	~	Return of Organization Exempt From	n Incomo Tax	OMB No. 1545-0047								
Forr	" y	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code		2010								
		Do not enter social security numbers on this form as it m										
Depa	rtment	of the Treasury		Open to Public Inspection								
			SEP 30, 2020	mopeotion								
_			D Employer identificati	ion numbor								
b C a	heck if pplicab	le:	D Employer identificati									
		READ TO A CHILD, INC.										
	Change READ TO A CHILD, INC. Change Doing business as 20-3526239											
	Initial return											
	Final			10								
L	⊥returr termii ated		G Gross receipts \$	968,197.								
	Amer Amer		H(a) Is this a group retur									
			for subordinates?									
L	pendi	^{ing} 20 WILLIAM STREET, G25, WELLESLEY, MA 024	81 H(b) Are all subordinates include									
<u> </u>	·2V.0V		527 If "No," attach a list									
		ite: EADTOACHILD.ORG	H(c) Group exemption n									
			Year of formation: 2005 M St									
	rt I	Summary										
	1	Briefly describe the organization's mission or most significant activities: CHILDREN	I'S LITERACY & M	IENTORING								
Governance	•											
naı	2	Check this box if the organization discontinued its operations or disposed of r	nore than 25% of its net asset									
ver				8								
		3 Number of voting members of the governing body (Part VI, line 1a) 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 4										
ళ న		Total number of individuals employed in calendar year 2019 (Part V, line 2a)		63								
Activities &	6	Total number of volunteers (estimate if necessary)		1883								
cti		Total unrelated business revenue from Part VIII, column (C), line 12		0.								
Ă		Net unrelated business taxable income from Form 990-T, line 39		0.								
	~		Prior Year	Current Year								
-	8	Contributions and grants (Part VIII, line 1h)	1,312,616.	900,291.								
Revenue	9	Program service revenue (Part VIII, line 2g)	0.	0.								
eve		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	489.	1,083.								
å			15,620.	29,487.								
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,328,725.	930,861.								
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.								
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.								
S			1,213,437.	1,115,456.								
Ises	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 187,262.	0.	0.								
Expense	b	Total fundraising expenses (Part IX column (D) line 25) \blacktriangleright 187, 262.		-								
ы	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	125,741.	110,404.								
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,339,178.	1,225,860.								
		Revenue less expenses. Subtract line 18 from line 12	-10,453.	-294,999.								
or es			Beginning of Current Year	End of Year								
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	634,682.	626,849.								
Ass Bal		Total liabilities (Part X, line 16)	117,451.	404,646.								
Net		Net assets or fund balances. Subtract line 21 from line 20	517,231.	222,203.								
	rt II			,								
		alties of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to the best of my kn	owledge and belief, it is								
		ect, and complete. Declaration of preparer (other than officer) is based on all information of which pre		J								

Sign	Signature of officer		Date							
Here	PAUL LAMOUREUX CHIEF Type or print name and title Item 1 Item 2	EXECUTIVE OFFICER								
	Print/Type preparer's name	Preparer's signature	Date Check PTIN							
Paid	JENNIFER L. FERRERA, CPA		self-employed P00714924							
Preparer		GONCALVES & FERRERA	, PC Firm's EIN ▶ 76-0754060							
Use Only	Firm's address 👞 144 TURNPIKE ROA	D, SUITE 340								
	SOUTHBORO, MA 01772 Phone no. 508-229-7900									
May the I	RS discuss this return with the preparer shown abo	ove? (see instructions)	X Yes No							
			- 000							

932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2019)

Form	n 990 (2019) READ TO A CHILD, INC.	20-3526239	Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	THE MISSION IS TO FOSTER A LOVE OF READING, IMPROVE L		
	AND EMPOWER UNDERSERVED CHILDREN BY INSPIRING ADULTS	FO READ TO THE	EM
	REGULARLY.		
2	Did the organization undertake any significant program services during the year which were not listed on the		V
	prior Form 990 or 990-EZ?		s 🛛 No
	If "Yes," describe these new services on Schedule O.		v
3	Did the organization cease conducting, or make significant changes in how it conducts, any program servic	es?Yes	; 🛛 No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	others, the total expenses,	and
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$ 839,922. including grants of \$) (R		
4a	(Code:) (Expenses \$\$39,922. including grants of \$) (R THE MISSION IS TO FOSTER A LOVE OF READING, IMPROVE L	evenue\$ דידידים אריע פאדד.ד.ס	
	EMPOWER UNDERSERVED CHILDREN BY INSPIRING ADULTS TO R		
	REGULARLY.	GAD IO IIIBM	
	KEGOLAKEI:		
4b	(Code:) (Expenses \$ including grants of \$) (R	evenue \$)
			/
4c	(Code:) (Expenses \$ including grants of \$) (R	evenue \$)
4 -1	Other program convises (Deservice on School 12 0)		
4d		Ň	
40	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 839,922.)	
-+0		Form	990 (2019)
			(= 3 - 3)

Form	990	(201	(9)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	x	
0	If "Yes," complete Schedule A	2	X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2		
5	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	5		
-	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
·	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		x
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111		- 23
IZd	Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	Iza		
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

			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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	00		x
24 0	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
24 a	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		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		<u> </u>
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	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		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f			x
00	"Yes," complete Schedule L, Part IV	28c 29		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
4 -	Enter the number reported in Day 2 of Form 1000. Enter 0 if ant analisable		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1a4Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1b0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ŭ	(gambling) winnings to prize winners?	1c	x	

Form	990 (2019) READ TO A CHILD, INC. 20-3526	239	Pa	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 63		37	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			37
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation 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			v
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
5-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	F -		х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		- 23
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50		
Ud		6a		х
h	any contributions that were not tax deductible as charitable contributions?	Ua		
D	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
, a	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	х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
		7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х
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		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
40-	amounts due or received from them.) 2 action 1007(a)(4) non-avantable truste is the exercise files Form 200 is liquid Form 10112	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	Note: See the instructions for additional information the organization must report on Schedule O.			
D	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			
c	Enter the amount of reserves on hand 13c			
14a		14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.	_		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

Form 990 (2019)
-------------------	-------

Form 990 (2019)

3

READ TO A CHILD, INC.

1a Enter the number of voting members of the governing body at the end of the tax year

If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.

b 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 any other

officer, director, trustee, or key employee?

Did the organization delegate control over management duties customarily performed by or under the direct supervision

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

Section A. Governing Body and Management

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Х of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Х Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? х 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: х a The governing body? 8a b Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 Х 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 Χ 10a **10a** Did the organization have local chapters, branches, or affiliates? **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Х **11a** Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х 12a Х **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe х in Schedule O how this was done 12c Χ 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? Х 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? Х a The organization's CEO, Executive Director, or top management official 15a Х b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 16b exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed MA, CA, CT, FL, MI 17 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Another's website X Upon request X Own website ___ Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records PAUL LAMOUREUX - 781-489-5910 20 WILLIAM STREET, STE. G25, WELLESLEY, MA 02481 Form 990 (2019) 932006 01-20-20 6

20-3526239 Page 6

8

7

2

1a

1b

X

No

Х

Yes

Form 990 (2019)

Castien A	Officer Discology Transfe	E.					
	Check if Schedule O contains	s a respon	se or note to a	any line in	this Part VII		
	Employees, and Indep			-	Rey Employees, mighest comp		
Dart VII	Compensation of Office	core Di	ractore Tr	uctooc	Key Employees, Highest Comp	oncatod	
Form 990 (2	2019) READ	ΤΟ Α	CHILD,	INC.		20-3526239	Pa

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average	(C) Position (do not check more than one					one	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	box offic	, unle	ss pe	rson	is bot pr/trus	h an	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MARK TARINI	2.00	x		v				0.	0	0
CHAIR (2) PETER NECHELES	2.00	<u>^</u>		X				0.	0.	0.
(2) PETER NECHELES TREASURER	2.00	x		x				0.	0.	0.
(3) JULIE SOLOMON	2.00							0.	0.	0.
SECRETARY	2.00	x		x				0.	0.	0.
(4) DAVID BREWER	2.00									
DIRECTOR		x						0.	0.	0.
(5) PAUL LAMOUREUX	40.00									
CEO		X		X				123,169.	0.	9,730.
(6) BRETT BARFIELD	2.00									
DIRECTOR		Х						0.	0.	0.
(7) RUTH BRAMSON	2.00								_	_
DIRECTOR		Х						0.	0.	0.
(8) DESIREE IVEY	2.00									
DIRECTOR		х						0.	0.	0.
(9) BRETT CARROLL	2.00								0	•
DIRECTOR	_	X						0.	0.	0.
		-								
		1								
		-								
		1								
			-		-		-			
		1								
		1								
932007 01-20-20	•		•	•	-	•				Form 990 (2019)

20-3526239 Page 7

Form 990 (2019)

	1 990 (2019) READ TO A	A CHILD,	,]	ENC	2.					20-35	5262	39	Pa	ge 8
Pa	t VII Section A. Officers, Directors, Trus		ploy	ees,			ghes	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	box	not cl , unle:	ss per	i tion more rson i	than of is both pr/trust	n an	(D) Reportable compensation from	(E) Reportable compensation from related		Esti amo	(F) mateo ount o ther	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		orgai	m the nizatio relate	on d
											_			
									123,169.		0.	0	,73	20
с	Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A					I		0.		0.		,73	0.
2	Total number of individuals (including but n compensation from the organization								received more than \$100	0,000 of reportabl	e			1
												١	ſes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i>				•	-			ghest compensated emp	•		3		х
4	For any individual listed on line 1a, is the su	Im of reportabl	le co	ompe	ensa	atior	n and	l ot	ther compensation from					х
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a			•						idual for services		4		<u>л</u>
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedule	e J f	or sı	ich j	oers	son .					5		Х
1	Complete this table for your five highest co	-	-								ipensat	tion fro	om	
	the organization. Report compensation for (A)					/ith	or wi	thi	(B)			(C)		
	Name and business	address	NC	ONE	3			_	Description of s	services	Co	mpens	sation	
2	Total number of independent contractors (in \$100,000 of compensation from the organized structure of the transmission from the organized structure of the transmission from the organized structure of the transmission of transmission of the transmission of transmission of transmission of transmission of the transmission of transmissio	-	ot li	mite	d to		se lis)	teo	d above) who received n	nore than				

Га	πν	/ 111					or poto to opy lip	a in this Dart VIII			
			Check if Schedule O	conta	ains a respo	nse	or note to any im	(A)	(B)	(C)	D
								Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded from tax under sections 512 - 514
its	1	а	Federated campaigns		1a						
àrar oun			Membership dues								
Am 6		с	Fundraising events				146,292.				
Gift lar			Related organizations								
ini,		е	Government grants (contr	ibuti	ons) 1e						
rior S		f	All other contributions, gifts,	grant	s, and						
ibu			similar amounts not included	abov	'e 1f		753,999.				
Contributions, Gifts, Grants and Other Similar Amounts		g	Noncash contributions included in	lines	1a-1f 1g \$						
a Ö		h	Total. Add lines 1a-1f				🕨	900,291.			
							Business Code				
ice	2	а									
ue v		b									
n S /en		С									
graı Re		d									
Program Service Revenue		е									
-		t	All other program service								
	3	g	Total. Add lines 2a-2f								
	3		Investment income (inclue other similar amounts)	-				1,083.			1,083.
	4							1,0050			1,000
	5	4 Income from investment of tax-exempt bond pr5 Royalties					· · ·				
	Ŭ				(i) Real		(ii) Personal				
	6	а	Gross rents	6a							
	-		Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss)			►				
	7	а	Gross amount from sales of		(i) Securit	ies	(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis								
onu			and sales expenses	7b							
Revenue			. ,	7c							
			Net gain or (loss)				►				
Other	8	а	Gross income from fundraising								
0			including \$ 146								
			contributions reported on				66 022				
			Part IV, line 18			8a	66,823. 37,336.				
			Less: direct expenses				· · ·	29,487.			29,487.
			Net income or (loss) from Gross income from gamin		•		▶	25,407.			25,407
	9	d	Part IV, line 19	-		9a					
		h	Less: direct expenses			9b					
			Net income or (loss) from				►				
			Gross sales of inventory,				F				
			and allowances			10a					
		b	Less: cost of goods sold			10b					
			Net income or (loss) from			ry	►				
S							Business Code				
Miscellaneous Revenue	11	а									
ent		b									
Scel		С							ļ	ļ	
Mis			All other revenue								
			Total. Add lines 11a-11d			<u></u>	🕨	930,861.	0.	0.	30,570,

READ TO A CHILD, INC.

Form 990 (2019)

20 - 3526239

Page 9

	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	132,899.	99,674.	19,935.	13,290.
6	Compensation not included above to disqualified			-	•
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	825,773.	584,599.	108,826.	132,348.
8	Pension plan accruals and contributions (include	02077701			202,010
0	section 401(k) and 403(b) employer contributions)				
^		77,035.	33,476.	30,612.	12 947
9	Other employee benefits	79,749.	58,553.	8,625.	12,947. 12,571.
0	Payroll taxes	13,143.		0,023.	12,371.
1	Fees for services (nonemployees):				
	Management				
	Legal	12 020		12 220	
	Accounting	13,230.		13,230.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	27,218.	23,572.	1,158.	2,488.
2	Advertising and promotion				
3	Office expenses				
4	Information technology				
5	Royalties				
16	Occupancy				
7	Travel	7,559.	3,739.	1,706.	2,114.
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	1,559.	541.	390.	628.
20	Interest	1,173.		1,173.	
1	Payments to affiliates				
2	Depreciation, depletion, and amortization				
3	Insurance	8,038.	2,730.	4,726.	582.
.3 24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A)				
-	amount, list line 24e expenses on Schedule 0.) OFFICE AND TELECOMMUNIC	25,292.	8,851.	6,147.	10,294.
a b	VOLUNTEER TRANSPORTATIO	12,149.	12,149.	0,14/0	10,294.
	PROGRAM BOOKS AND SUPPL	8,981.	8,981.		
~			3,022.	92.	
c		2 11/1		97.1	
c d	MISCELLANEOUS	3,114.			
c d e	MISCELLANEOUS All other expenses	2,091.	35.	2,056.	107 000
c d e 5	MISCELLANEOUS All other expenses Total functional expenses. Add lines 1 through 24e				187,262.
c d e 25	MISCELLANEOUS All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	2,091.	35.	2,056.	187,262.
c d e 25	MISCELLANEOUS All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	2,091.	35.	2,056.	187,262.
c d	MISCELLANEOUS All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	2,091.	35.	2,056.	187,262.

Part IX Statement of Functional Expenses

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

READ TO A CHILD,

Form 990 (2019)

1

Do not include amounts reported on lines 6b,

Grants and other assistance to domestic organizations

and domestic governments. See Part IV, line 21

7b, 8b, 9b, and 10b of Part VIII.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

(A) Total expenses

INC.

(B) Program service expenses

(D) Fundraising expenses

(C) Management and general expenses

33

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	319,340.	1	399,764.		
	2	Savings and temporary cash investments		255,434.	2	181,488.	
	3	Pledges and grants receivable, net			46,949.	3	28,107.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons describe				6	
۲ ک	7	Notes and loans receivable, net		F		7	
Assets	8	Inventories for sale or use				8	
Ř	9	Prepaid expenses and deferred charges			12,959.	9	17,490.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	56,950.			
	b	Less: accumulated depreciation		56,950.	0.	10c	0.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ			634,682.	16	626,849.
	17	Accounts payable and accrued expenses			59,826.	17	54,213.
	18	Grants payable				18	
	19	Deferred revenue			57,625.	19	100,500.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
S	22	Loans and other payables to any current or forn	ner offic	er, director,			
Liabilities		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
iab		controlled entity or family member of any of thes	se perso	ons		22	
_	23	Secured mortgages and notes payable to unrela	ated thir	d parties		23	
	24	Unsecured notes and loans payable to unrelate	d third p	parties		24	249,933.
	25	Other liabilities (including federal income tax, pa	yables 1	o related third			
		parties, and other liabilities not included on lines	s 17-24).	Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			117,451.	26	404,646.
ŝ		Organizations that follow FASB ASC 958, che	eck here				
ЭС С		and complete lines 27, 28, 32, and 33.			400 007		140 500
alaı	27	Net assets without donor restrictions			429,297.	27	142,532.
а В	28	Net assets with donor restrictions			87,934.	28	79,671.
Ŭ,		Organizations that do not follow FASB ASC 9	58, che	ck here 🕨 🛄			
Net Assets or Fund Balances		and complete lines 29 through 33.					
its (29	Capital stock or trust principal, or current funds				29	ļ
SSE	30	Paid-in or capital surplus, or land, building, or ec				30	
∌t A	31	Retained earnings, endowment, accumulated in			E17 001	31	
ž	32	Total net assets or fund balances			517,231.	32	222,203.

626,849. Form 990 (2019)

33

517,231. 634,682.

Total net assets or fund balances

Total liabilities and net assets/fund balances ...

Form 990 (2019)

Form	990 (2019) READ TO A CHILD, INC.	20-	-3526239	Pa	ge 12	
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1 2 3 4 5 6 7 8 9 10	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	1 2 3 4 5 6 7 8 9 9	1,22 -29 51	5,8 4,9 7,2 -		
	column (B))					
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
1 2a	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	No X	
b	Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:					
с	X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.					
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?					
a	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000		

Form **990** (2019)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form	990	or	990-EZ)
-------	-----	----	---------

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

49

94	7(a)	(1)	non	exempt	charit	able t	rust	
					_	~~	~	

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2019
Open to Public Inspection

Name of the	organization
-------------	--------------

oyer	ide	ntifi	cat	ion	numk	ber
2	^	2 5	\sim		20	

Nam	Name of the organization Employer identification number									
			TO A CHIL						0-3526239	
Pa	rt I	Reason for Public	Charity Status (A	All organizations must co	omplete th	is part.) Se	ee instruction	S.		
The o	organ	ization is not a private found	lation because it is: (For lines 1 through 12, c	heck only	one box.)				
1		A church, convention of ch	urches, or associatio	on of churches described	d in sectio	n 170(b)(1	I)(A)(i).			
2		A school described in sect	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Form	n 990 or 99	90-EZ).)				
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).			
4		A medical research organiz)(iii). Enter	the hospital's name,	
		city, and state:								
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental ı	unit descrit	bed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local go	vernment or governn	nental unit described in s	section 17	70(b)(1)(A)	(v).			
7	Х	An organization that norma	Illy receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from t	he general	public described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	/, and state o	f the colleg	e or	
		university:								
10		An organization that norma	Illy receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, members	ship fees, a	Ind gross receipts from	
		activities related to its exen	npt functions - subjec	ct to certain exceptions,	and (2) no	o more tha	n 33 1/3% of	its suppor	t from gross investment	
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	om busine	sses acqu	iired by the oi	rganization	after June 30, 1975.	
		See section 509(a)(2). (Cor	mplete Part III.)							
11		An organization organized a	and operated exclusi	ively to test for public sa	fety. See	section 50)9(a)(4).			
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform	the functio	ons of, or to c	arry out the	e purposes of one or	
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section a	509(a)(2).	See section &	509(a)(3). 🤇	Check the box in	
		lines 12a through 12d that	describes the type o	f supporting organizatio	n and com	nplete lines	s 12e, 12f, an	d 12g.		
а		Type I. A supporting orga	-		• •					
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority (of the dire	ctors or truste	ees of the s	supporting	
		organization. You must o	complete Part IV, Se	ections A and B.						
b		Type II. A supporting org	anization supervised	l or controlled in connec	tion with it	s support	ed organizatio	on(s), by ha	iving	
		control or management o			ame perso	ons that co	ontrol or mana	age the sup	ported	
		organization(s). You mus	-							
С		☐ Type III functionally interest.						Illy integrat	ed with,	
		its supported organizatio	.,,	· ·			-			
d		☐ Type III non-functionally						-		
		that is not functionally int			•		-	d an attent	iveness	
		requirement (see instruct								
е		Check this box if the orgation functionally integrated, or					а туре ї, туре	п, туре п		
	Ente	, ,		, , , , , , , , , , , , , , , , , , , ,	0 0					
		er the number of supported over the following information								
<u> </u>		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	fmonetary	(vi) Amount of other	
	-	organization		(described on lines 1-10 above (see instructions))	Yes	ng document? No	support (see ir	nstructions)	support (see instructions)	
				above (see instructions))						
Tota										

Schedule A (Form 990 or 990-EZ) 2019 READ TO A CHILD, INC. Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	1093351.	1134033.	1235222.	1312616.	900,291.	5675513.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	1093351.	1134033.	1235222.	1312616.	900,291.	5675513.		
	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)						909,897.		
6							4765616.		
	Public support. Subtract line 5 from line 4.						4703010.		
		(-) 0015	(1-) 0010	(-) 0017	(-1) 0010	(-) 0010	(6) T = + = 1		
	ndar year (or fiscal year beginning in)	(a)2015 1093351.	(b) 2016 1134033.	(c) 2017 1235222.	(d) 2018 1312616.	(e)2019 900,291.	(f) Total 5675513.		
	Amounts from line 4	1093331.	TT24022.	1233222.	1312010.	900,291.	3073313.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,	1 740	C 4 0	726	400	1 0 0 0	1 606		
	and income from similar sources \dots	1,740.	648.	736.	489.	1,083.	4,696.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)	14,964.	25,017.	9,038.	15,620.	29,487.			
11	Total support. Add lines 7 through 10						5774335.		
12	Gross receipts from related activities,	etc. (see instruction	ons)			12			
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)			
	organization, check this box and stop	here							
Sec	ction C. Computation of Publ	ic Support Pe	rcentage						
14	Public support percentage for 2019 (line 6, column (f) d	ivided by line 11, o	olumn (f))		14	82.53 %		
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	83.75 %		
	33 1/3% support test - 2019. If the c					nore, check this bo	x and		
	stop here. The organization qualifies	as a publicly supp	orted organizatior	۱			► X		
b	33 1/3% support test - 2018. If the o								
	and stop here. The organization qual								
17a	10% -facts-and-circumstances tes								
	and if the organization meets the "fac								
	meets the "facts-and-circumstances"								
h	10% -facts-and-circumstances tes	-	-						
	more, and if the organization meets the	-							
	organization meets the "facts-and-cire								
10									
18	Private foundation. If the organization	п ии пот спеск а		a, 100, 17a, 0r 17t	J, CHECK THIS DOX 2	and see instruction	s 🕨 📖		

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 READ TO A CHILD, INC.

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
2	Gross receipts from activities that						
3	•						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
-							
5	The value of services or facilities						
	furnished by a governmental unit to						
~	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
t	3 received from disqualified persons 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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	the organization'	s first, second, thir	d. fourth, or fifth t	ax vear as a section	n 501(c)(3) oraș	anization.
	check this box and stop here	•					
Se	ction C. Computation of Publ						
	Public support percentage for 2019 (I			column (f))		15	%
	Public support percentage from 2018					16	%
-	ction D. Computation of Inves						/0
	Investment income percentage for 20			ne 13. column (fl)		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2019. If the						
150	more than 33 1/3%, check this box a						
F							► 🗆
L.	33 1/3% support tests - 2018. If the						
00	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, ur 190, Check t	his box and see in	STRUCTIONS	🟲 📖

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

10b

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		res	NO
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
u	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	stion B. Type I Supporting Organizations	110		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	-		
a	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b			,	
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	ŕ	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а				
	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	0.		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	0		
0	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		
h	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
u	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		
	σ is supported organizations; σ roo, accordent Fart VI the following the Organization in this relation.	00		

Schedule A (Form 990 or 990-EZ) 2019

1

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 READ TO A CHILD, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

🔟 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater and	ount,		
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-fur	nctionally integrate	ed Type III supporting or	anization (see

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

Schedule A (Form 990 or 990-EZ) 2019

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

~~		0	al Financial Otatomonto		OMB No. 154	45-0047		
SCHEDULE D (Form 990) Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,								
(FON	11 990)	Part IV, line 6, 7, 8, 9, 10	Allization answered fres on Form 550, 1, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.		Open to	Bublic		
	ment of the Treasury Revenue Service		Inspectio					
Name of the organization Employer id								
Pa	rt I Organiz	READ TO A CHILD, I	NC . ed Funds or Other Similar Funds or A		-35262			
Fa		on answered "Yes" on Form 990, Part IV, lir		ccounts.co	omplete if th	e		
	organizatio			b) Funds and	other accou	nts		
1	Total number at e	nd of year		-,				
2		of contributions to (during year)						
3		of grants from (during year)						
4		at end of year						
5	Did the organization	on inform all donors and donor advisors in	writing that the assets held in donor advised fund	ds	_			
			exclusive legal control?		Yes	No No		
6			advisors in writing that grant funds can be used o					
			or donor advisor, or for any other purpose confer	Г	_	—		
Dai	impermissible priv		ganization answered "Yes" on Form 990, Part IV,	L	Yes	NoNo		
1		servation easements held by the organizat	.					
•		n of land for public use (for example, recrea	· · · · · · · · · · · · · · · · · · ·	prically importa	int land area	1		
		of natural habitat	Preservation of a certit	, ,				
		n of open space						
2	Complete lines 2a	through 2d if the organization held a qual	ified conservation contribution in the form of a co	onservation ea	sement on t	he last		
	day of the tax yea	ır.		Held at	the End of the	e Tax Year		
а	Total number of c	onservation easements		2a				
b	•			2b				
С			ructure included in (a)	2c				
d			after 7/25/06, and not on a historic structure					
•				2d	41			
3	year	vation easements modified, transferred, re	eleased, extinguished, or terminated by the organ	lization during	the tax			
4		where property subject to conservation ea	asement is located					
5		ation have a written policy regarding the pe						
_		forcement of the conservation easements			Yes	No No		
6	Staff and voluntee	er hours devoted to monitoring, inspecting	, handling of violations, and enforcing conservation		during the y	vear		
	►							
7	Amount of expense	ses incurred in monitoring, inspecting, han	dling of violations, and enforcing conservation ea	sements durir	ng the year			
	▶\$							
8			ve satisfy the requirements of section 170(h)(4)(B	··· –	_	—		
~					Yes	└── No		
9		-	ion easements in its revenue and expense stater note to the organization's financial statements th		ho			
	,	counting for conservation easements.						
Pa			of Art, Historical Treasures, or Other S	Similar Ass	sets.			
	Complete i	if the organization answered "Yes" on Forn	n 990, Part IV, line 8.					
1a	If the organization	elected, as permitted under FASB ASC 9	58, not to report in its revenue statement and bal	lance sheet w	orks			
	of art, historical tre	easures, or other similar assets held for pu	blic exhibition, education, or research in furthera	nce of public				
	· •		incial statements that describes these items.					
b	-		58, to report in its revenue statement and balance					
		· ·	c exhibition, education, or research in furtherance	e ot public ser	vice,			
	-	ring amounts relating to these items:		► ¢				
2			easures, or other similar assets for financial gain,					
-	•	unts required to be reported under FASB A		P.01.00				
а	-			▶ \$				
b								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 10-02-19

Sche		A CHILD,								9 Page 2
Par	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures,	or Othe	r Simila	ar Asse	ts (contin	nued)
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following that	at make si	gnificant	use of its		
	collection items (check all that apply):									
а	Public exhibition	(hange progra					
b	Scholarly research	6	• 🗌	Other						
с	Preservation for future generations									
4	Provide a description of the organization's c	ollections and expla	in how th	ney further t	he organizati	ion's exen	npt purpo	se in Par	t XIII.	
5	During the year, did the organization solicit of				-				-	
	to be sold to raise funds rather than to be m								Yes	No No
Par	t IV Escrow and Custodial Arran	-	ete if the	organizatio	n answered	"Yes" on	Form 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Pa									
1 a	Is the organization an agent, trustee, custod								٦	
	on Form 990, Part X?							L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:						
									Amount	t
	Beginning balance									
	Additions during the year									
	Distributions during the year									
t	Ending balance								N	
	Did the organization include an amount on F								Yes	No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete it									
1 0		-	1		(c) Two yea	1		oare back	(a) Four	voare back
10	Designing of year balance	(a) Current year	(D) P	rior year	(C) TWO yea	IS DACK (a) mee y	Ears Dack	(e) roui	years Dack
	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
e	Other expenditures for facilities									
4	and programs									
	Administrative expenses End of year balance									
g 2	Provide the estimated percentage of the cur	ront voar ond balan	l co (lino 1	a column (c)) hold as:					
	Board designated or quasi-endowment	•	%	y, column (a	<i>i))</i> Heiu as.					
b	Permanent endowment									
		%								
U	The percentages on lines 2a, 2b, and 2c sho	•								
3a	Are there endowment funds not in the posse	•	vation the	at are held a	nd administe	ered for th	ne organiz	ation		
00	by:						ie erganiz	ation	Г	Yes No
	(i) Unrelated organizations								3a(i)	100 110
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requ	ired on S	chedule R?						
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere		0, Part IV	/, line 11a. S	See Form 990	0, Part X, I	line 10.			
	Description of property	(a) Cost or o			or other		cumulate	d	(d) Bool	k value
	· · · · · · · · · · · · · · · · · · ·	basis (invest		basis			reciation			
1 a	Land		-							
	Buildings									
	Leasehold improvements									
	Equipment			1	7,650.		17,6	50.		0.
	Other			3	9,300.		39,30			0.
Tota	Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	t X, colur	nn (B), line 1	0c.)					0.

Schedule D (Form 990) 2019

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.									
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value							
(1) Financial derivatives									
(2) Closely held equity interests									
(3) Other									
(A)									
(B)									
(C)									
(D)									
(E)									
(F)									
(G)									
(H)									
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)									
Part VIII Investments - Program Related.									
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.							
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value							

	• •	,
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		1
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part	X Other Liabilities.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25	
1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Schedule D (Form 990) 2019

Sche	edule D (Form 990) 2019 READ TO A CHILD, INC.			20-2	3526239 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial State	ments With			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,050,864.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-29.		
b			120,032.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	120,003.
3	Subtract line 2e from line 1			3	930,861.
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				4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	930,861.
				-	
	rt XII Reconciliation of Expenses per Audited Financial State			Retu	
	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1	ements Wit	h Expenses per	Retu	rn.
	rt XII Reconciliation of Expenses per Audited Financial State	ements Wit	h Expenses per	Retu	
Pa	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1	ements Wit	h Expenses per		rn.
P a 1	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements	ements Wit	h Expenses per		rn.
Pa 1 2	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a. 2a	h Expenses per		rn.
Pa 1 2 a	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a. 2a 2b	h Expenses per		rn.
Pa 1 2 a b	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a. 2a. 2a 2b 2b 2c	h Expenses per		rn. 1,345,892.
Pa 1 2 a b c	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a. 2a 2b 2b 2c 2d	h Expenses per 120,032.	1 2e	rn. <u>1,345,892</u> . 120,032.
Pa 1 2 a b c d	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a. 2a 2a 2b 2c 2d	h Expenses per 120,032.	1	rn. 1,345,892.
Pa 1 2 b c d e	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a. 2a 2a 2b 2c 2d	h Expenses per 120,032.	1 2e	rn. <u>1,345,892</u> . 120,032.
Pa 1 2 a b c d e 3	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a. 2a 2b 2c 2d	h Expenses per 120,032.	1 2e	rn. <u>1,345,892</u> . 120,032.
Pa 1 2 a b c d e 3 4	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a. 2a 2b 2c 2d 4a	h Expenses per 120,032.	1 2e	rn. <u>1,345,892</u> . 120,032.
Pa 1 2 3 4 4	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a. 2a 2b 2b 2c 2d 2d 4a 4b 4b	h Expenses per 120,032.	1 2e	rn. <u>1,345,892</u> . <u>120,032</u> . <u>1,225,860</u> . 0.
Pa 1 2 a b c d e 3 4 a b c 5	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a. 2a 2a 2b 2c 2d 4a 4b	h Expenses per 120,032.	1 2e 3	rn. 1,345,892. 120,032. 1,225,860.

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

SCHEDULE G	Suppleme	ntal Information Rega	rding Fund	drais	ing or Gaming	Activ	vities	OMB No. 1545-0047		
(Form 990 or 990-EZ)	or if the	2019								
Department of the Treasury Internal Revenue Service										
Name of the organization	Employer ic	lentification number								
		A CHILD, INC.					20-352			
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.										
 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Ail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations g Special fundraising events d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. 										
(i) Name and address or entity (fund		(ii) Activity	(iii) fundr have ci or con contribu	ustody trol of	(iv) Gross receipts from activity	tò (o f	Amount paid r retained by jundraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization		
			Yes	No						
			I	L						
	ch the organizatio	n is registered or licensed to s	solicit contrib	outions	s or has been notified	d it is	exempt from	registration		
or licensing.										

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

Schedule G (Form 990 or 990-EZ) 2019

Schedule G (Form 990 or 990-EZ) 2019 READ TO A CHILD, INC.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-FZ, lines 1 and 6b. List events with gross receipts greater than \$5,00

		of fundraising event contributions and gr			•	ots greater than \$5,000.
			(a) Event #1	(b) Event #2 BOSTON	(c) Other events	(d) Total events
			BOSTON GALA	TRIVIA EVENT	1	(add col. (a) through col. (c))
ē			(event type)	(event type)	(total number)	col. (C))
Revenue	1	Gross receipts	190,112.	13,991.	9,012.	213,115.
	2	Less: Contributions	126,667.	11,700.	7,925.	146,292.
	3	Gross income (line 1 minus line 2)	63,445.	2,291.	1,087.	66,823.
	4	Cash prizes				
Direct Expenses	5	Noncash prizes				
	6	Rent/facility costs				
Direct E)	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses		312.	1,441.	37,336.
		Direct expense summary. Add lines 4 through			🕨	37,336
_	11 rt I	Net income summary. Subtract line 10 from I		- 000 Dart IV/ line 10 are		29,487
- a		Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Forn	n 990, Part IV, line 19, or r	reported more than	
				(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
eve						
r	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	_		Yes%	Yes%	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	►			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
	-					
9	Ent	ter the state(s) in which the organization condu	ucts gaming activities:			
а	ls t	he organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
b	lf "	No," explain:				
		ere any of the organization's gaming licenses re	Yes No			
b	IT "	Yes," explain:				

932082 09-11-19

Schedule G (Form 990 or 990-EZ) 2019

Schedule G (Form 990 or 990-EZ) 2019 READ TO A CHILD, INC. 20-3526239 11 Does the organization conduct gaming activities with nonmembers? Yes 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes 13 Indicate the percentage of gaming activity conducted in: 13a b An outside facility 13a 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	Page 3
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes 13 Indicate the percentage of gaming activity conducted in: 13a a The organization's facility 13a b An outside facility 13b	
to administer charitable gaming? Yes 13 Indicate the percentage of gaming activity conducted in: a The organization's facility b An outside facility	
13 Indicate the percentage of gaming activity conducted in: 13a a The organization's facility 13a b An outside facility 13b	No
a The organization's facility 13a b An outside facility 13b	
b An outside facility 13b	%
/	%
	/0
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount	
of gaming revenue retained by the third party \$	
c If "Yes," enter name and address of the third party:	
chi res, enterhame and address of the third party.	
Name	
Address	
16 Gaming manager information:	
Name	
Gaming manager compensation 🕨 \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	No
retain the state gaming license?	
retain the state gaming license? Yes b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	
retain the state gaming license? Yes b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$	h 10h
retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9	b, 10b,
retain the state gaming license? Yes b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$	b, 10b,
retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9	b, 10b,
retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9	b, 10b,
retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9	b, 10b,
retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9	b, 10b,
retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9	b, 10b,
retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9	b, 10b,
retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9	b, 10b,

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service
Name of the organization

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

Attach to Form 990 or 990-EZ

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



Employer identification number 20 - 3526239

READ TO A CHILD, INC.

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

A COPY OF THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS. IT IS

REVIEWED AND APPROVED PRIOR TO THE FILING OF THE RETURN.

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

THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY THAT HAS BEEN

REVIEWED AND ADOPTED BY THE BOARD OF DIRECTORS. NEW BOARD MEMBERS AND

EMPLOYEES ARE PROVIDED A COPY OF THE POLICY.

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

MEMBERS OF THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS GATHER ALL PERTINENT COMPENSATION INFORMATION, PERFORM AN ANNUAL REVIEW AND AUTHORIZE COMPENSATION AT THE EXECUTIVE LEVEL OF MANAGEMENT. THE COMPENSATION OF THE CEO IS FURTHER REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19:

ALL REQUIRED DOCUMENTS THAT ARE TO BE MADE AVAILABLE TO THE GENERAL PUBLIC ARE AVAILABLE UPON REQUEST.

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
11	WEBSITE DEVELOPMENT	09/30/13	SL	5.00		16	39,300.				39,300.	39,300.		٥.	39,300.
12	VOLUNTEER DATABASE	09/30/14	SL	3.00		16	17,650.				17,650.	17,650.		٥.	17,650.
	* TOTAL 990 PAGE 10 DEPR						56,950.				56,950.	56,950.		0.	56,950.

928111 04-01-19

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone