Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2019, or fiscal year beginning $\,$ JUL $\,$ 1 $\,$, 2019, and ending $\,$ JUN $\,$ 30 $\,$, 20 $\,$ 20

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

▶ Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization	Employer identification number
READ BETTER BE BETTER	47-4003520
Name and title of officer SOPHIE ETCHART CEO	
Part I Type of Return and Return Information (Whole Dollars Only)	
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable than one line in Part I. 1a Form 990 check here Total revenue, if any (Form 990, Part VIII, column (A), line 12)	then leave line 1b, 2b, 3b, 4b, or 5b, e line below. Do not complete more
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	
5a Form 8868 check here ▶ b Balance Due (Form 8868, line 3c)	5b
Part II Declaration and Signature Authorization of Officer	
electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they a further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic reintermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in proceeding the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate and debit) entry to the financial institution account indicated in the tax preparation software for payment of the organizareturn, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial is processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic reorganization's consent to electronic funds withdrawal. Officer's PIN: check one box only	turn. I consent to allow my the IRS and to receive from the IRS essing the return or refund, and (c) electronic funds withdrawal (direct ation's federal taxes owed on this Treasury Financial Agent at estitutions involved in the I resolve issues related to the
X authorize HENRY & HORNE, LLP	to enter my PIN 14965
ER0 firm name as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within the is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also aut	. ,
enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 indicated within this return that a copy of the return is being filed with a state agency(ies) regulating char program, I will enter my PIN on the return's disclosure consent screen.	ities as part of the IRS Fed/State
Officer's signature ► Sophie Etchart Date ► 11/	09/2020 ——————————————————————————————————
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN. 86423514965 Do not enter all zeros	
I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the confirm that I am submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (Mel e-file Providers for Business Returns.	•

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

ERO's signature ► COLETTE KAMPS, CPA

Form **8879-EO** (2019)

923051 10-03-19

Date ightharpoonup 11/03/20

Form **990** (Rev. January 2020) Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

B Chash Septiments State Comparing the	A F	or the	2019 calendar year, or tax year beginning JUL 1, 2019 and	ل ending	<u>UN 30, 2020</u>		
Name and address of principal officer SOPHIE BTCHART SARAB SETTER. ORG High service included Name and address of principal officer SOPHIE BTCHART Final and address of principal officer SOP	B (Check if applicable:	C Name of organization		D Employer identifi	cation number	
Design Dusiness as Number and street (or P.O. box it mail is not delivered to sirred address) Number and street for province, country, and ZiP or foreign postal code G. Generates T., 558, 770.		change	READ BETTER BE BETTER				
Number and street (of P.J. 80 in flants in 0 deliverable in strict abouts) Footnessing Footnes		change	Doing business as		47-40035	20	
City or town, state or province, country, and ZIP or foreign postal code PHOENIX, AZ 85014		return _Final	· · · · · · · · · · · · · · · · · · ·	Room/suite			
PHOENTX AZ 850.14 H(a) is this a group return for subordinates? Yes X No Hore Periods F Name and address of principal officer. SOPHIE ETCHART 127		termin-					
SAME AS C ABOVE Tax-exempt status: X Sol ((s)) Sol ((s)) Mean and address of principal officer: SOPHIE ETCHART However, the principal officer of the principal officer o		Amende					
SAME AS C ABOVE							
Taxexempt status:		tion pending				—	
J Website: ▶ RRADBETTERBERTETER. ORG K Farm of organization: X Corporation Trust Association Other L Year of formittee: 20.15 M State of legal domicile: AZ		_					
Part				or 527			
Part Summary							
Briefly describe the organization's mission or most significant activities: TO HELP CHILDREN IMPROVE LITTERACY SKILLS AND BECOME BETTER LEARNERS. Check this box Litter and the provided of the provided				L Year	of formation: 2015 N	M State of legal domicile: AZ	
LTTERACY SKILLS AND BECOME BETTER LEARNERS.	Pa		-				
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7 a Total unrelated business taxable income from Form 990 T, line 39 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 1h) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 13 Grants and similar amounts paid (Part IX, column (A), line 4) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 11e) 16 Total fundraising ese (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses (Part IX, column (A), line 11e) 19 Total sexpenses (Part IX, column (A), line 11e) 10 Total assets (Part X, line 16) 11 Total labilities (Part X, line 16) 12 Total labilities (Part X, line 16) 13 Total assets (Part X, line 16) 14 Total labilities (Part X, line 16) 15 Signature Block 15 Signature Block 16 Total labilities (Part X, line 26) 17 Total preparer's name 18 Primt's address Subtract line 21 from line 20 18 Signature of officer 19 SOPHIE ETCHART, CEO 19 Tope or print name and title 10 Date 11 Total labilities (Part X, line 26) 11 Total labilities (Part X, line 26) 12 Signature of officer 14 Signature Block 15 Signature of officer 15 Sophie ETCHART, CEO 15 Type or print name and title 15 Firm's address \$\frac{1}{2}\$ AZ 55284 11 Firm's address \$\frac{1}{2}\$ AZ 55284 12 Preparer's signature 15 COLETTE KAMPS, CPA Proparer's signature 15 Print's address \$\frac{1}{2}\$ Pospie or print name and title 15 Print's address \$\frac{1}{2}\$ AZ 55284 11 Firm saddress \$\frac{1}{2}\$ Printer sage shaped \$\frac{1}{2}\$ Print's address \$\frac{1}{2}\$ Print's a	•	1 E	riefly describe the organization's mission or most significant activities: ${ m { extbf{TO}} \ HI}$	ELP CH	ILDREN IMPRO	OVE	
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13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	_	11 0	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				
14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 407,766. 555,223. 16a Professional fundraising escenses (Part IX, column (A), line 1+e) 0 . 0. 0. 17 Other expenses (Part IX, column (A), line 25) 101,053. 18 Total expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 137,821. 188,155. 18 Total expenses (Part IX, column (A), lines 25) 545,587. 743,378. 19 Revenue less expenses. Subtract line 18 from line 12 18,995. 815,392. 20 Total assets (Part X, line 16) 20 Total liabilities (Part X, line 26) 30,563. 59,285. 22 Total liabilities (Part X, line 26) 30,563. 59,285. 23 Net assets or fund balances. Subtract line 21 from line 20 386,939. 1,202,331. Part II Signature Block Signature Block Signature Block Date SOPHIE ETCHART, CEO Type or print name and title Preparer's signature Print/Type preparer's name Preparer's signature Print/Type preparer's n							
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Net assets or fund balances. Subtract line 21 from line 20	ets (20 T	otal assets (Part X, line 16)				
Net assets or fund balances. Subtract line 21 from line 20	ASSI	21 T	, , , , , , , , , , , , , , , , , , , ,				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here SOPHIE ETCHART, CEO Type or print name and title Print/Type preparer's name COLETTE KAMPS, CPA Firm's name HENRY & HORNE, LLP Firm's name Firm's address 2055 E WARNER ROAD, SUITE 101 TEMPE, AZ 85284 Phone no. 480-839-4900	let/	4	, , , , , , , , , , , , , , , , , , , ,				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here SOPHIE ETCHART, CEO Type or print name and title Print/Type preparer's name COLETTE KAMPS, CPA COLETTE KAMPS, CPA Firm's name HENRY & HORNE, LLP Firm's EIN \$86-0133881 Phone no. 480-839-4900					300,333.	1,202,331.	
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here SOPHIE ETCHART, CEO Type or print name and title Print/Type preparer's name Preparer's signature COLETTE KAMPS, CPA 11/03/20 off self-employed P00367616 Preparer Firm's name HENRY & HORNE, LLP Firm's EIN \$6-0133881 Use Only Firm's address 2055 E WARNER ROAD, SUITE 101 TEMPE, AZ 85284 Paid COLETTE KAMPS, CPA 11/03/20 off PTIN Phone no.480-839-4900				and etatome	ante and to the heet of m	/ knowledge and helief it is	
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Type or print name and title Print/Type preparer's name					Date		
Print/Type preparer's name	Her	е					
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Use Only Firm's address 2055 E WARNER ROAD, SUITE 101 TEMPE, AZ 85284 Phone no.480-839-4900	Paid	ı <u>C</u>		CPA 1	1/03/20 self-employ		
TEMPE, AZ 85284 Phone no. 480 – 839 – 4900	Prep	oarer _			Firm's EIN ▶	86-0133881	
TEMPE, AZ 85284 Phone no. 480 – 839 – 4900	Use	Only	Firm's address 2055 E WARNER ROAD, SUITE 101				
	_		TEMPE, AZ 85284		Phone no. 48	<u>0-839-49</u> 00	
	May	the IR	S discuss this return with the preparer shown above? (see instructions)				

Pai	Check if Schedule O contains a response or note to any line in this Part III	K
1	Briefly describe the organization's mission:	<u>-</u>
'	THE ORGANIZATION'S MISSION IS TO HELP CHILDREN IMPROVE LITERACY SKILLS	
	AND BECOME BETTER LEARNERS.	—
	AND DECOME DETTER DEARNERS.	_
		_
	Did the executation undertake any significant program continued during the year which were not listed on the	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X N	
		Ю
_	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X N	
3	· · · · · · · · · · · · · · · · · · ·	Ю
	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	
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$ 502,392 • including grants of \$) (Revenue \$	_
4a	(Code:) (Expenses \$502,392. including grants of \$) (Revenue \$) (Revenue \$) (Revenue \$) (Revenue \$) (Revenue \$) (Revenue \$	_)
		_
	PHOENIX AS A RESPONSE TO ARIZONA'S LITERACY CRISIS. ARIZONA IS RANKED 45TH IN THE NATION FOR CHILDHOOD LITERACY AND 48TH FOR PREK-12TH	
		—
	ARIZONA DO NOT READ AT GRADE LEVEL AND OFTEN ARE UNABLE TO MAKE THE	_
	NECESSARY TRANSITION FROM "LEARNING TO READ" TO "READING TO LEARN" BY	_
	4TH GRADE. STUDENTS WHO DO NOT READ PROFICIENTLY BY THE END OF 3RD	_
	GRADE ARE FOUR TIMES LESS LIKELY TO GRADUATE FROM HIGH SCHOOL. BUT,	_
	WITH PROPER INTERVENTION, THERE IS AN 89% CHANCE THAT STUDENTS WHO CAN	_
	READ AT GRADE LEVEL BY THE END OF 3RD GRADE WILL GRADUATE FROM HIGH	_
	SCHOOL, IRRESPECTIVE OF SOCIO-ECONOMIC STATUS. (CONTINUED ON SCHEDULE O)	_
	SCHOOL, IRRESPECTIVE OF SOCIO-ECONOMIC STATUS: (CONTINUED ON SCHEDULE O)	—
	(0.1	_
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	_ '
		_
		_
		_
		_
		_
		_
		_
		_
4c	(Code:) (Expenses \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 502,392.	

09491105 758360 1014965

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
·	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
′		7		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	- ′-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			_V
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			٠,,
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
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	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
	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		14a		X
		144		
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			
		446		x
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15		4-		_v
40	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			.
	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,			٦,
	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			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	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		<u> </u>
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		X

Form 990 (2019) READ BETTER BE BET Part IV Checklist of Required Schedules (continued)

	i (continuou)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	140
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			_
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			ı
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	1		
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	1		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			l
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			37
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			v
00	"Yes," complete Schedule L, Part IV	28c	Х	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Λ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
04	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		$\overline{}$
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		Х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
04	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	100		_
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
_	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
932004	01-20-20	Form	990	(2019

Form 990 (2019) READ BETTER BE BETTER Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No			
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	72						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b	Х				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)							
	, , , , , , , , , , , , , , , , , , , ,			3a		<u> </u>			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		·	_		37			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	nt)?	4a		<u> </u>			
р	If "Yes," enter the name of the foreign country		+- /FDAD\						
50	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?			5a 5b		<u> </u>			
	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								
-	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 contributi								
	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 ser	rvices p	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					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired						
	to file Form 8282?	 T		7c		_X_			
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	'	_		37			
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		t?	7e		<u> </u>			
t ~	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control of the organization received a contribution of qualified intellectual property, did the organization file for			7f 7g					
g h	 g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 								
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?									
9									
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b					
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:	١							
	Gross income from members or shareholders	11a							
a	Gross income from other sources (Do not net amounts due or paid to other sources against	111							
12a	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b 1041	2	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	j l	ıza					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		1						
	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	13b							
	Enter the amount of reserves on hand	13c							
				14a		_X_			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			4-		v			
	excess parachute payment(s) during the year?			15		<u> </u>			
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incor	me?	16		X			
.0	If "Yes," complete Form 4720, Schedule O.	. 11 1001	ne?	10					
	ii 100, complete i citii 4120, concaule c.			F	990	(0010)			

Form **990** (2019)

READ BETTER BE BETTER 47-4003520 Form 990 (2019) 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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 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 on Schedule O. 6 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a 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 rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Х Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? Х 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website Another's website Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

Form **990** (2019)

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State the name, address, and telephone number of the person who possesses the organization's books and records

statements available to the public during the tax year.

THE ORGANIZATION - 6232297880

E MONTECITO AVE, PHOENIX, AZ

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.

See instructions for the order in which to list the persons above.

(A)	(B)			((C)			ed any current officer, di	(E)	(F)
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	, unle	ss pe	rson i	is both	n an	compensation	compensation	amount of
	week	-	cer ar	nd a d	irecto	or/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee ee			ated		organization	(W-2/1099-MISC)	from the
	related organizations	rustee	l trust		99	npens		(W-2/1099-MISC)		organization and related
	below	Individual trustee or director	Institutional trustee	_	m ploy	st cor	- E			organizations
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former			3
(1) CAROL RHODES	1.00									
BOARD MEMBER		Х						0.	0.	0
(2) RACHEL AJA	1.00									
BOARD MEMBER		Х						0.	0.	0
(3) GARY LINHART	1.00									
BOARD MEMBER		Х						0.	0.	0
(4) DAWN WALLACE	1.00									
BOARD MEMBER		X						0.	0.	0
(5) PATTY TATE	1.00		Ы							
SECRETARY		X		X				0.	0.	0
(6) JENNY VOLPE	1.00									
BOARD CHAIR		X		X				0.	0.	0
(7) SOPHIE ETCHART	40.00									
BOARD MEMBER AND CEO		Х		Х				60,000.	0.	0
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Form 990 (2019)

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Continued.		990 (2019) READ BETT									47-40	0352	0 р	age 8
Name and title Average Pour process Pour pro	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization. Person		. ,	Average hours per week (list any hours for related organizations below	box	not ch , unles cer an	Posi neck r ss per d a di	ition more son i irecto	than of s both or/trust	an tee)	Reportable compensation from the organization	Reportable compensation from related organizations	C) CC	Estimate amount other ompensa from the organizate and relate	of ation e cion ced
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5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0	•											4		х
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization.	5	Did any person listed on line 1a receive or a	ccrue compen	sati	on fr	om a	any	unre	elate	ed organization or individ	dual for services			
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation None Pescription of services Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization.	Sec		plete Schedule	J f	or su	ich r	oers	on .				5		X
the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0		•	mpensated ind	lepe	nder	nt cc	ontra	actor	s th	nat received more than \$	3100.000 of compe	ensation	from	
Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0														
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0			addross	3.77	\ \ T.	3					eonvices	Comi		n
\$100,000 of compensation from the organization 0		Name and business	addiess	M	JNE	<u> </u>				Description of s	lei vices	COM	perisatio	
\$100,000 of compensation from the organization 0														
\$100,000 of compensation from the organization 0														
\$100,000 of compensation from the organization 0														
\$100,000 of compensation from the organization 0														
\$100,000 of compensation from the organization 0														
\$100,000 of compensation from the organization 0									\dashv					
\$100,000 of compensation from the organization 0														
Trooper of compensation from the organization p	2	•	ŭ	ot lir	nited	to t	_		ted	above) who received me	ore than			
Frim JJU (Miles		\$100,000 of compensation from the organiz	zation >)			_	For	m 990	2010)

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09491105 758360 1014965

			Check if Schedule O contains a response	or note to any lir	e in this Part VIII			
			officer in confidence of confidence a response	or riote to arry in	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt		Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
$\overline{}$				154 500				Sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns 1a	154,500.	-			
ž ou			Membership dues 1b		-			
S, C		С	Fundraising events 1c					
ij k		d	Related organizations 1d					
s, C		е	Government grants (contributions) 1e	71,701.				
Sign		f	All other contributions, gifts, grants, and					
he i				332,569.				
		а	Noncash contributions included in lines 1a-1f 1g \$	49,574.	-			
ν σ		-	Total. Add lines 1a-1f		1,558,770.			
0 10		<u>'''</u>	Total. Add lines 12 11	Business Code				
	_	_		Buomess code				
ice	2	а						
er Te		b						
n S		С						
ran Sev		d						
Program Service Revenue		е						
4		f	All other program service revenue					
		g	Total. Add lines 2a-2f)				
	3		Investment income (including dividends, interest	est, and				
			other similar amounts)					
	4		Income from investment of tax-exempt bond p					
	5		Royalties					
	Ŭ		(i) Real	(ii) Personal				
	6	_		(1) 1 01001141				
	0		Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
		b	Less: cost or other basis					
ne			and sales expenses					
Ven		С	Gain or (loss)7c					
Revenue			Net gain or (loss)					
her	8	а	Gross income from fundraising events (not					
₹			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
		h	Less: direct expenses 8b					
			Net income or (loss) from fundraising events					
			Gross income from gaming activities. See					
	9	а						
			Part IV, line 19		-			
			Less: direct expenses 9b	<u>'I</u>				
			Net income or (loss) from gaming activities	<u>P</u>				
	10	а	Gross sales of inventory, less returns					
			and allowances10	a	-			
		b	Less: cost of goods sold10l	o				
		С	Net income or (loss) from sales of inventory .					
				Business Code				
Miscellaneous Revenue	11	а						
ine Due		b						
ella		С						
Sc.			All other revenue					
Σ			Total. Add lines 11a-11d		1			
	12			·····	1,558,770.	0.	0.	0.
	12		Total revenue. See instructions	·····	-,330,110•	_ <u> </u>		

Form 990 (2019) READ BETTER BE BETTER Part IX Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a respons	se or note to any line in (A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	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,		25.222	10000	40.000
	trustees, and key employees	60,000.	36,000.	12,000.	12,000.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	440 400	217 777	C4 F00	CD 100
7	Other salaries and wages	449,483.	317,777.	64,599.	67,107.
8	Pension plan accruals and contributions (include				
^	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	45,740.	29,177.	13,398.	3,165
10	Payroll taxes	43,740•	49,111.	13,330.	3,103
11	Fees for services (nonemployees):				
a	Management				
b		17,060.		17,060.	
c d		17,000.		17,000.	
e					
f	Investment management fees				
g g					
9	column (A) amount, list line 11g expenses on Sch O.)	15,634.	10,515.	275.	4,844.
12	Advertising and promotion	7,065.	3,543.	1,000.	4,844. 2,522.
13	Office expenses	15,872.	10,928.	1,587.	3,357
14	Information technology				
15	Royalties				
16	Occupancy	11,746.	5,172.	5,485.	1,089.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	▼			
20	Interest				
21	Payments to affiliates		4 4 4 4 4		
22	Depreciation, depletion, and amortization	3,299.	1,980.	1,155.	164
23	Insurance	10,394.	7,510.	1,650.	1,234
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	10 025	10 027		
a	STUDENT INCENTIVES CLASSROOM SUPPLIES	10,837. 44,044.	10,837. 43,922.	122.	
b		14,044.	14,971.	122•	
C	CURRICULUM, BOOKS AND G MISCELLANEOUS EXPENSES	14,971.	2,260.	8,724.	3,938.
d		22,311.	7,800.	12,878.	1,633
	All other expenses Add lines 1 through 24e	743,378.	502,392.	139,933.	101,053
25 26	Total functional expenses. Add lines 1 through 24e	143,310•	JU4,JJ4•	109,300.	TOT, 000
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					000

Form 990 (2019)
Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or r	note to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	119,183.	1	355,093.		
	2	Savings and temporary cash investments	139,795.	2	237,855.		
	3	Pledges and grants receivable, net			139,616.	3	655,163.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	ostantial	contributor, or 35%			
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqu	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describ	ed in se	ction 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ğ	9	Prepaid expenses and deferred charges			11,160.	9	9,056.
	10a	Land, buildings, and equipment: cost or other				R 1	
		basis. Complete Part VI of Schedule D	10a	12,585. 8,136.			
	b	Less: accumulated depreciation	10b	8,136.	7,748.	10c	4,449.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, lir		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			445 500	15	1 061 616
	16	Total assets. Add lines 1 through 15 (must e			417,502.		1,261,616.
	17	Accounts payable and accrued expenses			30,563.	17	38,286.
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
es	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sul					
ia E		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unr				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin			0.	O.E.	20,999.
	26	of Schedule D Total liabilities. Add lines 17 through 25			30,563.	25 26	59,285.
	20	Organizations that follow FASB ASC 958, or	hack ha	- X	30,303.	20	33,203
S		and complete lines 27, 28, 32, and 33.	HECK HE				
ü	27	. , , ,			179,467.	27	524,273.
3ala	28				207,472.	28	678,058.
P E		Organizations that do not follow FASB ASC					0.07000
Ē		and complete lines 29 through 33.	, 000, 011				
ō	29	Capital stock or trust principal, or current fund	ds			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated		Г		31	
Net Assets or Fund Balances	32				386,939.	32	1,202,331.
Z	33	Total liabilities and net assets/fund balances			417,502.	33	1,261,616.
	, 55	. Star mashings and not assets/fully balances		I	,0024		Form 990 (2019)

Form **990** (2019)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	<u> </u>	, 558	3,7	<u>70.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			3,3	
3	Revenue less expenses. Subtract line 2 from line 1	3				92.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		386	5,9	39.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	1,	, 202	2,3	31.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		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	Э.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	consolidated basis, or both:					
	X 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	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 on Sche	edule C).			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	tit			
	Act and OMB Circular A-133?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	Jit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number Name of the organization READ BETTER BE BETTER 47-4003520 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	49,590.	224,897.	432,508.	564,582.	1558770.	2830347.
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				57,840.		71,040.
4	Total. Add lines 1 through 3	49,590.	224,897.	432,508.	622,422.	1571970.	2901387.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly				\sim		
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						709,506.
	Public support. Subtract line 5 from line 4.						2191881.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	49,590.	224,897.	432,508.	622,422.	1571970.	2901387.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
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						2901387.
	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for						
0-	organization, check this box and stop	here					>
	ction C. Computation of Publi						
	Public support percentage for 2019 (li					14	75.55 <u>%</u>
	Public support percentage from 2018					15	<u>%</u>
16a	33 1/3% support test - 2019. If the o						
	stop here. The organization qualifies						
k	33 1/3% support test - 2018. If the o	•		•		•	
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the "fac			-	•	-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test	ū				•	
	more, and if the organization meets th		•		•		,
	organization meets the "facts-and-circ			•			P
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b			
					Sche	edule A (Form 990	or 990-EZ) 2019

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.)

Sec	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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					Ÿ	
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$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				T	I	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6				+		
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
_	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
''	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	u Alba augustis atticati	Elizab and a second at the	d &=db eeu +		F04(a)(0)	
14	First five years. If the Form 990 is for	•			•		·
Sec	check this box and stop here ction C. Computation of Publi						
	Public support percentage for 2019 (I			column (f))		15	%
	Public support percentage from 2018	, , , , , , , , , , , , , , , , , , , ,	,			16	%
	ction D. Computation of Inves					1 1	,,
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2019. If the						
	more than 33 1/3%, check this box ar						. —
b	33 1/3% support tests - 2018. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

١..

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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b	N E71	<u> </u>

Pal	Supporting Organizations (continued)	ı		
	_		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations		· ·	
_	Did the directors to store as acceptantial of one or server as a server at a server to the server to		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		'	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
' a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	ctions)		
2	Activities Test. Answer (a) and (b) below.	01.07.0)	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Par	Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying to	rust o	n Nov. 20, 1970 (explain in Pa	rt VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must comp	olete S	Sections A through E.	
Secti	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		
Secti	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		
c	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		
Secti	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-functionally in	ntegra	ated Type III supporting organi	zation (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

ı aı	Type in Non-Functionally integrated 509(aj(s) Supporting Orga	ilizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	}	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which th	e organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2010			

Schedule A (Form 990 or 990-EZ) 2019

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

SCHEDULE 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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

READ BETTER BE BETTER

Employer identification number 47-4003520

Par	t I Organizations Maintaining Donor Advised	d Funds or Other	Similar Funds	or Accounts. Complete if th	е
	organization answered "Yes" on Form 990, Part IV, line	e 6.			
		(a) Donor adv	ised funds	(b) Funds and other accoun	nts
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 $\boldsymbol{\nu}$	-			
	are the organization's property, subject to the organization's e				No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that	grant funds can be	used only	
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for	any other purpose		
Da	impermissible private benefit?				No_
Par				Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	r			
	Preservation of land for public use (for example, recreat	tion or education) [_	f a historically important land area	
	Protection of natural habitat	l	Preservation of	f a certified historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the complete 2d if the complete 2a through 2d if	ied conservation cont	ribution in the form		
	day of the tax year.			Held at the End of the	e lax Year
a	Total number of conservation easements				
b					
C	Number of conservation easements on a certified historic stru				
d	Number of conservation easements included in (c) acquired a				
_	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or terminated by the	e organization during the tax	
	year	amount in Investor			
4	Number of states where property subject to conservation eas		action bandling of		
5	Does the organization have a written policy regarding the per	to a late O		Yes	No
6	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting,		and onforcing con		
U	Starr and volunteer flours devoted to filoritoring, inspecting,	rianding of violations,	and emorcing con	servation easements during the ye	ai
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	enforcing conserva	tion easements during the year	
•	S	illing of violations, and	critorcing conscive	tion casements during the year	
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirem	ents of section 170	(h)(4)(B)(i)	
Ū	and section 170(h)(4)(B)(ii)?				□ No
9	In Part XIII, describe how the organization reports conservation				
•	balance sheet, and include, if applicable, the text of the footn				
	organization's accounting for conservation easements.				
Par	t III Organizations Maintaining Collections of	Art, Historical T	reasures, or O	ther Similar Assets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 958	8, not to report in its r	evenue statement	and balance sheet works	
	of art, historical treasures, or other similar assets held for pub	olic exhibition, educati	on, or research in f	urtherance of public	
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that o	lescribes these iter	ns.	
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its reve	nue statement and	balance sheet works of	
	art, historical treasures, or other similar assets held for public	exhibition, education	, or research in furt	herance of public service,	
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1			> \$	
				L A	
2	If the organization received or held works of art, historical trea			al gain, provide	
	the following amounts required to be reported under FASB A				
а	Revenue included on Form 990, Part VIII, line 1			> \$	
b	Assets included in Form 990, Part X				

932051 10-02-19

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

Schedule D (Form 990) 2019

Par	t III Organizations Maintaining Co	ollections of Ar	t, Histo	orical Tre	asures, o	r Othe	r Similar	Assets	(continu	ed)
3	Using the organization's acquisition, accession								•	,
	collection items (check all that apply):									
а	Public exhibition	c	i 🔲 L	_oan or exc	hange progra	am				
b	Scholarly research	e	, 🔲	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explair	n how the	ey further th	ne organizatio	n's exe	mpt purpose	e in Part	XIII.	
5	During the year, did the organization solicit or									
	to be sold to raise funds rather than to be ma							\square	Yes	☐ No
Par	t IV Escrow and Custodial Arrang								ine 9, or	
	reported an amount on Form 990, Part			_						
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for c	ontribution	s or other ass	sets not	included			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a									
		·	_						Amount	
С	Beginning balance						1c			
d	Additions during the year									
е	Distributions during the year									
f	Ending balance						1f			
2a	Did the organization include an amount on Fo						lity?		Yes	☐ No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete if	the organization an	swered '	'Yes" on Fo	orm 990, Part	IV, line	10.			
	·	(a) Current year		rior year	(c) Two year		(d) Three ye	ars back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	ent vear end balance	e (line 1a	. column (a)) held as:					
а	Board designated or quasi-endowment	,	%	, (-,	,,					
b	Permanent endowment	%		/						
										
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.								
За	Are there endowment funds not in the posses		ation that	are held ar	nd administer	ed for th	ne organizati	ion		
	by:						Ü		Y	es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as requir	ed on Sc	hedule R?					3b	
4	Describe in Part XIII the intended uses of the									
Par										
	Complete if the organization answered	I "Yes" on Form 990), Part IV.	, line 11a. S	See Form 990	, Part X	line 10.			
	Description of property	(a) Cost or o			or other		Accumulated		(d) Book	/alue
	,	basis (investr			(other)		preciation		(-,	
1a	Land									
	Buildings									
c	Leasehold improvements									
d	Equipment			1	2,585.		8,13	6.	4	,449.
	Other			_	,		.,			
	. Add lines 1a through 1e. (Column (d) must ed		X colum	n (B) line 1	0c.)				4	,449.

Schedule D (Form 990) 2019

Part VII Investments - Other Securities.	n Form 000 Port IV line	11h Coo Form 000 Port V line 12	TOOD Tage
Complete if the organization answered "Yes" o (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-o	of-vear market value
(4) Figure and desired the	(b) Book value	(b) Method of Valuation. Cost of ond o	n your market value
(1) Financial derivatives (2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	(h) Daale value
	escription	Y	(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.	1 <u>5.)</u>	>	
Complete if the organization answered "Yes" o	n 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) DEFERRED CONDITIONAL CONTR	IBUTION		20,999.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	0F \		20,999.
Total. (Column (b) must equal Form 990, Part X, col. (B) line	<u> </u>		40,000

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2019

Pai	art XI Reconciliation of Revenue per Audited Financia	l Statements Wit	h Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Par	t IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statemer	nts		1	1,623,570.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	64,800.		
С	Recoveries of prior year grants	2c			
d	d Other (Describe in Part XIII.)	2d			
е	e Add lines 2a through 2d			2e	64,800.
3	Subtract line 2e from line 1			3	1,558,770.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	, , , , , , , , , , , , , , , , , , , ,	4b			0
	Add lines 4a and 4b			4c	1 550 770
5 Do	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. I	ine 12.)	th Evnonce per B	5	1,558,770.
Ра	Reconciliation of Expenses per Audited Financi		itii Expenses per n	eturi	I.
	Complete if the organization answered "Yes" on Form 990, Par				000 170
1				1	808,178.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا ۽ ا	64 900		
a			64,800.		
b					
C					
d	, , , , , , , , , , , , , , , , , , , ,			0-	64,800.
_	Add lines 2a through 2d			2e	743,378.
3				3	145,510.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	40			
a h					
				4c	0.
5				5	743,378.
	art XIII Supplemental Information.	. III/le 10.)			
Prov	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4: Part IV. lines	1b and 2b: Part V. line 4	: Part)	K. line 2: Part XI.
	s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro			,	, , , , , ,
PAI	RT X, LINE 2:				
THE	E ORGANIZATION RECOGNIZES TAX POSITI	ONS WITH UN	CERTAINTY IN	IN	COME TAXES
IN	THE FINANCIAL STATEMENTS WHEN IT IS	MORE LIKEL	Y THAN NOT,	THE	POSITIONS
	4				
WII	LL NOT BE SUSTAINED UPON EXAMINATION	OF THE TAX	AUTHORITIES	. A	S OF JUNE
~ ^	2000				
30	, 2020, THE ORGANIZATION HAD NO UNCE	RTAIN TAX P	OSITIONS THA	T QU	JALIFY FOR
	THE DESCRIPTION OF PERSONAL TRANSPORT		C = 3 = = 1 = 1 = C		
ET.	THER RECOGNITION OR DISCLOSURE IN TH	E FINANCIAL	STATEMENTS.		

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number READ BETTER BE BETTER 47-4003520

Par	t I Types of Property						
		(a)	(b)	(c)	(d)		
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of det	•	
		applicable		Form 990, Part VIII, line 1g	noncash contribu	tion amoun	ts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or				•		
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts	37	2 562	20 164			
25	Other (BOOKS & PROGR)	X	3,563 112	20,164. 14,221.			
26	Other (SOFTWARE)	X	3,182	13,244.			
27	Other (OTHER MISCELL) Other (FURNITURE)	X	3,104	1,945.			
<u>28</u>	7 1						
29	Number of Forms 8283 received by the organization which the organization completed Form 828	_	-				
	for which the organization completed Form 626	o, rail IV, L	onee Acknowledg	ement		Yes	No
ვია	During the year, did the organization receive by	contributio	n any property rep	orted in Part I lines 1 throug	h 28 that it	163	110
oua	must hold for at least three years from the date						
	exempt purposes for the entire holding period?		·	·		30a	х
h	If "Yes," describe the arrangement in Part II.					30u	
31	Does the organization have a gift acceptance p	olicy that re	quires the review o	of any nonstandard contribut	ions?	31	х
	Does the organization hire or use third parties of						\top
	contributions?		-	· ·		32a	X
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is chec	ked,		
	describe in Part II.						
_				·			_

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

Schedule M (Form 990) 2019

932142 09-27-19 Schedule M (Form 990) 2019

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

2019
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

READ BETTER BE BETTER

Employer identification number 47-4003520

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: CONTINUED FROM PART III: RBBB'S MISSION IS TO HELP CHILDREN IMPROVE LITERACY SKILLS AND BECOME BETTER LEARNERS. RBBB'S AFTERSCHOOL PROGRAM SERVES 3RD GRADE READING LEARNERS (LITTLES) WHO HAVE BEEN IDENTIFIED BY THEIR TEACHERS AS NEEDING TARGETED READING INTERVENTION. THE GRADERS ARE PAIRED FOR A SEMESTER WITH 6TH-8TH GRADE READING LEADERS (BIGS) WHO HAVE BEEN RECOMMENDED TO THE PROGRAM BY SOCIAL WORKERS BECAUSE THEY HAVE, IN SOME WAY, BECOME DISENGAGED FROM SCHOOL. THE BIGS ARE PROVIDED WITH ONGOING TRAINING IN IMPLEMENTING READING STRATEGIES, LEADERSHIP, AND COACHING SKILLS BY RBBB SITE LEADERS. TOGETHER THE SITE BIGS, AND LITTLES WORK TO IMPROVE READING COMPREHENSION AND THE ENJOYMENT OF READING. CONFIDENCE,

SINCE RBBB PILOTED ITS PROGRAM IN THE SPRING 2015 WITH TWO PARTNER

SCHOOLS, IT HAS GROWN FROM SERVING 32 LEADERS AND 32 READERS TO 2045

LEADERS AND 2294 READERS ACROSS 48 PROGRAM SITES AS OF THE END OF THE

FALL 2019 SEMESTER. PRIOR TO THE COVID-19 PANDEMIC, RBBB HAD AN

ADDITIONAL 604 LEADERS AND 683 READERS ENROLLED IN THE PROGRAM.

ACCORDING TO RBBB'S STRATEGIC PLAN AND ASSUMING THE TRADITIONAL PROGRAM

WILL RESUME BY THE SPRING OF 2021, THE PROGRAM WILL EXPAND BY ONE

SCHOOL DISTRICT EACH SEMESTER, WITH A GOAL OF REACHING 6,800 STUDENTS

BY 2021.

HIGHLIGHTS OF PROGRAM IMPACT FOR THE YEAR ENDED JUNE 30, 2020 INCLUDE:

STUDENTS WHO RECEIVED RBBB AND CLASSROOM INSTRUCTION ON AVERAGE

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

Schedule O (Form 990 or 990-EZ) (2019)

Employer identification number Name of the organization 47-4003520 READ BETTER BE BETTER OUTPERFORM NON-PARTICIPATING PEERS BY 19.9%, ACCORDING TO SCHOOL TESTING DATA. 86% OF 3RD GRADERS ON AVERAGE AGREE OR STRONGLY AGREE THAT THEY READ BETTER NOW THAN THEY COULD BEFORE PARTICIPATING IN RBBB, ACCORDING TO THE READING SELF-EFFICACY TEST. IN THE FALL OF 2019 TEACHERS REPORTED THAT STUDENTS MADE A 50% IMPROVEMENT IN THEIR COMPREHENSION SKILLS ON AVERAGE 87% OF LEADERS REPORTED THEY BELIEVE THEY HAVE WHAT IT TAKES TO BE A GOOD LEADER. IN RESPONSE TO THE COVID-19 PANDEMIC, RBBB CREATED AN AT HOME CURRICULUM AND ASSEMBLED FAMILY LITERACY KITS THAT WERE DISTRIBUTED TO 4,212 FAMILIES IN THE COMMUNITIES WE SERVE. FORM 990, PART VI, SECTION B, LINE 11B: THE OPERATIONS MANAGER, CEO, THE FINANCE COMMITTEE, AND THE BOARD WILL REVIEW THE FORM 990 BEFORE IT IS FILED. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REQUIRES BOARD MEMBERS TO SIGN OFF ON A DISCLOSURE FORM ANNUALLY, TO DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST. THE INFORMATION IS REVIEWED BY THE BOARD AND MANAGEMENT AND THE BOARD MEMBER RECUSES HIM/HERSELF FROM VOTING ON ANY RELATED ISSUES. ALSO, THE ORGANIZATION INCLUDES THEIR CONFLICT OF INTEREST POLICY IN THEIR EMPLOYEE HANDBOOK. FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.