EXTENDED TO NOVEMBER 15, 2017

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

and ending

6 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A For the 2016 calendar year, or tax year beginning

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

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

Inspection

B (a	Check if applicable:	C Name of organization	D Employer identification number					
	⊓Address							
	change			77-0	365627			
	change Initial return	Doing business as Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone number				
	Final return/	1355 RIDDER PARK DRIVE	110011/Suite)451-1420			
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	5,474,776.			
	Amende			H(a) Is this a group re				
	Applica-	-		for subordinates? Yes X No				
	pending	SAME AS C ABOVE		H(b) Are all subordinates in				
T 1	Tax-exer	npt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) 0	or 527	1	list. (see instructions)			
J١	Nebsite	WWW.RAFT.NET		H(c) Group exemption				
KF	orm of o	rganization: X Corporation Trust Association Other	L Year		State of legal domicile: CA			
Pa		Summary		_				
О О	1 B	riefly describe the organization's mission or most significant activities: $\overline{ t RESO}$	URCE A	REA FOR TEA	CHING'S			
Governance	(RAFT) MISSION IS TO HELP EDUCATORS TRANS	SFORM	A CHILD'S L	EARNING			
ž	2 C	theck this box 🕨 🔲 if the organization discontinued its operations or dispos	sed of more	than 25% of its net as				
ŏ	3 N	lumber of voting members of the governing body (Part VI, line 1a)		3	14			
<u>ھ</u>		umber of independent voting members of the governing body (Part VI, line 1b)			14			
Activities &	5 T	otal number of individuals employed in calendar year 2016 (Part V, line 2a)		5	47			
ĭĒ		otal number of volunteers (estimate if necessary)			500			
Act		otal unrelated business revenue from Part VIII, column (C), line 12			0.			
_	b N	et unrelated business taxable income from Form 990-T, line 34			0.			
				Prior Year	Current Year			
ne		contributions and grants (Part VIII, line 1h)		1,560,786.	1,214,046.			
Revenue	1	rogram service revenue (Part VIII, line 2g)		240,464.	218,136.			
Be.		vestment income (Part VIII, column (A), lines 3, 4, and 7d)		171,715.	61,396.			
	1	other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		827,714.	724,922.			
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,800,679.	2,218,500.			
		irants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
		enefits paid to or for members (Part IX, column (A), line 4)		2,430,886.				
Expenses		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,850.	2,000,994.			
en	16a P	rofessional fundraising fees (Part IX, column (A), line 11e)		3,030.	0.			
Ä	47 0	otal fundraising expenses (Part IX, column (D), line 25) 401,5	/) •	1,013,164.	1,139,848.			
	1	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,447,900.	3,148,842.			
		evenue less expenses. Subtract line 18 from line 12		-647,221.	-930,342.			
or	19	evenue less expenses. Subtract line 10 nont line 12		ginning of Current Year	End of Year			
ets (20 T	otal assets (Part X, line 16)	50	13,764,292.	12,875,731.			
Ass J Ba	21 T	otal liabilities (Part X, line 26)		256,175.	268,204.			
Net Assets Fund Balanc	22 N	let assets or fund balances. Subtract line 21 from line 20		13,508,117.	12,607,527.			
		Signature Block	<u> </u>					
Und	er penalt	ies of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of my	knowledge and belief, it is			
true,	, correct,	and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.				
Sig	n	Signature of officer		Date				
Her	е	KIPP LANMAN, INTERIM CEO						
		Type or print name and title						
		Print/Type preparer's name Preparer's signature	I	Date Check	PTIN			
Paid	-	PRERNA JAGADA	ļ0	8/22/17 if self-employe	P01063809			
-		FRANK, RIMERMAN & CO, LLP		Firm's EIN	94-1341042			
Use Only Firm's address 60 S. MARKET STREET, SUITE 500								
		SAN JOSE, CA 95113		Phone no. (4	08)279-5566			
May	the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No			

Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: RAFT BELIEVES THAT EVERY CHILD DESERVES A POWERFUL LEARNING
	EXPERIENCE. RAFT'S MISSION IS TO HELP EDUCATORS TRANSFORM A CHILD'S
	LEARNING EXPERIENCE THROUGH HANDS-ON EDUCATION TO INSPIRE THE JOY AND
	DISCOVERY OF LEARNING.
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 organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 586,486 • including grants of \$) (Revenue \$ 256,650 •)
	EDUCATION PROGRAMS: RAFT PROVIDES HANDS-ON TOOLS AND TRAINING TO
	EDUCATORS, HELPING THEM ENGAGE THEIR STUDENTS FOR DEEPER LEARNING IN
	THEIR CLASSROOMS. OUR PROFESSIONAL LEARNING SESSIONS ALLOW TEACHERS TO
	LEARN NEW SKILLS, SHARE BEST PRACTICES AND GROW AS AN EDUCATIONAL
	COMMUNITY. IN 2016, RAFT HOSTED 71 PROFESSIONAL DEVELOPMENT WORKSHOPS
	FOR 1,481 PARTICIPANTS. RAFT ALSO CREATES CURRICULA AND HANDS-ON
	LEARNING ACTIVITIES THAT ALIGN WITH CURRENT EDUCATIONAL STANDARDS AND
	PROVIDE EDUCATORS WITH AFFORDABLE OPTIONS FOR USE IN THEIR CLASSROOMS
	TO INSPIRE A LIFELONG LOVE OF LEARNING AMONG THEIR STUDENTS.
	(Code:) (Expenses \$ 1,633,705. including grants of \$) (Revenue \$ 717,912.)
4b	(Code:) (Expenses \$ 1,633,705. including grants of \$ TWO MEMBER RESOURCE CENTERS, ONE
	IN REDWOOD CITY AND ONE IN SAN JOSE, WHERE MEMBERS ARE ABLE TO SHOP FOR
	AFFORDABLE, PRE-PACKAGED LEARNING ACTIVITIES, UPCYCLED BULK MATERIALS
	AND ADDITIONAL CLASSROOM SUPPLIES. OUR USE OF REPURPOSED AND DONATED
	MATERIALS ALLOWS US TO KEEP OUR PRICES LOW AND EDUCATORS ARE ABLE TO
	STRETCH THEIR BUDGETS TWICE AS FAR. AT OUR VOLUNTEER RESOURCE CENTER &
	WAREHOUSE IN SUNNYVALE, DONATED MATERIALS ARE SORTED AND APPROXIMATELY
	5,800 COMMUNITY VOLUNTEERS PREP AND ASSEMBLE HANDS ON LEARNING
	ACTIVITIES ANNUALLY. OUR WEBSITE AND ONLINE STORE OFFER 24/7 ACCESS TO
	THE EDUCATIONAL RESOURCES. IN 2016, ALMOST 80,000 EDUCATORS FROM 188
	COUNTRIES VISITED OUR FREE ONLINE LIBRARY OF OVER 750 EDUCATIONAL IDEA
	SHEETS.
4c	(Code:) (Expenses \$ 372,581. including grants of \$) (Revenue \$)
	MATERIALS DONATION/UPCYCLING PROGRAM: IN 2016, RAFT DIVERTED 88,500
	CUBIC FEET OF MATERIALS FROM THE LANDFILLS AND MADE THEM AVAILABLE FOR
	MEMBERS IN OUR RESOURCE CENTERS. 231 BAY AREA COMPANIES WORKED WITH
	RAFT TO COLLECT AND UPCYCLE MATERIALS THEY NO LONGER NEED, FROM OFFICE
	SUPPLIES TO LAB EQUIPMENT, SO THAT RAFT CAN REPURPOSE THEM INTO
	HANDS-ON LEARNING MATERIALS AND SO THAT MEMBERS CAN BUY THEM IN BULK TO
	CREATE THEIR OWN LEARNING MATERIALS. SINCE BEING FOUNDED IN 1994, RAFT
	HAS RECEIVED 3,116,221 CUBIC FEET OF DONATED MATERIALS.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	2 502 772
	Form 990 (2016)

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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i> Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			Α,
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			٠,,
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			37
	complete Schedule G, Part III	19		X

Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		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		
	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			37
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
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			v
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	١		v
00	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			Х
	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		Х
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Λ
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			Х
05-	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Λ
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	256		
20	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	00		х
27	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		Х
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Х	
	Note. All Form 990 filers are required to complete Schedule O	38	77	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 47		37	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	_		v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		_X_
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	40		х
L	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		22
D	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
52	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?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50		
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	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 receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		_X_
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
	Section 501(c)(7) organizations. Enter:	ЭD		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	4.6		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
d	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b Form	gan	(2016)
		ı UIII	220	(۲۵۱۵)

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.

0						Λ
Sec	tion A. Governing Body and Management					
		1 1	4 A E		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other				
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, or trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a		···			
	more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
-	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye					
а	The governing body?			8a	Х	
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 real		⊢	-		
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F			<u> </u>		
	tion B. Follows (This occion Brequests information about policies not required by the internal r	evenue oode.)			Yes	No
100	Did the organization have local chapters, branches, or affiliates?		Г	10a	X	NO
	If "Yes," did the organization have written policies and procedures governing the activities of such of		··· ├	IUa		
b	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	х	
110				11a	X	
b	Has the organization provided a complete copy of this Form 990 to all members of its governing body	ay before filling the form	'	ı ıa		
12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	to conflicte?	⊢	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "?		··· ⊦	120		
·				12c	Х	
13			⊢	13	X	
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?			14	X	
			-	14		
15	Did the process for determining compensation of the following persons include a review and approx					
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO Executive Director, or top management official.			15a	Х	
	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization			15b	X	
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		···	100		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a				
IUa				160		Х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the organization the organization to evaluate the organization the		···	16a		-2
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluation to ev					
				16b		
Sec	exempt status with respect to such arrangements?			100		
17	List the states with which a copy of this Form 990 is required to be filed ▶CA					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Section 501(c)(3)s or	ılv) av	ailah	le	
	for public inspection. Indicate how you made these available. Check all that apply.	1 (55511511 551 (6)(5)5 01	iiy, av	unau		
		n in Schedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co		and ·	finan	اوزد	
IJ	statements available to the public during the tax year.	Annot of interest policy,	ailu	iii iai l	Jiai	
20	State the name, address, and telephone number of the person who possesses the organization's bo	noke and records.				
20	DAVE E. MUILENBURG - (408)213-7222					
	1355 RIDDER PARK DRIVE, SAN JOSE, CA 95131					

Form **990** (2016)

76748-T2

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

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

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

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

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

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

Name and Title	Avaraga	(C) Position						(D) Reportable	(E) Reportable	(F) Estimated
	Average hours per week	box	not c , unle	heck ss pe	more rson	than is bot or/trus	h an	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JOHN KERN	1.00	,,		,,					0	0
CHAIRPERSON	1 00	Х		Х				0.	0.	0.
(2) CHRISTINE MARTINO	1.00	٠,,		,,					0	•
VICE CHAIRPERSON	1 00	Х		Х				0.	0.	0.
(3) CLAY YOUNG	1.00			٠.				0	0	0
TREASURER	1 00	Х		Х				0.	0.	0.
(4) ANDREA WHITTAKER	1.00	. ,		\ \ **				_	0	0
SECRETARY	1.00	Х		Х				0.	0.	0.
(5) ANN DANNER	1.00	X						0.	0.	0.
BOARD MEMBER (6) JOE HERNANDEZ	1.00	^						0.	0.	0.
BOARD MEMBER	1.00	X						0.	0.	0.
(7) CECIL MAK	1.00							0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(8) WEBB MCKINNEY	1.00							0.	0.	0.
BOARD MEMBER	1100	x						0.	0.	0.
(9) BRENDA PEFFER	1.00									
BOARD MEMBER		x						0.	0.	0.
(10) PRASAD SABADA	1.00	 							•	0 0
BOARD MEMBER		х						0.	0.	0.
(11) MICHELLE SKLAR	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) SHELLY VIRAMONTEZ	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) PEGG WYNN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) KATHY YATES	1.00									
BOARD MEMBER		Х						0.	0.	0.
(15) GRAINGER MARBURG	50.00									
CEO		L		Х	L		L	144,038.	0.	228.
(16) DAVE E. MUILENBURG	40.00									
DIRECTOR OF FINANCE		L		Х				50,000.	0.	0.
(17) JASON PITTMAN	40.00									
DIRECTOR OF LEARNING						Х		100,962.	0.	6,354. Form 990 (2016)

632007 11-11-16

Form **990** (2016)

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(A) Name and title	(B) Average	(C) Position						(D) Reportable	(E) Reportable		Ec.	(F) timate	d
ivanie and title	hours per week	box	not c	heck ss pe id a d	more rson i	than is bot	h an	compensation from	compensation from related		amount of other		
	(list any hours for related	or director	e e			ated		the organization	organization (W-2/1099-MIS		fro	oensat om the)
	organizations	Individual trustee or	Institutional trustee		loyee	sompens e		(W-2/1099-MISC)			and	anizatio I relate	ed
	below line)	Individu	Institutio	Officer	Key employee	Highest compensated employee	Former				orga	nizatio	ns
		_											
1b Sub-total		<u> </u>		<u> </u>			<u> </u>	295,000.		0.	(5,58	32.
c Total from continuation sheets to Part	VII, Section A							0.		0.		- F(0.
d Total (add lines 1b and 1c) Total number of individuals (including bu								295,000. eceived more than \$100	.000 of reportab	0 . le	'	5,58	54.
compensation from the organization								·			Т	Yes	No
3 Did the organization list any former office													
line 1a? If "Yes," complete Schedule J fo For any individual listed on line 1a, is the	sum of reportab	le co	omp	ensa	ation	n and	d oth	•	the organization		3		X
and related organizations greater than \$											4		X
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," co	•				•		eiai	ed organization or indivi			5		Х
Section B. Independent Contractors 1 Complete this table for your five highest	compensated in	depe	ende	ent c	ontr	racto	ors t	hat received more than	\$100,000 of con	npens	ation f	rom	
the organization. Report compensation f	or the calendar y	ear	endi	ng v	vith	or w	ithir T		year.				
(A) Name and busine	ss address	N	ІИС	3				(B) Description of s	ervices	С	(C comper		ı
													•
2 Total number of independent contractors \$100,000 of compensation from the orga		ot li	mite	d to		se lis	sted	d above) who received m	ore than				
\$130,000 of compensation from the orga						_					Form (200 (0	

Form 990 (2016) RESOURC Part VIII Statement of Revenue

		Check if Schedule O conta	aine a reenonee	or note to any lin	e in this Part VIII			
		Officer if Schedule O conta	airis a response	or flote to arry iiii	(A)	(B)	(C)	(D)
					Total revenue	Related or	Unrelated	Revenue excluded from tax under
						exempt function	business	sections 512 - 514
(0.40						revenue	revenue	512 - 514
nts		Federated campaigns						
Gra	b	Membership dues	1b					
Arr.	С	Fundraising events	1c	271,571.				
aif lar	d	Related organizations	1d					
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contributi	ions) 1e	56,400.				
rsi	f	All other contributions, gifts, grant	ts, and					
the		similar amounts not included abov	/e 1f	886,075.				
	q	Noncash contributions included in lines	1a-1f: \$					
an Co	_	Total. Add lines 1a-1f			1,214,046.			
				Business Code	, ,			
o l	2 a	MEMBERSHIP DUES		611710	169,494.	169,494.		
Program Service Revenue	2 u b			611710	48,642.	48,642.		
					10,012.	10,012.		_
E A	C							
gra Re	d							
Pro	e							
_		All other program service reve			210 126			
\rightarrow		Total. Add lines 2a-2f			218,136.			
	3	Investment income (including			22 210			22 210
		other similar amounts)			33,310.			33,310.
	4	Income from investment of tax						
	5	Royalties						
		_	(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	2,937,127.					
	b	Less: cost or other basis						
		and sales expenses	2,909,041.					
		Gain or (loss)						
	d	Net gain or (loss)		······ •	28,086.			28,086.
e l	8 a	Gross income from fundraising	•					
eu		including \$ 271						
3eV		contributions reported on line	•					
Other Reven		Part IV, line 18						
₩		Less: direct expenses		51,456.				
	С	Net income or (loss) from fund	Iraising events		-31,504.			-31,504.
	9 a	Gross income from gaming ac	tivities. See					
		Part IV, line 19	a					
	b	Less: direct expenses	b					
	С	Net income or (loss) from gam	ing activities	▶				
	10 a	Gross sales of inventory, less	returns					
		and allowances	a					
	b	Less: cost of goods sold	b	295,779.				
	С	Net income or (loss) from sales	s of inventory		717,912.	717,912.		
		Miscellaneous Revenue	e	Business Code				
	11 a	OTHER INCOME		900099	38,514.	38,514.		
	b		_					
	С	•						
		All other revenue						
	е	Total. Add lines 11a-11d			38,514.			
	12	Total revenue. See instructions.			2,218,500.	974,562.	0 .	. 29,892.

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Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons	se or note to any line in	this Part IX		X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·		
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	005 000	155 000	F0 000	F0 000
	trustees, and key employees	295,000.	177,000.	59,000.	59,000
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 100 205	1 100 505		000 500
7	Other salaries and wages	1,409,385.	1,197,685.	7,932.	203,768
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	4 = = - : :	4.=		<u> </u>
9	Other employee benefits	157,744.	127,220.	6,184.	24,340
10	Payroll taxes	146,865.	118,446.	5,758.	22,661
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	26,495.		26,495.	
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	2,413.	1,408.	1,005.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	365,143.	296,066.	40,015.	29,062 30,632
12	Advertising and promotion	36,742.	6,110.		30,632
13	Office expenses	37,904.	30,392.	2,265.	5,247
14	Information technology				
15	Royalties				
16	Occupancy	241,287.	226,461.		14,826
17	Travel	28,968.	27,764.		1,204
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,328.	2,912.	58.	358
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	222,228.	215,672.	1,990.	4,566
23	Insurance	65,257.	59,657.	1,825.	3,775
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	SUPPLIES	66,323.	62,219.	1,964.	2,140
a b	FINANCIAL SERVICE CHARG	43,760.	43,760.	<u> </u>	2,140
-		20,7000	25,700		
q					
d	All other expanses				
	All other expenses	3,148,842.	2,592,772.	154,491.	401,579
25 26	Total functional expenses. Add lines 1 through 24e	3,140,044.	4,334,114.	137, 131.	±01,313
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Form 990 (2016) Part X Balance Sheet

Pa	πχ	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	17,613.	1	10,026.
	2	Savings and temporary cash investments	309,915.	2	258,847.
	3	Pledges and grants receivable, net	151,522.	3	131,970.
	4	Accounts receivable, net	13,306.	4	3,531
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
ž		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use	314,165.	8	240,136
	9	Prepaid expenses and deferred charges	66,647.	9	30,297
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 12,224,938.			
	b	Less: accumulated depreciation 10b 2,442,587.	9,984,415.	10c	9,782,351
	11	Investments - publicly traded securities	10,223.	11	
	12	Investments - other securities. See Part IV, line 11	2,896,486.	12	2,418,573
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	13,764,292.	16	12,875,731
	17	Accounts payable and accrued expenses	175,240.	17	124,194
	18	Grants payable	00 025	18	144 010
	19	Deferred revenue	80,935.	19	144,010
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
<u> ia</u>		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of		0.5	
	00	Schedule D	256,175.	25	268,204.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	250,175.	26	200,204
"					
čě	27	complete lines 27 through 29, and lines 33 and 34.	12,872,439.	27	12,196,356.
Fund Balances	27 28	Unrestricted net assets Temporarily restricted net assets	538,300.	28	313,793
I Ba	29		97,378.	29	97,378
Ĭ	29	Organizations that do not follow SFAS 117 (ASC 958), check here	3173101	29	377370
		and complete lines 30 through 34.			
ts c	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or		Retained earnings, endowment, accumulated income, or other funds		32	
Š	32	Total net assets or fund balances	13,508,117.	33	12,607,527
	34	Total liabilities and net assets/fund balances	13,764,292.	34	12,875,731.
	34	TOTAL HADHILLES AND HEL ASSETS/TUND DAIANICES	10,101,02.	J 4	Form 990 (2016

	1990 (2016) REBOOKEE MICELLI TOK TEMENTING	,, ,	000007	га	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,21		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,14		
3	Revenue less expenses. Subtract line 2 from line 1	3	-93		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,50		
5	Net unrealized gains (losses) on investments	5	2	9,7	52.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	12,60	7,5	<u> 27.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

RESOURCE AREA FOR TEACHING

Employer identification number 77-0365627

Pa	ırt I	Reason for Public (All organizations must co	omplete th	is part.) Se	ee instructions.	7 0303027
							oo mondonono.	
	organ	nization is not a private found	•		•	•	1V A V:\	
1	H	A church, convention of ch	·				I)(A)(I).	
2	Н	A school described in sect						
3	Н	A hospital or a cooperative						
4		A medical research organiz	ation operated in co	njunction with a hospital	l described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a g	overnmental unit describ	ped in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local government	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).	
7	X	An organization that norma						public described in
		section 170(b)(1)(A)(vi). (C			3		J	•
8		A community trust describe	•	(1)(Δ)(vi) (Complete Par	+ II)			
9	\Box	An agricultural research org				ad in coni	unction with a land-grant	college
9	ш	-	-			-		
		or university or a non-land-o	grant college of agric	culture (see instructions).	Enter the	name, city	, and state of the colleg	e or
40		university:						
10		An organization that norma	•	•	-		· · · · · · · · · · · · · · · · · · ·	
		activities related to its exen		•	` '		• •	· ·
		income and unrelated busing	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Co	mplete Part III.)					
11	Щ	An organization organized a	and operated exclus	ively to test for public sa	ifety. See s	section 50)9(a)(4).	
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform t	the function	ons of, or to carry out the	purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section :	509(a)(2).	See section 509(a)(3). 0	Check the box in
		lines 12a through 12d that	describes the type o	of supporting organizatio	n and com	nplete lines	s 12e, 12f, and 12g.	
а		Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s), typically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the s	supporting
		organization. You must o	complete Part IV, Se	ections A and B.				
b		Type II. A supporting org	-		tion with it	s support	ed organization(s), by ha	vina
		control or management of						
		organization(s). You mus			u p 0		manage are ear	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
c		☐ Type III functionally inte			in connec	tion with	and functionally integrate	ad with
		its supported organizatio	-				• •	od with,
		7 '' 7		•				zation(s)
C	l L							
		that is not functionally int	-	• •	-		-	iveriess
		requirement (see instruct	•	-				
е		☐ Check this box if the orga					i Type I, Type II, Type III	
		functionally integrated, or	• •	nally integrated support	ing organiz	zation.		
f		er the number of supported o						
0		vide the following information			(iv) Is the orga	nization listed	(-) ((-2) A
	((i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
		<u> </u>						
Tota	al							

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support	7.	•	,			
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and	(-,	(-, : :	(-)	(-, : -	(-,	(-)
	membership fees received. (Do not						
	include any "unusual grants.")	1,388,427.	1,758,187.	1,507,418.	1,560,786.	1,214,046.	7,428,864.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge		90,000.	90,000.	90,000.	90,000.	360,000.
4	Total. Add lines 1 through 3	1,388,427.	1,848,187.	1,597,418.	1,650,786.	1,304,046.	7,788,864.
	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)						932,814.
6	Public support. Subtract line 5 from line 4.						6,856,050.
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	1,388,427.	1,848,187.	1,597,418.	1,650,786.	1,304,046.	7,788,864.
8	Gross income from interest,						_
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	135,664.	332,156.	232,795.	164,109.	61,396.	926,120.
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 VI.)						
11	Total support. Add lines 7 through 10						8,714,984.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 8	,551,086.
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stor						<u></u> ▶□
	ction C. Computation of Publ						
	Public support percentage for 2016 (14	78.67 %
15	Public support percentage from 2015	Schedule A, Part	II, line 14			15	82.29 %
16a	33 1/3% support test - 2016. If the o	•		•		•	
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ X
b	33 1/3% support test - 2015. If the o	•				,	
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes	•					•
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17k			
					Sche	edule A (Form 990	or 990-EZ) 2016

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

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

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

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	_		
	За		
	O.		
	3b		
	3с		
	30		
	4a		
	40		
	4b		
	15		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
19	90 or 99	90-EZ	2016

Par	Part IV Supporting Organizations (continued)			
			Yes	No
11	1 Has the organization accepted a gift or contribution from any of the following persons?			
а	a A person who directly or indirectly controls, either alone or together with persons described in (b)	and (c)		
	below, the governing body of a supported organization?	11a		
b	b A family member of a person described in (a) above?	11b		
С	c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide deal	tail in Part VI.		
Sec	ection B. Type I Supporting Organizations			
			Yes	No
1	1 Did the directors, trustees, or membership of one or more supported organizations have the pow	er to		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times	during the		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, super			
	controlled the organization's activities. If the organization had more than one supported organizati	· ·		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax yea			
2				
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," exp			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that			
	supervised, or controlled the supporting organization.	2		
Sec	ection C. Type II Supporting Organizations			
-	octon or type it capperaing organizations		Yes	No
1	1 Were a majority of the organization's directors or trustees during the tax year also a majority of th	e directors	103	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI he			
	or management of the supporting organization was vested in the same persons that controlled or			
		-		
800	the supported organization(s). ection D. All Type III Supporting Organizations	1		
Sec	ection b. All Type III Supporting Organizations		V	Na
	• Diddle and the control of the cont	and a state of	Yes	No
1				
	organization's tax year, (i) a written notice describing the type and amount of support provided du			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii)			
_	organization's governing documents in effect on the date of notification, to the extent not previou			
2	, , , , , , , , , , , , , , , , , , , ,			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain it			
	the organization maintained a close and continuous working relationship with the supported organ			
3	, , , , , , , , , , , , , , , , , , , ,			
	significant voice in the organization's investment policies and in directing the use of the organizat			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organiz	ation's		
	supported organizations played in this regard.	3		
Sec	ection E. Type III Functionally Integrated Supporting Organizations			
1	1 Check the box next to the method that the organization used to satisfy the Integral Part Test during	g the yea (see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	b The organization is the parent of each of its supported organizations. Complete line 3 belo	W.		
С	c	government entity (see instructions).	
2	2 Activities Test. Answer (a) and (b) below.		Yes	No
а	a Did substantially all of the organization's activities during the tax year directly further the exempt	purposes of		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI is	dentify		
	those supported organizations and explain how these activities directly furthered their exempt	ourposes,		
	how the organization was responsive to those supported organizations, and how the organization	determined		
	that these activities constituted substantially all of its activities.	2a		
b	b Did the activities described in (a) constitute activities that, but for the organization's involvement,	one or more		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in I	Part VI the		
	reasons for the organization's position that its supported organization(s) would have engaged in th			
	activities but for the organization's involvement.	2b		
3				
		rs, or		
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b				
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in			

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ted Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2016

Pai	LV	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D -	Distributions		,	Current Year
1	Amou	nts paid to supported organizations to accomplish exe	mpt purposes		
2	Amou	nts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organi	zations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions			
7	Total	annual distributions. Add lines 1 through 6			
8	Distrib	outions to attentive supported organizations to which the	ne organization is responsive	9	
	(provi	de details in Part VI). See instructions			
9	Distrib	outable amount for 2016 from Section C, line 6			
10	Line 8	amount divided by Line 9 amount			
			(i)	(ii)	(iii)
	_	5	Excess Distributions	Underdistributions	Distributable
Secti	on E -	Distribution Allocations (see instructions)		Pre-2016	Amount for 2016
1	Distrib	outable amount for 2016 from Section C, line 6			
2	Under	distributions, if any, for years prior to 2016 (reason-			
	able c	ause required- explain in Part VI). See instructions			
3	Exces	s distributions carryover, if any, to 2016:			
а					
b					
С	From	2013			
d	From	2014			
е	From	2015			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2016 distributable amount			
i	Carry	over from 2011 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2016 from Section D,			
	line 7:	\$			
а	Applie	d to underdistributions of prior years			
b	Applie	d to 2016 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4			
5	Rema	ining underdistributions for years prior to 2016, if			
	any. S	subtract lines 3g and 4a from line 2. For result greater			
	than z	ero, explain in Part VI. See instructions			
6	Rema	ining underdistributions for 2016. Subtract lines 3h			
	and 4	b from line 1. For result greater than zero, explain in			
	Part V	I. See instructions			
7	Exces	ss distributions carryover to 2017. Add lines 3j			
	and 4	c			
8	Break	down of line 7:			
а					
b	Exces	s from 2013			
С	Exces	s from 2014			
d	Exces	s from 2015			
	Tvoc-	o from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Scriedule A	(Form 990 of 990-EZ) 2016 REDOCTION THEM I ON THE TENT TO THE TENT
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section B, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section B,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

RESOURCE AREA FOR TEACHING

Employer identification number 77-0365627

Pa	t I Organizations Maintaining Donor Advised		s or Acco	unts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line	6.		·
		(a) Donor advised funds	(b) Fur	nds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in wr	iting that the assets held in donor advis	sed funds	
	are the organization's property, subject to the organization's ex	_		Yes No
6	Did the organization inform all grantees, donors, and donor adv			
	for charitable purposes and not for the benefit of the donor or o			
			ŭ	Yes No
Pa	t II Conservation Easements. Complete if the organ			7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (e.g., recreation or edu	ucation) Preservation of a hist	orically impo	rtant land area
	Protection of natural habitat	Preservation of a cert	tified historic	structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifier	d conservation contribution in the form	of a conserv	ation 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				
С	Number of conservation easements on a certified historic struc	cture included in (a)	2c	
d	Number of conservation easements included in (c) acquired aft	ter 8/17/06, and not on a historic struct	ure	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by th	e organizatio	n during the tax
	year ▶			
4	Number of states where property subject to conservation ease	ment is located		
5	Does the organization have a written policy regarding the perio	dic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it h			
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing con	servation ea	sements during the year
				
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conserva	ation easeme	ents during the year
	> \$			
8	Does each conservation easement reported on line 2(d) above	•		
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation	·		
	include, if applicable, the text of the footnote to the organizatio	n's financial statements that describes	the organiza	tion's accounting for
Da	conservation easements. † III Organizations Maintaining Collections of A	Art Historical Transuras or C	thar Simi	lar Assats
Га	Complete if the organization answered "Yes" on Form 9		riner Sillii	iai Assets.
10			mont and ha	lance sheet works of art
ıa	If the organization elected, as permitted under SFAS 116 (ASC historical treasures, or other similar assets held for public exhib			
	the text of the footnote to its financial statements that describe	· ·	ance or public	c service, provide, in Fait Alli,
b	If the organization elected, as permitted under SFAS 116 (ASC		t and halanc	a shoot works of art, historical
b	treasures, or other similar assets held for public exhibition, edu			
	relating to these items:	ication, or research in furtherance of po	iblic service,	provide the following amounts
	-			\$
	(i) Revenue included on Form 990, Part VIII, line 1		_	\$ \$
2	If the organization received or held works of art, historical treas	gures, or other similar assets for financia		*
~	the following amounts required to be reported under SFAS 116	•	ai gairi, provid	
а	Revenue included on Form 990, Part VIII, line 1	-	.	\$
	Assets included in Form 990, Part X			
	, leaded and decided and of the order of the			T

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Schedule D (Form 990) 2016

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

Par	rt III Organizations Maintaining	Collections of Ar	t, Historical Tre	easures, or Oth	er Similar	Assets(continued)
3	Using the organization's acquisition, acce	ssion, and other records	s, check any of the	following that are a	significant use	of its collection items
	(check all that apply):					
а	Public exhibition	d	Loan or exch	nange programs		
b	Scholarly research	е	Other			
С	Preservation for future generations		·			
4	Provide a description of the organization's	collections and explain	how they further th	ne organization's ex	empt purpose	in Part XIII.
5	During the year, did the organization solic					
	to be sold to raise funds rather than to be	maintained as part of th	ne organization's co	llection?		Yes No
Par	rt IV Escrow and Custodial Arra	angements. Comple	te if the organization	n answered "Yes" o	n Form 990, P	art IV, line 9, or
	reported an amount on Form 990,	Part X, line 21.				
1a	Is the organization an agent, trustee, cust	odian or other intermedi	ary for contribution	s or other assets no	t included	
	on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Part X					
						Amount
С	Beginning balance				1c	_
d	Additions during the year				1d	_
е	Distributions during the year				1e	_
f	Ending balance				1f	
2a	Did the organization include an amount or	Form 990, Part X, line	21, for escrow or cu	istodial account liab	oility?	Yes No
	If "Yes," explain the arrangement in Part X					
Par	rt V Endowment Funds. Complet	e if the organization and	swered "Yes" on Fo		i	
		(a) Current year	(b) Prior year		(d) Three years	
1a	Beginning of year balance	170,452.	171,895.	170,928.	158	,958. 146,999.
b	Contributions					
С	Net investment earnings, gains, and losse	s 3,670.	-1,443.	967.	11	,970. 11,959.
d	Grants or scholarships					
е	Other expenditures for facilities					
	and programs					
f	Administrative expenses					
g	End of year balance	174,122.	170,452.	171,895.	170	,928. 158,958.
2	Provide the estimated percentage of the o	current year end balance	e (line 1g, column (a)) held as:		
а	j		_%			
b	Permanent endowment ► 55.93					
С	· · ·					
	The percentages on lines 2a, 2b, and 2c s					
3a	Are there endowment funds not in the pos	ssession of the organiza	tion that are held a	nd administered for	the organization	on
	by:					Yes No
	(i) unrelated organizations					3a(i) X
	(ii) related organizations					
b	If "Yes" on line 3a(ii), are the related organ					3b
4	Describe in Part XIII the intended uses of		wment funds.			
Par	rt VI Land, Buildings, and Equip					
	Complete if the organization answer	ered "Yes" on Form 990	1		(, line 10.	
	Description of property	(a) Cost or ot	` '	' '	Accumulated	(d) Book value
		basis (investm	,	,	epreciation	F 451 040
	Land			1,240.	245 242	5,451,240.
	Buildings				315,940	
	Leasehold improvements				691,070	
	1 1				403,337	
	Other			3,908.	32,240	
Total	al. Add lines 1a through 1e. (Column (d) mus	t equal Form 990, Part	X, column (B), line 1	0c.)		9,782,351.

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 RESOURCE ARI	EA FOR TEACHII	NG 7.	7-0365627 Page 3
Part VII Investments - Other Securities.			, ago o
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) POOLED INVESTMENT FUND	2,418,573.	COST	
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	2,418,573.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(la) Da ak wakina
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

Part X Other Liabilities.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

(9)

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

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

Schedule D (Form 990) 2016

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

Schedule D	(Form 990) 2016	RESOURCE	AREA	FOR	TEACHING	77-0365627	/
Part XI	Reconciliation of	Revenue per	Audited	d Fina	ncial Statemen	ts With Revenue per Return.	
	Complete if the organia	zation answered "	Yes" on Fo	orm 990	, Part IV, line 12a.		

	Complete if the organization answered Tes on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	2,363,002.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	29,752.		
b	Donated services and use of facilities	2 b	114,750.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	144,502.
3	Subtract line 2e from line 1			3	2,218,500.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,218,500.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	3,263,592.	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	114,750.		
b	Prior year adjustments	2b			
	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	114,750.
3	Subtract line 2e from line 1			3	3,148,842.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,148,842.
Da	t VIII Cumplemental Information				

| Part XIII | Supplemental Information.

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

PART V, LINE 4:

THE ENDOWMENT WAS ESTABLISHED TO ASSIST THE ORGANIZATION WITH OPERATIONS AND CAPITAL EXPENDITURES AS NEEDS ARISE.

PART X, LINE 2:

"MORE LIKELY THAN NOT" CRITERION FOR RECOGNIZING THE ORGANIZATION USES THE THE INCOME TAX BENEFIT OF ITS INCOME TAX EXEMPT STATUS, AND ESTABLISHING MEASUREMENT CRITERIA FOR LIABILITIES RESULTING FROM THE LOSS OF THAT STATUS. THE ORGANIZATION BELIEVES THAT ALL INCOME TAX FILING POSITIONS WILL BE SUSTAINED UPON EXAMINATION AND, ACCORDINGLY, HAS NOT RECORDED ANY ACCRUALS FOR INTEREST AND PENALTIES AS OF DECEMBER 31, 2016 FOR UNCERTAIN INCOME TAX POSITIONS.

632054 08-29-16 Schedule D (Form 990) 2016

Schedule D (Form 990) 2016	RESOURCE AREA FOR TEACHING	77-0365627 Page 5
Schedule D (Form 990) 2016 Part XIII Supplemental Info	ormation (continued)	
-		

SCHEDULE G

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Name of the organization

rm990. Inspection
Employer identification number

RESOURC	E AREA FOR TEACHIN	IG			77-0365	627	
Part I Fundraising Activities required to complete this par	 Complete if the organization answer t. 	ered "Y	es" o	n Form 990, Part IV,	line 17. Form 990-EZ	Z filers are not	
1 Indicate whether the organization rais	sed funds through any of the following	na acti	vities.	Check all that apply			
a Mail solicitations				overnment grants			
b Internet and email solicitations			-	nment grants			
c Phone solicitations g Special fundraising events							
d In-person solicitations	g openia	Turiure	aloli ig	CVCIIIS			
2 a Did the organization have a written of	or oral agreement with any individual	l (inclu	dina o	fficers directors true	stees or		
key employees listed in Form 990, P						No	
b If "Yes," list the 10 highest paid indi							
compensated at least \$5,000 by the		Jani io	agree	errierits under writeri	the fullulaiser is to t	<i>)</i> E	
	r						
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	or cor	Did raiser ustody itrol of utions?	(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				
Total	•	•					
7 List all states in which the organization	on in registered or licensed to colicit	oontrik	ution	or has been notified	d it is event from r	L ogiotration	
3 List all states in which the organization or licensing.	or is registered or licensed to solicit	COLLLIN	JULIOIT	s or rias been notine	a it is exempt from it	zgistration	
or neerioning.							
LHA For Paperwork Reduction Act Not	ice, see the Instructions for Form	990 or	990-	EZ. S	Schedule G (Form 9	990 or 990-EZ) 2016	

Schedule G (Form 990 or 990-EZ) 2016 RESOURCE AREA FOR TEACHING 77-0365627 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events GOLF NONE (add col. (a) through TOURNAMENT GALA DINNER col. (c)) (event type) (event type) (total number) 210,700. 80,823. 291,523. Gross receipts 198,548 73,023. 271,571. 2 Less: Contributions 12,152. 7,800. 19,952. Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 21,854. 21,854. 6 Rent/facility costs **7** Food and beverages 8 Entertainment Other direct expenses 29,602. 29,602. 51,456. 10 Direct expense summary. Add lines 4 through 9 in column (d) -31,504 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue col. (a) through col. (c)) bingo/progressive bingo Gross revenue .. 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Yes Yes % Yes 6 Volunteer labor No

	Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states?	Yes	□ No
b	If "No," explain:		
	Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? If "Yes," explain:	Yes	□ No

Schedule G (Form 990 or 990-EZ) 2016

632082 09-12-16

7 Direct expense summary. Add lines 2 through 5 in column (d)

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

Schedule G (Form 990 or 990-EZ) 2016 RESOURCE AREA FOR TEACHING	77-0365627 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity	
to administer charitable gaming?	
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13 a %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books	
14 Enter the marie 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 reverse	enue? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and	d the amount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
Name	
Address ▶	
16 Gaming manager information:	
Name	
Gaming manager compensation ▶ \$	
Garming 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?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations	or spent in the
organization's own exempt activities during the tax year > \$	
Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	I (v); and Part III, lines 9, 9b, 10b, 15b,
FORM 990, SCH G, PART II, (A)EVENT 1: GALA DINNER	
EVERY FALL, RAFT INVITES OVER 200 GUESTS TO CELEBRATE T	HE ROBERT
BROWNLEE SCIENCE TEACHER OF THE YEAR AND SHOWCASE OUR C	OMMUNITY IMPACT.
THE INTERACTIVE EVENING ENGAGES OUR GUESTS IN A DESIGN	CHALLENGE,
HIGHLIGHTS HOW RAFT IS ADDRESSING THE PRESSING NEEDS OF	EDUCATORS AND
ENCOURAGES OUR GUESTS TO JOIN US IN SUPPORTING EDUCATOR	S AND STUDENTS.

Schedule G	(Form 990 or 990-EZ)	RESOURCE	AREA FOR	TEACHING	77-0365627	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation (continue	ed)			
	•••	,	,			
-						
-						
-						

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

2016
Open to Public Inspection

Name of the organization

RESOURCE AREA FOR TEACHING

Employer identification number 77-0365627

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

EXPERIENCE THROUGH HANDS-ON EDUCATION TO INSPIRE THE JOY AND DISCOVERY

OF LEARNING.

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

FORM 990 IS REVEIEWED BY THE CEO AND THEN BY THE AUDIT COMMITTEE. UPON
THEIR APPROVAL THE FORM IS EMAILED TO ALL MEMBERS OF THE BOARD WITH THE
REQUEST FOR REVIEW BY A CERTAIN DEADLINE. ANY QUESTIONS ARISING DURING THIS
REVIEW PROCESS ARE RESOLVED PRIOR TO FILING OF THE FORM. IF NO COMMENTS ARE
RECEIVED BY THE SPECIFIED DEADLINE IT'S ASSUMED THAT NO CHANGES NEED TO BE
MADE AND THE FORM IS FILED. THE APPROVAL OF FORM 990 IS THEN DOCUMENTED IN
THE MINUTES.

FORM 990, PART VI, SECTION B, LINE 12C:

A COPY OF THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO THE BOARD

ANNUALLY AND THE BEGINNING OF THE CALENDAR YEAR. BOARD MEMBERS ARE REQUIRED

TO RETURN THE SIGNED ACKNOWLEDGEMENT TO THE CEO. ANNUAL CONFLICT OF

INTEREST ACKNOWLEDGEMENTS ARE STORED AT THE ORGANIZATION'S OFFICE LOCATION.

FORM 990, PART VI, SECTION B, LINE 15:

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

THE ORGANIZATION SUBSCRIBES TO AN ANNUAL NONPROFIT SALARY GUIDE. THIS GUIDE IS FORWARDED TO EITHER THE PRESIDENT OF THE BOARD OR A BOARD MEMBER THAT HAS THE APPROPRIATE HUMAN RESOURCE EXPERIENCE. THE CEO'S ANNUAL SALARY IS BASED ON THE COMPARABLE MARKET RATES IN THE SAME GEOGRAPHIC AREA. THE CEO'S SALARY IS APPROVED BY THE BOARD AND DOCUMENTED IN THE MINUTES. WRITTEN DOCUMENTATION THAT SUPPORTS THE CEO'S SALARY IS RETAINED. THE ANNUAL SALARY

632211 08-25-16

Schedule O (Form 990 or 990-EZ) (2016)

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization RESOURCE AREA FOR TEACHING	Employer identification number 77-0365627
OF THE DIRECTOR OF OPERATIONS AND FINANCE IS BASED ON THE	COMPARABLE MARKET
RATES IN THE SAME GEOGRAPHIC AREA. IT'S APPROVED BY THE B	OARD WITH THE
ANNUAL BUDGET.	
EODW 000 DADE UT GEGETON G. LINE 10.	
FORM 990, PART VI, SECTION C, LINE 19:	NEG ARE ROCKER ON
THE ORGANIZATION'S FORM 990 AND AUDITED FINANCIAL STATEME	
THE ORGANIZATION'S WEBSITE. GOVERNING DOCUMENTS ARE AVAIL	ABLE UPON REQUEST.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PAYROLL SERVICES:	
PROGRAM SERVICE EXPENSES	7,042.
MANAGEMENT AND GENERAL EXPENSES	454.
FUNDRAISING EXPENSES	909.
TOTAL EXPENSES	8,405.
CONTRACT LABOR:	
PROGRAM SERVICE EXPENSES	281,024.
MANAGEMENT AND GENERAL EXPENSES	39,561.
FUNDRAISING EXPENSES	28,153.
TOTAL EXPENSES	348,738.
CONSULTING:	
PROGRAM SERVICE EXPENSES	8,000.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	8,000.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	365,143.