Form 8879-TF

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning JUL 1 , 2021, and ending JUN 30 , 20 22

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form8879TE for the latest information. Name of filer EIN or SSN READ BETTER BE BETTER 47-4003520 SOPHIE ALLEN-ETCHART Name and title of officer or person subject to tax CEO Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here _____ ▶ 🗓 b Total revenue, if any (Form 990, Part VIII, column (A), line 12) _____ 1b 1,536,864. 1a 2a Form 990-EZ check here ... > Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 3a b Tax based on investment income (Form 990-PF, Part V, line 5) 4a Form 990-PF check here ... 4b b Balance due (Form 8868, line 3c) 5b Form 8868 check here 5a b Total tax (Form 990-T, Part III, line 4) 6a Form 990-T check here b Total tax (Form 4720, Part III, line 1) 7a Form 4720 check here 8a Form 5227 check here **b FMV of assets at end of tax year** (Form 5227, Item D) Form 5330 check here **b** Tax due (Form 5330, Part II, line 19) 9a 9b b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a Form 8038-CP check here Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with respect to (name , (EIN) and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X lauthorize BAKER TILLY US, LLP 14965 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program. I will enter my PIN on the return's disclosure consent screen. Sophie allen-Etchart Signature of officer or person subject to tax Certification and Authentication Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 86616114965 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature ► COLETTE KAMPS, CPA Date > 04/26/23 **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So Form **8879-TE** (2021) LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

EXTENDED TO MAY 15, 2023

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.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u>A</u> F	or the 2	2021 calendar year, or tax year beginning $$	ending J	UN 30, 2022					
B (a	heck if pplicable:	C Name of organization		D Employer identific	cation number				
X	Address change	READ BETTER BE BETTER							
	Name change Initial	Doing business as		47-40035					
	return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 4730 W CAMPBELL AVE	Room/suite	E Telephone number 62322978					
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 1,536,864.					
	Amende return	PHOENIX, AZ 85031		H(a) Is this a group return					
	Applica- tion	F Name and address of principal officer: SOPHIE ALLEN-ETCHAR	Т	for subordinates	? Yes X No				
	pending	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No				
		npt status: $X = 501(c)(3)$ 501(c) () ◀ (insert no.) 4947(a)(1) or	r 527	If "No," attach a	list. See instructions				
		:▶ READBETTERBEBETTER.ORG		H(c) Group exemptio	n number 🕨				
		rganization: X Corporation Trust Association Other 🕨	L Year	of formation: 2015 n	1 State of legal domicile: AZ				
Pa		Summary							
Φ	1 B	riefly describe the organization's mission or most significant activities: ${ m \underline{TO} \ \ CO}$	NNECT	YOUNG READ!	ERS AND				
Governance	<u> </u>	OUTH LEADERS TO INSPIRE LOVE OF LITERACY	AND I	EARNING.					
rna	2 C	heck this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass					
ove	3 N	umber of voting members of the governing body (Part VI, line 1a)		3	10				
Ğ	4 N	umber of independent voting members of the governing body (Part VI, line 1b)		4	9				
es &		otal number of individuals employed in calendar year 2021 (Part V, line 2a)			74				
<u>vi</u> ţi	6 T	otal number of volunteers (estimate if necessary)		6	15				
Activities &		otal unrelated business revenue from Part VIII, column (C), line 12			0.				
_	b N	et unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.				
				Prior Year	Current Year				
ō		ontributions and grants (Part VIII, line 1h)		1,563,168.	1,536,864.				
Revenue		rogram service revenue (Part VIII, line 2g)		0.	0.				
	1	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.				
ш	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.				
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,563,168.	1,536,864.				
	1	rants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	1	enefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
es		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		679,179.	923,594.				
Expenses		rofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
ă	1	otal fundraising expenses (Part IX, column (D), line 25) 185,84		202 215	224 442				
ш		ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		220,315.	331,448.				
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		899,494.	1,255,042.				
	19 R	evenue less expenses. Subtract line 18 from line 12		663,674.	281,822.				
Net Assets or			Ве	ginning of Current Year	End of Year				
Sset	20 T	otal assets (Part X, line 16)		1,920,458.	2,180,704.				
et A	21 T	otal liabilities (Part X, line 26)		54,453.	32,877.				
	22 N	et assets or fund balances. Subtract line 21 from line 20		1,866,005.	2,147,827.				
			and atatama	unto, and to the heat of mu	knowledge and balief it is				
	-	es of perjury, I declare that I have examined this return, including accompanying schedules and complete. Declaration of preparer (other than officer) is based on all information of which			Knowledge and Deller, it is				
uuc	, correct,	and complete. Decial ation of preparet (other than officer) is based on all information of white	cii pi chai ci	lias any knowledge.					
Sia.	,	Signature of officer		L Date					
Sig:		SOPHIE ALLEN-ETCHART, CEO							
пеі	e	Type or print name and title							
	- '	Print/Type preparer's name Preparer's signature		Date Check	PTIN				
Paid			PA 0	4/26/23 if self-employ	ed ₽00367616				
		Firm's name ► BAKER TILLY US, LLP			39-0859910				
		Firm's address 2055 E WARNER RD, STE 101		THIII 3 LIIV					
	'	TEMPE, AZ 85284		Phone no 48	0.839.4900				
May	the IRS	6 discuss this return with the preparer shown above? See instructions		1. 110110 110. 20	X Yes No				
···a									

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	READ BETTER BE BETTER'S MISSION IS TO CONNECT YOUNG READERS AND YOUTH LEADERS TO INSPIRE A LOVE OF LITERACY AND LEARNING.
_	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
	prior Form 990 or 990-EZ? Lyes X No If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? \textbf{Yes} \textbf{X} No
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 905,974. including grants of \$) (Revenue \$)
	RBBB MOVES BEYOND SINGLE-SCOPE PROGRAMMING AND ENGAGES WITH
	COMMUNITY-WIDE CHANGE PARTNERING WITH ELEMENTARY SCHOOLS, MIDDLE SCHOOLS, HIGH SCHOOLS, AND LOCAL COMMUNITY COLLEGES TO ACTIVATE
	SUSTAINABLE SOLUTIONS THAT PROVIDE IMMEDIATE, EFFECTIVE PROGRAMMING TO
	DIRECTLY ADDRESS ARIZONA'S LITERACY CRISIS WHILE ALSO TARGETING THE
	ROOT CAUSES OF EDUCATIONAL INEQUITIES. IN THE SUMMER OF 2022, RBBB WAS
	IN 14 SCHOOLS SERVING 403 READERS AND LEADERS. IN FALL 2022, RBBB WAS
	IN 67 SCHOOLS SERVING 1275 READERS AND LEADERS.IN THE SPRING OF 2023,
	RBBB WAS IN 66 SCHOOLS SERVING 2,906 READERS AND LEADERS.
4b	(Code:) (Expenses \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 905,974.
	Form 990 (2021)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,			x
•	Schedule D, Part III	8		
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?			, v
	If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			٦,
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
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	X	
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	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			<u></u>
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	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	110		
13		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
10		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			₩
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا مر ا		_v
	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		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 (2021) | READ BETTER BE BETT | Part IV | Checklist of Required Schedules (continued)

	· (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	NO
	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			
	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,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			37
	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 the 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			v
	"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 line 28a or 28b? If	000		х
20	"Yes," complete Schedule L, Part IV	28c 29		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30	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? <i>If</i> "Yes," <i>complete</i>	"		
02	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	UZ		
-	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		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 on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
	1 1 -		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 2	-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	
132004	12-09-21	Form	990	(2021)

	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	<u> </u>	<u> </u>	age •
	Continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		163	INO
	filed for the calendar year ending with or within the year covered by this return 74			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e -file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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 Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	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 organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		$ldsymbol{le}}}}}}}}}$
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			,,
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			37
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		\vdash
н 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		
Ü	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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the			
b	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the 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.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		Щ

Form **990** (2021)

If "Yes," complete Form 6069.

READ BETTER BE BETTER 47-4003520 Form 990 (2021) 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. X 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 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 Х 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 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Х 11a b Describe on 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 on Schedule O how this was done Did the organization have a written whistleblower policy? Х 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 on 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 statements available to the public during the tax year.

Form **990** (2021)

715

85014

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

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

Check this box if neither the organization n		orga I	niza			nper	sat	1		<u> </u>
(A)	(B)		(C) Position			,		(D)	(E)	(F)
Name and title	Average		not c	heck	more than one			Reportable	Reportable	Estimated
	hours per week					is botl or/trus		compensation from	compensation from related	amount of other
	(list any	ctor	tor					the	organizations	compensation
	hours for	r dire				peq		organization	(W-2/1099-MISC/	from the
	related	stee o	rustee			oensa†		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ıal tru	onal t		ploye	l mos as		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) SOPHIE ETCHART	40.00		=	0	포	± =	Œ			
BOARD MEMBER AND CEO		Х		х				77,803.	0.	0.
(2) REBEKA JOHNSON	40.00					7				
coo				Х				27,015.	0.	1,919.
(3) GARY LINHART	1.00							7		
BOARD CHAIR		Х		Х				0.	0.	0.
(4) ARTEM TRETIAKOV	1.00									
TREASURER		X		X			_	0.	0.	0.
(5) RACHEL AJA	1.00									
BOARD MEMBER		X				_		0.	0.	0.
(6) CHASSITY ANDREWS	1.00									
BOARD MEMBER	1	Х				_		0.	0.	0.
(7) JEFF GEYER	1.00	ļ								•
BOARD MEMBER	1 00	Х	_			├		0.	0.	0.
(8) NORIANA HERMES	1.00	.,								0
BOARD MEMBER	1 00	Х				<u> </u>		0.	0.	0.
(9) LAURA ORY	1.00	Х							0	0
BOARD MEMBER (10) DAWN WALLACE	1.00	Δ				┢		0.	0.	0.
BOARD MEMBER	1.00	Х						0.	0.	0.
(11) MITZI WOODMORE	1.00	Λ				\vdash			0.	0.
BOARD MEMBER	1.00	х						0.	0.	0.
(12) CAROL RHODES (RESIGNED 5/9/22)	1.00								•	•
BOARD MEMBER		х						0.	0.	0.
(13) ANGEL AHUMADA (RESIGNED 3/20/22	1.00									
BOARD MEMBER		Х						0.	0.	0.
			L	L						
		1								
						_				
		4								

Form **990** (2021)

	90 (2021) READ BETT									47-40	035	20	Pa	age 8
Part \	Section A. Officers, Directors, Trus	l	oloy	ees,			ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	box	not cl	Posi heck r ss per nd a di	ition more son is	than o	an	(D) Reportable compensation from	(E) Reportable compensation from related		am	(F) timate nount o other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)	- 1	fronga orga and	pensa om the anizati d relate anizatio	e ion ed
					Ц				104 010				1 0	1.0
	ubtotal otal from continuation sheets to Part VII								104,818.		0.	-	1,9	0.
									104,818.		0.		1,9	
	otal number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			1	0
	id the organization list any former officer, ne 1a? If "Yes," complete Schedule J for so											3	Yes	No X
4 F	or any individual listed on line 1a, is the su nd related organizations greater than \$150	m of reportabl ,000? If "Yes,	e co " <i>co</i>	mpe mple	ensa ete S	tion Sche	and adule	oth J f	ner compensation from the compensation from the compensation from the compensation of	ne organization		4		х
	id any person listed on line 1a receive or a endered to the organization? <i>If</i> "Yes." com											5		Х
Sectio	n B. Independent Contractors													
	complete this table for your five highest con ne organization. Report compensation for t										ensau	ion irc)111	
	(A) Name and business	address	NC	ONE	3				(B) Description of s	ervices	Co	(C omper	;) nsatio	n
	otal number of independent contractors (in 100,000 of compensation from the organiz	•	ot lin	nited	d to t	thos		ted	above) who received mo	ore than		F	990 (2	2004)

10590426 144198 1014965.HH

			Check if Schedule O contains a response or r	note to any line	a in this Dart VIII			
			Check if Schedule O contains a response or r	lote to any line	(A) Total revenue	(B) Related or exempt function revenue	(C)	(D) Revenue excluded from tax under sections 512 - 514
Gifts, Grants	1	b c d	Membership dues 1b 1c 1c Related organizations 1d	47,500. 00,095.				
Contributions, Gifts, Grants and Other Similar Amounts		f g	All other contributions, gifts, grants, and	39,269. 16,239.	1,536,864.			
				usiness Code				
ø	2	а						
Program Service Revenue		b						
Ser		С						
am eve		d						
P		_						
Pro		f	All other program service revenue					
			Total. Add lines 2a-2f	•				
	3		Investment income (including dividends, interest,					
	Ŭ		other similar amounts)	ı				
	4		Income from investment of tax-exempt bond proc					
	5		Royalties	(ii) Personal		_		
	_			ii) Fersonai				
	6		Gross rents 6a					
			Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
		d	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					
e			and sales expenses					
Revenue		С	Gain or (loss) 7c					
ě			Net gain or (loss)	•				
Other F	8		Gross income from fundraising events (not including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 188a					
		b	Less: direct expenses 8b					
			Net income or (loss) from fundraising events					
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9a					
		b	Less: direct expenses 9b					
			Net income or (loss) from gaming activities	•				
	10		Gross sales of inventory, less returns					
		_	and allowances 10a					
		h	Less: cost of goods sold 10b					
		С	Net income or (loss) from sales of inventory	usiness Code				
જ				usiness Code				
eor re	11							
lan		b						
scellanec Revenue		С						
Miscellaneous Revenue		d	All other revenue					
		е	Total. Add lines 11a-11d		4 = 0 = 0 = 1	-		
	12		Total revenue. See instructions	<u></u>	1,536,864.	0.	0.	0.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 161,250. 67,950. 68,250. 25,050. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 663,701. 532,699. 11,347. 119,655. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 29,354. 33,187. 1,394. 2,439. Other employee benefits 9 65,456. 36,263. 23,052. 6,141. 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal 27,740. 27,740. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 41,686. 25,701. 9,780. 6,205. column (A), amount, list line 11g expenses on Sch O.) 20,265. 13,694. 2,106. 4,465. Advertising and promotion 12 8,775. 4,152. 3,859. 764. Office expenses 13 69,853. 55,359. 6,169. 8,325. Information technology 14 15 Royalties 13,757. 11,245. 1,242. 1,270. 16 Occupancy 14,572. 12,940. 774. 858. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 4,835. 3,239. 677. 919. Depreciation, depletion, and amortization 22 16,806. 11,900. 2,224. 2,682. 23 Other expenses. Itemize expenses not covered 24 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 O.) 28,154. 28,154. STUDENT INCENTIVES CLASSROOM SUPPLIES 32,593. 32,196. 397. 26,961. 26,961. CURRICULUM, BOOKS AND G 2,993. 2,366. 10,930. 5,571. d MISCELLANEOUS EXPENSES 1,218.14,521. 11.801. 1,502. e All other expenses 1,255,042. 905,974. 163,222. 185,846. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form **990** (2021)

if following SOP 98-2 (ASC 958-720)

Form 990 (2021)
Part X | Balance Sheet

tΧ	Balance Sheet					
	Check if Schedule O contains a response or n	ote to an	y line in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			405,686.	1	446,500.
2					2	1,169,103.
3				679,529.	3	552,002.
4				4		
5						
	trustee, key employee, creator or founder, sub	stantial o	ontributor, or 35%			
	controlled entity or family member of any of the	iese pers	ons		5	
6	Loans and other receivables from other disqui	sons (as defined				
					6	
7						
8	Inventories for sale or use			15 000	8	
9	Prepaid expenses and deferred charges			15,990.	9	5,771.
10a			04 015			
	basis. Complete Part VI of Schedule D	10a	24,215.	F C10		7 220
				5,618.		7,328.
				1 020 450		2 190 704
				5/ /53		2,180,704. 32,877.
				34,433.		32,077
					22	
23					23	
24					24	
25						
	parties, and other liabilities not included on lin	es 17-24	. Complete Part X			
	of Schedule D				25	
26	Total liabilities. Add lines 17 through 25			54,453.	26	32,877.
	Organizations that follow FASB ASC 958, c	heck her	e ▶ X			
	and complete lines 27, 28, 32, and 33.					
27	Net assets without donor restrictions				27	1,324,288.
28				897,390.	28	823,539.
		958, ch	eck here 🕨 💹			
29					29	
30					30	
31				1 066 005		2 147 007
32				1,866,005.	32	2,147,827. 2,180,704.
33	Total liabilities and net assets/fund balances					
_	1 2 3 4 5 5 6 7 8 9 10 a b 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28	Check if Schedule O contains a response or not contains a response or not cash. Investments are placed and temporary cash investments are placed and temporary cash investments are placed and temporary cash investments. Pledges and grants receivable, net accounts receivable, net trustee, key employee, creator or founder, subtaction controlled entity or family member of any of the Loans and other receivables from other disquisition under section 4958(f)(1)), and persons described and to prepaid expenses and deferred charges and loans receivable, net inventories for sale or use prepaid expenses and deferred charges are land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D bess: accumulated depreciation investments - publicity traded securities investments - other securities. See Part IV, line investments - program-related. See Part IV, line intangible assets other assets. See Part IV, line 11 intangible assets. Other assets. Add lines 1 through 15 (must edited as a counts payable and accrued expenses are grants payable and accrued expenses are grants payable and accrued expenses. Secontrolled entity or family member of any of the secontrolled entity or family member of any of the secontrolled entity or family member of any of the secured nortgages and notes payable to unrelated. Secontrolled entity or family member of any of the secured notes and loans payable to unrelated. Secontrolled entity or family member of any of the secured nortgages and notes payable to unrelated. The secured notes and loans payable to unrelated. Secontrolled entity or family member of any of the secured nortgages and notes payable to unrelate income tax, parties, and other liabilities not included on line of Schedule D secured nortgages and notes payable to unrelated. Organizations that follow FASB ASC 958, cand complete lines 27, 28, 32, and 33. Potal liabilities. Add lines 17 through 25 organizations that do not follow FASB ASC and complete lines 29 through 33. Capital stock or trust principal, or curren	Check if Schedule O contains a response or note to any check if Schedule O contains a response or note to any cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former trustee, key employee, creator or founder, substantial or controlled entity or family member of any of these persunder section 4958(f)(1)), and persons described in 4958(f)(1)), and persons described in 4958(f)(1)), and persons described in 4958(f)(1), and	1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from 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 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10 Land, buildings, and equipment: see Part IV, line 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 13 Investments - other securities. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other 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 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here 7 Total liabilities. Add lines 17 through 25 3 Net assets with donor restrictions 3 Net assets with don or restrictions 4 Organizations that do not follow FASB ASC 958, check here 4 and complete lines 27, 28, 32, and 33. 5 Net assets with donor restrictions 6 Organizations that do not follow FASB ASC 958, check here 7 and	Check if Schedule O contains a response or note to any line in this Part X Cash - non-interest bearing 405 , 686 . Savings and temporary cash investments 813 , 635 . Pledges and grants receivable, net 679 , 529 . Accounts receivable, net 679 , 529 . Accounts receivable, net 679 , 529 . Accounts receivable, net 679 , 529 . Can a and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 33% controlled entity or family member of any of these persons	Check if Schedule O contains a response or note to any line in this Part X

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	1,53					
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,25					
3	Revenue less expenses. Subtract line 2 from line 1	3	28 1,86		22.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
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								
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	2,14	7,8	27.			
Part XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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	basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	c 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?							
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule 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?		За		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					
			Form	990	(2021)			

132012 12-09-21

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

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).) 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving 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 your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No 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	tion A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	432,508.	564,582.	1558770.	1563168.	1581864.	5700892.			
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.	13,200.	45,000.	45,000.	161,040.			
4	Total. Add lines 1 through 3	432,508.	622,422.	1571970.	1608168.	1626864.	5861932.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)						95,522.			
6	Public support. Subtract line 5 from line 4.						5766410.			
Sec	tion B. Total Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
7	Amounts from line 4	432,508.	622,422.	1571970.	1608168.	1626864.	5861932.			
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						5861932.			
12	Gross receipts from related activities,	etc. (see instructio	ns)			12				
13	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)				
	organization, check this box and stop	here					>			
Sec	tion C. Computation of Publi	c Support Per	centage							
14	Public support percentage for 2021 (li	ne 6, column (f), di	vided by line 11, c	olumn (f))		14	98.37 %			
15	Public support percentage from 2020	Schedule A, Part I	I, line 14			15	96.88 %			
16a	33 1/3% support test - 2021. If the c	organization did no	t check the box or	line 13, and line 1	4 is 33 1/3% or me	ore, check this box	c and			
	stop here. The organization qualifies	as a publicly suppo	orted organization				> X			
b	33 1/3% support test - 2020. If the c									
	and stop here. The organization quali	fies as a publicly s	upported organiza	tion			▶□			
17a	10% -facts-and-circumstances test									
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization									
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	ganization		▶□			
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or			
	more, and if the organization meets th	e facts-and-circum	stances test, chec	k this box and st	op here. Explain ir	n Part VI how the				
	organization meets the facts-and-circu	ımstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	▶□			
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions				

Schedule A (Form 990) 2021

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	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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.)						
	ction B. Total Support				1	1	_
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	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 on line 10b,						
	whether or not the business is						
10	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
40	assets (Explain in Part VI.)					1	
	Total support. (Add lines 9, 10c, 11, and 12.)			farmala - esti		[[[]	L
14	First 5 years. If the Form 990 is for the	· ·					
Sec	check this box and stop here ction C. Computation of Publi			•••••	• • • • • • • • • • • • • • • • • • • •		
	Public support percentage for 2021 (li			column (f))		15	%
	Public support percentage from 2020	, (),	,			16	/ 6
	ction D. Computation of Inves					<u>, , </u>	70
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the						
-	more than 33 1/3%, check this box ar						. .
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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		
20		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
-		
9b		
9c		
00		
10a		
10b		

Par	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 on lines 11b and		
	11c below, the governing body of a supported organization?		
	A family member of a person described on line 11a above?		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
01	detail in Part VI.		
Sect	ion B. Type I Supporting Organizations	1	T
		Yes	No
	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. Did the organization operate for the benefit of any supported examination other than the supported.		
	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? <i>If</i> "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		
Sect	supervised, or controlled the supporting organization. 2 ion C. Type II Supporting Organizations		
	71 11 5 5	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	100	110
	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).		
Sect	ion 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?		
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).		
	By reason of the relationship described on 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		
Sact	supported organizations played in this regard. 3 ion E. Type III Functionally Integrated Supporting Organizations		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below.		
b	The organization satisfied the Additions rest. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction	ne)	
	Activities Test. Answer lines 2a and 2b below.	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	100	
	the supported organization(s) to which the organization was responsive? <i>If</i> "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.		
	Did the activities described on 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.		
	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.		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		

of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Pai	t 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 t	rust or	n Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must co		•	
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	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 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	ted Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990) 2021

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	ıed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	}	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	ıs	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021	_			
a	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
ее	From 2020				
f	Total of lines 3a through 3e		*		
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2021 distributable amount				
i_	Carryover from 2016 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years	V /			
b	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
88	Breakdown of line 7:				
<u>a</u>	Excess from 2017				
<u>b</u>	Excess from 2018				
<u> </u>	Excess from 2019				
<u>d</u>	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

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

Inspection

Name of the organization

READ BETTER BE BETTER

Employer identification number 47-4003520

Pai	t I Organizations Maintaining Donor Advised	d Funds or Other Simi	lar Funds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.		·
		(a) Donor advised fu	nds (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 v	vriting that the assets held in	donor advised fund	ls
	are the organization's property, subject to the organization's $\boldsymbol{\varepsilon}$	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant f	unds can be used or	nly
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any ot	her purpose conferri	ng
	impermissible private benefit?			
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" or	n Form 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization	`		
	Preservation of land for public use (for example, recreat	· —		rically important land area
	Protection of natural habitat	L Pr	reservation of a certif	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contributior	n in the form of a cor	
	day of the tax year.			Held at the End of the Tax Year
_				2a
b				2b
С.	Number of conservation easements on a certified historic stru			2c
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, or termi	inated by the organiz	zation during the tax
	year			
4	Number of states where property subject to conservation eas		handling of	
5	Does the organization have a written policy regarding the peri			Yes No
6	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, I		oforcing conservation	
U	Starr and volunteer flours devoted to morntoning, inspecting, i	narioning of violations, and el	norching conservation	n easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforc	ing conservation eas	sements during the year
•	S	ing or violations, and ornore	ing conservation cae	ornanta danng tria yadi
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of	section 170(h)(4)(B)(ï)
_	and section 170(h)(4)(B)(ii)?	•		
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footne		· · · · · · · · · · · · · · · · · · ·	
	organization's accounting for conservation easements.	Ŭ		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasu	ires, or Other S	imilar 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 revenue	e statement and bala	nce sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or r	research in furtheran	ce of public
	service, provide in Part XIII the text of the footnote to its finan	icial statements that describe	es these items.	
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its revenue sta	tement and balance	sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or res	earch in furtherance	of public service,
	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 trea			provide
	the following amounts required to be reported under FASB AS	SC 958 relating to these item	ns:	
а	Revenue included on Form 990, Part VIII, line 1			> \$
b	Assets included in Form 990, Part X			▶ \$
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2021

Pai	rt III Organizations Maintaining Co	ollections of Art, Histo	orical Treasures, o	r Other S	imilar Ass	ets (contin	ued)
3	Using the organization's acquisition, accession	n, and other records, check	any of the following that	make signi	ficant use of i	ts	
	collection items (check all that apply):						
а	Public exhibition d Loan or exchange program						
b	Scholarly research	е 🗌	Other				
С	Preservation for future generations						
4	Provide a description of the organization's co	llections and explain how th	ey further the organization	n's exempt	purpose in P	art XIII.	
5	During the year, did the organization solicit or	receive donations of art, his	storical treasures, or othe	er similar ass	sets		
	to be sold to raise funds rather than to be ma					Yes	☐ No
Pai	rt IV Escrow and Custodial Arrang	gements. Complete if the	e organization answered	"Yes" on Fo	rm 990, Part	V, line 9, or	
	reported an amount on Form 990, Par	t X, line 21.					
1a	Is the organization an agent, trustee, custodia	an or other intermediary for o	contributions or other ass	sets not incl	uded		
	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				1d		
е	Distributions during the year				1e		
f	Ending balance				1f		
2 a	Did the organization include an amount on Fo	orm 990, Part X, line 21, for e	escrow or custodial acco	unt liability?		Yes	L No
	If "Yes," explain the arrangement in Part XIII.						
Pai	rt V Endowment Funds. Complete if						
		(a) Current year (b) F	Prior year (c) Two yea	rs back (d)	Three years ba	ck (e) Four	years 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 year end balance (line 1	g, column (a)) held as:				
а	Board designated or quasi-endowment	%					
b	Permanent endowment	%					
С	Term endowment	%					
	The percentages on lines 2a, 2b, and 2c shou	•					
За	Are there endowment funds not in the posses	ssion of the organization tha	t are held and administer	ed for the o	rganization	_	
	by:						Yes No
	(i) Unrelated organizations						
	(ii) Related organizations					3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizate					3b	
4	Describe in Part XIII the intended uses of the		unds.				
Pai	rt VI Land, Buildings, and Equipme		/ line 11 - Can Farms 000	David V. Bas	. 10		
	Complete if the organization answered						
	Description of property	(a) Cost or other	(b) Cost or other	(c) Accu		(d) Book	c value
		basis (investment)	basis (other)	depre	Ciation		
_	Land	•					
b	Buildings						
C	Leasehold improvements	l l	24 215	1	6 007	-	7 220
	Equipment		24,215.	1	6,887.		7,328.
	Other						7,328.
ıota	I. Add lines 1a through 1e. (Column (d) must ed	rual Form 990 Part X colum	on (R) line 10c)				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

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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	d-of-vear market value
N == 1 1 1 1 1 1 1	(b) Book value	(c) Welfied of Valuation. Cost of circ	a or year market value
Financial derivatives Closely held equity interests			
Other			
(A) (D)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art 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	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
• •			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
	n Form 000 Port IV line	11d Coo Form 000 Port V line 15	
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	(h) Daak wak sa
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" o (a) [11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" o (a) [(1) (2)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" o (a) E (1) (2) (3)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" o (a) [(1) (2) (3) (4)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" o (a) [(1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" o (a) [1] (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" o (a) [1] (2) (3) (4) (5) (6)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" o (a) [1] (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" o (a) [1] (2) (3) (4) (5) (6) (7) (8) (9)	Description		(b) Book value
Complete if the organization answered "Yes" o (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line	Description		(b) Book value
Complete if the organization answered "Yes" o (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.	Description 15.)	>	
Complete if the organization answered "Yes" o (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) (al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" o	Description 15.)	>	
Complete if the organization answered "Yes" o (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability	Description 15.)	>	
Complete if the organization answered "Yes" o (a) E (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes	Description 15.)	>	
Complete if the organization answered "Yes" o (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability	Description 15.)	>	
Complete if the organization answered "Yes" o (a) E (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes	Description 15.)	>	
Complete if the organization answered "Yes" o (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes	Description 15.)	>	
Complete if the organization answered "Yes" or (a) [1] [2] [3] [4] [5] [6] [7] [8] [9] [al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability [1] Federal income taxes [2] [3]	Description 15.)	>	
Complete if the organization answered "Yes" or (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3)	Description 15.)	>	
Complete if the organization answered "Yes" o (a) E (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description 15.)	>	
Complete if the organization answered "Yes" o (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description 15.)	>	
Complete if the organization answered "Yes" or (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description 15.)	>	

Schedule D (Form 990) 2021

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		Reconciliation of Revenue per Audited Financial Statement	s Wil	th Rev	enue ner l	Return	
. u.	· /	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			rende per	i i c tui i i.	
1	Total	and all the second and the second an				1	1,581,864.
2		nts included on line 1 but not on Form 990, Part VIII, line 12:					
a		nrealized gains (losses) on investments	2a				
b		ed services and use of facilities	2b		45,000	J.	
С		veries of prior year grants	2c		-		
d		(Describe in Part XIII.)	2d				
е	Add lii	nes 2a through 2d				. 2e	45,000. 1,536,864.
3	Subtra	act line 2e from line 1				. 3	1,536,864.
4	Amou	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	Add lii	nes 4a and 4b				. 4c	0.
5	Total r	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	<u> </u>			5	1,536,864.
Pai	rt XII	Reconciliation of Expenses per Audited Financial Statemen	its W	ith Ex	penses pe	r Returi	n.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total 6	expenses and losses per audited financial statements				1	1,300,042.
2		nts included on line 1 but not on Form 990, Part IX, line 25:			• •		
а		ed services and use of facilities	2a		45,000	<u>) • </u>	
b	Prior y	/ear adjustments	2b			_	
С		losses	2c				
d		(Describe in Part XIII.)	2 d				45 000
		nes 2a through 2d					45,000. 1,255,042.
3		act line 2e from line 1				. 3	1,255,042.
4		nts included on Form 990, Part IX, line 25, but not on line 1:		1			
a		ment expenses not included on Form 990, Part VIII, line 7b	4a			_	
b	Other	(Describe in Part XIII.)	4b				
	۸ طط از،	non 4e and 4h				10	Λ
С		nes 4a and 4b					0. 1 255 042.
c 5	Total e	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				. —	0. 1,255,042.
c 5 Pa i	Total e	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information.				5	1,255,042.
c 5 Pa l Provi	Total ort XIII	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	, lines	1b and	2b; Part V, lin	5	1,255,042.
c 5 Pa l Provi	Total ort XIII	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information.	, lines	1b and	2b; Part V, lin	5	1,255,042.
c 5 Pa l Provi	Total ort XIII	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	, lines	1b and	2b; Part V, lin	5	1,255,042.
5 Pai Provi	Total ent XIII de the 2d and	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	, lines	1b and	2b; Part V, lin	5	1,255,042.
5 Pai Provi	Total ent XIII de the 2d and	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional equations.	, lines	1b and	2b; Part V, lin	5	1,255,042.
c 5 Pai Provi	Total of XIII de the 2d and	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional equations.	, lines onal inf	1b and	2b; Part V, lin	5	1,255,042. X, line 2; Part XI,
c 5 Pai Provi	Total of t XIII de the 2d and	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additionable. LINE 2: GANIZATION RECOGNIZES TAX POSITIONS WITH	, lines onal inf	1b and formation	2b; Part V, linon.	5 ne 4; Part)	1,255,042. X, line 2; Part XI, COME TAXES
c 5 Pai Provi	Total of t XIII de the 2d and	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition, LINE 2:	, lines onal inf	1b and formation	2b; Part V, linon.	5 ne 4; Part)	1,255,042. X, line 2; Part XI, COME TAXES
c 5 Pai Provi	Total of XIIII de the 2d and RT X	Expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additionable. LINE 2: GANIZATION RECOGNIZES TAX POSITIONS WITH FINANCIAL STATEMENTS WHEN IT IS MORE LI	, lines onal inf	1b and formation	2b; Part V, linon. FAINTY HAN NOT	5 ne 4; Part) IN IN(1,255,042. X, line 2; Part XI, COME TAXES POSITIONS
c 5 Pai Provi	Total of XIIII de the 2d and RT X	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additionable. LINE 2: GANIZATION RECOGNIZES TAX POSITIONS WITH	, lines onal inf	1b and formation	2b; Part V, linon. FAINTY HAN NOT	5 ne 4; Part) IN IN(1,255,042. X, line 2; Part XI, COME TAXES POSITIONS
c 5 Pai Provi iines PAF THE	Total et XIIII de the 2d and RT X E ORG	Expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition, LINE 2: GANIZATION RECOGNIZES TAX POSITIONS WITH FINANCIAL STATEMENTS WHEN IT IS MORE LIOT BE SUSTAINED UPON EXAMINATION OF THE	, lines onal inf	1b and formation	2b; Part V, linon. FAINTY HAN NOT	IN INC THE	1,255,042. X, line 2; Part XI, COME TAXES POSITIONS S OF JUNE
c 5 Pai Provi iines PAF THE	Total et XIIII de the 2d and RT X E ORG	Expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additionable. LINE 2: GANIZATION RECOGNIZES TAX POSITIONS WITH FINANCIAL STATEMENTS WHEN IT IS MORE LI	, lines onal inf	1b and formation	2b; Part V, linon. FAINTY HAN NOT	IN INC THE	1,255,042. X, line 2; Part XI, COME TAXES POSITIONS S OF JUNE
c 5 Pai	Total et XIIII de the 2d and RT X E ORG	Expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition, LINE 2: GANIZATION RECOGNIZES TAX POSITIONS WITH FINANCIAL STATEMENTS WHEN IT IS MORE LIOT BE SUSTAINED UPON EXAMINATION OF THE 22, THE ORGANIZATION HAD NO UNCERTAIN TA	, lines on al inf	1b and formation	2b; Part V, linon. FAINTY HAN NOT FHORITI FIONS TI	IN INC THE ES. AS	1,255,042. X, line 2; Part XI, COME TAXES POSITIONS S OF JUNE
c 5 Pai	Total et XIIII de the 2d and RT X E ORG	Expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition, LINE 2: GANIZATION RECOGNIZES TAX POSITIONS WITH FINANCIAL STATEMENTS WHEN IT IS MORE LIOT BE SUSTAINED UPON EXAMINATION OF THE	, lines on al inf	1b and formation	2b; Part V, linon. FAINTY HAN NOT FHORITI FIONS TI	IN INC THE ES. AS	1,255,042. X, line 2; Part XI, COME TAXES POSITIONS S OF JUNE
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c 5 Pai	Total et XIIII de the 2d and RT X E ORG	Expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition, LINE 2: GANIZATION RECOGNIZES TAX POSITIONS WITH FINANCIAL STATEMENTS WHEN IT IS MORE LIOT BE SUSTAINED UPON EXAMINATION OF THE 22, THE ORGANIZATION HAD NO UNCERTAIN TA	, lines on al inf	1b and formation	2b; Part V, linon. FAINTY HAN NOT FHORITI FIONS TI	IN INC THE ES. AS	1,255,042. X, line 2; Part XI, COME TAXES POSITIONS S OF JUNE
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c 5 Pai	Total et XIIII de the 2d and RT X E ORG	Expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition, LINE 2: GANIZATION RECOGNIZES TAX POSITIONS WITH FINANCIAL STATEMENTS WHEN IT IS MORE LIOT BE SUSTAINED UPON EXAMINATION OF THE 22, THE ORGANIZATION HAD NO UNCERTAIN TA	, lines on al inf	1b and formation	2b; Part V, linon. FAINTY HAN NOT FHORITI FIONS TI	IN INC THE ES. AS	1,255,042. X, line 2; Part XI, COME TAXES POSITIONS S OF JUNE
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SCHEDULE O (Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

READ BETTER BE BETTER	47-4003520
FORM 990, PART VI, SECTION B, LINE 11B:	
THE OPERATIONS MANAGER, CEO, THE FINANCE COMMITTEE, AND TH	E 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 MEMB	ER 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 990, PART XII, LINE 2C:	
THERE WAS NO CHANGE FROM THE PRIOR YEAR.	
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