IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning JUL 1 , 2020, and ending JUN 30

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form8879EO for the latest information.

▶ Do not send to the IRS. Keep for your records.

Name of exempt organization or person subject to tax	Taxpayer identification number
READ BETTER BE BETTER	47-4003520
Name and title of officer or person subject to tax 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 amoun check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return bein blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.	g filed with this form was
1a Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1ь1,563,168.
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI,	line 5) 4b
5a Form 8868 check here b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4)	6b
7a Form 4720 check here b Total tax (Form 4720, Part III, line 1)	7b
Part II Declaration and Signature Authorization of Officer or Person Subje	ct to Tax
Under penalties of perjury, I declare that X I am an officer of the above organization or I am a (name of organization)	e copy of the electronic return. end the return to the IRS and b) the reason for any delay in
Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account ind software for payment of the federal taxes owed on this return, and the financial institution to debit the era payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business (settlement) date. I also authorize the financial institutions involved in the processing of the electronic paconfidential information necessary to answer inquiries and resolve issues related to the payment. I have identification number (PIN) as my signature for the electronic return and, if applicable, the consent to ele PIN: check one box only	ntry to this account. To revoke days prior to the payment yment of taxes to receive selected a personal ctronic funds withdrawal.
X I authorize HENRY & HORNE, LLP	to enter my PIN 14965
as my signature on the tax year 2020 electronically filed return. If I have indicated within this re a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the PIN on the return's disclosure consent screen.	
As an officer or person subject to tax with respect to the organization, I will enter my PIN as melectronically filed return. If I have indicated within this return that a copy of the return is being regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's dispersion of the IRS Fed/State program, I will enter my PIN on the return's dispersion of the IRS Fed/State program.	filed with a state agency(ies) sclosure consent screen.
Signature of officer or person subject to tax Part III Certification and Authentication	Date > 01/11/2022
. , , , , , , , , , , , , , , , , , , ,	514965 er all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed retained I am submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (NIRS e-file Providers for Business Returns.	
ERO's signature ► COLETTE KAMPS, CPA Date	▶ _01/10/22
ERO Must Retain This Form - See Instruction	18
Do Not Submit This Form to the IRS Unless Requested	

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

EXTENDED TO MAY 16, 2022

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

▶ 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

OMB No. 1545-0047

A F	or the	2020 calendar year, or tax year beginning $JULL, 2020$ and	ور ending	UN 30, 2021	
B c	heck if pplicable:	C Name of organization		D Employer identifi	cation number
	Address	READ BETTER BE BETTER			
	Name change	Doing business as		47-40035	20
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) 715 E MONTECITO AVE	Room/suite	E Telephone numbe 60222978	
	⊐return/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,563,168.
	∏Amende			H(a) Is this a group re	
\vdash	_return]Applica _tion				? Yes X No
	⊥tion pending	SAME AS C ABOVE			
				H(b) Are all subordinates in	
		mpt status: X 501(c)(3)	or 527		list. See instructions
		E READBETTERBEBETTER.ORG		H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year	of formation: 2015	M State of legal domicile; AZ
Pa		Summary			
Φ		Briefly describe the organization's mission or most significant activities: TO HI		ILDREN IMPRO	JVE
Governance		LITERACY SKILLS AND BECOME BETTER LEARNER			
ž	2 (Check this box if the organization discontinued its operations or dispos			
ŏ.	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	10
	4 1	Number of independent voting members of the governing body (Part VI, line 1b)			9
Š	5 7	otal number of individuals employed in calendar year 2020 (Part V, line 2a)		5	63
ij	6 7	otal number of volunteers (estimate if necessary)		6	21
Activities &	7a ⊺	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_ <		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
d)	8 (Contributions and grants (Part VIII, line 1h)		1,558,770.	1,563,168.
Ž	9 F	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10 I	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
č		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	l	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,558,770.	1,563,168.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
w		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		555,223.	679,179.
Se		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses		otal fundraising expenses (Part IX, column (D), line 25)			
ĕ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		188,155.	220,315.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		743,378.	899,494.
	l	Revenue less expenses. Subtract line 18 from line 12		815,392.	663,674.
or es			Be	ginning of Current Year	End of Year
Assets or	20 7	otal assets (Part X, line 16)		1,261,616.	1,920,458.
Ass	21 7	otal liabilities (Part X. line 26)		59,285.	54,453.
Net	ł	Net assets or fund balances. Subtract line 21 from line 20		1,202,331.	1,866,005.
	rt II	Signature Block	Į.	, ,	· · · · · ·
Und	er penal	ties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	/ knowledge and belief, it is
	-	, and complete. Declaration of preparer (other than officer) is based on all information of wh			,
		\			
Sign	,	Signature of officer		Date	
Her		SOPHIE ETCHART, CEO			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	1	Date Check	PTIN
Paid			CPA 0	1/06/22 if self-employ	
Prep		Firm's name HENRY & HORNE, LLP	0		86-0133881
		Firm's address 2055 E WARNER ROAD, SUITE 101		THIII 3 LIN	
230	····,	TEMPE, AZ 85284		Phone no 48	0-839-4900
May	the IP	S discuss this return with the preparer shown above? See instructions		1 Hone no. ±0	X Yes No
iviay	CITO II V	C and cade and rotal in with the proparor of own above: Occ individual in			

13460106 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	<u> </u>		
Ū	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?			٦,
	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		Х
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	<u> </u>		
ızu	Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
b		12b		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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			_V
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			\ . ,
	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		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
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		X
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		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
_	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
		_		_

032003 12-23-20

Form 990 (2020) READ BETTER BE BETT Part IV Checklist of Required Schedules (continued)

	(sontinues)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, 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			1
	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			1
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			1
	any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			1
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			1
	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		<u> X</u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	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			7.7
	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			
_	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	00-		v
L	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25	21	<u> </u>
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	 		
-	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		_	1
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			igspace
			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			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	900	(0000)
032004	‡ 12-23-20	Form	330	(2020)

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

				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 63			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	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)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	, ,			
5a			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction.		_5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		•		X
L	any contributions that were not tax deductible as charitable contributions?		6a		Α_
D	If "Yes," did the organization include with every solicitation an express statement that such contribution were not tax deductible?		6h		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).		6b		
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		х
b	If IIV and it is the comparison to the state of the state		7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required	75		
Ŭ	to file Form 8282?		7с		x
d		7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	•	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	L. 1			
а		11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	446			
10-	amounts due or received from them.)	11b	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1041? 12b	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120			
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
-	Note: See the instructions for additional information the organization must report on Schedule O.		iou		
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			
С	Enter the amount of reserves on hand	13c			
14a	Pid the constitution and the constitution of t	100	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		х
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
			F	aan	(0000)

READ BETTER BE BETTER 47-4003520 Form 990 (2020) 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 10 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. 9 **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 X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 Х 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? Did the organization have members or stockholders? Х 6 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? 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Х 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 Х Did the organization have a written document retention and destruction policy? 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? 16h Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE
18	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)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

THE	ORGANIZATION	1 – 6	232297880)	
715	E MONTECITO	AVE,	PHOENIX,	AZ	85014

Form **990** (2020)

032006 12-23-20

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)			(D)	(E)	(F)
Name and title	Average hours per		not c	Pos heck i ss per	more	than		Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours for related	offi	cer an	nd a di		or/trus	tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization
	organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(V-Z/1033 MICO)		and related organizations
(1) SOPHIE ETCHART	40.00									
BOARD MEMBER AND CEO	1 00	Х	_	Х	_	₩		69,923.	0.	0
(2) JENNY VOLPE	1.00	37		3,7					,	•
BOARD CHAIR (THROUGH 6/5/21) (3) GARY LINHART	1.00	Х		X		H		0.	0.	0
BOARD CHAIR	1.00	Х		x				0.	0.	0
(4) ARTEM TRETIAKOV	1.00			Δ				0.	0.	U ,
TREASURER	1.00	X		X				0.	0.	0
(5) RACHEL AJA	1.00	4	М	-		Ť			•	
BOARD MEMBER		х						0.	0.	0
(6) CHASSITY ANDREWS	1.00								-	-
BOARD MEMBER		X						0.	0.	0 .
(7) JEFF GEYER	1.00		7							
BOARD MEMBER		Х						0.	0.	0
(8) NORIANA HERMES	1.00									
BOARD MEMBER		Х		<u> </u>				0.	0.	0
(9) LAURA ORY	1.00								_	_
BOARD MEMBER	1 00	Х		<u> </u>		_		0.	0.	0
(10) CAROL RHODES	1.00									
BOARD MEMBER	1 00	Х		_		├		0.	0.	0
(11) DAWN WALLACE	1.00	37							_	0
BOARD MEMBER		Х		┢		┢		0.	0.	0
						\vdash				
		•								
		•								
		1								
		L	L	L	L					
			L	L	L		L			

	990 (2020) READ BETT	TER BE B	ET	ΤE	R					47-40	035	20	Page 8
Par	Section A. Onicers, Directors, Trus		loye	ees,			ghes	t C		, ,			
	(A) Name and title	(B) Average hours per week (list any hours for related	box, offic	not ch unles cer an	ss per	ition more son is recto	than o s both r/trust	an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensatio from related organizations (W-2/1099-MIS	l s	Estim amou oth comper from organiz	ated nt of er nsation the
		organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			_	and re	
										57	\dashv		
									-0		\dashv		
-											+		
	Subtotal								69,923.		0.		0.
	Total (add lines the and to)								69,923.		0.		0.
u	Total (add lines 1b and 1c) Total number of individuals (including but no							o re	· · · · · · · · · · · · · · · · · · ·	I 000 of reportable			
	compensation from the organization		1	7									0
												Ye	s No
3	Did the organization list any former officer,												Х
4	line 1a? If "Yes," complete Schedule J for so For any individual listed on line 1a, is the su											3	
	and related organizations greater than \$150										[4	X
5	Did any person listed on line 1a receive or a												
Soc	rendered to the organization? If "Yes," comition B. Independent Contractors	plete Schedule	J fo	or su	ıch r	oers	on .				<u></u>	5	X
1	Complete this table for your five highest con	mnensated ind	ene	nder	nt co	ntra	actor	rs th	nat received more than 9	\$100,000 of comp	ensatio	n from	
	the organization. Report compensation for t	•	•										
	(A)								(B)		_	(C)	
	Name and business	address	NC	NE	<u>:</u>				Description of s	services		mpensa	tion
								\dashv					
2	Total number of independent contractors (in	· ·	ot lin	nited	l to t	_		ted	above) who received me	ore than			
	\$100,000 of compensation from the organiz	zation >					,				F	orm 99	0 (2020)

13460106 758360 1014965

		Check if Schedule O contains a respon-	se or note to any lir	ne in this Part VIII			
		•	,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
S S	1 a	Federated campaigns 1a	116,500.				
ant		Membership dues 1b		-			
ي ق				-			
fts,		Fundraising events 1c 1d 1d		-			
Contributions, Gifts, Grants and Other Similar Amounts			143,499.	-			
ons,		Government grants (contributions) 1e	143,433.	-			
utio	T	All other contributions, gifts, grants, and	1 202 160				
^듩			L,303,169.	-			
ont	_	Noncash contributions included in lines 1a-1f	33,684.	1 562 160			
<u>0 a</u>	h	Total. Add lines 1a-1f		1,563,168.			
			Business Code				
Se	2 a	·	_				
Program Service Revenue	b		_				
Score	С	·	_			, i	
ran Sev	d		_				
Б	е	·	_				
4	f	All other program service revenue				*	
	g	Total. Add lines 2a-2f)				
	3	Investment income (including dividends, int	erest, and				
		other similar amounts)	>				
	4	Income from investment of tax-exempt bond					
	5	Royalties	· ·				
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
	c	Rental income or (loss) 6c					
	q	Net rental income or (loss)					
		Gross amount from sales of (i) Securitie	s (ii) Other				
	ı a	assets other than inventory 7a	(1) (1)				
	h	Less: cost or other basis					
a	b						
Revenue	_			-			
eve		Gain or (loss) 7c					
		Net gain or (loss)	············				
ther	8 а	Gross income from fundraising events (not					
₫		including \$ of					
		contributions reported on line 1c). See					
		,	8a	-			
			8b				
		: Net income or (loss) from fundraising event ר	s				
	9 a	Gross income from gaming activities. See	_				
		· · · · · · · · · · · · · · · · · · ·	9a	-			
	b	Less: direct expenses	9b				
	С	Net income or (loss) from gaming activities	_				
	10 a	Gross sales of inventory, less returns					
		and allowances	10a				
	b	Less: cost of goods sold	10b				
	С	Net income or (loss) from sales of inventory	>				
,			Business Code				
Sino (11 a	L					
ane Duc	b						
Miscellaneous Revenue	С						
lsc B	d	All other revenue					
2	е	Total. Add lines 11a-11d					
	12	Total revenue. See instructions		1,563,168.	0.	0.	0.

Form 990 (2020) READ BETTER BE BETTER Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	122,000.	52,400.	50,400.	19,200
^	trustees, and key employees	122,000.	32,400.	50,400.	19,200
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	475,440.	367,359.	38,054.	70,027
7	Other salaries and wages	4/J,44U•	301,333.	30,034.	10,021
8	Pension plan accruals and contributions (include				
^	section 401(k) and 403(b) employer contributions)	38,370.	24,964.	5,170.	8 236
9	Other employee benefits	43,369.	22,425.	18,050.	8,236 2,894
10	Payroll taxes	±3,303.	22, 423.	10,030.	2,074
11	Fees for services (nonemployees):				
_	Management				
b	<u> </u>	30,230.		30,230.	
	Accounting	30,230.		30,230.	
	Lobbying Professional fundraising services. See Part IV, line 17	-			
e	Investment management fees				
f g					
y	column (A) amount, list line 11g expenses on Sch 0.)	21,817.	13 154.	5 622.	3 041.
12	Advertising and promotion	4,549.	13,154. 2,485.	5,622. 1,301.	3,041. 763. 57.
13	Office expenses	2,813.	624.	2,132.	57.
14	Information technology	17,580.	10,885.	2,183.	4,512
15	Royalties				
16	Occupancy	12,783.	10,680.	953.	1,150
17	Travel	5,765.	4,796.	435.	534
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				
22	Depreciation, depletion, and amortization	3,915.	2,349.	1,370.	196
23	Insurance	11,603.	1,713.	9,504.	386
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.)				
а	STUDENT INCENTIVES	7,900.	7,900.		
b	CURRICULUM, BOOKS AND G	22,830.	22,830.		
С	CLASSROOM SUPPLIES	22,621.	22,441.	180.	
d	PRINTING AND POSTAGE	19,831.	18,045.	980.	806.
е	All other expenses	36,078.	18,754.	10,166.	7,158
25	Total functional expenses. Add lines 1 through 24e	899,494.	603,804.	176,730.	118,960
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)				

Form 990 (2020)

Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or no	ote to an	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			355,093.	1	405,686
	2	Savings and temporary cash investments			237,855.	2	813,635
	3	Pledges and grants receivable, net			655,163.	3	679,529
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial o	ontributor, or 35%			
		controlled entity or family member of any of the	ons		5		
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describe	ed in sec	ion 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
۲	9	5			9,056.	9	15,990
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	17,669.			
	b	Less: accumulated depreciation	. 10b	12,051.	4,449.	10c	5,618
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line	e 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must eq			1,261,616.	16	1,920,458
	17	Accounts payable and accrued expenses			38,286.	17	54,453
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
နှ	22	Loans and other payables to any current or for	mer offic	er, director,			
<u></u>		trustee, key employee, creator or founder, sub	stantial o	ontributor, or 35%			
Liabilities		controlled entity or family member of any of th	ese pers	ons		22	
-	23	Secured mortgages and notes payable to unre	lated thi	d parties		23	
	24	Unsecured notes and loans payable to unrelat				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line	es 17-24)	Complete Part X	00 000		
		of Schedule D			20,999.		0.
	26	Total liabilities. Add lines 17 through 25			59,285.	26	54,453
_s		Organizations that follow FASB ASC 958, cr	neck her				
)Ce		and complete lines 27, 28, 32, and 33.			E 2 4 2 7 2		060 615
<u>a</u>	27	Net assets without donor restrictions			524,273.	27	968,615
Ä	28	Net assets with donor restrictions			678,058.	28	897,390
<u> </u>		Organizations that do not follow FASB ASC					
卢		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fund				29	
SSe	30	Paid-in or capital surplus, or land, building, or				30	
۱ <u>۲</u>	31	Retained earnings, endowment, accumulated			1 202 221	31	1 066 005
ž	32	Total net assets or fund balances			1,202,331.	32	1,866,005.
	33	Total liabilities and net assets/fund balances			1,261,616.	33	1,920,458. Form 990 (2020

Pa	rt XI Reconciliation of Net Assets			•	
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1 1	,56		
2	Total expenses (must equal Part IX, column (A), line 25)	2	89	9,49	94.
3	Revenue less expenses. Subtract line 2 from line 1	3		3,6'	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4 1	,20	2,3	31.
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	,86	6,0	05.
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 C).			
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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 ((2020)

032012 12-23-20

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section

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

2020

Open to Public Inspection

Name of the organization

READ BETTER BE BETTER

Employer identification number 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 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	224,897.	432,508.	564,582.	1558770.	1563168.	4343925.
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					45,000.	116,040.
4	Total. Add lines 1 through 3	224,897.	432,508.	622,422.	1571970.	1608168.	4459965.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly				~ ()		
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,					Y .	
	column (f)						139,049.
6	Public support. Subtract line 5 from line 4.						4320916.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	224,897.	432,508.	622,422.	1571970.	1608168.	4459965.
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						4459965.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, 1	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2020 (I	ine 6, column (f), d	ivided by line 11, o	olumn (f))		14	96.88 %
	Public support percentage from 2019					15	75.55 <u>%</u>
16a	33 1/3% support test - 2020. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies	as a publicly supp	orted organization				> X
b	33 1/3% support test - 2019. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		▶□
b	10% -facts-and-circumstances test	- 2019. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, chec	ck this box and st	op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	· >
					Sche	edule A (Form 990	or 990-EZ) 2020

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

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,			,			
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax y	ear as a section 5	01(c)(3) organizatio	on,
_	check this box and stop here						>
	ction C. Computation of Publi					Г	
	Public support percentage for 2020 (I			column (f))		15	<u>%</u>
	Public support percentage from 2019					16	%
	ction D. Computation of Inves					<u> </u>	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	<u>%</u>
19a	a 33 1/3% support tests - 2020. If the						7 is not
	more than 33 1/3%, check this box ar	=	-				
k	o 33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	on did not check a b	box on line 14, 19	a, or 19b, check th	is box and see ins	tructions	▶∟

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 line 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
4		
1		
2		
За		
3b		
0-		
3c		
4a		
4b		
40		
4c		
5a		
5b		
5c		
6		
7		
7		
8		
9a		
Ol-		
9b		
9с		
10a		
10b		

Pa	TIV Supporting Organizations (continued)			
			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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
800	detail in Part VI. tion B. Type I Supporting Organizations	11c		
360	tion B. Type I Supporting Organizations		V	NI -
	Did the governing hady members of the governing hady officers acting in their official conscity or membership of one or		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, 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 line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	L		
а	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>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		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 line 2a, above, 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 lines 3a and 3b 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? If "Yes" or "No" provide details in Part VI.	3a		
b		OI.		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pai	rt V 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	trust or	n Nov. 20, 1970 (explain in Pa	rt VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must c		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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	integra	ated Type III supporting organiz	ation (see
	instructions).	-	- -	

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

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 Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose of	conferring
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form of	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Number of conservation easements on a certified historic stru		I I
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during the tax
_	year		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
•	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing cons	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing concernat	ion cocomonto duvina the veer
7	Amount of expenses incurred in monitoring, inspecting, hand \$\$\$	uling of violations, and emorcing conservat	ion easements during the year
8	Does each conservation easement reported on line 2(d) abov	re entirely the requirements of eastion 170/	5\/4\/D\/i\
0			
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation		
3	balance sheet, and include, if applicable, the text of the footr	•	
	organization's accounting for conservation easements.	lote to the organization's infancial stateme	That describes the
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Ot	her 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 95	i8, not to report in its revenue statement a	nd balance sheet works
	of art, historical treasures, or other similar assets held for put	,	
	service, provide in Part XIII the text of the footnote to its finar	, ,	•
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1	_	> \$
	Assets included in Form 990, Part X		_
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2020

032051 12-01-20

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

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	Loan 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, Par			_						
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									
	, ,	·	Ü						Amount	
С	Beginning balance						1c			
	Additions during the year									
е	Distributions during the year									
f	Ending balance						1f			
	Did the organization include an amount on Fo								Yes	No
	If "Yes," explain the arrangement in Part XIII.									
Par							10.			
		(a) Current year		rior year	(c) Two year		(d) Three ye	ars back	(e) Four v	ears back
1 a	Beginning of year balance	(a) current year	(2) 1	nor year	(b) Two you	o buon	(a) Imoo yo	uro buon	(C) i oui y	ouro buon
b	Contributions									
	Net investment earnings, gains, and losses									
d										
	Other expenditures for facilities									
C					7					
	and programs									
' ~	Administrative expenses									
g	End of year balance [Provide the estimated percentage of the current percentage of the c	ent voor and balance	o (lino 1a	column (o)) hold as:					
2		ent year end balanci		, coluitiit (a)) Helu as.					
a	Board designated or quasi-endowment	0/	_%							
b	Permanent endowment	% %								
С										
0-	The percentages on lines 2a, 2b, and 2c should be the second and the second sec							:		
Sa	Are there endowment funds not in the posses	ssion of the organiza	ation that	. are neid ar	ia administer	ea for ti	ie organizati	ION	[v	/aa Na
	by:									es No
	(i) Unrelated organizations								3a(i)	+-
	(ii) Related organizations								3a(ii)	
	If "Yes" on line 3a(ii), are the related organizate	=							3b	
4 Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipme		wment it	inas.						-
ı aı			D = 4 1) /	line dda O		David V	line 10			
	Complete if the organization answered							. 1		
	Description of property	(a) Cost or o			or other		Accumulated	'	(d) Book	value
		basis (investr	nent)	Slasia	(other)	de	preciation			
	Land									
b	Buildings									
С	Leasehold improvements				7 660		10 05	_		<u> </u>
d	Equipment			1	7,669.		12,05	⊥•		<u>,618.</u>
	Other									61.6
Total	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990. Part	X colum	n (B) line 1	Oc.)				5	,618.

Schedule D (Form 990) 2020

(a) Description		on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
a) Doodription	Of Security Or Category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market va
Financial de	erivatives		
Closely held	d equity interests		
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
al. (Col. (b) m art VIII In	nust equal Form 990, Part X, col. (B) line 12.) ▶ Investments - Program Related.		
	omplete if the organization answered "Yes" o		
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market va
(1)			
(2)			
(3)			
(4)			
<u>(5)</u>			
<u>(6)</u>			
<u>(7)</u>			
(8)			
(9)	aust agual Farra 000 Part V and (P) line 10 \		
מוחו וח:חו וב ו			
art IX	nust equal Form 990, Part X, col. (B) line 13.)	•	
art IX O	ther Assets.	on Form 900 Part IV line	11d See Form 900 Part V line 15
art IX O	ther Assets. omplete if the organization answered "Yes" o		
art IX O	ther Assets. omplete if the organization answered "Yes" o	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15. (b) Book val
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Schedule D (Form 990) 2020

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

Par	t XI	Reconciliation of Revenue per Audited Financial Statement	ts With Revenue per Re	turn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total	revenue, gains, and other support per audited financial statements		1	
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net u	nrealized gains (losses) on investments	2a		
b	Donat	ed services and use of facilities	2b		
С	Recov	veries of prior year grants	2c		
d		(Describe in Part XIII.)	2d		
е	Add li	nes 2a through 2d		2e	
3	Subtra	act line 2e from line 1		3	
4		nts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		
С		nes 4a and 4b		4c	
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		5	
Par	t XII	Reconciliation of Expenses per Audited Financial Statemer	its With Expenses per H	leturn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total	expenses and losses per audited financial statements		1	
2		nts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donat	ed services and use of facilities	2a		
b	Prior y	/ear adjustments	2b		
С		losses	2c		
d		(Describe in Part XIII.)			
е		nes 2a through 2d		2e	
3	Subtr	act line 2e from line 1		3	
4		nts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а		ment expenses not included on Form 990, Part VIII, line 7b	4a		
b		(Describe in Part XIII.)	4b		
С		nes 4a and 4b		4c	
5 Dar	Total	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) Supplemental Information.		5	
				D 177 !!	0 D 11/4
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV		; Part X, line	e 2; Part XI,
ines	2d and	4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition	onal information.		
DΔE	א ש	, LINE 2:			
LAI	11 21	, DINE Z.			
тнъ	. OR	GANIZATION RECOGNIZES TAX POSITIONS WITH	I IINCERTATNTY TN	TNCOM	TE TAXES
	1 010	OMITARION RECOGNIZED IMA TODITIOND WITH	I ONCERTAINTE IN	INCOR	IL IAMED
TN	тне	FINANCIAL STATEMENTS WHEN IT IS MORE LI	KELY THAN NOT	тне РС	STTTONS
			111111 1101 /		, <u>D </u>
WII	L N	OT BE SUSTAINED UPON EXAMINATION OF THE	TAX AUTHORITIES	. AS C	F JUNE
		<u> </u>			
30,	20	21, THE ORGANIZATION HAD NO UNCERTAIN TA	X POSITIONS THA	T QUAI	IFY FOR
•		·		~	
EIT	HER	RECOGNITION OR DISCLOSURE IN THE FINANC	CIAL 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.

READ BETTER BE BETTER

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

Employer identification number 47-4003520

Par	rt I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of det noncash contribut		:s
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	V	6	17 606			
25	Other (SOFTWARE)	X	5	17,606. 8,367.			
26	Other (BOOKS & PROGR) Other (OTHER MISCELL)	X	3	5,151.			
27	· · · · · · · · · · · · · · · · · · ·	X	17	2,560.			
<u>28</u> 29	Other (FURNITURE) Number of Forms 8283 received by the organiz			· · · · · · · · · · · · · · · · · · ·			
29	for which the organization completed Form 828	-	•				
	for which the organization completed Form 620	55, Fait V, L	onee Acknowledg	ement <u>29 </u>		Yes	No
30a	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	INO
oou	must hold for at least three years from the date		• • • • •				
	exempt purposes for the entire holding period?			Willow low to be de		30a	Х
b	If "Yes," describe the arrangement in Part II.					Jour	
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						
	contributions?		•			32a	Х
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) foi	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. LHA

Schedule M (Form 990) 2020

032142 11-23-20 Schedule M (Form 990) 2020

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

READ BETTER BE BETTER	47-4003520
FORM 990, PART VI, SECTION A, LINE 4:	
THE BYLAWS WERE AMENDED TO CHANGE THE MAXIMUM NUMBER OF BOARD MEMBERS FROM	
12 TO 11.	
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 D	ISCLOSURE 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 O	RGANIZATION
INCLUDES THEIR CONFLICT OF INTEREST POLICY IN THEIR EMPLOY	EE HANDBOOK.
FORM 990, PART VI, SECTION C, LINE 19:	
DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.	

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Name of exempt organization or other filer, see instructions. Type or print 47-4003520 READ BETTER BE BETTER File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 715 E MONTECITO AVE return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. 85014 PHOENIX, AZ Enter the Return Code for the return that this application is for (file a separate application for each return) Return **Application Application** Return Code Is For Is For Code Form 990-T (corporation) Form 990 or Form 990-EZ 01 07 Form 1041-A Form 990-BL 02 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 10 Form 990-PF 04 Form 5227 Form 6069 Form 990-T (sec. 401(a) or 408(a) trust) 11 Form 990-T (trust other than above) 06 Form 8870 12 THE ORGANIZATION The books are in the care of ► 715 E MONTECITO AVE - PHOENIX, AZ 85014 Telephone No. ▶ <u>6</u>232297880 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until MAY 16, 2022 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year or ► X tax year beginning JUL 1, 2020 , and ending JUN 30, 2021 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

instructions

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment