Form .990~

(Rev January 2020)

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2019

Department of the Treasury

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

Open to Public

sinspection ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01 , 2019, and ending 06-30 2020 В Check if applicable C Name of organization Read and Feed Employer identification number 20-3246207 Address change Doing business as Name change Number and street (or PO box if mail is not delivered to street address) Room/suite Telephone number Initial return 71-10 High House Road (919) 538-3840 Final return/terminated City or town, state or province, country, and ZiP or foreign postal code G Gross receipts ary, NC 27511 Amended return Application pending F Name and address of principal officer Kristina Vrabel X H(a) is this a group return for subordinates? Same as C above H(b) Are all subordinates included? Yes **X** 501(c)(3) 501(c) () \blacktriangleleft (insert no) Tax-exempt status 4947(a)(1) or If "No," attach a list. (see instructions) http://readandfeed.org Website > Group exemption number Form of organization X Corporation Trust Association L Year of formation 2005 M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities. Our mission is to strengthen literacy skills among under-served elementary school children, and provide meals in a nurturing neighborhood Activities & Governance environment Check this box ▶ ☐ if the organization discontinued its operations or disposed of merc than 25% of its not assets Number of voting members of the governing body (Part VI, line 1a) RECEIVED 18 Number of independent voting members of the governing body (Part VI, line 1b) 4 18 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 10 MAR n.8 Total number of volunteers (estimate if necessary) 6 575 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 OGDEN. Net unrelated business taxable income from Form 990-T, line 39 0 2 Prior Year **Current Year** Expense CANNE [Reyente 2 Contributions and grants (Part VIII, line 1h) 152,051 476,286 9 Program service revenue (Part VIII, line 2g) 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,508 7,563 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 24,007 25,096 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 177,566 508,945 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 4.114 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 87.727 217.392 Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 152,476 249,364 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 240,203 470,870 19 Revenue less expenses. Subtract line 18 from line 12 (62,637 38,075 End of Year **Beginning of Current Year** t Assets (20 Total assets (Part X, line 16) 527,904 548,391 21 Total liabilities (Part X, line 26) 11,047 16,766 22 Net assets or fund balances. Subtract line 21 from line 20 516,857 531,625 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Type or print name and title Preparer's signature Print/Type preparer's name \mathbf{x} Check Danes MarKPaid Mark Danes b2-13-2021 self-employed P01321736 Preparer Mark S Danes CPA PLLC Firm's name Firm's EIN 46-1061285 **Use Only** Firm's address 5512 Frenchmans Creek Drive Phone no

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Durham NC 27713

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

No

	1.990 (2019) Read and Feed 20-3246207 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Our mission is to strengthen literacy skills among under-served elementary school children, and
	provide meals in a nurturing neighborhood environment.
2	Did the organization undertake any significant program services during the year which were not listed on the
	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 program
	services? · · · · · · · · · · · · · · · · · · ·
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 345,211 including grants of \$) (Revenue \$)
	With three mobile classrooms and partnerships with other nonprofit organizations, Read and Feed
	served 594 children. We provide a nutritious meal, reading tutoring and age appropriate books at
	no charge to all of the children attending the program. In return, we ask for their commitment to
	attend the entire program and be active participants. We distributed over 10,000 books through
	our program, helping to build home libraries for many of the children. Our volunteers put in
	7,552 hours tutoring students at 24 program sites.
	- Total model of the program of the
	,
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	/ Code / (Expenses ψ) (November ψ)
	······································
4.4	Other program anning (December on Schodule O.)
4d	Other program services (Describe on Schedule O.)
4-	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 345,211

9) Read and Feed Checklist of Required Schedules Part IV

			Τ	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	x	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	<u> </u>		
	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	_ <u>-</u> -		
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	<u> </u>		
-	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			l
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space.	<u> </u>		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
-	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
-	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	Ť		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	··•		
••	VII, VIII, IX, or X as applicable.			ı
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
_	complete Schedule D, Part VI	11a	x	
ь	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
•	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	x	
ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120		
_	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
_	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	. 40		^_
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		<u> </u>
••	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		<u> </u>
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	40	.	
10		18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	4.		
20 -	If "Yes," complete Schedule G, Part III	19		X
_	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
24	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	200 (00	X
EEA		rom 9	90 (20	/19)

Pa	TIV Checklist of Required Schedules (continued)			
22	Did the employeeten report may then RE 000 of annate or other appropriate to be for demands and will use an		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22	-	X
25	organization's current and former officers, directors, trustees, key employees, and highest compensated	! 		
	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			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			l
	through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			ı
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			ı
	persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV · · · · · · · · · · · · · · · · · ·	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M · · · · · · · · · · · · · · · · · ·	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II · · · · · · · · · · · · · · · · · ·	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
٥.	or IV, and Part V, line 1	34		<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	056		
26	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	i	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2	26		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36	-	X
J,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	ĺ	v
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	3/		<u> </u>
J U	19? Note : All Form 990 filers are required to complete Schedule O	38	x	
Par		30	Λ	
. ai	Check if Schedule O contains a response or note to any line in this Part V			
***	2		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		.03	
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
-	reportable gaming (gambling) winnings to prize winners?	1c	×	
	1			

Form	990 (2019) Read and Feed 20-32462	207	F	Page 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)	_		
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return	l		
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<u>x</u>	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			<u> </u>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			<u> </u>
•	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
_	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	-		X
b		5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible? · · · · · · · · · · · · · · · · · · ·	6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor? • • • • • • • • • • • • • • • • • • •	7a	х	
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			1
	required to file Form 8282? • • • • • • • • • • • • • • • • • • •	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year · · · · · · · · · · · · · · · · · · ·			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g	if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		x
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? • • • • • • • • • • • • • • • • • • •	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsonng organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		х
10	Section 501(c)(7) organizations. Enter.			
а	Initiation fees and capital contributions included on Part VIII, line 12 · · · · · · · · · · · · · · · · · ·			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders · · · · · · · · · · · · · · · · · · ·			1
b	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		\neg	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		İ	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	—-	
_	Note: See the instructions for additional information the organization must report on Schedule O.	104	-+	
ь	Enter the amount of reserves the organization is required to maintain by the states in which			,
-	the organization is licensed to issue qualified health plans			, [
_				, [
C 140	\	44:		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		_ <u>x</u> _
b 45	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	_		
	excess parachute payment(s) during the year?	15		X
	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		<u> </u>
	If "Yes," complete Form 4720, Schedule O.			(

Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "I	vo"		ugo o
Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year if the powering body delegated moderal authority to an executive committee or eliminar ormittee, explain on Schadule O. b Enter the number of voting members in loudied in the 1a, above, who are independent ormittee, explain on Schadule O. c Did any officer, director, fursitee, or key employee have a family relationship or a business relationship with any other officer, director, fursitee, or key employee have a family relationship or a business relationship with any other officer, director, fursitee, or key employee have a family relationship or a business relationship with any other officer, director, fursitee, or key employees to a management output of the direct supervision of officers, circetors, or trustees, or key employees to a management output of the direct supervision of officers, circetors, or trustees, or key employees to a management output of the direct supervision of officers, circetors, or trustees, or key employees to a management output of the organization makes any employees to general directors of the organization have members or toeldor/disery. 5 Did the organization have members or toeldor/disery. 6 Did the organization have members and the operating body? 7 Did the organization have members and the operating body? 8 Did the organization have members, abortholicities, or other prains who had the power to elect or appoint one or more members of the operation between body? 8 Did the organization necessary and the target of the organization necessary of the organization necessary of the organization have were members of the operation between the trusteen related to approve by members, 10 Societion S. Politicis or processary of the organization of the organiza					
Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end off the tax year If there are material difference is voting nights among mambers of the governing body, or If the governing body delegated broad authority to an executive committee or similar committee, explain on Schedula O. b Enter the number of voting members included an inn 1a, above, who are independent 2 Did any official, director, fueled, or key employees 2 Interest the committee of voting members included an inn 1a, above, who are independent 3 Did the organization delegate control over management duties customanly performed by or under the devel 3 Under the organization delegate control over management duties customanly performed by or under the devel 3 Supervision of officials, director, to trustees, or key employees 4 Did the organization have members or stockholders? 5 Did the organization become aware during the year of a significant official organization assests? 6 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? 7 Did Are any governance decisions of the organization or the organization and the provision of the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 Did Are any governance decisions of the organization and reserved to (or subject to approved by) members, stockholders, or persons other than the governing body? 8 Did the organization have members of the organization have seemed to (or subject to approved by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 The governing body? 9 Did the organization horizon decisions of the organization than the power of the governing body? 10 Did the organization organization and the organi					. 🛭
1a Enter the number of voting members of the governing body at the end of the tax year 1a 18 18 18 18 18 18 18	Sec				
1a Ealer the number of voltag members of the governing body at the end of the tax year If there are mesternal differences working nights among members of the governing body, or If the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. Enter the number of voltag members included in line 1a, above, who are independent Did any officiar, director, busides, or key employees heve a family relationship or a business relationship with any other officiar, director, busides, or key employees to a management company or other person? Did the organization delegate control over management dues customany performed by or under the direct supervision of officiars, director, or trustees, or key employees to a management company or other person? Did the organization have members or stockholders? Did the organization have members or stockholders? Did the organization have members or stockholders? Did the organization have members, stockholders? 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? Para my overnance discussors of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Para my overnance discussors of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? Bit is there any office, director, nursie, or key employee lated in Part VII. Section A, who cannot be reached at the organization or management organization organization organization for the organization forewhild and organization for the organization for the organizatio				Yes	No
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Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c x 13			10b		
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Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c x 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization if "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. □ Own website □ Another's website ☑ Upon request □ Other (explain on Schedulo O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	_				<u>_</u>
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c x 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Anther's website Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records			12a	\mathbf{x}	
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Own website	18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records 		(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records					
20 State the name, address, and telephone number of the person who possesses the organization's books and records	19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
		and financial statements available to the public during the tax year.			
Sherry Shudra (919)538-3840, 171-10 High House Road, Cary, NC 27511	20	State the name, address, and telephone number of the person who possesses the organization's books and records			
		Sherry Shudra (919) 538-3840, 171-10 High House Road, Cary, NC 27511			

Form 990 (2019)	Read and Feed	20-3246207

Form 990 (201	9) Read and Feed		20-3246207	Page 7
Part VII	Compensation of Officers, Dire	tors, Trustees, Key Employee	s, Highest Compensated Employee	es, 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.

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

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

<u> </u>		1	•					· · · · · · · · · · · · · · · · · · ·		
				((C)					
(A)	(B)	,,_		-	sition			(D)	(E)	(F)
Name and title	Average					han one s both a		Reportable	Reportable	Estimated amount
	hours	offi	er and	d a dı	rector	/trustee)	compensation from the	compensation from related	of other compensation
	per week (list any	-		_		r	_	organization	organizations	from the
	hours for	individual trustee or director	Instr	Officer	Κey	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	recto	Institutional trustee	¥	Key employee	loyer	ner			related organizations
	organizations below	1 2	합		loye	" `				
	dotted line)	180	uste		u	ensa				
			ا " ا			藍				
(1) Pamela Meek	2.00									
Director		X						0	0	0
(2) James Stem	2.00	o								
Director		x						0	0	0
(3) Jan Frantz	2.00)								
Director		x	\sqcup					0	0	0
(4) Larry Swaney	2.00)								
Director		х						0	0	_0
(5) Kathryn Raymond	2.00	기								
Director		X	↓				Ш	0	0	0
(6) Mike Owens	2.00									
<u>Director</u>		X						0	0	0
(7) Benjamin Swaney	2.00									
Director		X		_				0	0_	0
(8) Kristina_Vrabel	5.00	1								
President		X	\vdash	Х	_		\square	O	00	0
(9) Greg_Rideout	3.00	1								
Vice President		X	\vdash	X			Ш	00		0
(10)Christopher Meredith	3.00	1						_		
Treasurer		X	$\vdash \vdash$	X			\vdash	0	0	00
(11)Sue Stevens	4.00							_		
Secretary (42)		X		х	\dashv			0	0	0
(12)Doug Short		1						_	_	
Director (42)		X	\vdash		_		$\vdash \vdash$	0_	0	0
(13)Kristin Walker	2.00	1						_	_	_
Director (14)n:		X	\vdash	+	-		$\vdash \vdash$	O	0	0
(14)Diana Bernas	2.00								_	_
Director EEA		X						0	0	0 Form 990 (2019)

Part	VII Section A. Officers, Directors, Trustees	, Key Emplo	yees,	and	Hig	hes	t Com	pen	sated Employees	(continued)	_		
						(C)							
	(A)	(B)	(40.	ant ab		sition			(D)	(E)		(F)	
	Name and title	Average					han one s both a		Reportable	Reportable	Esti	mated a	mount
		hours					r/trustee		compensation	compensation		of oth	
		per week				_		_	from the organization	from related organizations	°	ompens: from the	
		(list any hours for	유교	100	Office	<i>§</i>	율퓵	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	_	anizatio	on and
		related	<u>F</u>	쭕	룘	93	blest	ॿ			relate	ed organ	nızatıons
		organizations	Individual trustee or director	institutional trustee		Key employee	🖁 🖁						
		below	stee	T St		8	Teg						
		dotted line)		8		1	Highest compensated employee						
(15)Ma	rgo Stutesman	2.00						-			ļ		
Direc			x						٥	0			0
	mantha Hatem	2.00											
Direc			x						o	٥			0
	rlee Petty	2.00											
Direc			x						o	o			0
	yra Szeto	2.00								-			
Direc			x						0	o			0
(19)Na	ncy Vodicka	2.00							-				
Direc			x _						0	0			0
(20)Zh	iqiang Zhang	2.00								-			
Direc			х						0	0			0
(21)Ka	therine Mullan	40.00											
	tive Director				X				64,087	0			0
(22)													
(23)													
<u>(24)</u>										-			
(05)								\vdash			-		
<u>(25)</u> _										li.			
1b	Subtotal			• •				· •					
С	Total from continuation sheets to Part VII, Secti	ion A •						. ▶	,				
d	Total (add lines 1b and 1c)							• ▶	64,087	0			0.
2	Total number of individuals (including but not limite	d to those lis	ted ab	ove)	who	rec	eived	more	e than \$100,000 of				
	reportable compensation from the organization	<u> </u>											. 0
											r	Yes	No
3	Did the organization list any former officer, director	-		-	, or	hıgh	est co	mpe	nsated			.	_
	employee on line 1a? If "Yes," complete Schedule				•			• • •			3	↓	X
4	For any individual listed on line 1a, is the sum of re	-											
	organization and related organizations greater than				•				for such				
_	individual										4	↓	X
5	Did any person listed on line 1a receive or accrue of	-		-			-		tion or individual				
Cooti	for services rendered to the organization? If "Yes,"	complete Sc	nedule	J fo	rsu	cn p	erson			<u> </u>	5		X
	on B. Independent Contractors		l		_4		4		the \$400.00				
1	Complete this table for your five highest compensation from the ampairation. Benefit compensation from the ampairation.												
	compensation from the organization Report compe	ensauon ior u	ne can	anda	гуө	ar er	iding v	viui c		Zation's tax year.			
	(A) Name and business address								(B) Description of service		(C) Compen		
	rame and pusiness duties:								Description of service		Compen	Jauon	
		-							*				
			-						-				
2	Total number of independent contractors (including			_		ed at	oove) v	who					
	received more than \$100,000 of compensation from	n the organiz	ation	•	•								

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (D) (B) (C) Total revenue Revenue excluded Related or exempt Unrelated function revenue business revenue from tax under sections 512-514 1a 1b Contributions, Giffs, Grants and Other Similar Amounts 1c 62,110 Related organizations 1d Government grants (contributions) - -1e All other contributions, gifts, grants, and similar amounts not included above 1f 414,176 Noncash contributions included in 1g 65,788 h Total. Add lines 1a-1f 476,286 **Business Code** 2a Program Service Revenue All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and 2,563 2,563 Income from investment of tax-exempt bond proceeds Royalties (ı) Real (ii) Personal 6a Gross rents 6a **b** Less: rental expenses . . 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7a Gross amount from sales of assets other than inventory Less: cost or other basis 5,000 7b and sales expenses . . Other Revenue c Gain or (loss) 7с d Net gain or (loss) 5,000 5,000 8a Gross income from fundraising events (not including \$ 62,110 of contributions reported on line 1c). See Part IV, line 18 27,500 25,711 c Net income or (loss) from fundraising events 1,789 1,789 9a Gross income from gaming activities, See Part IV, line 19 **b** Less direct expenses 9Ь c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a **b** Less: cost of goods sold 10b c Net income or (loss) from sales of inventory **Business Code** 11a Basis of acctng change 900099 23,307 d All other revenue e Total. Add lines 11a-11d 23,307 Total revenue. See instructions 508,945 23,307 0 9,352

EEA

Part IX Statement of Functional Expenses

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

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

Do	Check if Schedule O contains a response or note to a not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	not include amounts reported on lines 65, 75, 3b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	Serieral ayherises	expenses
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	ındıvıduals. See Part IV, line 22	4,114	4,114		
3	Grants and other assistance to foreign		1,221		.
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	65,172	43,665	16,293	5,214
6	Compensation not included above, to disqualified	,			- /
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages	134,319	95,785	28,670	9,864
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	2,657	1,857	599	201
10	Payroll taxes	15,244	10,656	3,436	1,152
11	Fees for services (nonemployees):				-
а	Management	12,125	12,125		
b	Legal	709		709	
C	Accounting	16,817	1,635	15,005	177
d	Lobbying				
е	Professional fundraising services See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.) · ·	13,619	2,459	1,525	9,635
12	Advertising and promotion	6,521	4,558	1,470	493
13	Office expenses	10,303	6,500	3,110	693
14	Information technology	12,860	8,300	3,560	1,000
15	Royalties				
16	Occupancy	20,487	14,675	4,352	1,460
17	Travel	5,079	4,205	819	55
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	8,692	105	1,047	7,540
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	22,201	22,059	142	· · · · · · · · · · · · · · · · · · ·
23	Insurance	9,907	5,401	3, <u>938</u>	568
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column			ļ	
_	(A) amount, list line 24e expenses on Schedule O)				
a	RV maintenance and repairs	7,571	7,392	179	
b	Books and incentives	75,954	75,954		
C	Meals	22,481	22,481		
ď	All other expenses	4 000		0.000	-
e 25	All other expenses Total functional expenses Add lines 1 through 24e	4,038	1,285	2,753	20.055
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	470,870	345,211	87,607	38,052
	organization reported in column (B) joint costs		1	ļ	
	from a combined educational campaign and				
	fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				
EEA	1011041111g GOT 30-2 (NGO 330-120)				Form 990 (2019)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X	<u> </u>		<u> </u>
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	34,473	1	12,451
Assets	2	Savings and temporary cash investments	367,558	2	426,221
	3	Pledges and grants receivable, net	115	3	5,408
	4	Accounts receivable, net	939	4	860
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined	<u> </u>		
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
set	8	Inventories for sale or use	43,000	8	45,000
As	9	Prepaid expenses and deferred charges	10,392	9	9,225
	10a	Land, buildings, and equipment cost or other			•
		basis. Complete Part VI of Schedule D 10a 148 , 615			
	b	Less ⁻ accumulated depreciation · · · · · · · · · · 10b 99,389	71,427	10c	49,226
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	" · · · ·
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	527,904	16	548,391
	17	Accounts payable and accrued expenses	11,047	17	16,766
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
jab		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	11,047	26	16,766
		Organizations that follow FASB ASC 958, check here			ĺ
es		and complete lines 27, 28, 32, and 33.			
auc	27	Net assets without donor restrictions	436,857	27	531,625
Bal	28	Net assets with donor restrictions	80,000	28	
뒫		Organizations that do not follow FASB ASC 958, check here ▶ ☐			
F		and complete lines 29 through 33.		l	
6	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	516,857	32	531,625
z	33	Total liabilities and net assets/fund balances	527,904	33	548,391

		0-324620	7	P	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or noto to any line in this Part XI		· · ·		<u>. X</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		508	, 945
2	Total expenses (must equal Part IX, column (A), line 25)	2		470	,870
3	Revenue less expenses. Subtract line 2 from line 1	3		38	,075
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		516	<u>, 8</u> 57
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		(23	,307)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		531	, 625
Pa	rt XII Financial Statements and Reporting	·			
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗆
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				i
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	_			}
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
ь	Were the organization's financial statements audited by an independent accountant?				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				\vdash
	separate basis, consolidated basis, or both				
	X Separate basis				i l
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
•	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	x	İ
	If the organization changed either its oversight process or selection process during the tax year, explain on				\vdash
	Schedule O.				
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				├ ──
Jd	Single Audit Act and OMB Circular A-133?		2-		
L	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	• • • • • •	3a		X
J	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
	Tradition addition addition. Capitain why off Juliculie of and describe any steps larger to diddered strong andres		30	1	4

EEA

Form **990** (2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

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

2019

Open to Public Inspection

Internal Revenue Service
Name of the organization
Read and Feed

Employer Identification number

	ead and Feed 20-3246207									
Pa	ırt I	Reason for Public Charit	y Status (All o	rganizations must c	omplete	this part	.) See instructions	•		
The	orga	nization is not a private foundation bed	ause it is. (For lines	s 1 through 12, check onl	y one box.)			,		
1	Ц	A church, convention of churches, or	association of chur	ches described in sectio	n 170(b)(1)	(A)(I).	i_	1/		
2	Ц	A school described in section 170(b)	(1)(A)(II). (Attach S	chedule E (Form 990 or	990-EZ).)			\mathcal{X}		
3	닏	A hospital or a cooperative hospital se	•			,	())\		
4	Ш	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the								
		hospital's name, city, and state:								
5	Ш	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in								
_		section 170(b)(1)(A)(iv). (Complete i	•							
6	밁	A federal, state, or local government	•			• •				
7	X	An organization that normally receive	•	• • • • • •	emmentai	unit or from	i the general public			
	П	described in section 170(b)(1)(A)(vi)								
8 9	H	An agreeative research organization		• •	tad in conii	ination with	a land grant college			
3	ш	An agricultural research organization or university or a non-land-grant colle			-					
		university	ge or agriculture (si	ee msu ucuons). Enter un	e name, cit	y, and state	or the whege of			
10		An organization that normally receive	s (1) more than 33	1/3% of its support from	contribution	ns, membe	ership fees, and gross			
		receipts from activities related to its e	xempt functions - si	ubject to certain exceptio	ns, and (2)	no more th	nan 33 1/3% of its	,		
		support from gross investment incom-	e and unrelated bus	siness taxable income (le	ess section	511 tax) fro	om businesses			
	_	acquired by the organization after Jur	ne 30, 1975. See se	ection 509(a)(2). (Comple	ete Part III.))				
11		An organization organized and operate	ted exclusively to te	est for public safety. See s	section 509	9(a)(4).				
12	Ш	An organization organized and opera		·						
		of one or more publicly supported org	anızations describe	ed in section 509(a)(1) or	section 5	09(a)(2). S	ee section 509(a)(3).			
		Check the box in lines 12a through 12		., ., .		•		g .		
	а	Type I. A supporting organization								
		the supported organization(s) the			ty of the dire	ectors or tr	ustees of the			
		supporting organization. You mu	•	•						
	b	Type II. A supporting organization	*			_				
		control or management of the sup		•	isons that c	onuoi or ii	lanage the supported			
	С	organization(s). You must comp Type III functionally integrated.	-		action with	and functi	onally intograted with			
	·	its supported organization(s) (see		<u>*</u>			, ,			
	d	Type III non-functionally integra	•	•						
	_	that is not functionally integrated.	· · · · ·	-						
		requirement (see instructions). Ye		•		•				
	ө	Check this box if the organization	received a written	determination from the IF	RS that it is	a Type I, T	ype II, Type III			
		functionally integrated, or Type III	non-functionally int	tegrated supporting orga	nization.			_		
	f	Enter the number of supported organi	zations							
	g	Provide the following information about	ut the supported org	ganization(s).						
	(i)	Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	-	(v) Amount of monetary	(vi) Amount of		
				(described on lines 1-10 above (see instructions))	docum	r governing ient?	support (see Instructions)	other support (see Instructions)		
					<u> </u>	T		,		
					Yes	No	<u> </u>			
(A)										
-					1					
(B)						ļ 				
(C)										
(D)										
							<u> </u>	<u> </u>		
(E)										
P-4:										

990 or 990-EZ) 2019 Read and Feed 20-3246207
Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not			-			
	include any "unusual grants.")	503,780	391,268	384,688	152,051	476,287	1,908,074
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge					•	
4	Total. Add lines 1 through 3	503,780	391,268	384,688	152,051	476,287	1,908,074
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)						353,800
6	Public support. Subtract line 5 from line 4						1,554,274
Sec	tion B. Total Support						
Cale	endar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	503,780	391,268	384,688	152,051	476,287	1,908,074
8	Gross income from interest, dividends,				-		
	payments received on securities loans,					İ	
	rents, royalties and income from						
	similar sources	174	326	1,095	1,508	2,563	5,666
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						1,913,740
12	Gross receipts from related activities, etc. (se	ee instructions)				12	223,394
13	First five years. If the Form 990 is for the or	ganization's firs	t, second, third	l, fourth, or fifth	tax year as a	section 501(c)(3)
	organization, check this box and stop here		. .				▶ 🛚
Sec	tion C. Computation of Public Support	rt Percentage)				
14	Public support percentage for 2019 (line 6, c	olumn (f) divide	ed by line 11, co	olumn (f))		14	81.22 %
	Public support percentage from 2018 Schedi					15	74.97 %
16a	33 1/3% support test - 2019. If the organiza	tion did not che	ck the box on I	ine 13, and line	e 14 is 33 1/3%	or more, chec	
	box and stop here . The organization qualifie	s as a publicly	supported orga	anization			▶ 🗷
b	33 1/3% support test - 2018. If the organiza	tion did not che	ck a box on lin	e 13 or 16a, ar	nd line 15 is 33	1/3% or more,	
•	this box and stop here. The organization qua	alifies as a publ	icly supported	organization.			→ 🛚
17a	10%-facts-and-circumstances test - 2019.	If the organizat	ion did not che	ck a box on lin	e 13, 16a, or 1	6b, and line 14	is
	10% or more, and if the organization meets t	he "facts-and-c	ircumstances"	test, check this	box and stop	here. Explain i	n
	Part VI how the organization meets the "facts	s-and-circumsta	ances" test. The	e organization	qualifies as a i	publicly support	ted
	organization			•			▶ □
	10%-facts-and-circumstances test - 2018.					, or 17a. and lin	
	15 is 10% or more, and if the organization me						
	Explain in Part VI how the organization meet					•	clv
	supported organization			-	•		· –
	Private foundation. If the organization did no					box and see	_
	instructions						▶ □

	(Complete only if you checked t						nder Part Jł.
<u>~</u>	If the organization fails to qualif	y under the te	ests listed bei	ow, please c	omplete Part I	II. <i>)</i>	/
_	ction A. Public Support	(-) 2045	(1.) 2040	(-) 0047	(4) 2040	(-) 2040	10 Total
_	endar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise				+		1
2	sold or services performed, or facilities	i					
	furnished in any activity that is related to the						
2	organization's tax-exempt purpose					/	
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 • Tax revenues levied for the				 	-	
4							
	organization's benefit and either paid to or expended on its behalf			1			
_	or expended on its behalf The value of services or facilities				 		
5	furnished by a governmental unit to the]			
6	Total, Add lines 1 through 5		ļ	<u> </u>	/		
6 70	Amounts included on lines 1, 2, and 3			/	`		
<i>1</i> a							
L	received from disqualified persons Amounts included on lines 2 and 3			/	 		+
D	received from other than disqualified						
	persons that exceed the greater of \$5,000				•		
	or 1% of the amount on line 13 for the year						·
_	Add lines 7a and 7b		 	,	1		
8	Public support. (Subtract line 7c from		/	<u> </u>			
U	line 6.) · · · · · · · · · · · · · · · · · · ·			Į			
Sec	ction B. Total Support						<u> </u>
	endar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	(4) 20.0	/	(6) 20 11	(0) 20 10	(6) 2010	(1)
_	Gross income from interest, dividends,		/				
	payments received on securities loans, rents,					:	
	royalties, and income from similar sources · ·						
b	Unrelated business taxable income (less	/			1		
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b	/					
11	Net income from unrelated business /						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets/						1
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the org	ganızation's fin	st, second, third	d, fourth, or fift	h tax year as a	section 501(c)	(3)
	organization, check this/box and stop here					<u> </u>	▶ [
	ction C. Computation of Public Suppor						-
	Public support percentage for 2019 (line 8, ce	• • •	•	, ,,,		15	9
	Public support percentage from 2018 Schedu					16	9
	ction D. Computation of Investment Inc					T	
	Investment income percentage for 2019 (line	•	•		,	17	
						18	9
19a	33 1/3% support tests - 2019. If the organiza						
	17 is not more than 33 1/3%, check this box						
b	33 1/3% support tests - 2018. If the organization						
26	line 18 is not more than 33 1/3%, check this t	_	_				_
Ľ۷	Private foundation. If the organization did no	ol check a box	. on line 14, 198	a, OF 190, CNEC	ik unis dox and s	see instruction	S · · · · ▶

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 certain 500(c)(1) or (2)3 If "You " explain in Part VI how the organization determined that the suppose
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Build 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.)

	Yes	No
1	<u> </u>	
- '-	<u> </u>	
2		
3a		
3b		
3c		
48		
4b		
4c		
70		——ī
5a		
эа		
5b		
5c		
6		
 		
7		· · · · · · · · · · · · · · · · · · ·
8		
9a		 ;
30		
9с		
10a		
10b		
 .00		

- activities but for the organization's involvement. 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2b

3a

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganiz	ations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust c	n Nov. 20, 1970 (explain	n in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organiz	zations	must complete Section	s A through E.
Saat	on A - Adjusted Net Income		(A) Prior Voor	(B) Current Year
Secu	on A - Adjusted Net Income		(A) Prior Year	(optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or		· · · · · · · · · · · · · · · · · · ·	
coll	ection of gross income or for management, conservation, or			
mai	intenance 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		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			, , , , , , , , , , , , , , , , , , , ,
inst	ructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
fac	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	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		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3.	4		
	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
eme	ergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integr	ated Type III supporting	organization (see
	instructions).		•	•

Pai	TV Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiz	zations (continuea)	r					
	Section D - Distributions								
	Amounts paid to supported organizations to accomplish exem								
2	Amounts paid to perform activity that directly furthers exempt								
	organizations, in excess of income from activity								
	Administrative expenses paid to accomplish exempt purposes	of supported organizati	ons						
	Amounts paid to acquire exempt-use assets								
	Qualified set-aside amounts (prior IRS approval required)								
6	Other distributions (describe in Part VI). See instructions.								
7	Total annual distributions. Add lines 1 through 6.								
8	Distributions to attentive supported organizations to which the	organization is respons	ive						
	(provide details in Part VI). See instructions.								
	Distributable amount for 2019 from Section C, line 6								
10	Line 8 amount divided by line 9 amount								
	section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019					
	Distributable amount for 2019 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2019								
	(reasonable cause required - explain in Part VI). See								
	instructions.								
	Excess distributions carryover, if any, to 2019								
	From 2014								
	From 2015								
	From 2016								
	From 2017								
	From 2018								
	Total of lines 3a through e								
	Applied to underdistributions of prior years								
	Applied to 2019 distributable amount			1					
	Carryover from 2014 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f.			J					
	Distributions for 2019 from								
-	Section D, line 7:								
	Applied to underdistributions of prior years								
	Applied to 2019 distributable amount		 						
	Remainder. Subtract lines 4a and 4b from 4.								
	Remaining underdistributions for years prior to 2019, if								
~	any. Subtract lines 3g and 4a from line 2. For result								
	greater than zero, explain in Part VI . See instructions.								
6	Remaining underdistributions for 2019. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2020. Add lines 3j								
	and 4c.			į					
	Breakdown of line 7:	-		i					
а	Excess from 2015								
b	Excess from 2016								
С	Excess from 2017								
d	Excess from 2018								
е	Excess from 2019								

Page 8	
art	
ו	

Cabadula A /Ears	900 at 000 E7) 2010
Part VI	1990 or 990-EZ) 2019 Supplemental Information, Broyida the explanations required by Bort II, line 10: Bort II, line 17a or 17b: Bort
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
•	
	- · · · · - · · · · · · · · · · · · · ·
	

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.

Department of the Treasury
Internal Revenue Service
Name of the organization

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

OMB No 1545-0047

2019

Open to Public Inspection

Employer Identification number

Read and Feed 20-3246207 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (I) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

	ule D (Form 990) 2019 Read and Feed					20-32			Page 2
Pa	rt III Organizations Maintaining	Collections of	Art, Hist	torical Treas	ures, or	Other Similar	Assets ((contir	nued)
3	Using the organization's acquisition, accession	n, and other records	, check any	of the following t	hat make s	ignificant use of its			
	collection items (check all that apply):								
а	Public exhibition		d	Loan or excl	hange prog	ırams			
b	Scholarly research		e	Other					_
C	Preservation for future generations								_
4	Provide a description of the organization's coll	lections and explain	how they fur	ther the organiza	ation's exer	mpt purpose in Part			
_	XIII.			- 4 4					
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to						🗆 1	Yes [No
Pa	rt IV Escrow and Custodial Arra	ngements.							
	Complete if the organization 990, Part X, line 21.	answered "Yes"	on Form	990, Part IV,	line 9, o	r reported an an	nount on	Form	1
10	Is the organization an agent, trustee, custodia	n or other intermedu	any for contri	hutians or other	accote not		-		
1a	included on Form 990, Part X?						п.	ا م	□ No
L	If "Yes," explain the arrangement in Part XIII a							ies [_] MO
þ	ir res, explain the arrangement in Part Alli a	na complete the loll	owing table:				\		
_	December halosse						Amount		
С.	Beginning balance					1c			
d	· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •				1d			
e						1e			
f						<u>1f </u>			
2a	Did the organization include an amount on Fo					=	· · □	res [_ No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	planation ha	s been provided	on Part XII		• • • • •	<u>··· </u>	
Pa	t V Endowment Funds.	1.052 0	-	000 D. (D.	l' 40				
	Complete if the organization	answered "Yes"	on Form	990, Part IV,	line 10.				
		(a) Current year	(b) Pric	oryear (c) T	wo years back	(d) Three years bad	ck (e) F	our years	back
1a	Beginning of year balance								
þ	Contributions								
C	Net investment earnings, gains, and	İ							
	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curre	nt year end balance	(line 1g, col	umn (a)) held as					
а	Board designated or quasi-endowment	%							
b	Permanent endowment	%							
C	Term endowment ▶ %								
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.							
3a	Are there endowment funds not in the possess	sion of the organizat	on that are I	neld and adminis	tered for th	ie			
	organization by	•						Yes	No
	(i) Unrelated organizations						3a(od –	
	(II) Related organizations						3a(i		T
ь	If "Yes" on line 3a(ii), are the related organizati	ions listed as require	ed on Sched	ule R?			3k	-+-	+-
4	Describe in Part XIII the intended uses of the o	•						<u>- L</u>	
	t VI Land, Buildings, and Equip		,,,,o,,,,,,,,,,	·					
	Complete if the organization a		on Form	990. Part IV.	line 11a	See Form 990	Part X	line 1	Ω.
	Description of property	(a) Cost or other		(b) Cost or other b				Book value	
	Description of property	(a) Cost or of		(other)	9910	(c) Accumulated depreciation	(a) B	VVV VAIUE	•
1a	Land	, 55	1	(/	- 				
		•							
b	Buildings	• •							
۲ C	Leasehold improvements	•		126	-	07 574			225
d	Equipment			136,8	5UU	87,574	i e	49.	226

11,815

49,226

11,815

Schedule D (Form	n 990) 2019 Read and Feed Investments - Other Securities.			20	-3246207	Page
Part VII		on For	000 Port IV lin	o 11h Coo Form	. 000 Bod V	line 10
-	Complete if the organization answered "Yes"	OII FOI	m 990, Part IV, III	le 11b. See Form	1990, Part A,	line 12.
	(a) Description of security or category (including name of security)		(b) Book value		(c) Method of valuation or end-of-year market v	
(1) Financial				Cusi	or end-or-year market	value
• •	eld equity interests					
(3) Other	eld equity interests					
(A)						
(B)				<u> </u>		
(C)						
(D)						
(E)						
(F)						
(G)						
(H)			· - · · · · · · · · · · · · · · · · · ·			
	nn (b) must equal Form 990, Part X, col. (B) line 12.)	>				
Part VIII	Investments - Program Related.					
	Complete if the organization answered "Yes"	on For	m 990, Part IV, lin	e 11c. See Form	990, Part X,	line 13.
	(a) Description of investment		(b) Book value		(c) Method of valuation	
	(a) Description of investment		(B) BOOK VALUE		or end-of-year market v	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	nn (b) must equal Form 990, Part X, col. (B) line 13.)	>				
Part IX	Other Assets.	_				
	Complete if the organization answered "Yes"	on For	m 990, Part IV, lin	e 11d. See Form	990, Part X,	line 15.
<u>.</u>	(a) Description			<u>-</u>	(b) Bo	ok value
(1)						
(2)						
(3)						
(4)	 					
(5)						
(6)						
(7)						
(8)					-	
(9)	n (b) must equal Form 990, Part X, col (B) line 15.)				<u> </u>	
Part X	Other Liabilities.				<u> </u>	
Tartx	Complete if the organization answered "Yes"	on For	m 990 Part IV lin	e 11e or 11f Sec	Form 990 P	art X
	line 25.	OII I OII	ii 990, Fait IV, iii	e neor in. sec	5 i Oiiii 990, F	ait A,
1.	· · · · · · · · · · · · · · · · · · ·	(h) D				
	(a) Description of liability Income taxes	(b) Book v	/alue			
(2)	moonio taxos					
(3)						
(4)						
(5)						
(6)						
(7)						

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

(8) (9)

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

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

Open to Pu

OMB No 1545-0047 2019

Department of the Treasury
Internal Revenue Service
Name of the organization

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

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Name of the organization					İ		nuncation number			
Read and Feed						20-32				
Part I Fundraising Activities	-	_		wered "Yes" on	Form 990	, Part IV,	line 17.			
Form 990-EZ filers are no										
1 Indicate whether the organization rais	sed funds through	_	-							
a 🔲 Mail solicitations				f non-government gra	ants					
b Internet and email solicitations	b Internet and email solicitations f Solicitation of government grants									
c Phone solicitations		g 🗌	Special fund	raising events						
d In-person solicitations				_						
2a Did the organization have a written o	r oral agreement w	uth any individ	dual (includin	a officers directors t	trustees					
or key employees listed in Form 990,	-	-	•	-			es 🗌 No			
				_		_	es [] NO			
b If "Yes," list the 10 highest paid indivi		indraisers) pu	irsuant to agi	reements under whic	n the fundra	ser is to be				
compensated at least \$5,000 by the	organization									
(i) Name and address of individual		(iii) Did fun	draiser have	(Iv) Gross receipts		nt paid to	(vi) Amount paid to			
or entity (fundraiser)	(II) Activity	custody o	r control of	from activity	or reta fundraise	ned by)	(or retained by)			
, (,		contri	butions?		col		organization			
		Yes	No							
1				1						
•										
	 	+	 							
2										
	,									
3			1							
4			1							
5										
		1								
6	+	+		 		-				
·			1							
		+	+							
7										
	 	-								
8			f							
				!						
9		-								
10										
		1								
Total			>							
3 List all states in which the organization		ensed to soli	cit contributio	ne or has been notific	ed it is evem	nt from				
_	r is registered or it	ensed to som	Cit Contributio	ins of flas been flouin	ed it is exem	penom				
registration or licensing.										
										
					-					
			-							
				·			· · · · · · · · · · · · · · · · · · ·			
			_							

			d and Feed			-3246207 Page 2
Pa	ırt II					
		than \$15,000 of fundraising		d gross income on Form	n 990-EZ, lines 1 and 6b	. List events with
		gross receipts greater than	\$5,000.	· · -	 	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Novel Night		None	(add col (a) through col (c))
			(event type)	(event type)	(total number)	coi (c))
ıne						
Revenue	1	Gross receipts	89,610			89,610
ፚ						
	2	Less: Contributions · · · · ·	62,110			62,110
	3	Gross income (line 1 minus				
_		line 2)	27,500			27,500
	_	_				
	4	Cash prizes				
	_					
	5	Noncash prizes · · · · · ·	5,800			5,800
		D. 16. 11				
ses	6	Rent/facility costs	1,675			1,675
Direct Expenses	_	Food and boundary	=			
Щ	7	Food and beverages · · · · ·	7,643			7,643
ec		Fatadasaaat				
₫	8	Entertainment	8,978			8,978
	9	Other direct expenses	1 (15			1 (15
	9	Other direct expenses	1,615	<u> </u>		1,615
	10	Direct expense summary. Add lines	4 through 9 in column (d)			25 711
	11	Net income summary. Subtract line 1	=			25,711 1,789
Pa	rt III					
<u> </u>		\$15,000 on Form 990-EZ, I	•		· · , · · · · · · · · · · · · · · · · ·	
				(b) Pull tabs/instant		(d) Total gaming (add
ã.			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))
Revenue						
	1	Gross revenue				
,	2	Cash prizes				
enses						
ē	3	Noncash prizes				
Direct Exp						
<u></u>	4	Rent/facility costs				
_						
_	5	Other direct expenses			<u> </u>	
	_		☐ Yes %	∐ Yes %	Yes %	
	6	Volunteer labor	∐ No	∐ No	∐ No	
	_	8	National Etc. 1 (2)			
	7	Direct expense summary. Add lines 2	2 through 5 in column (d)	• • • • • • • • • • • •		
		N. 4		- (A)	_	
	8	Net gaming income summary. Subtra	act line / from line 1, colum	n (d)	· · · · · · · · · · · · · · · · · · ·	
9		er the state(s) in which the organization				П уст П на
a		ne organization licensed to conduct ga	aming acuvities in each of t	nese states/ · · · · ·	• • • • • • • • • • • • • • • • • • • •	· · · · U Yes U No
Ь	ıt "IV	lo," explain:				
	_					
10a	Wes	re any of the organization's gaming lic	enses revoked suspendor	or terminated during the t	ay vear?	· · · · \ Yes \ \ No
iva b		re any or the organization's gaming it. res," explain:	mises revokeu, suspendet	s, or terminated during the t	an year:	
D	1			··		

SCHEDULE M (Form 990)

Noncash Contributions

(c) Noncash contribution OMB No 1545-0047

(d)

Method of determining

2019

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Department of the Treasury Internal Revenue Service

Part I

Types of Property

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

(b)

Number of contributions or

► Attach to Form 990.

(a)

Check if

► Go to www.irs.gov/Form990 for Instructions and the latest Information.

Name of the organization Employer identification number

Read and Feed 20-3246207

	^	applicable	items contributed	Form 990, Part VIII, line 1g	noncash co	ntributi	on amo	ounts
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications	х		36.242	fair val	16		
5	Clothing and household							÷
	goods							
6	Cars and other vehicles				<u> </u>			
7	Boats and planes		-					
8	Intellectual property			-	<u> </u>			
9	Securities - Publicly traded							
10	Securities - Closely held stock						-	
11	Securities - Partnership, LLC,	-						
	or trust interests	1						
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other		İ					
15 -	Real estate - Residential							
16	Real estate - Commercial						-	
17	Real estate - Other							
18	Collectibles					_		
19	Food inventory	×	50	9.786	fair valu	16	-	
20	Drugs and medical supplies			37.00	1011			
21	Taxidermy	-				•		
22	Historical artifacts					-		
23	Scientific specimens			-				
24	Archeological artifacts							
25	Other ►(•				
26	Other ►(
27	Other ►(
28	Other ►(
29	Number of Forms 8283 received by the o	rganization d	uring the tax year for contributio	ns for				
	which the organization completed Form 8	-	• •		29			
	-		_	`	. 		Yes	No
30a	During the year, did the organization rece	eve by contrib	oution any property reported in F	Part I, lines 1 through				1
	28, that it must hold for at least three year					l i		
	to be used for exempt purposes for the er	ntire holding p	period?			30a		
b	If "Yes," describe the arrangement in Part							
31	Does the organization have a gift accepta		at requires the review of any no	nstandard				
						31		×
32a	Does the organization hire or use third pa	rties or relate	ed organizations to solicit, proce	ss, or sell noncash				
						32a		x
b	If "Yes," describe in Part II.				•			
33	If the organization didn't report an amoun	t ın column (c	e) for a type of property for which	n column (a) is checked.]		
	describe in Part II	•		, , , , , , , , , , , , , , , , , , , ,				
								<u> </u>

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.

2019

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Department of the Treasury Internal Revenue Service Name of the organization

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) served on the Board of Directors	during a						
portion of the current tax year. Additionally, two sisters (Kristin Walker a	nd Kathryn						
Raymond) serve as Board members.							
02. Organizational document changes (Part VI, line 4)							
The bylaws were amended to allow members of the Board of Directors to serve	up to two						
consecutive three-year terms, with a third term of three years being allowed	after a						
one-year break in service. The bylaws were also revised to make it clear that a President							
of the Board of Directors could only serve two terms.	,						
03. Form 990 governing body review (Part VI, line 11)							
The Treasurer, in conjunction with the Finance Committee, will provide review	w and						
oversight responsibilities of the IRS Form 990 prepared by the organization's	s external tax						
preparer. The Finance Committee is responsible for verifying the Form 990 for	r 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 or	f the Form 990						
will be filed with the IRS once approved and distribution to the Board has or	ccurred.						
04. Conflict of interest policy compliance (Part VI, line 12c)	· · · · · · · · · · · · · · · · · · ·						
The Conflict of Interest policy is monitored by the Board Secretary and review	ewed and						
signed at the beginning of each fiscal year by all staff and Board members w	ith						
significant decision-making authority. It is each signator's obligation to di	isclose any						
potential conflict as soon as it is known, or reasonably should be known.	<u> </u>						