A	2		1	L								OMB No 1	E4E 0047
Form	.99	90 [.] `		Retur	n of Organi	zatior	n Exempt	From In	come	Tax		OMBNO	343-0047
			1		_		-				_	201	18
•			i i	-	:), 527, or 4947(a)			-		17	ons)		
•		the Treasury	ı		nter social securi	•		-	•	1~	Ω	Open to	
		Je Service			www.irs.gov/Form	1990 for i						Inspec	tion
<u> </u>	or the	2018 calend	lar year, or ta	x year begin	ning		01-0	2019 a	nd endin	9	06-30		
B c	heck if a	pphcable	C Name of orga	anization Reac	d and Feed						— P ₽	Employer Identi	fication no.
_ ∐ ^	ddress o	hange	Doing busine	ess as							20	-3246207	·
	ame cha	inge	Number and	street (or PO bo	ox if mail is not delivered	l to street ad	ldress)		Ro	om/suite	ET	Telephone numb	er
_ ∐ "	ntıal retu	m	193 Hi	gh House	Road						(9	19) 538-3	840
∐ ғ	inal retu	n/terminated	City or town,	state or province	e, country, and ZIP or for	eign postali	code				G	Gross receipts	
닏 ^	mended	return	Cary,	NC 27511								186	,166
LJ ∧	pplicatio	n pending	F Name and ad	ddress of principa	al officer Kathe	erine 1	Mullan	_		A(a) bethesagroup	return for subc		es 🛚 No
				s C above				$\overline{}$		H(b) Are ali subo	dinates inch	uded? LY	es No
\ <u>I </u>	ax-exem		501(c)(3)	501(c) () (insert no.)	4947(a)(1) or	52/	\leq	lf "No," a	ittach a list.	(see instructions	5)
3 N	/ebsite:		p://reada				1			H(c) Group exe	nption numb	ber P	
				Trust Ass	sociation Other			L Year of formation	on: 2005	M State	of legat don	nicile NC	
Pai	~~	Summar											
	1	•	•		ion or most signific	1	=	mission :				eracy ski	ills
8	1	-			tary school	child	ren, and p	provide m	eals i	n a nurtu	ring		
ian i		neighborh	hood envi	ronment.			••	*****					<u> </u>
Activities & Governance		Ob I- 45:- b -	> [] :4 ib.		- diadiadia				FOV -614-				
်	2			-	n discontinued its o	•	•	***	ו צוניט פרכ	iei asseis	3		
~8	3		_	-	rning body (Part V				\ ./		4		16
ies	4		•	•	s of the governing	• •			. 		5		16
Ę	5		r of volunteers		n calendar year 20	10 (Fail \	7, III e 2a)		1	, , , , , ,	6		8
Ac	7a			•	Part VIII, column (1	سيد ال	7a√	<u> </u>	<u>575</u> 0
	Ь,				from Form 990-T,	•				EIVED	7b.\		0
-	 	THOU GITT CIGACO	2 000,11000 tax	table modifie	1101111 01111 000 1,	11110 00			REC	E V CON	18/F	Current Ye	
	8	Contributions	s and grants (F	Part VIII. line	1h)			\		D 0880	<u> </u>		52,051
9	9		vice revenue (•				ED	X/O LOVE	121		0
Revenue	10	•		•	A), lines 3, 4, and 7	7d)		····/8	7	7	.095	$ar{}$	1,508
è	11	Other revenu	ue (Part VIII, c	olumn (A), lır	nes 5, 6d, 8c, 9c, 1	0c, and 1	1e)	, [9]	يشكنا	TEN(18	106	٠ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ	24,007
	12	Total revenue	e - add lines 8	through 11 (must equal Part V	III, colum	n (A), line 12)	/.	07	DEN(18	,677	1	77,566
	13	Grants and s	ımılar amount	ts paid (Part I	IX, column (A), line	es 1-3)							0
	14	Benefits paid	I to or for mem	nbers (Part I)	(, column (A), line	4)			$\cdots $ $ $				0
ú	15	Salanes, other	er compensati	ion, employe	e benefits (Part IX	, column	(A), lines 5-10)] ۰۰۰	173	,839		87,727
Şe					column (A), line 11				• •	 			0
Expenses	b				lumn (D), line 25)			6,353	_				
ũ	17	Other expens	ses (Part IX, c	xolumn (A), lii	nes 11a-11d, 11f-2	4e) .			• •	249	,100	1	152,476
	18	•		•	equal Part IX, colu		•		· ·	422	,939	2	40,203
	19	Revenue less	s expenses. S	Subtract line	18 from line 12			.i chare	s:	(49	,262)		(62,637
Net Assets or Fund Balances						R	ECEIVED I	C - 22	Begi	nning of Current	Year	End of Ye	ar
set Jean	20		(Part X, line 16	•					· ·	667	,946		27,904
ad A	21		s (Part X, line	•				0.5050	••	•	,145		11,047
				s. Subtract I	line 21 from line 20	<u> </u>	· · WHU.	9.55	• • •	652	,801	5	16,857
Par	consiste	Signatu	re Block	warmand that eats	un motufina accompan	eno rebode	lac and statements	had lately a	f mu knAulo	don and ballet it i	•		
true, o	correct, a	and complete. Dec	daration of prepar	rer (other than off	im, including accompanition) is based on all info	ying scrieda Armation of v	inich preparer has	i silomowiedge.	it my knowie	uge and beset, it i	s		
			Van	ΛΑΙΛΙΛΛ (Mall	1000					2	17/20	20
Sign	1	Signature	re of officer	<u>vaani</u>	<u> </u>	WOL					Date	1120	
Her		Va	MARIE	ne N	MULLAN	1.1	ecutiv	i Div	100+	nv			
	•	Type or p	print name and title	le	W NIDCY I	1 EX.	CONV	7 011	201				
		Print/Type pre	•		Preparer's signature			Date		Check X	rf PTIN		
Paid	ı	Mark Da	•		Mark	ς.	Danes	01-16-20	20	self-employe		, P0132173(6
	barer		<u>es</u>	Mark S T	Danes CPA PL			MT 10-50	-		6-106		
•	Only		s >		enchmans Cre					one no	0-100	1200	
	,	, im saucies	-	Durham N		-a DII	¥-G		' '		L9-452	-1999	
May	he IDS	diegriee this	return with the		num shove? (see i	instruction	16)				432	-1999 	□ No

598

For Paperwork Reduction Act Notice, see the separate instructions.

930

Form 990 (2018)

	artilli Statement of Program Service Accomplish	iments	
	Check if Schedule O contains a response or note to any lir		
4	Bnefly describe the organization's mission		
•			d alamantamu aabaal abaldran
	Our mission is to strengthen literacy skill		ved elementary school children
	and provide meals in a nurturing neighborho	od environment.	
2	, ,		
	pnor 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 pro	gram
•	services?		
	If "Yes," describe these changes on Schedule O.		
	Describe the organization's program service accomplishments for e	ach of its three largest area	ram convece as mossured by
4			
	expenses. Section 501(c)(3) and 501(c)(4) organizations are require		rants and allocations to others,
	the total expenses, and revenue, if any, for each program service re	ported	
4a	(Code) (Expenses \$ 194,043 inclu	ding grants of \$) (Revenue \$
	With three mobile classrooms and partnershi		 '`
	Feed served approximately 600 children in 2		
	tutoring and age appropriate books at no ch		
	In return, we ask for their commitment to a		
	participants. In 2019, we distributed over	9,600 books throu	gh our program, building first
	time libraries at home for many of the chil	dren.	
		4) (Dayana
4b	o (Code:) (Expenses \$ inclu	iding grants of \$) (Revenue \$)
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4b	b (Code:) (Expenses \$ inclu	iding grants of \$) (Revenue \$
4b			
) (Revenue \$) (Revenue \$
4c			

Page 3 20-3246207

		24620	07	F	Page
Рa	T(IV) Checklist of Required Schedules			Γ.,	١
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	٦		Yes	No
•	complete Schedule A · · · · · · · · · · · · · · · · · ·		1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	- I	2	X	ļ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	}	-	<u> </u>	
,	candidates for public office? If "Yes," complete Schedule C, Part I		3		Х
		}	3		1
,	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		4		٠,
	election in effect during the tax year? If "Yes," complete Schedule C, Part II		4		X
	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,		_ :		١.,
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		5		X
	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
	Did the organization receive or hold a conservation easement, including easements to preserve open space,				
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	• • • \	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	- [
	complete Schedule D, Part III	[8		X
	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	ſ			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or	Ì			İ
	debt negotiation services? If "Yes," complete Schedule D, Part IV		9		Х
	Did the organization, directly or through a related organization, hold assets in temporanly restricted	F			<u> </u>
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		10		x
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		100 mg/	<i>≟3/</i> ⊊	74. A.
			0.72° √ 54° €		35 m
_	VII, VIII, IX, or X as applicable	1		200	2
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			١,,	
	complete Schedule D, Part VI	}	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	\cdots	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more				1
	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
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	[11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	Ì			T
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		11f		l x
ı	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	ŀ			+
•	Schedule D, Parts XI and XII		12a	х	ĺ
)	Was the organization included in consolidated, independent audited financial statements for the tax year? If	}		1	┼
,	· · ·		425		Ι,
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	-			X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		13		X
	Did the organization maintain an office, employees, or agents outside of the United States?		14a		1
)	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	\cdots	14b		_}
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	ļ			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	\cdots	15		Σ
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	-		ļ	l
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		16		>
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	ſ			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		17		 >
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on				1
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		18	x	
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	}		 ^	\vdash
	If "Yes," complete Schedule G, Part III	1	40		Ι,
			19	<u> </u>	X
а	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	-		<u> </u>	2
0	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	\cdots	20b	<u> </u>	\vdash
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or				
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		21		X

Form	990 (2018) Read and Feed 20-324	6207	ı	Page
Pa	rt IV Checklist of Required Schedules (continued)			
`22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	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	- 1		
	employees? If "Yes," complete Schedule J	. 23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		1	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	. 24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary penod exception?	. 24b	—	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			\top
	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?	ŀ	1	
	If "Yes," complete Schedule L, Part I	. 25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	1		
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	. 26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	ł	1	1
	entity 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,		·	1 7
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	ا مدسم -		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			1
	Schedule L, Part IV	· 28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			١
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	· 28c	-	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	· 29	X	
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	1	Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	· 32	+	+ $$
33	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	. 33	1	Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	· -33		+^
34	or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · ·	. 34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		1	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	000	+	
-	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	134		1
	related organization? If "Yes," complete Schedule R, Part V, line 2	. 36	1	Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1	1	
	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			T-

19? Note. All Form 990 filers are required to complete Schedule O. Statements Regarding Other IRS Filings and Tax Compliance Part V

		Y	es	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		5.1			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable		:: · \			
С	c Did the organization comply with backup withholding rules for reportable payments to vendors and					
	reportable gaming (gambling) winnings to prize winners?	3	X			

20-3246207 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes 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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 36 b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, **4**a a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? C 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 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? If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? a 7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h 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 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a X Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9h ь Section 501(c)(7) organizations. Enter 10 Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 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 Section 501(c)(29) qualified nonprofit health insurance issuers. 13 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. 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 14a Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14h h 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year 15 If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16

If "Yes," complete Form 4720, Schedule O

Pa	TT VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "	Vo"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions			
	Check if Schedule O contains a response or note to any line in this Part VI			· 🛛
Sec	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			1
	If there are material differences in voting rights among members of the governing body, or	1 .		1 1
	if the governing body delegated broad authority to an executive committee or similar], - j		-
	committee, explain in Schedule O		•	
b	Enter the number of voting members included in 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?	2	Х	
3	Did the organization delegate control over management duties customanly performed by or under the direct			\vdash
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X	<u> </u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	7.	X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	-		
	one or more members of the governing body?]		v
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a		X
	stockholders, or persons other than the governing body?			v
8		7b		X
J	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			1
-	The governing body?			
a b	Each committee with authority to act on behalf of the governing body?	8a	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	8b	Χ	
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	,	v
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	9		<u>X</u>
	to the state of this decision be requests information about policies not required by the internal Revenue Code /			
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No V
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	IVa		<u>X</u>
•	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	405		l
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	11a	^	<u> </u>
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	42-	Ţ	نہ ۔۔۔ ا
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	X	ļ
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12b	<u> </u>	
Ū	describe in Schedule O how this was done	420	v	l
12	Did the organization have a uniten whistlehlower notice?	12c	<u>X</u>	
14	Did the organization have a written document retention and destruction policy?	13	X	
15	Did the process for determining compensation of the following persons include a review and approval by	14	X	i
15				1
а	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	~~ ~		1
_		15a	Х	
b	Other officers or key employees of the organization	15b		<u>X</u>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	į		, }
100	with a taxable entity during the year?	465		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a		X
u		^		-,
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
Sac	organization's exempt status with respect to such arrangements?	16b		
		· · -		
17 48	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1032 (1034 or 1034 A familiable), 000, and 000 T (Contract Forms)			
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			
40	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
20	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			
	Katherine Mullan (919)538-3840, 193 High House Road, Cary, NC 27511			

Form 990 (2018					20-32		Page
Part VII	Compensation of Officers,	Directors, Trustees,	Key Employees,	Highest (Compensated	Employees	, and
	Independent Contractors						

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

Check this box if neither the organization nor any rela	ted organization	comp	ensa			curren	t off	icer, director, or tru:	stee	
(A) Name and Title	(B) Average hours per week (list any hours for	box,	unle	Pos eck m ss per	son is	han one s both ar /trustee)		(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted (ine)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Lisa Malmberg Director	2.00	Х						0	O	0
(2) Pamela Meek Director		x						0	0	0
(3) James Stem Director	2.00_	Х						0	0	0
(4) Caroline Suddreth Director	2.00	Х						0		0
(5) Jan Frantz Director	2.00	Х						0	0	0
(6) Larry Swaney Director		Х						0	0	0
(7) Kathryn Raymond Director	2.00	Х						0	0	0
(8) Mike Owens Director		Х						0	0	0
(9) Benjamin Swaney Director		Х						0	0	0
(10)Tina Vrabel Président		Х		Х				0	0	0
(11)Greg_Rideout	3.00	Х		Х				0	0	0
(12)Christopher Meredith Treasurer		Х		Х				0	0	0
(13)Sue Stevens Secretary	4.00	Х		Х				0	0	0
(14)Doug_Short	2.00_	Х]			0	0	0

Section A. Officers, Directors, Trustees,	Key Employe	ees, aı	nd H	lighe	est C	compens	ated Employees (c	continued)			
				(0	-		-				
` (A)	(B)	(do n	ot che	Posi eck m		an one	(D)	(E)		(F)	
Name and title	Average hours per					both an	Reportable compensation	Reportable compensation from	1	Estimated amount of	
	week (list any		_			trustee)	from	related		other	
	hours for related	Individual trustee or director	Institutional trust	Officer	Kay employee	Highest compensated employee	the organization	organizations (W-2/1099-MISC)	~	mpensation from the	
	organizations	eda	i i] =	gr	oyee	(W-2/1099-MISC)	(** 2, 1000 ,00)		rganızatıo	วก
	below dotted line)	tag	al tru		уее	mpe		}	1	ınd relateı ganızatıor	
	,	8	stee			nsat				•	-
						, a					
						ĺ					
(15)Kristin Walker	2.00										
Director		Х					0				0
(16)Diana_Bernas	2.00										
Director	<u> </u>	Х					<u> </u>) (2		0
(17)Margo Stutesman	2.00										
Director		Х					c) (<u> </u>		0_
(18)Anuja Acharya	2 .00_	v									•
Director	40.00	X))		0
(19)Katherine Mullan Executive Director	40.00			Х				,	,		0
(20)							1	<u> </u>	'		
2-3/											
(21)								<u> </u>			
(22)											
(23)				_				 	+		
(24)											
						-	1				
(25)]			
1b Sub-total · · · · · · · · · · · · · · · · · · ·	L	l	L				+		_		
c Total from continuation sheets to Part VII, Section								 	-		
d Total (add lines 1b and 1c)									,		0
Total number of individuals (including but not limited	•						<u> </u>		<u></u>		
reportable compensation from the organization)		
**									· · · · · · · · · · · · · · · · · · ·	Yes	No
3 Did the organization list any former officer, director,	or trustee, ke	y emp	loye	e, or	high	nest comp	ensated				
employee on line 1a? If "Yes," complete Schedule J							• • • • • • • •		3	1 455-679 A	X
4 For any individual listed on line 1a, is the sum of rep											
organization and related organizations greater than s											
5 Did any person listed on line 1a receive or accrue co								• • • • • • • •	4		X 3.82.
for services rendered to the organization? If "Yes," or	•		•			•			5		X
Section B. Independent Contractors	ompioto con		70.	000/	μοι	-					
Complete this table for your five highest compensate	ed independe	nt con	tract	ors t	hat r	received r	more than \$100,000) of			
compensation from the organization Report comper											
year (A)							(B)			(C)	
Name and business address							Description of		Сол	pensation	n
2 Table makes for death and the state of the									e elle sette l'in	15 1 2 N AS	Phys Cards
2 Total number of independent contractors (including be received more than \$100,000 of compensation from			se II	sied	aD0	ve) who		ية م د			

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII Related or exempt function Unrelated business Revenue excluded from tax Total revenue 512-514 Federated campaigns 1b c Fundraising events 1c 8,270 d Related organizations 1e Government grants (contributions) . . All other contributions, gifts, grants, and similar amounts not included above 143,781 g Noncash contributions included in lines 1a-1f \$ 35,914 152,051 **Business Code** Revenue Program Service f All other program service revenue g Total. Add lines 2a-2f investment income (including dividends, interest, and other similar amounts) 1,508 1,508 Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6a Gross rents **b** Less rental expenses · · · · c Rental income or (loss) · · · d Net rental income or (loss) · · · · · · · · · · · · · · · ▶ (i) Secunties (ii) Other 7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses . . . c Gain or (loss) d Net gain or (loss) Revenue 8a Gross income from fundraising events (not including of contributions reported on line 1c) Other See Part IV, line 18 9,300 8,600 c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 a **b** Less direct expenses b c Net income or (loss) from gaming activities . . . 10a Gross sales of inventory, less returns and allowances . . . **b** Less cost of goods sold b Miscellaneous Revenue **Business Code** 900099 11a Basis of acctng change d All other revenue · · · · e Total. Add lines 11a-11d 177,566 23,307

Form 990 (2018) Read and Feed Part X 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 a so include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	·····			THE RESERVE TO SERVE THE PARTY OF THE PARTY
2	Grants and other assistance to domestic				200
_	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign			344 (37)	
	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	30,762	20,610	7,690	2,462
6	Compensation not included above, to disqualified			1	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) · · · · · ·				
7	Other salanes and wages	50,400	41,664	7,737	999
8	Pension plan accruals and contributions (include	,			
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	6,565	4,980	1,286	299
11	Fees for services (non-employees)	-			
а	Management	11,500	11,500		
b	Legal				
С	Accounting	8,678	863	7,782	33
d	Lobbying	,			
е	Professional fundraising services See Part IV, line 17			CK CHARLES	
f	Investment management fees		- Control Sharpen at the state of the it	MARKET SCHOOL TARE ASSOCIATED	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O.) · ·	2,059	1,328	703	28
12	Advertising and promotion	1,575	1,328	1,575	20
13	Office expenses	3,280	1,989	1,115	176
4	Information technology			983	
15	Royalties	3,428	2,374	963	71
16	Occupancy	10 720	0.000	2 110	2.00
	•	12,738	8,860	3,110	768
17	Travel	3,153	2,530	623	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	650		50	600
20	Interest				•
!1	Payments to affiliates			 _	
22	Depreciation, depletion, and amortization	13,749	13,681	68	
23	Insurance	6,203	2,037	4,166	t in the state of
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	RV maintenance and repairs	5,064	5,064		
þ	Books and incentives	58,005	57,138	867	
C	Meals	18,131	17,957	147	27
d					
е	All other expenses	4,263	1,468	1,905	890
5	Total functional expenses. Add lines 1 through 24e	240,203	194,043	39,807	6,353
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				
EA				L	Form 990 (201

Balance Sheet

Part X

Feed 20-3246207

Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year Cash - non-interest-bearing 101,090 1 34,473 2 301,040 2 367,558 3 50,000 3 115 939 1,123 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 Assets 123,000 8 43,000 q 6,517 10,392 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a 185,038 Less accumulated depreciation 10b 85,176 113,611 71,427 11 11 12 12 Investments - other secunties. See Part IV, line 11 13 Investments - program-related See Part IV, line 11 . . . 13 14 14 15 15 16 16 667,946 527,904 17 17 15,145 11,047 18 18 19 Deferred revenue 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Loans and other payables to current and former officers, directors, iabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 26 11,047 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and **Vet Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. 522,801 436,857 28 130,000 80,000 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 33 33 516,857 652,801 34 34 527,904 667,946

Reconciliation of Net Assets					
Check if Schedule O contains a response or note to any line in this Part XI					· 🛛
Total revenue (must equal Part VIII, column (A), line 12)	1			177,5	66
Total expenses (must equal Part IX, column (A), line 25)	2	.		240,2	203
Revenue less expenses. Subtract line 2 from line 1	3			(62,6	537)
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			652,8	301
Net unrealized gains (losses) on investments	5				
Donated services and use of facilities	6				
Investment expenses	7				
Prior period adjustments	8			(50,0	000)
Other changes in net assets or fund balances (explain in Schedule O)	9			(23,3	307)
Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	10)	!	516,8	357
Tinancial Statements and Reporting					
Check if Schedule O contains a response or note to any line in this Part XII					$\cdot \square$
				Yes	No
Accounting method used to prepare the Form 990					
If the organization changed its method of accounting from a prior year or checked "Other," explain in					
Schedule O.					
Were the organization's financial statements compiled or reviewed by an independent accountant?			. 2a	, Marie 200	X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			養養	No.	法學
reviewed on a separate basis, consolidated basis, or both					
Separate basis Consolidated basis Both consolidated and separate basis					400 A
Were the organization's financial statements audited by an independent accountant?			. 2b	X	************
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			K. M. Al	1	100 miles
separate basis, consolidated basis, or both					
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			200	200	A STATE OF
of the audit, review, or compilation of its financial statements and selection of an independent accountant?			· 2c	X	25425
·			To be	1504	選が
Schedule O					X 13
As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			150000000000000000000000000000000000000	A15 25 20	Technologia de la constantina della constantina
the Single Audit Act and OMB Circular A-133?			. За		Х
·					
			. 3b		ı
	Net assets or fund balances at beginning of year (must equal Part X, line 33, 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 in Schedule O) Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) **XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 7 Pror period adjustments 8 Other changes in net assets or fund balances (explain in Schedule O) 9 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990	Net unrealized gains (losses) on investments	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) At unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 8 Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 652, E Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 8 (50, 0 Other changes in net assets or fund balances (explain in Schedule O) 9 (23, 3) Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 516, E XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990

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SCHEDULE A (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 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

20-3246207

2018

Open to Public '

Internal Revenue Service
Name of the organization
Read and Feed

Department of the Treasury

Employer Identification numbe

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(lii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vI). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A. D. and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported organization (II) EIN (III) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing see) troague other support (see above (see instructions)) document? instructions) (nstructions) Yes No (A) (B) (C) (D) (E) Total

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

Sec	tion A. Public Support					Jan to	
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c 2017	(d) 2018	(e) Jun	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not			<u> </u>	<u> </u>	2019	
	include any "unusual grants.")	288,215	503,780	391,268	384,688	152,051	1,720,002
2	Tax revenues levied for the organization'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 · · · · · ·	288,215	503,780	391,268	384,688	152,051	1,720,002
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)			AST TO TOO			428,065
6	Public support. Subtract line 5 from line 4 · · · tion B. Total Support	"是是是一个人的,我们就是一个人的。"			Contract Contract		1,291,937
	ndar year (or fiscal year beginning in)					11	(f) Total
7	Amounts from line 4 · · · · · · · · ·	288,215	503,780	391,268	384,688	152,051	1,720,002
8	Gross income from interest, dividends, payments received on securities toans, rents, royalties and income from						
	similar sources	164	174	326	1,095	1,508	3,267
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10 .	加克斯特里拉斯 森		经增长的	學學等是非常學	性。新了新聞的	1,723,269
12	Gross receipts from related activities, etc. (se	ee instructions)				12	175,938
13	First five years. If the Form 990 is for the or organization, check this box and stop here						▶□
Sec	tion C. Computation of Public Su	pport Percent	age				
14	Public support percentage for 2018 (line 6, c	column (f) divided by	y line 11, column (f))		14	74.97 %
15	Public support percentage from 2017 Sched						74.93 %
16a	33 1/3% support test - 2018. If the organization	ition did not check t	he box on line 13, a	and line 14 is 33 1/3	3% or more, check	this	_
	box and stop here. The organization qualifie		. •				
b	33 1/3% support test - 2017. If the organization qu						
17a	10%-facts-and-circumstances test - 2018.						
	10% or more, and if the organization meets	the "facts-and-circu	mstances" test, che	eck this box and sto	op here. Explain ın		
	Part VI how the organization meets the "fact		_	-			_
	organization	<i></i>					▶ 📙
b	10%-facts-and-circumstances test - 2017.	=			-		
	15 is 10% or more, and if the organization m			•	•		
	Explain in Part VI how the organization meet			-			_
	• • • • • • • • • • • • • • • • • • • •					• • • • • • • • •	▶ ∐
18	Private foundation. If the organization did n			•			. —
	instructions	• • • • • • • • • • • • • • • • • • • •	• • • • • • • •	· · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •		· · · · • <u> </u>
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Schedule A (Form 990 or 990-EZ) 2018

Part III Support Sci

990 or 990-EZ) 2018 Read and Feed 20-3246207

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.)

5 e	ction A. Public Support						
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 201	8 (f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			•			
5	The value of services or facilities furnished by a governmental unit to the organization without charge						•
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons · · · ·						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b · · · · · · · · · ·						
	Public support. (Subtract line 7c from line 6)		//				
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
3	Amounts from line 6 · · · · · · · · · · · · · · · · · ·						
l0a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	- /					
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975					· · · · · · · · · · · · · · · · · · ·	
C	Add lines 10a and 10b						
1	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on			,			
2	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
3	Total support. (Add lines 9, 10c, 11, and 12.)	-					
	First five years. If the Form 990 is for the org organization, check this box and stop here	<u> </u>	<u> </u>				▶ □
	ction C. Computation of Public Su						
	Public support percentage for 2018 (line 8, co			•		15	%
	Public support percentage from 2017 Scheduction D. Computation of Investment				• • • • • • • • • • • • • • • • • • • •	16	%
				ump (f)		17	0/
	Investment income percentage for 2018 (line Investment income percentage from 2017 Sci					18	%
	33 1/3% support tests - 2018. If the organiza				,		
	17 is not more than 33 1/3%, check this box a	and stop here. The	organization qualif	îes as a publicly su	pported organizatio	n	▶ □
0 18/	33 1/3% support tests - 2017. If the organization 18 is not more than 33 1/3%, check this b Private foundation. If the organization did no	ox and stop here.	The organization q	ualifies as a publicl	y supported organiz	ation	
EA		. J. ICON G DOX ON III		SHOOK WIIS DON AND	SCC IIISTI GCTOTIS		ule A /Form 990 or 990-FZ) 2018

20-3246207

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

- 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
- 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
- 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
- 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?
- 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.
- 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)
- 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)

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10b		

Ŗã	就》 Supporting Organizations (continued)	
	,	Yes No
11	Has the organization accepted a gift or contribution from any of the following persons?	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	
	below, the governing body of a supported organization?	11a
b	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
	tion B. Type I Supporting Organizations	
360	tion B. Type I Supporting Organizations	Von No
_	PST 10 Production of the second secon	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 carned out the purposes of the supported organization(s) that operated,	
~_	supervised, or controlled the supporting organization	2
Sec	tion C. Type II Supporting Organizations	 -
		Yes No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	
	or management of the supporting organization was vested in the same persons that controlled or managed	
	the supported organization(s)	1
Sec	tion D. All Type III Supporting Organizations	
		Yes No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	
	the organization maintained a close and continuous working relationship with the supported organization(s)	2
	the organization maintained a close and continuous working relationship with the supported organization(s)	BEHALT BELLES YEARS
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
500	tion E. Type III Functionally Integrated Supporting Organizations	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	อเกนตนอกร)
a	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 government entity	
2	Activities Test. Answer (a) and (b) 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
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	STOKE STATE
	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 (a) and (b) 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? Provide details in Part VI.	3a
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b

Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	
1:	Check here if the organization satisfied the Integral Part Test as a qualifying t	rust	on Nov 20, 1970 (explain	ın Part VI). See
	instructions. All other Type III non-functionally integrated supporting organiz	ation	s must complete 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		<u> </u>
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or	1		
col	lection of gross income or for management, conservation, or	ļ		
	untenance 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			
ins	tructions for short tax year or assets held for part of year)			40.00
·a	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	建設 及於		
fa	ctors (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 amount,			
see	e 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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	No. of the latest the second	
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	-		
em	ergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally instructions).	integ	rated Type III supporting o	organization (see

				Rartival Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sec	Current Year										
1	Amounts paid to supported organizations to accomplish exen	npt purposes									
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported									
	organizations, in excess of income from activity										
3	Administrative expenses paid to accomplish exempt purpose	ions									
	Amounts paid to acquire exempt-use assets										
	Qualified set-aside amounts (pnor IRS approval required)										
	Other distributions (describe in Part VI). See instructions.										
	Total annual distributions. Add lines 1 through 6.		.								
8	Distributions to attentive supported organizations to which the	e organization is respons	sive								
	(provide details in Part VI) See instructions.	· · · · · · · · · · · · · · · · · · ·									
	Distributable amount for 2018 from Section C, line 6										
10	Line 8 amount divided by Line 9 amount										
	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018							
	Distributable amount for 2018 from Section C, line 6	建筑设施设施									
2	Underdistributions, if any, for years prior to 2018										
	(reasonable cause required - explain in Part VI). See										
	instructions.										
	Excess distributions carryover, if any, to 2018										
	From 2013										
	From 2014										
	From 2015		The second secon								
	From 2016										
	From 2017										
	Total of lines 3a through e	TO A T J. W. S. AND CONTROL HER SERVED IN COURT AND IN POR									
	Applied to underdistributions of prior years		C. The distriction of State of a 18 th Company of the company of t								
	Applied to 2018 distributable amount			14 M Thousand Live Million and the Live Photography							
	Carryover from 2013 not applied (see instructions)	 									
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	terrestable con the or in construction with manufacture									
	Distributions for 2018 from										
	Section D, line 7 \$		STATE OF STA								
	Applied to underdistributions of prior years		Sect 35 15 Section with Paris Section								
	Applied to 2018 distributable amount										
	Remainder. Subtract lines 4a and 4b from 4										
	Remaining underdistributions for years prior to 2018, if										
	any. Subtract lines 3g and 4a from line 2. For result		,								
	greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2018. Subtract lines 3h										
	and 4b from line 1. For result greater than zero, explain in										
	Part VI. See instructions.										
	Excess distributions carryover to 2019. Add lines 3	一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的一									
	and 4c.										
	Breakdown of line 7										
	Excess from 2014										
	Excess from 2015	A STATE OF THE STA									
	Excess from 2016										
	Excess from 2017		A CONTRACTOR OF THE PROPERTY O								
	Excess from 2018										

	m 990 or 990-EZ) 2018 Read and Feed	20-3246207	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line	10; Part II, line 17a or 17b	o, 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, Sec	tion
	B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Pa	art 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, Sec	tion E,
	lines 2, 5, and 6. Also complete this part for any additional information. (See in		•
			
01. Ge	neral Explanation Attachment		
In 2019,	the Board of Directors of Read and Feed decided to change its fi	scal vear end	
from Dec	ember 31 to June 30. Accordingly, this tax return only covers the	six months ended	
June 30,	2019. The support schedule and calculations in Schedule A, Part	II includes the	
prior ca	lendar years 2015, 2016, 2017 and 2018 and finally, the short per	lod ended June	
30, 2019	<u>. </u>		
			
			
			
		·	

SCHEDULE D (Form 990) .

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047

2018

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection ...

Employer identification number

Rea	ad and Feed		20-3246207
Pa	til. Organizations Maintaining Donor Advis	ed Funds or Other Similar Funds or Account	
·	Complete if the organization answered "Ye		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisor	s in writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization		· · · · · · · · · · · · · · · · · · ·
6	Did the organization inform all grantees, donors, and do	nor advisors in writing that grant funds can be used	
	only for chantable purposes and not for the benefit of the	e donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?		
Pa	t II Conservation Easements.		
	Complete if the organization answered "Y	es" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organ	nization (check all that apply)	
	Preservation of land for public use (e.g., recreation	or education) Preservation of a historically i	mportant land area
	Protection of natural habitat	Preservation of a certified his	toric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a d	qualified conservation contribution in the form of a conse	ervation
	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	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic	c structure included in (a)	2c
d	Number of conservation easements included in (c) acqu	red after 7/25/06, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferre	d, released, extinguished, or terminated by the organiza	ition during the
	tax year 🕨		
4	Number of states where property subject to conservation	n easement is located	
5	Does the organization have a written policy regarding the	e periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easeme		
6	Staff and volunteer hours devoted to monitoring, inspect	ing, handling of violations, and enforcing conservation e	easements during the year
7	Amount of expenses incurred in monitoring, inspecting, l	nandling of violations, and enforcing conservation easer	ments during the year
	\$		
8	Does each conservation easement reported on line 2(d)		·
	- (// //- // /		
9	In Part XIII, describe how the organization reports conse balance sheet, and include, if applicable, the text of the f		
	* *	ootnote to the organization's financial statements that di	escribes the
Pa	organization's accounting for conservation easements. fill Organizations Maintaining Collect	tions of Art, Historical Treasures, or Othe	or Similar Assets
- u	Complete if the organization answered "		er Ollillar Assets.
1a	If the organization elected, as permitted under SFAS 116		nalance sheet
	works of art, historical treasures, or other similar assets		
	public service, provide, in Part XIII, the text of the footno	•	
b	If the organization elected, as permitted under SFAS 116		nce sheet
-	works of art, historical treasures, or other similar assets	•	
	public service, provide the following amounts relating to	•	5,41165 61
	(i) Revenue included on Form 990, Part VIII, line 1		► \$
	(ii) Assets included in Form 990, Part X · · · · ·		·
2	If the organization received or held works of art, historical		· · · · · · · · · · · · · · · · · · ·
	following amounts required to be reported under SFAS 1	- · · · · · · · · · · · · · · · · · · ·	
а	Revenue included on Form 990, Part VIII, line 1	, ,	▶ \$
_ b	Assets included in Form 990, Part X		

	ule D (Form 990) 2018 Read and Feed					20-3246		Page 2
Pa	rt:III	llections of A	rt, Historical	Treasures,	or Othe	r Similar Ass	ets (con	tinued)
3	Using the organization's acquisition, accession, and	d other records, ch	neck any of the fo	llowing that are a	s significar	nt use of its		
	collection items (check all that apply)							
а	Public exhibition	d 🗌 Loa	in or exchange pr	ograms				
b	Scholarly research	e 🗌 Oth	er					
С	Preservation for future generations							
4	Provide a description of the organization's collection	ns and explain ho	w they further the	organization's e	xempt pur	pose in Part		
	XIII							
5	During the year, did the organization solicit or receive	ve donations of ar	t, historical treasi	ires, or other sim	ıılar			
	assets to be sold to raise funds rather than to be ma	aintained as part o	of the organization	n's collection?			🔲 Y	es 🗌 No
Pa	ntily Escrow and Custodial Arrange	ments.						
	Complete if the organization answ	wered "Yes" or	n Form 990, F	Part IV, line 9	, or repo	orted an amoui	nt on Fo	rm
	990, Part X, line 21.							
1a	Is the organization an agent, trustee, custodian or o	other intermediary	for contributions	or other assets n	ot			,
	ıncluded on Form 990, Part X?						· · 🗌 Y	'es 🔲 No
b	If "Yes," explain the arrangement in Part XIII and co	implete the followi	ng table					
						Am	ount	
С	Beginning balance				· · 1c			
d	Additions during the year				· · 1d			
e	Distributions during the year				· · 1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Form 99	00, Part X, line 21,	for escrow or cus	stodial account li	ability?		🔲 Y	es 🗌 No
b	If "Yes," explain the arrangement in Part XIII. Check	k here if the explar	nation has been p	provided on Part	XIII -			· · · 🔲
Pa	Endowment Funds.							
	Complete if the organization answ	vered "Yes" or	1 Form 990, F	Part IV, line 1	0.			
		(a) Current year	(b) Prior year	(c) Two year	rs back	(d) Three years back	(e) Four	years back
1a	Beginning of year balance							
þ	Contributions							
С	Net investment earnings, gains, and							
	losses · · · · · · · · · · · · · · · ·							
đ	Grants or scholarships							
е	Other expenditures for facilities and		1		1		l	
	programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the current year	ar end balance (lin	e 1g, column (a))	held as				
а	Board designated or quasi-endowment	%						
b	Permanent endowment > %							
C	Temporarily restricted endowment	%						
	The percentages on lines 2a, 2b, and 2c should equ	ual 100%						
3a	Are there endowment funds not in the possession of	of the organization	that are held and	administered for	r the		_	
	organization by							Yes No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizations i	isted as required o	on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the organ		ent funds					
Pai	twil Land, Buildings, and Equipmen							
	Complete if the organization answ	vered "Yes" or	1 Form 990, F	Part IV, line 1	la. See	Form 990, Par	rt X, line	10.
	Description of property	(a) Cost or other	er basis (b) C	Cost or other basis	(c) A	ccumulated	(d) Bool	value
		(investme	ent)	(other)	1	preciation		
1a	Land	•			\$33X	THE STATE OF THE S		
b	Buildings	•			.			
С	Leasehold improvements	•		·				
d	Equipment	•		173,223		101,939		71,284
e	Other	•		11,815		11,672		143
Total	. Add lines 1a through 1e. (Column (d) must equal F	orm 990, Part X, o	column (B), line 1	0c.)		▶		71,427

Part VII	Investments - Other Securities.		20-	3246207 Page 3
27 TOS VITES	Complete if the organization answer	ered "Yes" on Form 990,	Part IV, line 11b. See Form 9	90, Part X, line 12.
,	(including name of security)	(b) Book value	(c) Method of ve Cost or end-of-year m	atuation
(1) Financial	denvatives			
(2) Closely-ho	eld equity interests			
(3) Other				
(A)				
(B)	<u> </u>			
(C)				····
(D)				
(E)				
(F)		_		
(G) (H)				
	must equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments - Program Related.			一种,我们就是一个人的,我们就是一个人的。
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Complete if the organization answe	ered "Yes" on Form 990,	Part IV, line 11c See Form 9	90, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of va Cost or end-of-year m	afuation
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)		 		
(8)				
(9)	must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets.		A STATE OF THE PARTY AND A STATE OF A STATE	A STATE OF THE PARTY OF THE PAR
142-142-142-14-14-14-14-14-14-14-14-14-14-14-14-14-	Complete if the organization answe	red "Yes" on Form 990,	Part IV, line,11d. See Form 9	90, Part X, line 15.
		a) Description		(b) Book value
(1)				
(2)				
(3)				
(4)	<u>.</u>	··· <u>.</u>		
(5)				
(6)				
<u>(7)</u>				
(8)	•			
(9)	n (b) must equal Form 990, Part X, col (B) line 1	5)		<u> </u>
Part X	Other Liabilities.	<u> </u>		
(#18/372)\$2532F)	Complete if the organization answe line 25.	red "Yes" on Form 990,	Part IV, line 11e or 11f. See F	form 990, Part X,
1.	(a) Description of liability	(b) Book value		
(1) Federal I	ncome taxes			
(2)				
(3)				
(4)				
(5)	- 			
(6)				
(8)				
(9)				
Total. (Column (b)	must equal Form 990, Part X, col (B) line 25)		THE RESERVE AND THE PARTY OF TH	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Sched	ule D (Form 990) 2018 Read and Feed	20-3246207	Page
Pa	Reconciliation of Revenue per Audited Financial Statements With Revenue per	r Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
. 1	Total revenue, gains, and other support per audited financial statements	1	<u>168,809</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments	중 생	
b	Donated services and use of facilities		
С	Recovenes of pnor year grants		
ď	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	2e	14,550
3	Subtract line 2e from line 1	3	154,259
4	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 4a		
b	Other (Describe in Part XIII)		
C	Add lines 4a and 4b	4c	23,307
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	177,566
ra	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1.1	 -
1	Total expenses and losses per audited financial statements	1	<u>254,753</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	19 4 4 4 4	
a	Donated services and use of facilities		
b	Pnor year adjustments		
C	Other losses · · · · · · · · · · · · · · · · · ·		
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	2e	14,550
3	Subtract line 2e from line 1	3	240,203
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
þ	Other (Describe in Part XIII)		
C	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	240,203
	rt:XIII Supplemental Information. Ide 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 IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part IV, lines 1b and 2		
01	int XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information Other revenues included on Form 990 (Part XI, line 4b)		J
	change from modified cash to accrual basis in 2017 resulted in additional ne \$93,228 that is being recognized over four periods (i.e. \$23,307 per period)		
oer:	lod 3 of 4.		
			
		 -	· · ·

Schedule D (Form 990) 2018

EEA

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2018

Department of the Treasury Internal Revenue Service Name of the organization

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.

Open to Public

Employer identification number

Read and Feed	 				20-32	46207
Partil Fundraising Activities		•		swered "Yes" on I	Form 990, Part IV,	line 17.
Form 990-EZ filers are no						
1 Indicate whether the organization rais	sed funds through					
a Mail solicitations				of non-government gra	ints	
b Internet and email solicitations				of government grants		
c Phone solicitations		9 ⊔	Special fund	draising events		
d In-person solicitations			بالمحال المحال الما			
2a Did the organization have a written o	-	-		_	_	D N-
or key employees listed in Form 990,				_		es 📙 No
b If "Yes," list the 10 highest paid indivi- compensated at least \$5,000 by the		unuraisers) pi	ursuanii io ai	greements under which	Title lunuraiser is to be	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody or	draiser have r control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in	(vi) Amount paid to (or retained by) organization
. 		Yes	No		col (i)	
1						
2					 	
3						
4						
5						
6		ļ — ———			, , <u>, ,</u> -	
7		<u> </u>				
8						
9						
10						
Fotal						
3 List all states in which the organization				ons or has been notifie	ed it is exempt from	
registration or licensing						
		•			-	
				<u></u>		
						_ .
				······		-
						<u> </u>
						<u> </u>
						
						

20-3246207

	irt.					
	,	than \$15,000 of fundraising gross receipts greater than		d gross income on Form	990-E∠, lines 1 and 6t	o. List events with
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Breakfast Fd		None	(add col (a) through col (c))
a	•		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	17,570			17,570
Rev		0.000,000,000	2.70.0			
	2	Less Contributions	8,270			8,270
	3	Gross income (line 1 minus				
_		line 2)	9,300			9,300
	4	Cash prizes				
i						
,	5	Noncash prizes				<u> </u>
ses	6	Rent/facility costs · · · · · · ·				
xper	7	Food and beverages	8,600		1	8,600
Direct Expenses						
۵	8	Entertainment				<u> </u>
	9	Other direct expenses				
	40	Direct overces as moreon. Add lines	4 through Our polymon (d)			
i	10 11	Direct expense summary. Add lines Net income summary Subtract line	=			8,600
Pa	إارزان					
		than \$15,000 on Form 990	-			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
Rev				biligo/progressive biligo		col (a) through col (c))
	ı 1	Gross revenue		bingo/progressive bingo		col (a) through col (c))
	1	Gross revenue		Diligorprogressive Billigo		col (a) through col (c))
ses	2	Gross revenue		unigorprogressive unigo		col (a) through col (c))
sesued				unigorprogressive unigo		col (a) through col (c))
ct Expenses	3	Cash prizes		unigorprogressive unigo		col (a) through col (c))
Direct Expenses	2	Cash prizes		unigorprogressive unigo		col (a) through col (c))
Direct Expenses	3	Cash prizes		ungorprogressive unigo		col (a) through col (c))
Direct Expenses	2 3 4 5	Cash prizes	☐ Yes %	Yes%	☐ Yes%	
Direct Expenses	3	Cash prizes				
Direct Expenses	2 3 4 5	Cash prizes	No	Yes%	☐ Yes%	
Direct Expenses	3 4 5	Cash prizes	No 2 through 5 in column (d)	☐ Yes%	☐ Yes %	
Direct	2 3 4 5 6 7 8	Cash prizes	No 2 through 5 in column (d) act line 7 from line 1, colum	Yes% No	☐ Yes %	
6 Direct	2 3 4 5 6 7 8	Cash prizes	No 2 through 5 in column (d) act line 7 from line 1, column on conducts gaming activity	☐ Yes % No	☐ Yes %	
Direct	2 3 4 5 6 7 8 En	Cash prizes	No 2 through 5 in column (d) act line 7 from line 1, column on conducts gaming activity	Yes % No In (d)	Yes %	
Direct	2 3 4 5 6 7 8 En	Cash prizes	No 2 through 5 in column (d) act line 7 from line 1, colum on conducts gaming activit aming activities in each of	Yes % No In (d)	Yes %	
g e 6	2 3 4 5 6 7 8 En	Cash prizes	No 2 through 5 in column (d) act line 7 from line 1, colum on conducts gaming activit aming activities in each of	Yes	☐ Yes % ☐ No	· · · · · · · Yes · No
Direct	2 3 4 5 6 7 8 En ls t	Cash prizes	No 2 through 5 in column (d) act line 7 from line 1, colum on conducts gaming activit aming activities in each of	Yes	☐ Yes % ☐ No	
9 a b	2 3 4 5 6 7 8 En ls t	Cash prizes	No 2 through 5 in column (d) act line 7 from line 1, colum on conducts gaming activit aming activities in each of	Yes	☐ Yes % ☐ No	· · · · · · · Yes · No

SCHEDULE M (Form'990)

Noncash Contributions

OMB No 1545-0047

2018

Open to Publication

Department of the Treasury Internal Revenue Service Name of the organization

Read and Feed

 \blacktriangleright Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Employer identification number

20-3246207

۲a	rt/15 Types of Property		· · · · · · · · · · · · · · · · · · ·				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) f determining ribution amo	
1	Art - Works of art						
2	Art - Historical treasures				1		
3	Art - Fractional interests						
4	Books and publications	х	17. 农业的	20,138	fair value		
5	Clothing and household						
	goods						
6	Cars and other vehicles		4. 4 in section designs 2 2 X cont. 40 May		 		
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded · · · ·				<u> </u>	-	
10	Securities - Closely held stock · ·					•	
11	Securities - Partnership, LLC,					-	
	or trust interests						
12	Securities - Miscellaneous				<u> </u>		
13	Qualified conservation						
	contribution - Historic						
	structures						
14	Qualified conservation		-		<u> </u>		
	contribution - Other						
15	Real estate - Residential		*		 		
16	Real estate - Commercial						
17	Real estate - Other				†		
18	Collectibles		 		 		
19	Food inventory · · · · · · · ·	х	50	15,776	fair value		
20	Drugs and medical supplies · · ·		30	13,,,,	Tail value	<u> </u>	
21	Taxidermy					***	
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts				<u> </u>	· · · ·	
25	Other ►()		1				
26	Other ►()						
27	Other ►()						
28	Other ►(1		
29	Number of Forms 8283 received by	the organizati	on during the tax year for contr	hutions for	 		
	which the organization completed F	_			29		
	William the organization completed in	01111 0200, 1 01	t 14, Bonce Additionagement			Yes	No
30a	During the year, did the organization	receive by co	antribution any property reporte	d in Part I lines 1 through		1/4: \3	. "538" 1
Joa	28, that it must hold for at least three	•		•			
	to be used for exempt purposes for	•				30a	X
b	If "Yes," describe the arrangement in		ing pendu.			30a	
			ov that requires the review of a	ny nanatandard			
31	Does the organization have a gift accontributions?		•	ny nonstanoaro		34	الثرثة إ
20-						31	X
32a	Does the organization hire or use th		_				,,
	contributions?					32a	X
b	If "Yes," describe in Part II.						
33	If the organization didn't report an ai	mount in colur	nn (c) for a type of property for	wnich column (a) is checked,			
	describe in Part II					エアンドする大学	1 - 1 M

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047 Open to Publication

Internal Revenue Service Name of the organization Read and Feed

Department of the Treasury

Employer identification number

Read and Feed	20-3246207
01. Officer, directors, etc. family relationship (Part VI, line 2)	
A father and son (Larry and Benjamin Swaney) serve on the Board of Directors.	Additionally,
two sisters (Kristin Walker and Kathryn Raymond) serve as Board members.	
02. Organizational document changes (Part VI, line 4)	
At its meeting in April 2019, the Board of Directors approved a change in th	ne
Organization's fiscal year-end from December 31 to June 30.	
03. Form 990 governing body review (Part VI, line 11)	
The Treasurer, in conjunction with the Finance Committee, will provide revie	ew and
oversight responsibilities of the IRS Form 990 prepared by the organization'	s external tax
preparer. The Finance Committee is responsible for verifying the Form 990 fo	or accuracy and
completeness before submission of the filing. Upon approval of the IRS Form	990 by the
Finance Committee, the Executive Director will sign the Form 990. A copy of	the Form 990
will be distributed to the Board prior to filing. The original signed copy o	of the Form 990
will be filed with the IRS once approved and distribution to the Board has c	occurred.
04. Conflict of interest policy compliance (Part VI, line 12c)	
The Conflict of Interest policy is monitored by the Board Secretary and revi	ewed and
signed at the beginning of each fiscal year by all staff and Board members w	vith ,
significant decision-making authority. It is each signator's obligation to d	isclose any
potential conflict as soon as it is known, or reasonably should be known.	
05. CEO, executive director, top management comp (Part VI, line 15a)	
The Executive Director's salary level was independently reviewed by the Boar	d of Directors

Name of the organization	Employer identification number
Read and Feed	20-3246207
•	
to ensure it does not exceed comparable levels of compensation for nonprofit	directors in
this region of the country. Salary data for executives of organizations of a	sımılar sıze
and mission were examined in developing a compensation package that was reco	mmended and
approved by the Board of Directors, and documented in the meeting minutes.	
06. Governing documents, etc, available to public (Part VI, line 19)	
The three most recent Form 990s (including financial information), the Bylaw	s, Articles of
Incorporation, Form 1023 Application for Exemption, and Conflict of Interest	Policy are
provided to the public upon request.	
provided to the public upon request.	
07. Explanation of other changes in net assets or fund balances (Part XI, li	ne 9)
The change from modified cash to accrual basis in 2017 resulted in additiona	l net income
of \$93,228 that is being recognized over four periods (i.e. \$23,307 per peri	od). This is
period 3 of 4	
08. General explanation attachment	
Part XI, Line 8, Prior Period Adjustments: An error resulting in an overstat	ement of
previously reported net assets was discovered during the current reporting p	eriod.
Specifically, it was determined that books inventory had been overvalued by	\$50,000 at
December 31, 2018. Accordingly, an offsetting adjustment of \$50,000 has been	made to
beginning net assets in the accompanying financial statements.	