSISTANT TREASURER	1.00	х		х				0.	0.	0.
PETER T. EDELMAN, ESQ										
DIRECTOR	1.00	Х			<u> </u>	L		0.	0.	0.
JAMES H. YOCUM										•
VICE-CHAIRMAN	1.00	X		Х				0.	0.	0.
JONATHAN D. ENCARNACION			ŀ							•
DIRECTOR	1.00	Х				L		0.	0.	0.
KATIE HANNON							1			
VICE-CHAIRMAN	1.00	Х	L.	Х	L_	_		0.	0.	0.
ANNA WEITZ	1									•
DIRECTOR	1.00	Х	<u> </u>		<u>L</u>			0.	0.	0.
JOHN P. WEIDENHAMMER	1 00			'	1					_
VICE-CHAIRMAN	1.00	Х	$oxed{oxed}$	X	_	<u> </u>	<u> </u>	0.	0.	0.
GUST ZOGAS	1 00	٠,							_	^
DIRECTOR	1.00	Х	$\vdash$	<u> </u>	<u> </u>	<u> </u>	├—	0.	0.	0.
NORA SOBOTTKA	1 00	┰						0.	0.	0.
DIRECTOR	1.00	X	L_	<u> </u>		<u> </u>		l 0.	<u> </u>	- 000

932007 02-04-10

Part VII Section A. Officers, Directors, Tru	stees, Key E	mple	oyee	s, a	nd l	High	est	Compensated Employ	rees (continued)		
(A)	(B)	Γ			C)			(D)	(E)	Ī	(F)
Name and title	Average			Pos	ition	1		Reportable	Reportable	Est	mated
	hours	(c	heck	all t	that	app	ly)	compensation	compensation	amo	ount of
	per	Ē						from	from related		ther
	week	l iei				Ļ		the	organizations		ensation
		5	ste			sate		organization	(W-2/1099-MISC)		m the
	İ	Pust	at tr		e e	E E		(W-2/1099-MISC)		_	nization
		Individual trustee or director	Institutional trustee	<u>_</u>	윹	oyee	 			1	related nizations
	1	ğ	Instit	Officer	Key employee	Highest compensated employee	Form			Organ	lizations
PAUL G. OXHOLM		$\vdash$	$\vdash$		-	┢	-				
CHAIRMAN	1.00	X		x				0.	0.	, İ	0.
MARILYN A. WADEMAN		<del> </del>		-		╁	┢	-	_	<del>                                     </del>	
DIRECTOR	1.00	X			-	ŀ		0.	· o.		0.
JON SCOTT			1		$\vdash$	$\vdash$				<del> </del>	
DIRECTOR	1.00	х						0.	0.	.1	0.
LYNDELL KLINE			$\vdash$			$\vdash$				<del>                                     </del>	
SECRETARY	1.00	x		x				0.	0.		0.
NEIL L BERKLEY	100	<del>                                     </del>	-		┢	╁╌	-	+	<u> </u>	<del> </del>	
DIRECTOR	1.00	x						0.	0.		0.
MICHAEL E NAGEL			$\vdash$			╁	$\vdash$	· · · · · · · · · · · · · · · · · · ·	<u> </u>	<del>                                     </del>	
EXECUTIVE DIRECTOR	1.00	x						0.	0.		0.
PAUL D. COHN	1.00	-	-	-	┢	╁╌	-	-		1	
DIRECTOR	1.00	x			ļ			0.	0.		0.
NED DIEFENDERFER	1.00	<u> </u>	$\vdash$		$\vdash$	⊢	$\vdash$			<del>' </del>	•
DIRECTOR	1.00	x						0.	0.		0.
BONNIE SUSSMAN-VERSACE	1.00	<u> </u>	┝	$\vdash$		⊢	┝		<u> </u>	<del> </del>	<u> </u>
DIRECTOR	1.00	X						0.	0.	İ	0.
EDWIN L STOCK	1.00	1	-		_	├				+	•
DIRECTOR	1.00	x						0.	0.	1	0.
	1.00	Λ			<u> </u>	┖	L	0.	0.		0.
Total     Total number of individuals (including but n	at limited to th		liete	od al	bass	2)		<u> </u>	<del></del>	1	
compensation from the organization	ot illilited to ti	1056	11516	o ai	DOV	e) w	10 11	eceived more than \$100	,,000 in reportable		0
compensation from the organization										Τ,	Yes No
3 Did the organization list any former officer,	director or tru	etoc	ka		anla	V00	0 r h	aughost componented or	mplovoo op		100 110
line 1a? If "Yes," complete Schedule J for s			, Ke	y en	ipio	уее,	OI I	lighest compensated et	iipioyee oii	3	X
4 For any individual listed on line 1a, is the su							d _+	har asmasastian from	the ergenization	1	<del>-  </del>
and related organizations greater than \$15								· ·	the organization	4	X
5 Did any person listed on line 1a receive or a										+	<del></del>
the organization? If "Yes," complete Sched				10111	any	, ui ii	Cial	led organization for serv	ices rendered to	5	x
Section B. Independent Contractors	ale a for sacri	pers	011							1 3 1	
Complete this table for your five highest co	mponeated in	don		nt o	ont	ract	one t	that received more than	\$100,000 of compon	cation fr	om
the organization NONE	mpensateu m	uep	silue	iii C	OHL	acu	ו פונ	mat received more man	\$100,000 or compen	SaliOITIII	OIII
(A)							П	(B)		(C)	
Name and business	address							Description of s	services	Compen	sation
							┪	•	,		
											/-
							_				
		_						-			

Form **990** (2009)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 in compensation from the organization

Form 990 (2009)

COLLEGE

23-2273163 Page 10

### Part IX | Statement of Functional Expenses

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

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	not required to comple  (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	883,107.	883,107.	_	
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 salanes and wages Pension plan contributions (include section 401/k)				
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):				
''	Management	,			
b	Legal				
c	Accounting	7,236.	7,236.		
d	Lobbying	, , , , , , , , , , , , , , , , , , , ,	,		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	502.	502.		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				···
19	Conferences, conventions, and meetings	6,445.	6,445.		
20	Interest .				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Other expenses. Itemize expenses not covered			· · · · · ·	
24	above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	UNREALIZABLE PLEDGE CON	118,029.	118,029.		
b	INVESTMENT EXPENSES	22,259.	22,259.		<del> </del>
C	ANNUAL CAMPAIGN	2,738.	2,738.		· · · · · · · · · · · · · · · · · · ·
d	HOSPITALITY	328.	328.		
е	PRINTING	210.	210.		
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	1,040,854.	1,040,854.	0.	0
26	Joint costs. Check here I If following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined			į	
	educational campaign and fundraising solicitation				

932010 02-04-10

Part X | Balance Sheet (B) (A) Beginning of year End of year 601,394. 460,552. Cash - non-interest-bearing 1 2 Savings and temporary cash investments 2 262,416.586,221. Pledges and grants receivable, net 3 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 7 Notes and loans receivable, net Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 10c 11 11 Investments - publicly traded securities 4,893,217. 6,110,500. 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 385,817. 15 Other assets. See Part IV, line 11 6,466,649. 6,833,468. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 16,307. 12,410. 17 Accounts payable and accrued expenses 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities. Complete Part X of Schedule D 25 16,307. 12,410. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here 

X and complete

> 6,833,468. Form **990** (2009)

6,821,058.

991,416.

626,464.

5,203,178.

Assets or Fund Balances

27

28

30

31

33

lines 27 through 29, and lines 33 and 34.

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Organizations that do not follow SFAS 117, check here 

and

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

complete lines 30 through 34.

Total net assets or fund balances

770,797.

870,897.

30

31

32

4,808,648.

6,450,342.

6,466,649.

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

review, or compilation of its financial statements and selection of an independent accountant?

X Separate basis Consolidated basis Both consolidated and separate basis

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

consolidated basis, separate basis, or both:

Act and OMB Circular A-133?

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash X Accrual Other

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

Form **990** (2009)

X

X

2c

За

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

2009

Open to Public Inspection

Name of the organization FOUNDATION FOR READING AREA COMMUNITY **Employer identification number** 23-2273163 COLLEGE Part T Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. d Type III - Other **b** Type II c Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified 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 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(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? 11g(iii) h Provide the following information about the supported organization(s). (iii) Type of (v) Did you notify the (vi) Is the (iv) is the organization (i) Name of supported (ii) EIN (vii) Amount of organization in col. (i) organized in the organization in col. (i) listed in your organization in col. organization support (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes Nο Yes Nο Yes No

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

Schedule A (Form 990 or 990-EZ) 2009

932021 02-08-10

Total

23-2273163 Page 2

Schedule A (Form 990 or 990-EZ) 2009 COLLEGE 23-22731

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.)

<u>5e</u>	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	/ <b>(d)</b> 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and				<del></del>		
	membership fees received. (Do not						
	include any "unusual grants.")	765,863.	755,242.	671,553.	589,604.	695,960.	3,478,222.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge		=== 1 -		= 0.0 - 2.0 - 1		
	Total. Add lines 1 through 3	765,863.	755,242.	671,553.	589,604.	695,960.	3,478,222.
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)						1,009,100.
	Public support, Subtract line 5 from line 4				L		2,469,122.
	ction B. Total Support	T		Г		<del></del>	
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 4	765,863.	755,242.	671,553.	589,604.	695,960.	3,478,222.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	250 007	220 570	224 717	120 710	155 020	4 004 000
	and income from similar sources	250,087.	330,579.	224,717.	132,712.	155,938.	1,094,033.
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.)						4 500 055
	Total support. Add lines 7 through 10				ļ		4,572,255.
	Gross receipts from related activities,	•	•			12	
13	First five years. If the Form 990 is for	-	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3)	, [
20	organization, check this box and stop ction C. Computation of Publ	here	rcentage				
				-1 (0)			54.00 %
	Public support percentage for 2009 (			column (t))		14	<del></del>
	Public support percentage from 2008			lung 10 and lung 1	14 :- 22 1/20/	15	
102	33 1/3% support test - 2009. If the o	ŭ		•	14 IS 33 1/3% OF IT	iore, check this DO	cano ▶X
	stop here. The organization qualifies		_		lung 15 in 22 1/20/	ar mara abaak thi	
	33 1/3% support test - 2008.If the o	•			III 15 IS 33 1/370	or more, check thi	S DOX
47.	and stop here. The organization qual	• •		· ·	.10 16a ar 16b a	and line 14 is 100%	
1/8	10% -facts-and-circumstances tes	•					
	and if the organization meets the "fac		-	•	•	rt iv now the organ	Ization
	meets the "facts-and-circumstances"	_	•		-	70 and has 45 : 4	00/ 05
t	10% -facts-and-circumstances tes	•				·	
	more, and if the organization meets the				- *		
40	organization meets the "facts-and-circ		-	•			
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 100, 1/a, 01 1/1			
					Scne	edule A (Form 990	UT 99U-EZ) 2UU9

Sch	nedule A (Fòrm 990 or 990-EZ) 2009						Page 3
P	art III   Support Schedule for (	)rganizations	Described in	Section 509(a	<b>)(2)</b> (Complete onl	y if you checked the b	ox on line 9 of Part I.
<u>Se</u>	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not				1		
	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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						ļ
	or expended on its behalf						
5	The value of services or facilities			· · · · · · · · · · · · · · · · · · ·			
_	furnished by a governmental unit to					_	
	the organization without charge		ŀ				
6	Total. Add lines 1 through 5		1		<u> </u>		
	Amounts included on lines 1, 2, and						
•	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)		<u> </u>			,	
	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income	1					
	(less section 511 taxes) from businesses	1				İ	
	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	<u>-</u>					
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, thi	rd. fourth, or fifth ta	ax vear as a secti	on 501(c)(3) organiz	ration.
	check this box and stop here	<b>3</b>	,,			o oo .(o)(o) o, ga	<b>▶</b> □
Sec	ction C. Computation of Publi	c Support Pe	rcentage	-			<u> </u>
	Public support percentage for 2009 (I	<del></del>		column (fl)		15	%
	Public support percentage from 2008		•			16	%
	ction D. Computation of Inves					1.7- 1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2		· · ·	10, 00,01111 (1))		18	%
	33 1/3% support tests - 2009. If the			on line 14, and line	e 15 is more than	<del></del>	

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) 2009

more than 33 1/3%, check this box and  ${f stop}$  here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, 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

Schedule A (Fbrm 990 or 990-EZ) 2009 COLLEGE	23-2273163 Page 4
Part IV Supplemental Information. Complete this part to provide the explanations required by Pa	rt II, line 10; Part II, line 17a or 17b;
and Part III, line 12. Provide any other additional information. See instructions.	
SCHEDULE A, LIST OF UNUSUAL GRANTS RECEIVED:	_
CAPITAL CAMPAIGN CONTRIBUTION	
CAT TIAL CAMPAIGN CONTRIBUTION	
DATE: 06/04/05 AMOUNT: 5189766.	
BUSINESS PROGRAMS AT TRAINING AND TECHNOLOGY CENTER	
DATE: 06/06/07 AMOUNT: 600000.	
	· · · · · · · · · · · · · · · · · · ·
	·
<del></del>	
<del> </del>	

### Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

➤ Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

A Inspection

Name of the organization

FOUNDATION FOR READING AREA COMMUNITY COLLEGE

**Employer identification number** 23-2273163

Pai	organizations Maintaining Donor Advisorganization answered "Yes" to Form 990, Part IV, Irr		s or Accounts. Complete if the
	organization answered fes to Form 990, Part IV, III	(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	-	used only
	for chantable purposes and not for the benefit of the donor		-
	impermissible private benefit?		Yes No
Pai	rt II 💥 Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990,	Part IV, line 7
1	Purpose(s) of conservation easements held by the organiza	tion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	pleasure) Preservation of an hi	storically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements .		2a
b	Total acreage restricted by conservation easements	•	2b
C	Number of conservation easements on a certified historic st	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	eleased, extinguished, or terminated by th	ne organization during the tax
	year ►		
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe	enodic monitoring, inspection, handling of	<del></del>
	violations, and enforcement of the conservation easements	•	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	_	
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) about	ove satisfy the requirements of section 17	
_	and section 170(h)(4)(B)(ii)?		└ Yes └ No
9	In Part XIV, describe how the organization reports conserva	•	
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes	s the organization's accounting for
Dai	conservation easements.  III Organizations Maintaining Collections of	of Art Historical Treasures or C	Other Similar Assets
rai	Complete if the organization answered "Yes" to Form	· · · · · · · · · · · · · · · · · · ·	other Ommar Assets.
	Complete it the organization answered Tes to Form	1 330, 1 411 14, 1110 3.	
12	If the organization elected, as permitted under SFAS 116, n	ot to report in its revenue statement and l	palance sheet works of art, historical
ıa	treasures, or other similar assets held for public exhibition,		
	the footnote to its financial statements that describes these	·	ability between provider, in a divisor, and text or
h	If the organization elected, as permitted under SFAS 116, to		nce sheet works of art, historical treasures
	or other similar assets held for public exhibition, education,	·	
	these items:	or research in farther alloc of public solvie	o, provide the following amounts relating to
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X	•	*
2	If the organization received or held works of art, historical to	easures or other similar assets for financi	al gain, provide
_	the following amounts required to be reported under SFAS		3, provide
а	Revenues included in Form 990, Part VIII, line 1	. To toldring to tribuo items.	<b>&gt;</b> \$
	Assets included in Form 990, Part X	· ··	·· • • • • • • • • • • • • • • • • • •
	, access monados in rominoso, raix		. • •

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 02-01-10

Schedule D (Form 990) 2009

	dule D (Form 990) 2009 COLLEGE									Page 2
Par	t III   Organizations Maintaining C	Collections of Ar	t, His	torical Tr	easures, c	r Othe	r Simil	ar Asse	<b>ts</b> (contin	ued)
3	Using the organization's acquisition, access	on, and other record	s, chec	k any of the	following that	t are a si	gnificant	use of its	collection	items
	(check all that apply):									
а	Public exhibition	d		Loan or excl	hange progra	ms				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explair	n how th	ney further tl	ne organizatio	on's exe	mpt purpo	ose in Par	t XIV	
5	During the year, did the organization solicit of	or receive donations of	of art, hi	stoncal trea	sures, or othe	er sımılar	assets		_	
	to be sold to raise funds rather than to be m								Yes	No_
Pai	t IV Escrow and Custodial Arran		ete if org	ganızatıon ar	nswered "Yes	" to For	m 990, Pa	ırt IV, lıne	9, or	
	reported an amount on Form 990, Pa	ırt X, line 21.								<del></del>
1a	Is the organization an agent, trustee, custod	lian or other intermed	liary for	contribution	s or other as	sets not	ıncluded	_	_	
	on Form 990, Part X?								<b>」Yes</b>	∟ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing	table			<del></del>			<del></del>
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e	_		
f	Ending balance						1f	r	,	<del></del>
<b>2</b> a	Did the organization include an amount on F	form 990, Part X, line	21?			-		L	Yes	L No
	If "Yes," explain the arrangement in Part XIV									
Pai	t V Endowment Funds. Complete	,	swered	"Yes" to Fo						
		(a) Current year	<u></u>	nor year	(c) Two year	s back	(d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance	5742196.		24879.						-
b	Contributions	640,992.		8,111.						
С	Net investment earnings, gains, and losses	597,222.		5,220.						
d	Grants or scholarships	641,444.	75	6,246.						
е	Other expenditures for facilities					i				
	and programs	05 663	- 4	0 000					ļ	
f	Administrative expenses	25,663.	<u>_</u>	9,328.					<u> </u>	
g	End of year balance	6313303.		42196.						
2	Provide the estimated percentage of the year									
а	Board designated or quasi-endowment	7.66	_%							
b	Permanent endowment ► 82.42	%								
C		%								
За	Are there endowment funds not in the posse	ession of the organiza	ation tha	at are held a	nd administe	red for th	ne organiz	zation	Г.	<del></del>
	by:									Yes No
	(i) unrelated organizations							•	3a(i)	
_	(ii) related organizations			=-					3a(ii)	X
	If "Yes" to 3a(ii), are the related organization	•							3b	
4	Describe in Part XIV the intended uses of the				D 171.					
Pai									705 1	<del></del>
	Description of investment	(a) Cost or of basis (investing		(b) Cost basis			ccumulate preciation		(d) Book	value
1a	Land				[			- '		
b	Buildings									
С	Leasehold improvements									
d	Equipment									
е	Other									
Tota	. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part	X, colur	nn (B), line 1	0(c).)			<b>D</b>		0.

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 COLLEGE			23	-2273163	Page 3
Part VII Investments - Other Securities.	See Form 990, Part X, line				
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valua t or end-of-year man		
Financial derivatives					
Closely-held equity interests					
Other					
BOND FUND	2,175,57		EAR MARKET		
REALTY RUND	4,39		EAR MARKET		
EQUITY FUND	3,930,52	B. END-OF-YE	EAR MARKET	VALUE	
Table (0.1/1)	6 110 500				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	6,110,50				
Part VIII Investments - Program Related.	See Form 990, Part X, lin	· v	/		
(a) Description of investment type	(b) Book value		(c) Method of valua t or end-of-year man		
			· · · · · <u>-</u>		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶				***	
Part IX Other Assets. See Form 990, Part X, Irr			T		
(8	a) Description			(b) Book valu	
		, <u></u>			
-					
				<del></del>	
<del></del>				_ ·	
Total. (Column (b) must equal Form 990, Part X, col (B) In	no 15 \			<del></del>	
Part X Other Liabilities. See Form 990, Part X					
(a) Decemption of liability	X, III le 25.	(b) Amount	*		
1. (a) Description of liability Federal income taxes		(4) / 31104111			
rederal income taxes					
	<del> </del>				
· · · · · · · · · · · · · · · · · · ·					
		·			
<del></del>					
T-4-1 (Calumn /h) must aqual Form 000. Part V and /R) is	70.051				

2. FIN 48 Footnote. 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. 932053 02-01-10

	dule D (Form 990) 2009 COLLEGE					<u> 2273163</u>	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	Audit	ted Financ	ial Sta	atemen		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		-	1			,205.
2	Total expenses (Form 990, Part IX, column (A), line 25)		Γ	2		1,040	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		Γ	3		-187	<u>,649.</u>
4	Net unrealized gains (losses) on investments		F	4			
5	Donated services and use of facilities		Ţ.	5			
6	Investment expenses		Γ	6		_	
7	Prior period adjustments		1	7			
8	Other (Describe in Part XIV.)		Γ	8		558	,365.
9	Total adjustments (net) Add lines 4 through 8		1	9		558	,365.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 ar	nd 9	Γ	10		370	,716.
Par	t XII   Reconciliation of Revenue per Audited Financial Stateme		ith Reven	ue pe	r Returi	n	
1	Total revenue, gains, and other support per audited financial statements				1	1,293	,541.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains on investments	2a	558	3,36	5.		
b	Donated services and use of facilities	2b					
C	Recoveries of prior year grants	2c			_		
d	Other (Describe in Part XIV.)	2d	-118	3,02	9.		
	Add lines 2a through 2d			,	2e	440	,336.
3	Subtract line 2e from line 1	•			3		,205.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		•		۳		,
	Investment expenses not included on Form 990, Part VIII, line 7b	140	1				
a	Other (Describe in Part XIV.)	4a 4b	<del> </del>		$\dashv$		
b	Add lines 4a and 4b	40	L		4c		0.
_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)				5	853	,205.
Pai	t XIII Reconciliation of Expenses per Audited Financial Statem	ents V	With Exper	ises n			, 203.
_		Citto i	THE EXPO	1000 p	1		,825.
1	Total expenses and losses per audited financial statements		-	•	··	722	,023.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a	ı		ŀ		
a	Donated services and use of facilities	_					
b	Prior year adjustments .	2b					
C	Other losses .	2c		3,02	<del>-  </del>		
đ	Other (Describe in Part XIV.)	2d		5,02.		110	020
_	Add lines 2a through 2d				2e	1,040	<u>,029.</u>
3	Subtract line 2e from line 1				3	1,040	,054.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 .	ı				
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	· · · · · · -				
	Other (Describe in Part XIV.)	4b	<u> </u>				0
-	Add lines 4a and 4b				. 4c	1 0 4 0	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			-	5	1,040	,854.
	t XIV Supplemental Information					=: =	<del></del>
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part I						4; Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp					_	
PAR	RT V, LINE 4: THE INTENDED USE OF THE ENDO	MWEI	TS 15 1	JARG.	ELY T	O FUND	
aat	O ADAK DILAKEN ADVONAN ADVONAN ADVONAN	Maria	TMV 001	TRA	ממת פו	CDAMC A	NTD.
SCI	OLARSHIPS, OTHER APPROVED READING AREA CO	MMUN	TTY COL	יהקיור	E PRO	GRAMS A	עא
ΔDI	PD A MT ON C						
OPI	ERATIONS.				· · · · · · · · · · · · · · · · · · ·		
PAI	RT XI, LINE 8 - OTHER ADJUSTMENTS:						
CUI	RRENT YEAR UNREALIZED GAIN/(LOSS) ON MARKE	TABL	E SECUE	RITI	<b>ES</b> : 5	58365.	
PAF	RT XII, LINE 2D - OTHER ADJUSTMENTS:					_	
					Schee	dule D (Form 9	990) 2009
							-,

932054 02-01-10

### FOUNDATION FOR READING AREA COMMUNITY COLLEGE 23-2273163 Page 5 Schedule D (Form 990) 2009 Part XIV Supplemental Information (continued) UNREALIZABLE PLEDGE CONTRIBUTIONS: -118029. PART XIII, LINE 2D - OTHER ADJUSTMENTS: UNREALIZABLE PLEDGE CONTRIBUTIONS: -118029.

### SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### Supplemental Information Regarding Fundraising or Gaming Activities

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

2009
Open To Public Inspection

Name of the organization

FOUNDATION FOR READING AREA COMMUNITY

Employer identification number

COLLEGE	3				23-2273	3163
Part I Fundraising Activities required to complete this par	Complete if the organization answert.	ered "\	es" to	Form 990, Part IV,	line 17. Form 990-E	Z filers are not
a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, F b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the	e Solicitat  s f Solicitat  g Special  or oral agreement with any individual  Part VII) or entity in connection with p ividuals or entities (fundraisers) purs	tion of tion of fundra (includerofess	non-g gover using ding o ional f	overnment grants nment grants events fficers, directors, tru fundraising services?	stees or	
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribe	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
-						
					,	
1.00						
Total	<u> </u>					
3 List all states in which the organization	on is registered or licensed to solicit t	unds (	or has	been notified it is ex	empt from registral	ion or licensing.
	<u> </u>					
			•			
						<del></del>
			`			

932081 02-03-10

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Schedule G (Form 990 or 990-EZ) 2009

Schedule G (Form 990 or 990-EZ) 2009 COLLEGE 23-2273163 Page 2

	ert i	on Form 990-EZ, line 6a. List events with	<del>-</del>		try, title 16, of reported	more than \$15,000
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			GOLF OUTING (event type)	(event type)	(total number)	col. (c))
nue			(event type)	(event type)	(total number)	<del></del>
Revenue	1	Gross receipts	66,423.			66,423.
	2	Less: Charitable contributions	35,000.			35,000.
	3	Gross income (line 1 minus line 2)	31,423.			31,423.
	4	Cash prizes				
ses	5	Noncash prizes	3,000.			3,000.
Direct Expenses	6	Rent/facility costs	21,592.			21,592.
Direct	7	Food and beverages		,		
	8	Entertainment				
	9	Other direct expenses	4,464.			4,464.
	10	, ,			<b>&gt;</b>	( 29,056) 2,367.
Ρε	11  rt	Net income summary Combine line 3, column Gaming. Complete if the organization		990 Part IV line 19 or r	reported more than	2,30/.
		\$15,000 on Form 990-EZ, line 6a.	4.1011.01.01	. 555, 1 4.117, 11.15 15, 51 1		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
- Rev	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% No	Yes %	
	7	Direct expense summary. Add lines 2 through	h 5 ın column (d)			()
	8	Net gaming income summary. Combine line	1, column (d), and line 7			
9	En	ter the state(s) in which the organization opera	ates gaming activities:			Yes No
		the organization licensed to operate gaming ac		states?		9a
b	if "	No," explain:				
100	We	ere any of the organization's gaming licenses re	avoked suspended or to	erminated during the tax v	vear?	10a
		Yes, explain:	evokeu, suspended on te	iniliated during the tax	,	104
11	<u></u>	es the organization operate gaming activities is	with nonmembers?			11
		es the organization operate gaming activities the organization a grantor, beneficiary or truste		r of a partnership or othe	r entity formed to	''     -
_		minister charitable gaming?		- F	,	12

<u>Schedule G (Form 990 or 990 EZ) 2009 COLLEGE 23 – 23</u>	27316	3 Pa	ıge 3
		Yes	No
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility 13a	%		
b An outside facility	%		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	:	l	
Name	-		
Address	_		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
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 of the third party:			
Name ►	_		,
	_		
Address	_	ŀ	
16 Gaming manager information:			
		Ì	
Name	_		
Gaming manager compensation ▶ \$			
Description of services provided	_		
	_		
	_		
Director/officer Employee Independent contractor			
Director/officer Employee Independent contractor			
17 Mandatory distributions:		1	
a Is the organization required under state law to make chantable distributions from the gaming proceeds to		.	
retain the state gaming license?	17a		
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	""		
organization's own exempt activities during the tax year ▶ \$		1	
Schedule G (Form	990 or 99	0-EZ)	2009

**SCHEDULE 1** (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

FOUNDATION FOR READING AREA COMMUNITY

Part ।ঞ্জ | General Information on Grants and Assistance

COLLEGE

Open to Public

**Employer identification number** 

23-2273163

**2** 

CAPITAL EXPANSION, BOOKS AND EQUIPMENT, MILLER CENTER, SCHOLARSHIPS, (h) Purpose of grant or assistance X Yes recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990. Part IV, line 21, for any **JORKS OF ART** 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 non-cash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, other) o. (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of 883,107 cash grant (c) IRC section ıf applicable (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization READING AREA COMMUNITY COLLEGE or government 10 SOUTH SECOND STREET READING, PA 19603 Part II🐒

31

Schedule I (Form 990) 2009

932101 02-02-10

3 Enter total number of other organizations
 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Enter total number of section 501(c)(3) and government organizations

23-2273163 Schedule I (Form 990) 2009

COLLEGE

Area COMMUNITY

COLLEGE

The organization answered "Yes" to Form 990, Part IV, line 22.

Use Part IV and 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 .
•					
*Part IV) Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	le the information	required in Part I, I	ine 2, and any other	additional information.	
SCHEDULE I, PART I, LINE 2: INDIVIDU	DUAL PAPER	FILES	ARE KEPT ON	EVERY GRANT	
OR ASSISTANCE. EACH FILE CONTAINS	GRANT OR	ASSISTANCE	CE INFORMATION	rion,	
AGREEMENT, ELIGIBILITY AND SELECTION	ON CRITERIA.		SELECTED RECIPIENT	LENT	
INFORMATION IS PERMANENTLY MAINTAINED	NED ELECT	ELECTRONICALLY.	. STUDENT	APPLICATIONS	
NOT SELECTED FOR AWARDS ARE KEPT ON	- 1	R ONE YEA	FILE FOR ONE YEAR FOLLOWING AWARD	3 AWARD	
DISTRIBUTION.					
			:		

### SCHEDULE O (Form 990)

### Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.



Name of the organization FOUNDATION FOR READING AREA COMMUNITY
COLLEGE

Employer identification number 23-2273163

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ABILITY TO OFFER AFFORDABLE, QUALITY EDUCATIONAL OPPORTUNITIES TO
RESIDENTS OF GREATER READING AND BERKS COUNTY.
FORM 990, PART VI, SECTION B, LINE 11: MEMBERS OF THE BOARD ARE PROVIDED
THE FORM 990 FOR REVIEW AND APPROVAL PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY THE BOARD MEMBERS ARE
MADE AWARE OF THE POLICY AND ARE REQUIRED TO SUBMIT A SIGNED CONFLICT
DECLARATION.
FORM 990, PART VI, SECTION C, LINE 19: MINUTES, BY-LAWS, ANNUAL AUDIT, THE
990 AND FORM 1023 ARE AVAILABLE TO BE REVIEWD UPON REQUEST AT THE
ORGANIZATIONS LOCATION.
·

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

COLLEGE

Name of the organization

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Related Organizations and Unrelated Partnerships

FOUNDATION FOR READING AREA COMMUNITY ▶ Attach to Form 990.

➤ See separate instructions.

2009 Copen to Publication

OMB No 1545-0047

;

Employer identification number 23-2273163

Direct controlling Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Ξ End-of-year assets <u>e</u> Total income € Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) Legal domicile (state or foreign country) Primary activity Name, address, and EIN of disregarded entity PartD Part II

Schedule R (Form 990) 2009 Direct controlling entity status (if section Public charity 501(c)(3)) Exempt Code section Legal domicile (state or foreign country) ENNSYLVANIA LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Primary activity COMMUNITY COLLEGE Name, address, and EIN of related organization READING AREA COMMUNITY COLLEGE 10 SOUTH SECOND STREET READING, PA 19603

;

Page 2

23-2273163

COLLEGE

Schedule R (Form 990) 2009

[Partiling Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(j) General or managing partner? Yes No				elated	(h) Percentage ownership			:		90) 2009
(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)				had one or more r	(g) Share of Perend-of-year ow					Schedule R (Form 990) 2009
(h) Disproportionate atle atlocations? Yes No	·	_		cause it l						 - Sch
(g) Share of end-of-year assets V				IV, line 34 be	(f) Share of total income	:	_			
				orm 990, Part	(e) Type of entity (C corp, S corp, or trust)					
(f) Share of total income				"Yes" to F					_	
) nt income nrelated, nr tax under 12-514)				on answered	(d) Direct controlling entity					
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)				ne organizatı	(c) Legal domicile (state or foreign country)					
(d) Direct controlling entity				Trust (Complete if the	(b) Primary activity					35
(c) Legal domicile (state or foreign country)				poration or vear.)	Ē.			1 1 1	- 1 1	
(b) Primary activity				Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	Z c					
(a) Name, address, and EIN of related organization				Partiv Identification of Related Org	(a) Name, address, and EIN of related organization					932162 07-21-10

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Page 3

23-2273163

Schedule R (Form 990) 2009

PartVi Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36)

		-	
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes No	
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?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		1a X	
<b>b</b> Giff, grant, or capital contribution to other organization(s)		1b X	
c Gift, grant, or capital contribution from other organization(s)		1c X	
d Loans or loan quarantees to or for other organization(s)		1d X	
e Loans or loan quarantees by other organization(s)		1e X	
		#5 *	
Cala of accepte to other arrangation(c)		×	
		$\downarrow$	
g Purchase of assets from other organization(s)		#	
h Exchange of assets		4+ X	
i Lease of facilities, equipment, or other assets to other organization(s)		ı.	
		學、學、	
j Lease of facilities, equipment, or other assets from other organization(s)		1j X	
k Performance of services or membership or fundraising solicitations for other organization(s)		1k X	
I Performance of services or membership or fundraising solicitations by other organization(s)		11 X	
m Sharing of facilities, equipment, mailing lists, or other assets		1m X	
n Sharing of paid employees		1n X	
		Section of the section of the	٠.
o Reimbursement paid to other organization for expenses		10 X	٠,
p Reimbursement paid by other organization for expenses		1p X	
		Krain Kit & differ	٠,
<b>q</b> Other transfer of cash or property to other organization(s)		1q X	
r Other transfer of cash or property from other organization(s)		1r X	
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.	nsaction thresholds		
(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved	
	()		
(1) READING AREA COMMUNITY COLLEGE	В	461,560.	
(2)			
	,		
(4)			
			• t
			•
932163 02-04-10 36	Sch	Schedule R (Form 990) 2009	

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## FOUNDATION FOR READING AREA COMMUNITY

COLLEGE

Schedule R (Form 990) 2009

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

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.

		(5)	5	(6)	9	(0)	3	
	(2)	·	}	· •		/G)		
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Are all parmers section 501(c)(3) organizations?	Share of end-of- year assets	Uspropor- tionate altocations?	amount in box 20	managing partner?	ئ ق ورد ج
		country)	Yes No			(Form 1065)	Yes	٩
								1
					-			
					•			
								1
			-					
_			•					
						Schedule R (Form 990) 2009	m 990) 20	6003

### Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

### Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 4-2009)

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box				
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).				
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.				
Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)				
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete				
Part I only				
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns				
Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Chanties & Nonprofits.				
Туре	· •		Employer identification number	
print		١ ,	2 2272162	
File by	COLLEGE		3-2273163	
due da filing y return	our   P. O. BOX 1706			
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.  READING, PA 19603			
Chec	ck type of return to be filed (file a separate application for each return):			
Form 990 Form 990-T (corporation) Form 4720				
Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 5227				
Form 990-EZ Form 990-T (trust other than above) Form 6069				
□ Form 990-PF □ Form 1041-A □ Form 8870				
	THE ORGANIZATION			
• The books are in the care of P. O. BOX 1706 - READING, PA 19603				
Telephone No. ► (610)607-6239 FAX No. ►				
If the organization does not have an office or place of business in the United States, check this box				
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this				
box 🕨 🗔 . If it is for part of the group, check this box 🕨 🔲 and attach a list with the names and EINs of all members the extension will cover.				
1				
	FEBRUARY 15, 2011 , to file the exempt organization return for the organization named above. The extension			
is for the organization's return for:  ▶			-	
			_	
2	If this tax year is for less than 12 months, check reason: Initial return Final return		Change in accounting period	
3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			
	nonrefundable credits. See instructions.	3a	\$	
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated		•	
_	tax payments made Include any prior year overpayment allowed as a credit.	3b	\$	
С	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).			
	See instructions.	3c	\$ N/A	
<u> </u>				
Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions				

923831 05-26-09

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.