Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

Department of the Treasury
Internal Revenue Service

A For the 2021 cale

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

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

Open to Public

A	רטו נווי	e 2021 calendar year, or tax year beginning OCI I, 2021 and endi	ilg D	EP 30, 2022				
В	Check if applicab	C Name of organization		D Employer identifi	cation number			
	Addre							
L	Name chang	Doing business as		20-35262	39			
	Initial return Final	,	n/suite	E Telephone numbe 781-489-				
	Final return termir		,					
	ated Amen return	City or town, state or province, country, and ZIP or foreign postal code WELLESLEY, MA 02481		G Gross receipts \$ H(a) Is this a group re	1,552,525.			
F	Application			for subordinates				
	tion pendi		0/01					
_				H(b) Are all subordinates in				
		empt status: $X = 501(c)(3) = 501(c)(0)$ (insert no.) $4947(a)(1)$ or	527	1	list. See instructions			
		te: READTOACHILD.ORG		H(c) Group exemptio				
			L Year	of formation: 2005 N	1 State of legal domicile: MA			
P	art I	Summary						
Φ	1	Briefly describe the organization's mission or most significant activities: CHILDRE	EN'S	LITERACY &	MENTORING			
ũ								
Ĩ	2	Check this box if the organization discontinued its operations or disposed of the continued its operations.	of more	than 25% of its net as	ssets.			
ove.	3	Number of voting members of the governing body (Part VI, line 1a)		3	5			
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			4			
οğ		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			51			
iţie	1	Total number of volunteers (estimate if necessary)		_	730			
Activities & Governance	1	Total unrelated business revenue from Part VIII, column (C), line 12			0.			
ĕ		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.			
	"	The unrelated business taxable income norm of the 350-1, Fart I, line 11			Current Year			
		Ocatalla di casa and consta (Desta VIII discontina	_	Prior Year 1,407,444.	1,520,373.			
Revenue	8	Contributions and grants (Part VIII, line 1h)		0.	0.			
		Program service revenue (Part VIII, line 2g)			255.			
Вè		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,482.				
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-4,998.	16,081.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,403,928.	1,536,709.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	L	1,033,477.	1,169,324.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
ç	b	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 279,949						
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		113,026.	136,540.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,146,503.	1,305,864.			
	19	Revenue less expenses. Subtract line 18 from line 12		257,425.	230,845.			
or				ginning of Current Year	End of Year			
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		797,301.	773,901.			
Ass Ba	21	Total liabilities (Part X, line 26)	·	317,703.	63,458.			
Net	22	Net assets or fund balances. Subtract line 21 from line 20	·	479,598.	710,443.			
P	art II	Signature Block	.	27373300	72072200			
		alties of perjury, I declare that I have examined this return, including accompanying schedules and	ctatam	ante and to the heet of m	v knowledge and helief it is			
		ct, and complete. Declaration of preparer (other than officer) is based on all information of which p			y Knowledge and belief, it is			
uuc	, 001160	1. and complete. Decial attorn of preparer (other than officer) is based on an information of which p	перагег	I I I I I I I I I I I I I I I I I I I				
٠.		Signature of officer		I Date				
Sig		' · · ·		Duto				
He	re	PAUL LAMOUREUX, CHIEF EXECUTIVE OFFICER Type or print name and title						
				loto I	I DTIN			
_		Print/Type preparer's name Preparer's signature		Oate Check Check	PTIN			
Pai		JENNIFER L. FERRERA, CPA		self-employ				
Preparer Firm's name ► MURPHY, EDWARDS, GONCALVES & FERRERA, PC Firm's EIN ► 76-075400								
Use	Only	Firm's address 144 TURNPIKE ROAD, SUITE 340						
		SOUTHBORO, MA 01772		Phone no.50	8-229-7900			
Ма	y the I	RS discuss this return with the preparer shown above? See instructions			X Yes No			

Pa	Check if Schedule O contains a response or note to any line in this Part III	7
_		_
1	Briefly describe the organization's mission: READ TO A CHILD'S MISSION IS TO FOSTER A LOVE OF READING, IMPROVE	
	LITERACY SKILLS AND SUPPORT SOCIO-EMOTIONAL WELL-BEING IN STUDENTS	_
	FROM UNDER-RESOURCED COMMUNITIES.	_
		_
2	Did the organization undertake any significant program services during the year which were not listed on the	_
	prior Form 990 or 990-EZ?	,
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No	,
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	_
4a	(Code:) (Expenses \$914,615 • including grants of \$) (Revenue \$)
	READ TO A CHILD'S MISSION IS TO FOSTER A LOVE OF READING, IMPROVE	_
	LITERACY SKILLS AND SUPPORT SOCIO-EMOTIONAL WELL-BEING IN STUDENTS FROM	_
	UNDER-RESOURCED COMMUNITIES. READ TO A CHILD'S VISION IS THAT EVERY	_
	CHILD HAS THE OPPORTUNITY TO THRIVE IN SCHOOL AND BEYOND THROUGH	_
	INSPIRATIONAL MENTORING AND READ-ALOUD EXPERIENCES.	_
		_
		_
		_
		_
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		_
4b	(Code:) (Expenses \$)
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4c	(Code:) (Expenses \$)
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		_
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	_
4e	Total program service expenses ▶ 914,615.	_
	Form 990 (202	1)

Form 990 (2021) READ TO A CHILD, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	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 during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	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,			٠,,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		
3	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		Х
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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	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		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			7.7
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	Х	
h	Schedule D, Parts XI and XII	12a	Λ	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			<u> </u>
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			\ _{3,7}
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	^	-
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		X
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
∠∪a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
			-	-

Form 990 (2021) READ TO A CHILD, INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	 		Х
	Schedule K. If "No," go to line 25a	24a		Λ
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	210		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	28a		Х
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?	200		
_	"Yes, " complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
•	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		Х
35.2		35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	55a		 -
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		,,	
Da	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1 2	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	INO
	0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
-	(gambling) winnings to prize winners?	1c	Х	

Form 990 (2021) READ TO A CHILD, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	NO
2 a	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 51			
		OI-	Х	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Λ	
20	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.	2-		Х
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		122
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	SD		
44	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
h	If "Yes," enter the name of the foreign country	 a		
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
		5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	, , , , , , , , , , , , , , , , , , , ,	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a			
a h	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
-	amounts due or received from them.)			
12a	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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	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	. . .		v
	excess parachute payment(s) during the year?	15		X
40	If "Yes," see the instructions and file Form 4720, Schedule N.	40		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
47	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	17		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		
	n roo, complete i onn coco.			

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.

					Λ				
Sec	tion A. Governing Body and Management			1					
		1.1	-	Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	2						
	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.	1	4						
b	Enter the number of voting members included on line 1a, above, who are independent	1b	4						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other			37				
	officer, director, trustee, or key employee?		. 2	-	X				
3	Did the organization delegate control over management duties customarily performed by or under t				37				
	of officers, directors, trustees, or key employees to a management company or other person?			_	X				
4	Did the organization make any significant changes to its governing documents since the prior Form			_	X				
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?		_	X				
6	Did the organization have members or stockholders?		. 6		Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint one or							
	more members of the governing body?		. <u>7a</u>	-	X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or			l				
	persons other than the governing body?		. 7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by the following:							
а	The governing body?		. 8a	X					
b	Each committee with authority to act on behalf of the governing body?		. 8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-				l				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		. 9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Code.)		_					
			_	Yes	No				
	Did the organization have local chapters, branches, or affiliates?		10a		Х				
b	If "Yes," did the organization have written policies and procedures governing the activities of such of								
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	77					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
b	1 , ,, ,								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			 					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris		. 12b	X					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "			37					
	on Schedule O how this was done								
13	Did the organization have a written whistleblower policy?			X					
14	Did the organization have a written document retention and destruction policy?		. 14	X					
15	Did the process for determining compensation of the following persons include a review and approve	•							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision			37					
	The organization's CEO, Executive Director, or top management official			37	-				
b	Other officers or key employees of the organization		. 15b	X					
40	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange				v				
	taxable entity during the year?		. 16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	• •							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the control of	anization's							
<u> </u>	exempt status with respect to such arrangements?		_ 16b						
	tion C. Disclosure	МТ							
17	List the states with which a copy of this Form 990 is required to be filed MA, CA, CT, FL, I		(0)		-1-1				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and 990-1 (section 501(c)	(ദ)s on	y) avail	able				
	for public inspection. Indicate how you made these available. Check all that apply.	0 . (
40	X Own website X Another's website X Upon request Other (explain on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	conflict of interest policy,	and fina	ancial					
00	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 b ${\tt PAUL}$ ${\tt LAMOUREUX}$ - ${\tt 781-489-5910}$	ooks and records							
	20 WILLIAM STREET STE G25 WELLESLEY MA 02481								

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization n	or any related	orga	aniza	ation	cor	npei	nsat	ed any current officer, o	director, or trustee.	
(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position		one	Reportable	Reportable	Estimated		
	hours per	box	, unle	check more than one less person is both an and a director/trustee)			h an	compensation	compensation	amount of
	week	_	cer an	nd a d	irecto	or/trus	itee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or di	e,			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		e e	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	ional		ploye	t com		1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) PAUL LAMOUREUX	40.00	드	드	0	호	工员	꼰			
CEO		х		х				131,852.	0.	9,725.
(2) PETER NECHELES	2.00							,		·
CHAIR/INTERIM TREASURER		Х		Х				0.	0.	0.
(3) JULIE SOLOMON	2.00									
SECRETARY		Х		Х				0.	0.	0.
(4) DAVID BREWER	2.00									
DIRECTOR		Х						0.	0.	0.
(5) BRETT CARROLL	2.00									
DIRECTOR (RESIGNED IN 2021)		Х						0.	0.	0.
		-								
		1								
		1								
		-								
		1								
		1								
				_			_			
		-								

Page 8

Part	VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)	(C)					(D)	(E)	` '		(F)		
	Name and title	Average	Position (do not check more that			one	Reportable	Reportable		Es	timate	∌d		
		hours per week		box, unless person is both an officer and a director/trustee)									nount	of
		(list any	WCCK I			T,	from the	from related			other	tion		
		hours for	Individual trustee or director				_		organization	organization (W-2/1099-MI			pensa om th	
		related	9e or (stee			sate		(W-2/1099-MISC/	1099-NEC)			anizat	
		organizations	truste	al trus		yee	mper		1099-NEC)				d relat	
		below	idual	Institutional trustee	<u>-</u>	Key employee	est co	Je.	, , , , , , , , , , , , , , , , , , ,			orga	anizati	ons
		line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former						
1b S	Subtotal	l				_	1		131,852.		0.		9,7	25.
	otal from continuation sheets to Part V								0.		0.			0.
	otal (add lines 1b and 1c)								131,852.		0.		9,7	25.
	otal number of individuals (including but n								eceived more than \$100	,000 of reportab	ole			
	compensation from the organization												Yes	1 No
3 [Did the organization list any former officer,	director trust	ee l	Kev 6	-mn	love	e 0	r hio	nhest compensated emr	olovee on	ſ		163	
	ne 1a? If "Yes," complete Schedule J for s											3		х
	For any individual listed on line 1a, is the su													
а	and related organizations greater than \$150	0,000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edul	e J f	for such individual			4		Х
5 [Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	from	any	/ uni	elat	ted organization or indiv	dual for services	3			
	endered to the organization? If "Yes," com	plete Schedul	e J 1	or s	uch	pers	son .					5		Х
	on B. Independent Contractors													
	Complete this table for your five highest co he organization. Report compensation for										npens	ation 1	from	
	(A)								(B))	
	Name and business	address	N	INC	Ξ				Description of s	ervices	C	ompe	nsatio	n
								\dashv						
2 T	otal number of independent contractors (i	ncludina but n	ot li	mite	d to	tho	se li	sten	d above) who received m	nore than				
	5100,000 of compensation from the organi					(0		,					

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b 211,949. c Fundraising events 1c 1d d Related organizations 249,933. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 1,058,491 similar amounts not included above 1f 1g \$ g Noncash contributions included in lines 1a-1f ▶ 1,520,373. h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 255. 255. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a **b** Less: cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) _____ 7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 211,949. of contributions reported on line 1c). See 31,897. Part IV, line 18 15,816. **b** Less: direct expenses _____ 16,081. 16,081. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9b **b** Less: direct expenses c Net income or (loss) from gaming activities **10 a** Gross sales of inventory, less returns and allowances 10b **b** Less: cost of goods sold **c** Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 1,536,709. 0. 16,336 Total revenue. See instructions 12

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to any line in this Part IX									
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)					
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising					
			expenses	general expenses	expenses					
1	Grants and other assistance to domestic organizations									
_	and domestic governments. See Part IV, line 21									
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22									
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,									
	trustees, and key employees	141,577.	113,262.	14,158.	14,157.					
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	867,962.	628,968.	65,366.	173,628.					
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)									
9	Other employee benefits	75,810.	47,818.	3,303.	24,689.					
10	Payroll taxes	83,975.	62,538.	5,526.	15,911.					
11	Fees for services (nonemployees):	-	-	•	<u> </u>					
	Management									
	Legal									
	Accounting	13,675.		13,675.						
				==,0.00						
	Lobbying									
	Investment management fees									
g	,	58,009.	18,486.	534.	38,989.					
40	column (A), amount, list line 11g expenses on Sch 0.)	30,003.	10,400.	224.	30,303.					
12	Advertising and promotion									
13	Office expenses									
14	Information technology									
15	Royalties	E07	F 0 7							
16	Occupancy	527.	527.		E 4					
17	Travel	5,446.	5,392.		54.					
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials	2 500	2 404							
19	Conferences, conventions, and meetings	3,598.	3,484.	4 0 4 0	114.					
20	Interest	-1,349.		-1,349.						
21	Payments to affiliates									
22	Depreciation, depletion, and amortization									
23	Insurance	8,034.	3,980.	1,985.	2,069.					
24	Other expenses. Itemize expenses not covered									
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A).									
	amount, list line 24e expenses on Schedule 0.)									
а	OFFICE AND TELECOMMUNIC	34,200.	18,089.	6,185.	9,926.					
b	PROGRAM BOOKS AND SUPPL	9,231.	9,231.							
С	MISCELLANEOUS	3,081.	2,590.	129.	362.					
d	FILING FEES	1,788.	-	1,788.						
	All other expenses	300.	250.	·	50.					
25	Total functional expenses. Add lines 1 through 24e	1,305,864.	914,615.	111,300.	279,949.					
26	Joint costs. Complete this line only if the organization	,,	,	,	- ,					
_0	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	Check here if following SOP 98-2 (ASC 958-720)									
12201	0 12-09-21	<u> </u>	<u> </u>		Form 990 (2021)					

Form 990 (2021) Part X Balance Sheet

. u	ILA	Check if Schedule O contains a response or n	oto to an	v line in this Part Y			
		Check it Schedule O contains a response of th	ole to any	y iiile iii tilis Fait A	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			503,475.	1	258,200.
	2	Savings and temporary cash investments			257,946.	2	495,955.
	3				23,622.	3	5,015.
	4	Pledges and grants receivable, net Accounts receivable, net			23,022,	4	3,013.
	5	Loans and other receivables from any current				7	
	"	•					
		trustee, key employee, creator or founder, sub controlled entity or family member of any of th				5	
	6	Loans and other receivables from other disqua	•			3	
	"	under section 4958(f)(1)), and persons describ				6	
(0	7	Notes and loans receivable, net			7		
Assets	7					8	
Ass	8	Inventories for sale or use			12,258.	9	14,731.
	9	Prepaid expenses and deferred charges			12,250.	9	11,731,
	lua	Land, buildings, and equipment: cost or other		17,650.			
	۱	basis. Complete Part VI of Schedule D	10a	17,650.	0.	10c	0.
		Less: accumulated depreciation		0.	11	-	
	11	Investments - publicly traded securities			12		
	12	Investments - other securities. See Part IV, line					
	13	Investments - program-related. See Part IV, line		13 14			
	14	Intangible assets			15		
	15	Other assets. See Part IV, line 11		797,301.	16	773,901.	
	16	Total assets. Add lines 1 through 15 (must eq			37,770.	17	38,458.
	17 18	Accounts payable and accrued expenses			37,110.	18	30,130.
	19	Grants payable		30,000.	19	25,000.	
	20	Deferred revenue			30,000.	20	23,000.
	21	Tax-exempt bond liabilities				21	
"	22	Escrow or custodial account liability. Complete				21	
Liabilities	22	Loans and other payables to any current or for					
ijq		trustee, key employee, creator or founder, sub				22	
Гia	22	controlled entity or family member of any of the				23	
	23	Secured mortgages and notes payable to unre Unsecured notes and loans payable to unrelate			249,933.	24	
	25	Other liabilities (including federal income tax, p			21373331	24	
	23	parties, and other liabilities not included on line					
		of Schodulo D	•	·		25	
	26	Total liabilities. Add lines 17 through 25			317,703.	26	63,458.
	20	Organizations that follow FASB ASC 958, cl			32.7.33	20	00 / 200 1
es		and complete lines 27, 28, 32, and 33.	icok ner				
auc	27				346,099.	27	501,207.
Bal	28	Net assets with donor restrictions			133,499.	28	209,236.
pu		Organizations that do not follow FASB ASC			,		,
Ŀ		and complete lines 29 through 33.	000, 0110				
ō	29	Capital stock or trust principal, or current fund	s			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			479,598.	32	710,443.
Z	33	Total liabilities and net assets/fund balances			797,301.	33	773,901.
	JJ	TOTAL HADIILIES AND HEL ASSELS/JUND DAIMICES			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	JJ	7,3,301

Pa	TXI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)		L,53				
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,30				
3	Revenue less expenses. Subtract line 2 from line 1	3		0,8 9,5			
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4							
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	71	0,4	<u>43.</u>		
Pa	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				Ш		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2 b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,					
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.							
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit							
	Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990 ((2021)		

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

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

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization READ TO A CHILD, INC. Employer identification number 20-3526239

Pa	rt I	Reason for Public (Charity Status.	(All organizations must o	omplete th	nis part.) S	See instructions.				
The	organ	ization is not a private found	lation because it is: (For lines 1 through 12, o	heck only	one box.)					
1		A church, convention of ch	urches, or association	on of churches described	d in sectio	n 170(b)(1)(A)(i).				
2		A school described in sect i	•								
3	\Box	A hospital or a cooperative		•		//h//1//Δ//ii	ii)				
4	П	A medical research organiz						the hospital's name			
7		•	ation operated in co	njunction with a nospita	acsonbcc	a iii Scotio	ii ii o(b)(i)(A)(iii). Liitoi	the nospital s name,			
_		city, and state:		Hana an mainemaile anns a				and the			
5		An organization operated for		niege or university owner	or opera	ted by a g	overnmental unit descrit	bea in			
		section 170(b)(1)(A)(iv). (C	•								
6	77	A federal, state, or local government	-								
7	X										
		section 170(b)(1)(A)(vi). (Complete Part II.)									
8	Щ	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	ınction with a land-grant	college			
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state of the colleg	je or			
		university:									
10		An organization that norma	lly receives (1) more	than 33 1/3% of its sup	port from o	contributio	ons, membership fees, a	nd gross receipts from			
		activities related to its exen	npt functions, subjec	ct to certain exceptions;	and (2) no	more than	n 33 1/3% of its support	from gross investment			
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.			
		See section 509(a)(2). (Cor				·		·			
11		An organization organized a		ively to test for public sa	fetv. See	section 50	09(a)(4).				
12		An organization organized a	•	*	•			e purposes of one or			
		more publicly supported or	=	•	-		•				
		lines 12a through 12d that									
а		Type I. A supporting orga				•	· · · · · ·	, aivina			
u		the supported organization	· · · · · · · · · · · · · · · · · · ·	•	•						
		• • • •			а пајопцу (or the dire	ctors or trustees or the s	supporting			
L.		organization. You must o	=				iti(-)	u da a			
b			· ·					-			
		control or management o			ame perso	ons that co	ontrol or manage the sup	рропеа			
		organization(s). You mus	- · · · · · · · · · · · · · · · · · · ·								
С							• •	ed with,			
		its supported organization		•							
d		⊥ Type III non-functionally									
		that is not functionally int	-	- ·	•		·	iveness			
	_	requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.				
е		☐ Check this box if the organic					a Type I, Type II, Type III				
		functionally integrated, or		nally integrated support	ing organiz	zation.					
f	Ente	er the number of supported o	organizations								
g		vide the following information			(iv) Is the orga	nization listed		I			
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of monetary	(vi) Amount of other support (see instructions)			
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)			
Take											

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1235222.	1312616.	900,291.	1407444.	1520373.	6375946.
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	1005000	1210616	000 001	1105111	4500050	6285046
	Total. Add lines 1 through 3	1235222.	1312616.	900,291.	1407444.	1520373.	6375946.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						740 751
	column (f)						749,751. 5626195.
	Public support. Subtract line 5 from line 4.						3020193.
	etion B. Total Support	(-) 0017	(h) 0010	/a) 0010	(4) 0000	(-) 0001	(f) T-1-1
	ndar year (or fiscal year beginning in)	(a) 2017 1235222.	(b) 2018 1312616.	(c) 2019 900, 291.	(d) 2020 1407444.	(e) 2021 1520373.	(f) Total 6375946.
	Amounts from line 4	1233222.	1312010.	500,251.	140/444.	1320373.	03/3740.
0	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources	736.	489.	1,083.	1,482.	255.	4,045.
9	Net income from unrelated business	7301	1031	1,000	1,1021	2331	1,0130
3	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.)	9,038.	15,620.	29,487.	-4,998.	16,081.	65,228.
11	Total support. Add lines 7 through 10				·	·	6445219.
12		, etc. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for the		,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop	p here					
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2021 (line 6, column (f), c	livided by line 11,	column (f))		14	87.29 %
	Public support percentage from 2020					15	84.64 %
16a	33 1/3% support test - 2021. If the	organization did no	ot check the box of	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization	·			►X
b	33 1/3% support test - 2020. If the						nis box
	and stop here. The organization qual						▶□
17a	10% -facts-and-circumstances tes	t - 2021. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact				•	VI how the organiz	ation
	meets the facts-and-circumstances to	-		• • •			▶□
b	10% -facts-and-circumstances tes						10% or
	more, and if the organization meets the				-		. —
	organization meets the facts-and-circ		-	•			
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17k	o, check this box a	ınd see instruction	s ▶∟

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

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ū	are not an unrelated trade or bus-						
	iness under section 513						
4							
•	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
7 6	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received						
•	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	·	(-) 0017	(h) 0010	/s) 0010	(4) 0000	(=) 0001	(6) Tatal
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6 Gross income from interest,						
IUa	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
K	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
'''	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	-			•		ion,
-		is Orange and De					<u></u>
	ction C. Computation of Publ			. (2)		11	
	Public support percentage for 2021 (15	<u>%</u>
	Public support percentage from 2020					16	<u>%</u>
	ction D. Computation of Inve					1 1	
17	Investment income percentage for 20					17	<u>%</u>
18						18	%
19a	a 33 1/3% support tests - 2021. If the						17 is not
	more than 33 1/3%, check this box a						▶□
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	orted organization	▶∐
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in:	structions	▶Ш

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
_		
3a		
3b		
_		
3с		
4-		
4a		
4b		
4c		
5a		
5b 5c		
30		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
	<i>y</i> , 1, 0 0		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			<u> </u>
000	tion of Type it Supporting Organizations		Yes	No
	Managarania, af the conscinction's disease of the characteristic of the disease.		res	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	4		
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		<u> </u>
360	tion b. 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 on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
0	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)	•		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			1

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

	dule A (Form 990) 2021 READ TO A CHILD, INC.			20-3526239 Page 6
Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust o	n Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st comple	te Sections A through E.	
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			

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

Schedule A (Form 990) 2021

emergency temporary reduction (see instructions).

instructions).

6

Sche	dule A (Form 990) 2021 READ TO A CHI				U-3526239 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continue}	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	ns	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	Э		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	8	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
ī	Carryover from 2016 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7:				
а	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				

Schedule A (Form 990) 2021

and 4c. 8 Breakdown of line 7: a Excess from 2017 **b** Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

7 Excess distributions carryover to 2022. Add lines 3j

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

READ TO A CHILD, INC.

Employer identification number 20-3526239

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Acco	unts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.		•
		(a) Donor advised funds	(b) Fur	nds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds	
	are the organization's property, subject to the organization's	_		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor			
			-	Yes No
Pa	rt II Conservation Easements. Complete if the or			
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).		
	Preservation of land for public use (for example, recrea		a historically	important land area
	Protection of natural habitat	Preservation of		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conserv	ation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b				
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c	
d				
	listed in the National Register		I	
3	Number of conservation easements modified, transferred, re			n during the tax
	year ▶			
4	Number of states where property subject to conservation ea	sement is located >		
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements	it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing cons	servation eas	sements during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	tion easeme	nts during the year
	> \$			
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170((h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense	statement a	and
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial stateme	ents that de	scribes the
	organization's accounting for conservation easements.			
Pa	rt III Organizations Maintaining Collections o		ther Simi	lar Assets.
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement a	nd balance	sheet works
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or research in fu	rtherance of	f public
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that describes these item	ıs.	
b	If the organization elected, as permitted under FASB ASC 95	•		
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furth	erance of p	ublic service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
				\$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial	l gain, provid	de
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1			\$
h	Assets included in Form 990, Part Y		.	¢

Schedule D (Form 990) 2021

e Other

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

Schedule D (Form 990) 2021 READ TO A C	HILD. INC.	20	-3526239 Page
Part VII Investments - Other Securities.			
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	I-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"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(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 000 Part IV line	11d Soc Form 990 Part V line 15	
	Description	Tru. See Form 990, Part X, line 15.	(b) Book value
	20011ption		(b) Book value
(1)			
(2)			
(4)			
(5)			
(6)			
(7)			
(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)			

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...

(6) (7) (8) 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:

1

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

a Net unrealized gains (losses) on investments 113,314. **b** Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.) c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 1 2 Amounts included on line 1 but not on Form 990. Part IX. line 25: 113,314. a Donated services and use of facilities 2a **b** Prior year adjustments 2b 2c c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses, Add lines 3 and 4c, (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. 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 (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

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Schedule G (Form 990) 2021

Name of the organization Employer identification number READ TO A CHILD, INC. 20-3526239 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. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants ☐ Phone solicitations ☐ Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes No 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. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

20-3526239 Page 2 Schedule G (Form 990) 2021 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-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events ANNUAL GALA BOSTON (add col. (a) through VIRTUAL EVTRIVIA EVENT 1 col. (c)) (event type) (event type) (total number) Revenue 20,375. 243,845. 1 Gross receipts 219,173. 4,297. 190,098. 18,961. 2,890. 211,949. 2 Less: Contributions 31,896. 29,075. 1,414. 1,407. **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 11,617. 2,966. 1,233. 15,816. 15,816. 10 Direct expense summary. Add lines 4 through 9 in column (d) 16,080. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? No **b** If "No," explain:

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b If "Yes," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? _____ Yes ____ No

11 loces the organization conduct gaming activities with nonmembers? 2 list the organization as grants: beneficiary or trusted of brusts, or a member of a partnership or other entity formed to administer charitable gaming? 3 Indicate the percentage of gaming activity conducted in: a The organization facility. 13 Indicate the member of a partnership or other entity formed to administer charitable gaming? 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶ Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? No bill "Yes," enter the amount of gaming revenue received by the organization ▶ \$	Sch	ledule G (Form 990) 2021 READ TO A CHILD, INC. 20-	3526	239	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? 13	11	Does the organization conduct gaming activities with nonmembers?		Yes	□ No
13 Indicate the percentage of gaming activity conducted in: a The organization's facility					
13 Indicate the percentage of gaming activity conducted in: a The organization's facility		to administer charitable gaming?		Yes	☐ No
a The organization's facility b An outside facility 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶ Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	13				
b An outside facility	а	The organization's facility	13a		%
Name ► Address ► 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?					%
Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?				•	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Name			
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount of gaming revenue retained by the third party ▶\$ and the amount of gaming revenue retained by the third party: Name ▶ Address ▶		Address >			
of gaming revenue retained by the third party ▶\$ c If "Yes," enter name and address of the third party: Name ▶ Address ▶ 16 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer	15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
c If "Yes," enter name and address of the third party: Name ▶ Address ▶ 16 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer	b				
Address ► Address ► 16 Gaming manager information: Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer					
Address ▶ 16 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer	C	If "Yes," enter name and address of the third party:			
Saming 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 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, 9b, 10b,		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 retain the state gaming license? □ Yes □ No 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, 9b, 10b,		Address >			
Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer	16	Gaming manager information:			
Director/officer		Name			
Director/officer		Gaming manager compensation			
Director/officer		Carring manager compensation • • •			
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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, 9b, 10b,	b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
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15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	Pa		art III, I	ines 9,	9b, 10b,
		15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

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Part IV	G (Form 990) Supplemental Info	rmation (continued)			

SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

Name of the organization

READ TO A CHILD TNC Employer identification number 20 – 3526239

OMB No. 1545-0047

20-3320233
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Asset No.	Description	Date Acquired	Method	Life	Conv	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
12	VOLUNTEER DATABASE	09/30/14	SL	3.00		16	17,650.				17,650.	17,650.		0.	17,650.
	* TOTAL 990 PAGE 10 DEPR						17,650.				17,650.	17,650.		0.	17,650.