990 **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

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

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

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

Open to Public Inspection

B Check if applicables Address charge Address charge Substituted Address charge Substituted Substitute	A	For the	2023 calend	dar year, or tax year beginning	07/01/2023 and	ending	0	6/30/2024					
Name and street (pr. 100 points) Name and stree	В	Check if a	pplicable:	C Name of organization READING	TO KIDS			DE	D Employer identification number				
Initial return		Address of	hange	Doing business as					ç	95-4758698			
Final return/terminated City or town, state or province, country, and ZIP or foreign postal code City or town, state or province, country, and ZIP or foreign postal code City or town, state or province, country, and ZIP or foreign postal code City or town, state or province, country, and ZIP or foreign postal code City or town, state or province, country, and ZIP or foreign postal code City or town, state or province, country, and ZIP or foreign postal code City or town, state or province, country, and ZIP or foreign postal code City or town, state or province, country, and ZIP or foreign postal code City or town, state or province, country, and ZIP or foreign postal code City or town, state or province, country, and ZIP or foreign postal code City or town, state or province, country, and ZIP or foreign postal code City or town, state or province, country, and ZIP or foreign postal code City or town, state or province, country, and ZIP or foreign postal code City or town, state or province, country, and ZIP or foreign postal code City or town, state or province, country, and ZIP or foreign postal code City or Town, state or town, and zip or town and zip or town, and zip or town		Name cha	ange	Number and street (or P.O. box if	mail is not delivered to street address)	F	Room/suite	ΕT	elephone	e number			
Amended return LOS ANGELES, CA 90025 Goods receipts \$ 219,532		Initial retu	rn	1600 SAWTELLE BLVD SUITE	E 210				3	10-479-7455			
Repetitation pending Remain and address of principal officer. Jason K Ave High lams apougeant for accordinates? Yes No 1600 Seatholder Seath S		Final return	n/terminated	City or town, state or province, co	ountry, and ZIP or foreign postal code								
1.000 Sawtellie Blvd, Sulfe 210, Los Angeles, CA 9025		Amended	return	LOS ANGELES, CA 90025				G G	iross rec	eipts \$	219,532		
Tex-exempt status:		Applicatio	n pending		this a group re	turn for sub	oordinates? Ye	s V No					
Website: www.readinglokids.org				1600 Sawtelle Blvd, Suite 210	, Los Angeles, CA 90025		H(b) Ar	e all subord	subordinates included? Yes No				
Part Summary	ı	Tax-exem	pt status:	✓ 501(c)(3)) (insert no.)	r 🗌 527	If "No,"	' attach a lis	st. See in	structions.			
Borntall Summary	J	Website:	www.read	dingtokids.org			H(c) Gı	roup exemp	tion num	nber			
Briefly describe the organization's mission or most significant activities: Reading to Kids is a grassroots organization dedicated to inspiring underserved children with a love of reading, thereby enriching their lives and opportunities for future success. Reading to Kids organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a). 4 Number of independent voting members of the governing body (Part VI, line 1b). 4 1 77 5 Total number of volunteers (estimate if necessary). 6 Total number of volunteers (estimate if necessary). 7 Total unrelated business revenue from Part VIII, column (C), line 12. 7 Total unrelated business taxable income from Form 990-T, Part I, line 11. 7 Total organization. 8 Contributions and grants (Part VIII, line 1h). 9 Program service revenue (Part VIII, line 2g). 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d). 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines 12). 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits paid to or for members (Part IX, column (A), lines 1-3). 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 16 Total fundraising expenses (Part IX, column (A), line 10). 17 Other expenses (Part IX, column (A), lines 1-3). 18 Total expenses. Add lines 13-17 (must equal Part VIII, column (A), lines 5-10). 19 Revenue less expenses. Subtract line 18 from line 20. 20 Total assets (Part X, line 16). 30.0,965. 30.0,9	K	Form of or	ganization: 🗸	Corporation Trust Associa	tion Other LY	ear of form	ation: 19	99 M S	State of le	egal domicile:	CA		
dedicated to inspiring underserved children with a love of reading, thereby enriching their lives and opportunities for future success. Reading to Kids organizes monthly reading clubs at Los Angeles are a elementary schools. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a). 3 3 7 4 Number of independent voting members of the governing body (Part VI, line 1a). 4 7 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a). 5 2 6 Total number of volinteers (estimate if necessary). 6 880 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 b Net unrelated business staxable income from Form 990-T, Part I, line 111 7b 0 8 Contributions and grants (Part VIII, line 1h). 246,182 205,284 9 Program service revenue (Part VIII, line 1h). 246,182 205,284 10 Investment income (Part VIII, column (A), lines 2), 0 0 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 985 7,006 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,416 2,459 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3) 0 0 0 15 Salaires, other compensation, employee benefits (Part IX, column (A), lines 5-10) 130,061 143,623 16 Professional fundraising fees (Part IX, column (A), lines 1-3) 0 0 0 15 Salaires, other compensation, employee benefits (Part IX, column (A), lines 5-10) 130,061 143,623 17 Other expenses (Part IX, column (A), line 11e) 0 0 0 18 Professional fundraising fees (Part IX, column (A), line 25) 189,947 217,200 19 Revenue less expenses. Subtract line 18 from line 12 51,636 7,369 Part III Signature Block Under preatites of perjiny. Ideator that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is univ	Р	art I	Summa	ry	·			•					
dedicated to inspiring underserved children with a love of reading, thereby enriching their lives and opportunities for future success. Reading to Kids organizes monthly reading clubs at Los Angeles are a elementary schools. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a). 3 3 7 4 Number of independent voting members of the governing body (Part VI, line 1a). 4 7 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a). 5 2 6 Total number of volinteers (estimate if necessary). 6 880 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 b Net unrelated business staxable income from Form 990-T, Part I, line 111 7b 0 8 Contributions and grants (Part VIII, line 1h). 246,182 205,284 9 Program service revenue (Part VIII, line 1h). 246,182 205,284 10 Investment income (Part VIII, column (A), lines 2), 0 0 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 985 7,006 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,416 2,459 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3) 0 0 0 15 Salaires, other compensation, employee benefits (Part IX, column (A), lines 5-10) 130,061 143,623 16 Professional fundraising fees (Part IX, column (A), lines 1-3) 0 0 0 15 Salaires, other compensation, employee benefits (Part IX, column (A), lines 5-10) 130,061 143,623 17 Other expenses (Part IX, column (A), line 11e) 0 0 0 18 Professional fundraising fees (Part IX, column (A), line 25) 189,947 217,200 19 Revenue less expenses. Subtract line 18 from line 12 51,636 7,369 Part III Signature Block Under preatites of perjiny. Ideator that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is univ		1 1	Briefly des	cribe the organization's miss	ion or most significant activities	s: Readir	ng to Kids	is a grass	sroots o	organization			
B Net unrelated business taxable income from Form 990-T, Part I, line 11 To O O O	e	1									re		
B Net unrelated business taxable income from Form 990-T, Part I, line 11 To O O O	au	_											
B Net unrelated business taxable income from Form 990-T, Part I, line 11 To O O O	/err	2	Check this	box [] if the organization di	scontinued its operations or di	sposed o	of more th	an 25% (of its n	et assets.			
B Net unrelated business taxable income from Form 990-T, Part I, line 11 To O O O	9	8 1	Number of	voting members of the gove	rning body (Part VI, line 1a) .			.	3		7		
B Net unrelated business taxable income from Form 990-T, Part I, line 11 To O O O	જ	4 1	Number of	independent voting member	s of the governing body (Part V	/I, line 1b)		4		7		
B Net unrelated business taxable income from Form 990-T, Part I, line 11 To O O O	ties	5	Total numb	oer of individuals employed ir	n calendar year 2023 (Part V, lin	ne 2a)			5		2		
B Net unrelated business taxable income from Form 990-T, Part I, line 11 To O O O	ŧï	6	Total numb	per of volunteers (estimate if i	necessary)				6		850		
Prior Year Current Year 246,182 205,284 205,284 205,284 206,182 205,284 206,182 205,284 206,182 205,284 206,182 205,284 206,182 205,284 206,182 206,183 206,18	Ac	7a ⁻	Total unrela	ated business revenue from I	Part VIII, column (C), line 12			. 7	7a		0		
8 Contributions and grants (Part VIII, line 1h)		l d	Net unrelat	ted business taxable income	from Form 990-T, Part I, line 1	1		. 7	7b		0		
9					Pric	Prior Year		Current Ye	ar				
Total revenue (Part VIII, Column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	Φ	8 (Contributio	ons and grants (Part VIII, line	1h)			246,1	182		205,284		
Total revenue (Part VIII, Column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	evenu	9 1	Program se	ervice revenue (Part VIII, line	2g)				0		0		
Total revenue (Part VIII, Column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		10 I	nvestment	t income (Part VIII, column (A), lines 3, 4, and 7d)			ç	985		7,006		
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	Œ	11 (Other reve	nue (Part VIII, column (A), line		3,4	116		-2,459				
14 Benefits paid to or for members (Part IX, column (A), line 4)		1				250,583				209,831			
Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Signature Block 10 Date 10 Jao,061 143,623 16 Jao,062 17 Jao,00 18 Jao,062 19 Jao,0		13 (Grants and	similar amounts paid (Part I)		(0				
16a Professional fundraising fees (Part IX, column (A), line 11e)		14 E	Benefits pa	aid to or for members (Part IX	(, column (A), line 4)			0			0		
16a Professional fundraising fees (Part IX, column (A), line 11e)	Ø	1						130,0	130,061 143,6				
Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . 198,947 . 217,200 19 Revenue less expenses. Subtract line 18 from line 12	nse	16a	Profession	al fundraising fees (Part IX, c	olumn (A), line 11e)				0		0		
Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . 198,947 . 217,200 19 Revenue less expenses. Subtract line 18 from line 12	ф	b -	Total fundr	raising expenses (Part IX, colu	umn (D), line 25)	27,632							
19 Revenue less expenses. Subtract line 18 from line 12 51,636 -7,369	ш	17 (Other expe	enses (Part IX, column (A), line	es 11a-11d, 11f-24e)			68,8	386		73,577		
Total assets (Part X, line 16) 20 Total assets (Part X, line 16) 3100,965 300,965 4,828 13,494 22 Net assets or fund balances. Subtract line 21 from line 20 296,137 288,768 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Jason Axe, Treasurer Type or print name and title Paid Preparer Use Only Print/Type preparer's name Preparer's signature Preparer's signature Preparer's signature Firm's name Firm's EIN Phone no.		18	Total expe	nses. Add lines 13–17 (must	equal Part IX, column (A), line 2	25) .		198,9	947		217,200		
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date Jason Axe, Treasurer Type or print name and title Paid Print/Type preparer's name Preparer's signature Date Check if self-employed Firm's name Firm's EIN Firm's address Phone no.		19 F	Revenue le	ess expenses. Subtract line 1	8 from line 12			51,6	536		-7,369		
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date Jason Axe, Treasurer Type or print name and title Paid Print/Type preparer's name Preparer's signature Date Check if self-employed Firm's name Firm's EIN Firm's address Phone no.	os						Beginning of	of Current Y	'ear	End of Yea	ar		
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date Jason Axe, Treasurer Type or print name and title Paid Print/Type preparer's name Preparer's signature Date Check if self-employed Firm's name Firm's EIN Firm's address Phone no.	sets	20	Total asset	ts (Part X, line 16)				300,9	965		302,262		
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date Jason Axe, Treasurer Type or print name and title Paid Print/Type preparer's name Preparer's signature Date Check if self-employed Firm's name Firm's EIN Firm's address Phone no.	t As	21	Total liabili	ties (Part X, line 26)				4,8	328		13,494		
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Signature of officer	울	22	Net assets	or fund balances. Subtract li	ne 21 from line 20			296,1	137		288,768		
Sign Signature of officer Date Here Jason Axe, Treasurer Type or print name and title Paid Preparer Use Only Firm's name Firm's address Date Date Check if self-employed Firm's address Phone no.	P	art II	Signatu	re Block									
Here Jason Axe, Treasurer Type or print name and title Paid Preparer Use Only Firm's name Firm's address Preparer's signature Preparer's signature Date Check if self-employed Self-employed Firm's EIN Firm's elln Firm's address Phone no.	tru	e, correct,	and complete	e. Declaration of preparer (other than				nowledge.	t of my k	knowledge and	belief, it is		
Type or print name and title Paid Preparer Use Only Type or print name and title Preparer's signature Preparer's signature Date Check if self-employed Firm's name Firm's elN Preparer's signature Preparer's signature Preparer's signature Print's self-employed Firm's address Phone no.			· ·					Date					
Print/Type preparer's name Preparer Use Only Print/Type preparer's name Preparer's signature Preparer's signature Preparer's signature Print/Type preparer's name Preparer's signature Print/Type preparer's name Print/T	пе	; E		•									
Paid Preparer Use Only Firm's name Firm's address			 		Drop grovio gignatura		Doto.			DTIN			
Preparer Use Only Firm's name Firm's address Firm's address Phone no.	Pa	id Print/Type preparer's name Preparer's signature				CHECK II							
Use Only Firm's name Firm's EIN Firm's address Phone no.	Pr	eparer	Firmaia mamaa										
	Us	e Only	y										
May the IRS discuss this return with the preparer shown above? See instructions	1/10	v the ID			Phone no.		□ Vaa	□ Na					

Part I				
		a response or note to any line in this F		<u> L</u>
1	Briefly describe the organization's mis			
		ration dedicated to inspiring underserved		
	Saturday of every month at Los Angele	success. To this end, Reading to Kids org	anizes monthly reading clubs on the s	second
	Saturday of every month at Los Angele	s area elementary schools.		
2	Did the organization undertake any si	gnificant program services during the y	ear which were not listed on the	
				Yes 🗸 No
	If "Yes," describe these new services	on Schedule O.		
3	Did the organization cease conduct	ting, or make significant changes in	how it conducts, any program	
	services?			Yes ☑ No
	If "Yes," describe these changes on S	Schedule O.		
4	Describe the organization's program	service accomplishments for each of it	s three largest program services, a	s measured by
		c)(4) organizations are required to repo	rt the amount of grants and allocat	ions to others.
	the total expenses, and revenue, if an	y, for each program service reported.		
4a	(Code:) (Expenses \$	160,902 including grants of \$	0_) (Revenue \$	<u>o</u>)
		ading to Kids organizes reading clubs at e		
		erage of 23 teachers, 61 parents, 203 volu		
		scal year. During the reading clubs, pairs		
		ttend teacher-led classes, receiving traini		
		with an arts and crafts project for the chi		
		at the reading clubs are donated to the sc		
		ne to supplement their home libraries. Atte	ending teachers also receive prize bo	oks for their
	classrooms in thanks for their assistan	ce with the reading clubs.		
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
70	(Code:) (Expenses \$\psi)	Including grants of \$) (Nevenue \$	/
	·	·		
4d	Other program services (Describe on	`		
		g grants of \$ 0) (Revenue	0)	
4e	Total program service expenses	160,902		

Form 99	990 (2023) t IV Checklist of Required Schedules	
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation	 n)? <i>I</i>

			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	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3	-	_
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? <i>If "Yes," complete Schedule C, Part II</i>	4		,
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		,
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	6		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	7		•
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? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i>	9		\(\tau \)
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	~	
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		,
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? <i>If "Yes," complete Schedule D, Part VIII </i>	11c		~
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? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	11d		~
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		~
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		~
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		~
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		,
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b		,
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		,
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		~
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>	18		~
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		~
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		~
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		~

Part l	V Checklist of Required Schedules (continued)		-	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		,
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		~
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		\ \
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		~
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		,
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? <i>If "Yes," complete Schedule L, Part II</i>	26		,
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 entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		v
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		,
b	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 "Yes," complete Schedule L, Part IV	28c		,
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		,
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		~
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		~
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
D	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? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		,
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		,
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	,	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	2 Concease a containe a response of field to any fine fit tilled aft v		Yes	No
b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10		

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		_
b	If "Yes," enter the name of the foreign country	Tu		
_	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		/
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	'	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	~	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		~
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7е		~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	~	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
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 . 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	against amounts due or received from them.)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
	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		~
	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		~
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?			
		17		
	If "Yes," complete Form 6069.			

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a 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. Enter the number of voting members included on line 1a, above, who are independent . 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 1 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a 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 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? 10a 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? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 Did the organization have a written document retention and destruction policy? 14 14 15 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 15a 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 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Other (explain on Schedule O) Own website ✓ Another's website ✓ Upon request Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records. Jason K Axe, (310)479-7455

Part VI

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, box 6 of 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 nor any related organization compensated any current officer, director, or trustee.

Check this box in heldrer the organization no	Tarry relate	u org	arnz			ompe	1130	The arry current		or trustee.
		(0			•					
(A)	(B)	(do n	Position (do not check mor box, unless persor				one	(D)	(E)	(F)
Name and title	Average hours					person is both an		Reportable compensation	Reportable compensation	Estimated amount of other
	per week					or/trust		from the	from related	compensation
	(list any	Individual trustee or director	Institutional trustee	Officer	Key employee	amp High	Former	organization (W-2/	organizations (W-2/	from the
	hours for related	rect	tutic	ĕ	emp	est	ner	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
	organizations	Q #	nal		oloy	e		,	,	J
	below dotted line)	uste	trus		96	pen				
	dotted in icj	Φ.	tee			Highest compensated employee				
Jason Axe	10.00					Ω.				
Treasurer	0.00	~		~				0	0	0
Robyn Chew	1.00									
President	0.00	~		~				0	0	0
Matthew Jones	1.00									
Board Member	0.00	~						0	0	0
Mark May	2.00									
Board Member	0.00	'						0	0	0
Sean Morris	1.00									
Secretary	0.00	~		~				0	0	0
Ali Oktay	1.00									
Board Member	0.00	~						0	0	0
Richard Shimano	2.00									
Board Member	0.00	~						0	0	0
	 									
]								
	ļ									

Part	VII Section A. Officers, Directors,	Trustees,	Key I	Em	plo	yee	s, an	d F	lighest Compe	nsated Em	ployees (co	ontinued)
					(C)						
	(A) Name and title	(B) Average hours	box,	unles	heck ss pe	erson	e than of is both or/trus	n an	(D) Reportable compensation	(E) Reportable compensation from related	Estimate of o	ed amount other
		per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (1099-MISC 1099-NEC	W-2/ fror / organiz	ensation n the ation and ganizations
			-									
			-									
			-									
			-									
			-									
			-									
1b	Subtotal								0		0	0
d	Total (add lines 1b and 1c) Total number of individuals (including reportable compensation from the organic	but not		ed 1	to 1	thos	e lis	ted	above) who re	eceived mo	o re than \$10	0 00,000 of
3	Did the organization list any former of employee on line 1a? <i>If "Yes," complete or the line of the </i>										ated	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th									such	
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co										V
Secti	on B. Independent Contractors											
1	Complete this table for your five high compensation from the organization. Rep											
	(A) Name and business add	Iress							(B) Description of serv	vices	(C) Compensa	tion
None												
2	Total number of independent contractor received more than \$100,000 of compens							th	nose listed abov	re) who		

Page 8

D 1/////	Statement of Revenue
261 a AVAII	Statement of Revenue

		Check if Schedule	Осо	ntains a re	spon	se or note to an	y line in this Pa	ırt VIII		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
is, si	1a	Federated campaign	ns .		1a	0				
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues			1b	0				
ဇ် ဠ∣	С	Fundraising events			1c	0				
rs, r A	d	Related organization	ns .		1d	0				
ੂੰ ਤੋਂ	е	Government grants			1e	0				
ns,	f	All other contributions, gifts, grants,								
er S		and similar amounts not included above 1f				205,284				
ᅙᇎ	g	g Noncash contributions included in				·				
a f		lines 1a-1f			1g	\$ 7,732				
ු පු	h	Total. Add lines 1a-	-1f .				205,284			
						Business Code				
e c	2a									
اه ≧َ	b									
yram Ser Revenue	С									
E Š	d									
20 20	е									
Program Service Revenue	f	All other program se					0	0	0	0
_	g	Total. Add lines 2a-					0			
	3	Investment income								
		other similar amoun	ts) .				7,006	0	0	7,006
	4	Income from investn	nent d	of tax-exem	npt bo	and proceeds	0	0	0	0
	5	5			-	-	0	0	0	0
		·		(i) Real		(ii) Personal				
	6a	Gross rents	6a		0	0				
	b	Less: rental expenses	6b		0	0				
	С	Rental income or (loss)	6с		0	0				
	d	Net rental income o	r (loss	s)			0	0	0	0
	7a	Gross amount from	Ì	(i) Securit	ies	(ii) Other				
		sales of assets				_				
		other than inventory	7a		0	0				
<u>o</u>	b	Less: cost or other basis								
JE		and sales expenses .	7b		0	0				
Revenue	С	Gain or (loss)	7с		0	0				
	d	Net gain or (loss)					0	0	0	0
Other	8a	Gross income from	m fu	ndraising						
ō		events (not including	\$	0						
		of contributions rep								
		1c). See Part IV, line	18		8a	7,242				
		Less: direct expense			8b	9,701				
		Net income or (loss)			g eve	nts	-2,459		0	-2,459
	9a	Gross income f								
		activities. See Part I			9a	0				
		Less: direct expense			9b	0				
		Net income or (loss)			tivitie	es	0	0	0	0
	10a	Gross sales of ir		-						
		returns and allowan			10a	0				
		Less: cost of goods			10b					
	С	Net income or (loss)	from	sales of in	vento		0	0	0	0
Sn						Business Code				
e e	11a									
scellaneo Revenue	b									
e ce l	C									
Miscellaneous Revenue	d	All other revenue			-					
_	е	Total. Add lines 11a					0			
	12	Total revenue. See	instr	uctions .			209,831	0	0	4,547

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

	Check if Schedule O contains a response		e in this Part IX .		· · · · <u> </u>
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .	0	0		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	-			
3	Grants and other assistance to foreign	0	0		
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0	0	0	0
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	128,833	96,625	16,104	16,104
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	4,541	3,405	568	568
10	Payroll taxes	10,249	7,687	1,281	1,281
11	Fees for services (nonemployees):				
а	Management	0	0	0	0
b	Legal	0	0	0	0
c d	Accounting	41	0	41	0
e	Professional fundraising services. See Part IV, line 17	0	U	U	0
f	Investment management fees	0	0	0	0
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	0.454		0.454	
12	Advertising and promotion	2,151 1,113	0 835	2,151 139	0 139
13	Office expenses	8,235	6,177	1,029	1,029
14	Information technology	4,543	3,407	568	568
15	Royalties	0	0	0	0
16	Occupancy	20,861	15,645	2,608	2,608
17	Travel	0	0	0	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	1,169	0 877	0 146	0 146
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization .	1,355	1,016	170	169
23	Insurance	3,789	0	3,789	0
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	Reading club expenses	24,796	24,796	0	0
b	Fundraising expenses	4,948	0	0	4,948
c d					
e	All other expenses	576	432	72	72
25	Total functional expenses. Add lines 1 through 24e	217,200	160,902	28,666	27,632
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Р	art X				
		Check if Schedule O contains a response or note to any line in this Par	t X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	56,163	1	34,083
	2	Savings and temporary cash investments	220,212	2	233,974
	3	Pledges and grants receivable, net	0	3	6,500
	4	Accounts receivable, net	1,750	4	4,750
	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	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined	0		0
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
'n	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use		8	
ASS	9		17,102		17,401
•	10a	Prepaid expenses and deferred charges	3,592	9	4,764
	IVa	basis Carambata Bart VI of Cabadrila D			
	b	Less: accumulated depreciation	2.146	10c	700
	11	Investments—publicly traded securities	2,146	11	790
	12	Investments—publicly traded securities	0	_	0
	13	Investments—program-related. See Part IV, line 11	0		0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	300,965	16	302,262
	17	Accounts payable and accrued expenses	4,828	17	13,494
	18	Grants payable	0	18	13,474
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0	21	0
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	ŭ		
abi		controlled entity or family member of any of these persons	0	22	0
Ξ	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 25	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X	0	24	0
		of Schedule D	0	25	
	26	Total liabilities. Add lines 17 through 25	4,828	26	13,494
Seou		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
<u>la</u>	27	Net assets without donor restrictions	262,817	27	264,802
ñ	28	Net assets with donor restrictions	33,320	28	23,966
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds .		31	
et 🌶	32	Total net assets or fund balances	296,137	32	288,768
ž	33	Total liabilities and net assets/fund balances	300,965		302,262

Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)		209	9,831
2	Total expenses (must equal Part IX, column (A), line 25)		21	7,200
3	Revenue less expenses. Subtract line 2 from line 1		-	7,369
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4		29	6,137
5	Net unrealized gains (losses) on investments			0
6	Donated services and use of facilities			0
7	Investment expenses			0
8	Prior period adjustments			0
9	Other changes in net assets or fund balances (explain on Schedule O)			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))		288	8,768
Part	XII Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII			Ц
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
_				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	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	Oh		
b	Were the organization's financial statements audited by an independent accountant?	2b		✓
	separate basis, consolidated basis, or both.			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
C	the audit, review, or compilation of its financial statements and selection of an independent accountant? .	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
Ju	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		~
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
-	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	3b		

Form **990** (2023)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

OMB No. 1545-0047

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.

Open to Public Inspection

Employer identification number Name of the organization **READING TO KIDS** 95-4758698 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).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) 8 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 university: An organization that normally receives (1) more than 331/3% 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 33½% 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). 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 12a, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а 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. 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) d 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 III, 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). (iii) Type of organization (vi) Amount of (i) Name of supported organization (ii) EIN (iv) Is the organization (v) Amount of monetary (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) **Total**

Schedule A (Form 990) 2023 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 **(e)** 2023 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . 197,945 235,401 225,164 246,182 205,284 1,109,976 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 0 0 0 0 0 The value of services or facilities 3 furnished by a governmental unit to the organization without charge 0 0 0 0 0 **Total.** Add lines 1 through 3 4 197,945 235,401 225,164 246,182 205,284 1,109,976 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) 131,011 **Public support.** Subtract line 5 from line 4 978,965 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 7 Amounts from line 4 197,945 235,401 225,164 246,182 205,284 1,109,976 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 17 985 7,006 13 8,028 Net income from unrelated business 9 activities, whether or not the business is regularly carried on 0 0 0 0 0 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 2.764 4,264 4,151 3,416 -2,458 12,137 **Total support.** Add lines 7 through 10 11 1,130,141 Gross receipts from related activities, etc. (see instructions) 12 0 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 86.62 % 14 15 Public support percentage from 2022 Schedule A, Part II, line 14 331/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this ~ 331/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, 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 test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, 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 test. The organization qualifies as a publicly supported

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

18

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.)

Secti	on A. Public Support			, , -		,	
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 performed, or facilities						
	furnished in any activity that is related to the						
3	organization's tax-exempt purpose						
3	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization'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						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	•						
с 8	Add lines 7a and 7b						
U	line 6.)						
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	(0,7 = 0 + 0	(0) = 0 = 0	(0, 2021	(0, 2022	(0, =0=0	(-)
10a							
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
10	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	organization'	L s first second	L L third fourth	or fifth tax ve	l Par as a sectio	n 501(c)(3)
• •	organization, check this box and stop he	•			-		. , . ,
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2023 (line 8	3, column (f), c	livided by line	13, column (f))		15	%
16	Public support percentage from 2022 Sch	nedule A, Part	III, line 15 .			16	%
Secti	on D. Computation of Investment In	come Perce	ntage				· · · · · ·
17	Investment income percentage for 2023 (-			%
18	Investment income percentage from 2022						%
19a	331/3% support tests-2023. If the organ						
	17 is not more than 331/3%, check this box		_	-		=	_
b	33 ¹ / ₃ % support tests—2022. If the organiz						
	line 18 is not more than 331/3%, check this l	_	=		-		_
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ctions . \square

Schedule A (Form 990) 2023 Page 4

Part IV **Supporting Organizations**

(Complete only if you checked a box on line 12 of 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.)

Se

Secti	on A. All Supporting Organizations			
			Yes	No
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.	1		
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).	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.	3a		
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.			
С	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.	3b 3c		
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.	4a		
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.	4b		
С	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.	4c		
5а	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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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.	6		
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).	7		
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).	8		
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 .	9a		
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 .	9b		
С	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 .	9c		
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)? <i>If "Yes," answer line 10b below.</i>	10a		
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.)

Schedule A (Form 990) 2023 Page 5 Part IV **Supporting Organizations** (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a 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? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 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 supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations 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. The organization is the parent of each of its supported organizations. *Complete line 3 below.* С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions). 2 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 the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described 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. 2b Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. 3a

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.

3b

Schedule A (Form 990) 2023 Page **6**

				. ago -
Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	izations	
1	☐ Check here if the organization satisfied the Integral Part Test as a qualifying			
	instructions. All other Type III non-functionally integrated supporting organ	nizat	ions must complete Sect	
Sect	tion 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	tion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion 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-functional	ally i	integrated Type III suppor	ting organization
	(see instructions).			

Schedule A (Form 990) 2023 Page 7

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2023 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 a From 2018 From 2019 **c** From 2020 **d** From 2021 **e** From 2022 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2023 distributable amount Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2023 from Section D, line 7: Applied to underdistributions of prior years Applied to 2023 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result 5 greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2024. Add lines 3j and 4c. Breakdown of line 7: Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . . Excess from 2023 . . .

Schedule A (Form 990) 2023 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) Schedule A, Part II, Line 10 - Other income = Special events fundraising net income.

SCHEDULE D (Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

READ	ING TO KIDS		95-4758698
Par	t I Organizations Maintaining Donor Advi	sed Funds or Other Similar Funds	s or Accounts
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets held	d in donor advised
	funds are the organization's property, subject to the	<u> </u>	
6	Did the organization inform all grantees, donors, ar		
	only for charitable purposes and not for the benefit		
	conferring impermissible private benefit?		· · · · · · □ Yes □ No
Par	Conservation Easements		
· aı	Complete if the organization answered "	Yes" on Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the co		
•	Preservation of land for public use (for example, recreations)	= : : : : : : : : : : : : : : : : : : :	a historically important land area
	Protection of natural habitat	•	a certified historic structure
	_	☐ Freservation of	a certified historic structure
2	☐ Preservation of open space Complete lines 2a through 2d if the organization hel	d a qualified conservation contribution	in the form of a conservation
_	easement on the last day of the tax year.	a a qualified conservation contribution	
			Held at the End of the Tax Year
a			
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified hi		
d	Number of conservation easements included on line on a historic structure listed in the National Register		
•			24
3	Number of conservation easements modified, trans	sterred, released, extinguished, or termi	nated by the organization during the
	tax year		
4	Number of states where property subject to conserv		alian bandling of
5	Does the organization have a written policy reg- violations, and enforcement of the conservation eas		
			- -
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing co	onservation easements during the year
_	- 		
8	Does each conservation easement reported on line		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports of		
	sheet, and include, if applicable, the text of the foot organization's accounting for conservation easemer	<u> </u>	ements that describes the
Part			ther Similar Assets
	Complete if the organization answered "		
1a	If the organization elected, as permitted under FAS		
	of art, historical treasures, or other similar assets		
	service, provide in Part XIII the text of the footnote t		
b	If the organization elected, as permitted under FAS		
	art, historical treasures, or other similar assets held		earch in furtherance of public service,
	provide the following amounts relating to these item		
	(i) Revenue included on Form 990, Part VIII, line 1(ii) Assets included in Form 990, Part X		\$
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art,	historical treasures, or other similar a	ssets for financial gain, provide the
	following amounts required to be reported under FA	ASB ASC 958 relating to these items.	
а	Revenue included on Form 990, Part VIII, line 1 .		\$
b	Assets included in Form 990, Part X		\$

Schedu	le D (Form 990) 2023									Page 2
Part		Collections of Ar	t. His	torical T	reasures	. or Ot	her Similar A	ssets (c		
3	Using the organization's acquisition, a collection items (check all that apply).									
а	Public exhibition		d	☐ Loan o	r exchang	e progr	am			
b	Scholarly research			Other	_					
С	Preservation for future generations									
4	Provide a description of the organizat XIII.		d expl	ain how th	ey further	the org	janization's exe	mpt pur	pose i	in Par
5	During the year, did the organization assets to be sold to raise funds rather							_	∕es 「	□ No
Part	IV Escrow and Custodial Arra	ngements								
	Complete if the organization 990, Part X, line 21.	•	on For	m 990, P	art IV, line	e 9, or	reported an a	mount o	n Foi	rm
1a	Is the organization an agent, trustee, included on Form 990, Part X?			-					es [☐ No
b	If "Yes," explain the arrangement in Pa	art XIII and complete	the fo	ollowing ta	ble.					
							,	Amount		
С	Beginning balance					10	;			
d	Additions during the year					10	1			
е	Distributions during the year					1e	,			
f	Ending balance					1f				
2a	Did the organization include an amour					ustodia	l account liabilit	y? 🗌 Y	es [No
b	If "Yes," explain the arrangement in Pa							-	_	
	Endowment Funds					•				
	Complete if the organization	answered "Yes" of	on For	m 990, P	art IV, line	e 10.				
		(a) Current year		ior year	(c) Two yea		(d) Three years ba	ck (e) Fo	ur years	s back
1a	Beginning of year balance	.,								
b	Contributions									
C	Net investment earnings, gains, and losses									
d	Grants or scholarships									
e	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the	he current vear end	haland	re (line 1a	column (s)) held	ae.			
a	Board designated or quasi-endowmer	=	Daianc	oc (iii ic 1g,	COIGITIT (C	ijj Held	us.			
b	Permanent endowment	%								
C	Term endowment %	70								
C	The percentages on lines 2a, 2b, and 2	2c should equal 100	10%							
3a	Are there endowment funds not in the organization by:			ization tha	t are held	and ad	ministered for t	he	Ves	No
								3a(i		110
	• • • • • • • • • • • • • • • • • • • •	. 						3a(i		
h	If "Yes" on line 3a(ii), are the related or							3b		
4	Describe in Part XIII the intended uses	_	•					30		
Part			3 GIIU	OVVIII GIIL IU	1143.					
- en	Complete if the organization		on For	m 99∩ Þ	art IV line	a 11a	See Form 990) Part Y	lin≏	10
	Description of property	(a) Cost or other	r basis	(b) Cost or	other basis	(c)	Accumulated epreciation		ook valu	
		,		,	•	u	Sp. Colucion			
1a	Land	•	0		0					0
b	Buildings		0		0		0			0
С.	Leasehold improvements		0		0		0			0
d	Equipment		6,777	1	0		5,987			790

0

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

0

e Other

0

0

Part VII	Investments – Other Securities	V 5 445 O E	000 Dark V line 10
	Complete if the organization answered "Yes" on Form 990, Part I (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial			
` '	neld equity interests		
. ,			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	mn (b) must equal Form 990, Part X, line 12, col. (B))		
Part VIII	Investments—Program Related		
T dit VIII	Complete if the organization answered "Yes" on Form 990, Part I	V. line 11c. See Fo	orm 990. Part X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:
	(-)	(0) = 0000 10000	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	mn (b) must equal Form 990, Part X, line 13, col. (B))		
Part IX	mn (b) must equal Form 990, Part X, line 13, col. (B)) Other Assets		
raitix	Complete if the organization answered "Yes" on Form 990, Part I	V line 11d See F	orm 990 Part X line 15
	(a) Description	.,	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	mn (b) must equal Form 990, Part X, line 15, col. (B))		
Part X	Other Liabilities	· · · · · · ·	•
I alt X	Complete if the organization answered "Yes" on Form 990, Part I	V, line 11e or 11f.	See Form 990, Part X,
	line 25.		
1.	(a) Description of liability		(b) Book value
(1) Federal in	ncome taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)	mn (b) must equal Form 990, Part X, line 25, col. (B))		
	r uncertain tax positions. In Part XIII, provide the text of the footnote to the organ		tements that reports the
	s liability for uncertain tax positions under FASB ASC 740. Check here if the text		

Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

	Complete if the organization answered "Yes" on Form 990, F	⊃art I\	/. line 12a.		•••
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1			5	-
Part	Reconciliation of Expenses per Audited Financial Statem			er Ke	turn
	Complete if the organization answered "Yes" on Form 990, F			4	
1	· ·			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a			
a b	Prior year adjustments	2b			
C	Other losses	2c		_	
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)	4b			
b	Other (Describe III art XIII.)	-10			
b c	Add lines 4a and 4b			4c	
с 5	Add lines 4a and 4b			4c 5	
c 5 Part	Add lines 4a and 4b	 e 18.)		5	V 5 4 5 1 V 5
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	 e 18.) d 4; Pa		5 o; Part	
5 Part Provid	Add lines 4a and 4b	 e 18.) d 4; Pa		5 o; Part	
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	d 4; Pa	rt IV, lines 1b and 2b	5 ; Part forma	ation.
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	d 4; Pa	urt IV, lines 1b and 2b	5 o; Part oforma	ation.
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	d 4; Pa	urt IV, lines 1b and 2b	5 o; Part oforma	ation.
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	d 4; Pa	urt IV, lines 1b and 2b	5 o; Part oforma	ation.
c 5 Part Provic 2; Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	:	urt IV, lines 1b and 2b	5 o; Part forma	ation.
c 5 Part Provic 2; Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	:	urt IV, lines 1b and 2b	5 o; Part forma	ation.
c 5 Part Provic 2; Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	:	urt IV, lines 1b and 2b	5 o; Part forma	ation.
c 5 Part Provic 2; Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	e 18.)	urt IV, lines 1b and 2b	5 o; Part forma	ation.
c 5 Part Provic 2; Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	e 18.)	urt IV, lines 1b and 2b	5 o; Part forma	ation.
c 5 Part Provic 2; Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	e 18.)	urt IV, lines 1b and 2b	5 o; Part forma	ation.
c 5 Part Provic 2; Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	d 4; Pa	urt IV, lines 1b and 2b	5 o; Part forma	ation.
c 5 Part Provic 2; Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	d 4; Pa	urt IV, lines 1b and 2b	5 o; Part forma	ation.
c 5 Part Provic 2; Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	d 4; Pa	urt IV, lines 1b and 2b	5 o; Part forma	ation.
c 5 Part Provic 2; Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	d 4; Pa	urt IV, lines 1b and 2b	5 o; Part iforma	ation.
c 5 Part Provic 2; Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	d 4; Pa	urt IV, lines 1b and 2b	5 o; Part iforma	ation.
c 5 Part Provic 2; Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	d 4; Pa	urt IV, lines 1b and 2b	5 o; Part iforma	ation.
c 5 Part Provic 2; Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	d 4; Pa	urt IV, lines 1b and 2b	5 o; Part iforma	ation.
c 5 Part Provic 2; Par	Add lines 4a and 4b	d 4; Pa	urt IV, lines 1b and 2b	5 o; Part iforma	ation.
c 5 Part Provic 2; Par	Add lines 4a and 4b	d 4; Pa	urt IV, lines 1b and 2b	5 o; Part iforma	ation.
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c 5 Part Provic 2; Par	Add lines 4a and 4b	d 4; Pa	urt IV, lines 1b and 2b	5 o; Part iforma	ation.
c 5 Part Provic 2; Par	Add lines 4a and 4b	d 4; Pa	urt IV, lines 1b and 2b	5 o; Part iforma	ation.

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

READING TO KIDS 95-4758698 Form 990, Part VI, Section B, Line 11b - The Form 990 was prepared by the Reading to Kids treasurer based on the information contained in the organization's financial statements, which were previously reviewed and approved by the Board of Directors. Prior to the filing of the Form 990, a PDF copy of the Form 990 was emailed to all Board Members for the review and approval of the Board. Form 990, Part VI, Section B, Line 12c - Reading to Kids annually requires its officers, board members, and employees to sign a conflict of interest disclosure form. If a conflict is identified, the person with the conflict (i) must fully disclose the conflict to all other decision-makers; and (ii) may not be involved in the decision of what action to take (e.g., may not participate in a vote) but may serve as a resource to provide other decisionmakers with needed information. In some cases the person with the conflict may be asked to recuse him/herself from sensitive discussions so as not to unduly influence the discussion of the conflict. In all cases, decisions involving a conflict will be made only by disinterested persons. Form 990, Part VI, Section B, Line 15 - Salaries of all Reading to Kids employees are determined by the independent Board of Directors through regular reviews of the work of the employees and by comparison to similarly situated employees in the nonprofit sector. Salary reviews are discussed and documented during executive sessions of Reading to Kids board meetings. Form 990, Part VI, Section C, Line 19 - The Reading to Kids governing documents, conflict of interest policy, and financial statements are available to the public upon request. The latest year-end financial statements are also available to the public on the organization's website.

Schedule O, Statement 1 READING TO KIDS

Form: **Form 990 (2023)** EIN: **95-4758698**

Page: 1 Header Section

Reasonable Cause Explanations

This return is not late. A Form 8868 was filed on November 15, 2024.

Explanation