Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public So to your ire gov/Form990 for instructions and the latest

		do to www.iis.gov/i or iiistructions and the ii	ACSC IIIIOI III II III II II I	
A F	or th	e 2018 calendar year, or tax year beginning $$		
B c	heck if	C Name of organization	D Employer identif	ication number
	Addre chang	READ TO GROW, INC.		
	Name chang		06-1	.572185
	Initial return	Number and street (or P 0. box if mail is not delivered to street address) Room/	suite E Telephone numbe	er
	Final return	53 SCHOOL GROUND RD, UNIT 3	203-	488-6800
	termir ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	2,128,974.
	Amen return	BRANFORD, CT 06405	H(a) Is this a group i	
	Application	F Name and address of principal officer OEFF TIAKTMANN	for subordinate	s? Yes X No
	pendi	53 SCHOOL GROUND ROAD, BRANFORD, CT 0640:		included? Yes No
		empt status X 501(c)(3) 501(c) () ((Insert no.) 4947(a)(1) or ((1527 If "No," attach a	a list (see instructions)
		te: ► READTOGROW.ORG	H(c) Group exemption	
			Year of formation: 2000	M State of legal domicile: CT
[Pa	rt I	Summary		
e	1	Briefly describe the organization's mission or most significant activities TO PROM		
Activities & Governance				PARENTS AS
ern	2	Check this box If the organization discontinued its operations or disposed of	1	
30	3	Number of voting members of the governing body (Part VI, line 1a)	3	12
∞ ŏ	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
ties	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	9 196
Ęį	6	Total number of volunteers (estimate if necessary)	6	
Ac		Total unrelated business revenue from Part VIII, column (C), line 12	7 <u>a</u> 7b	
_	В	Net unrelated business taxable income from Form 990-T, line 38	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h) RECEIVED	636,472.	
une.	9		76,442	51,020.
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) MAR 0 2 2020 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9000 0c, and 11e)	674.	T
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, \$2, 10c, and 11e)	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column, (A), line, 12)	713,588	2,128,974.
	13	Grants and similar amounts paid (Part IX, column (A) lines 130 DEN, U1	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	355,231.	414,133.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
xbe	b	Total fundraising expenses (Part IX, column (D), line 25) 79,657.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	555,504.	669,093.
	18	Total expenses Add lines 13 17 (must equal Part IX, column (A) line 25)	910,735	1,083,226.
- (2	19	Revenue less expenses Subtract line 18 from line 12	<197,147.	1,045,748.
Sets or Balances			Beginning of Current Year	End of Year
sset 3alai	20	Total assets (Part X, line 16)	1,027,958.	1,977,287.
et A nd E	21	Total liabilities (Part X, line 26)	109,172	
	22	Net assets or fund balances Subtract line 21 from line 20	918,786.	1,964,534.
া Pa	irt II	Signature Block		

CUnder 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 Citrue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign /Here	JEFF HARTMANN, CHAIR Type or print name and title		Date
	Print/Type preparer's name	Preparer's signature Condon, CPA	Date Check PTIN
Paid	JOHN D. GORDON, CPA	your p grades, or re	02/24/20 self-employed P00168552
Preparer	Firm's name DONALD L PERLROT	H & CO CPAS	Firm's EIN ▶ 06-1073221
Use Only	Firm's address 250 STATE STREET	C-1	

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

NORTH HAVEN, CT 06473-2161

Phone no. (203) 281 - 0522X Yes Form 990 (2018)

Check Schedule Contains a response or note to any len in the Part III Briefly describe the organization's meason. OUR MISSION IS TO PROMOTE LANGUAGE SKILLS AND LITERACY FOR CHILDREN, BEGINNING AT BIRTH, AND TO SUPPORT PARRINTS AS THEIR BABIES' FIRST TEACHERS. OUR VISION IS THAT EVERY PAMILY, REGARDLESS OF INCOME ANY PAMILY, REGARDLESS OF INCOME ANY PAMILY RESPONSE TO THE CHARLES OF THE PAMILY RESPONSE OF THE PAMILY RES			<u>6-1572185</u>	Pag
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(Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 922,248. Form 99	4 ~!	Other program convene (Decembe in Schodule O.)		
4e Total program service expenses ► 922,248.	4d		`	
Form 95	46		· · · · · · · · · · · · · · · · · · ·	
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SEE SCHEDULE O FOR CONTINUATION(S)		CPP CCUPDITIE O POD COMMINTIAMION/C\	Form \$, 3 0 (
•	∍ ∠ 002	SEE SCHEDOLE O FOR CONTINOALION(S)		
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Form 990 (2018) READ TO GROW, INC.
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		, , ,	
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 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) 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, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	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 temporarily restricted endowments, permanent	·		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments · program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
ď	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			v
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	-	
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446	х	
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	ıza		
٥	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X.
	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		X

			V	N
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			- 41
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No," go to line 25a	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	_	
25 a	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		<u> </u>
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			37
	Schedule L, Part I	25b		<u> X</u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	26		X
27	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> </u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		_X_
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?	0.4		х
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	UZ.		
-	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		<u> </u>
30	Note. All Form 990 filers are required to complete Schedule O	38	х	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance	JĢ	-42	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 5			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	_No_
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 9	1 I	77	٠.
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	-
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
þ	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			
	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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		ļ
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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	_6b		
7	Organizations that may receive deductible contributions under section 170(c).			-
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e_		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	-	ļ .
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		ļ
9	Sponsoring organizations maintaining donor advised funds.		,*	,
а	Did the sponsoring organization make any taxable distributions under section 4966?	_9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter		-	
а	Initiation fees and capital contributions included on Part VIII, line 12			
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			1
11	Section 501(c)(12) organizations. Enter			}
а	Gross income from members or shareholders			١.
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)	. !		İ
	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>		ļ
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			'
b	Enter the amount of reserves the organization is required to maintain by the states in which the			.
	organization is licensed to issue qualified health plans	4		
С	Enter the amount of reserves on hand	<u> </u>	ļ	-
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	ļ	
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_	ļ	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	l	X

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If "Yes," complete Form 4720, Schedule O

Form 990 (2018) READ TO GROW, INC.

Par	to line 30, 8h, or 10h below, decembe the arrangement, and Disclosure For each "Yes" response to lines 2 to			"No" r	espon.	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule 6. Check if Schedule 0 contains a response or note to any line in this Part VI.	O See i	ristractions			X
Sect	tion A. Governing Body and Management					<u> </u>
<u> </u>	non A. Governing Dody and Management				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	12			1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	np with				
	officer, director, trustee, or key employee?	•	-	2		X
3	Did the organization delegate control over management duties customarily performed by or under t	he dire	ct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	as filed?	4		X_
5	Did the organization become aware during the year of a significant diversion of the organization's a	ssets?		5		X
6	Did the organization have members or stockholders?			6		<u>X</u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint	one or			
	more members of the governing body?			7a		_X_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or			
	persons other than the governing body?			7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	ear by th	ne following:			
а	The governing body?			8a	_X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	eached	at the			7.7
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal i	Hevenu	e Code)		V	N _a
40-	Did the experience have level shorters bronches as offlicted?			400	Yes	No_X
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such	chanter	re affiliatee	10a		
b	and branches to ensure their operations are consistent with the organization's exempt purposes?	Citapioi	o, anniates,	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dv befo	ore filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	, DO.	70 ming and 10 min	11,0		,
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	se to cor	officts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If					
	in Schedule O how this was done	•		12c	Х	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and appro	val by II	ndependent	-		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?				:
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement v	with a			:
	taxable entity during the year?			16a		<u>X</u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the control of the			İ		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	anızatıc	on's	401		
500	exempt status with respect to such arrangements?			16b		<u> </u>
	tion C. Disclosure					
17 18	List the states with which a copy of this Form 990 is required to be filed CT Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, a	and gor	NT (Section 501(c)(3)	s only	avails	able
10	for public inspection. Indicate how you made these available. Check all that apply	u 10 336	, (George 1901)	o orny)	, uvalle	
	Own website Another's website X Upon request Other (explain	ın ın Sc	hedule (O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, or		•	l finan	cıal	
	statements available to the public during the tax year	J				
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks a	nd records >			
	ROBIN BAKER - 203-488-6800					
	53 SCHOOL GROUND ROAD, UNIT 3, BRANFORD, CT 0640	5				

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

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

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

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

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

(A) Name and Title	(B) Average hours per week	box	(C) Position (do not check more than or box, unless person is both officer and a director/truste				h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Оявсег	Кеу етріоуее	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ROXANNE COADY	1.00							_	_	_
CHAIR		X		X		<u> </u>		0.	0.	0.
(2) JEFF HARTMAN	1.00	ļ							_	_
TREASURER		X	<u> </u>	X		<u> </u>	_	0.	0.	0,
(3) JOANNE CUNARD	1.00									
DIRECTOR		X	_		-			0.	0.	0.
(4) MARY KAY CURTISS	1.00								_	•
DIRECTOR	1 00	X			-	├		0.	0.	0.
(5) JENNIFER FUSCO	1.00	 								•
DIRECTOR	1 00	X			ļ. <u> </u>	ļ		0.	0.	0 .
(6) CARLA HORWITZ	1.00	X						0.	0.	0
DIRECTOR (7)	1.00	^				-	 	<u> </u>	<u></u>	
(7) LISA MAASS DIRECTOR	1.00	X	•					0.	0.	0
(8) BONNIE PATTEN	1.00	<u> </u>	 		-				•	<u> </u>
DIRECTOR	1.00	\mathbf{x}						0.	0.	0
(9) SANDRA TREVINO	1.00	 	\vdash	-						
DIRECTOR		x						0.	0.	0 .
(10) ALICIA CARABALLO	1.00									
DIRECTOR		X						0.	0.	0 .
(11) LORI CHURCH	1.00									
DIRECTOR		X						0.	0.	0 .
(12) JOSHUA COPEL	1.00									
DIRECTOR		X						0.	0.	0 .
(13) KAREN PRITZKER	1.00	1								
BOARD EMERITUS		X	_		<u> </u>	<u> </u>	ļ	0.	0.	0.
(14) HARRIET (KYN) TOLSON	40.00	1								_
EXECUTIVE DIRECTOR		-		Х				88,546.	0.	0.
							-			
							_			
		-								
	1	_	_					-1		F 000 (0010

Form **990** (2018)

	(A) Name and title	(B) Average hours per week	box.	not c , unte	Pos heck ss pe	more rson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related		ed of		
		(list any hours for related organizations below line)	Indiwdual trustee or director	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS				e tion ted
							 							
													-	
							-	-	<u> </u>					
			-											
			_											
							ļ							
	Sub-total Total from continuation sheets to Part V	II, Section A						▶	88,546. 0.		0.			0.
d 2	Total (add lines 1b and 1c) Total number of individuals (including but r		nose	liste	ed al	bov	e) wi	no re	88,546.	0.000 of reportable	0. e			0.
_	compensation from the organization												Yes	0 No
3	Did the organization list any former officer,			e, ke	y er	nplo	yee	, or	highest compensated e	mployee on				
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su			omp	ensa	atior	n and	d ot	her compensation from	the organization		3		<u>X</u>
5	and related organizations greater than \$15 Did any person listed on line 1a receive or a									idual for services		4		X
Sec	rendered to the organization? If "Yes," comtion B. Independent Contractors											5		Х
1	Complete this table for your five highest co	•									pens	ation f	rom	
	the organization Report compensation for (A) Name and business					viui	OI W	ALCOIT	(B) Description of s			(Compe	C)	.n
	Name and business		N	INC	<u> </u>				Description of s	·		Ompe	iisalic	<i>7</i> 11
													_	
														
	Total number of independent contractors (\$100,000 of compensation from the organi		ot li	mite	d to		se li 0	stec	d above) who received n	nore than				•
												Form	aan i	(2012)

06-1572185 Form 990 (2018) READ TO GROW, INC. Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue excluded from tax under Related or Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b Membership dues 10 c Fundraising events d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 1f 2, 077, 339 similar amounts not included above 183,245 g Noncash contributions included in lines 1a-1f \$ 2,077,339 Total, Add lines 1a-1f Business Code 46,000. 46,000. 2 a CT HIGHER EDU TR FEES 611710 Program Service 3,000. BOOK DELIVERY FEES 611710 3,000. BOOK SALES 611710 1,820. 1,820. d OTHER 611710 200. 200. f All other program service revenue 51,020 Total. Add lines 2a-2f Investment income (including dividends, interest, and 3 615. 615. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (II) Personal (i) Real 6 a Gross rents Less rental expenses Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV. line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less. cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue

615.

e Total. Add lines 11a-11d

Total revenue See instructions

128,974.

020

51,

Form 990 (2018) READ TO GROW, INC. [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)

<u>sect</u>	ion 501(c)(3) and 501(c)(4) organizations must comp			implete column (A)	
	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	-			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			45.454	40.444
	trustees, and key employees	91,488.	54,893.	17,154.	19,441
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			0.4.4.00	20 260
7	Other salaries and wages	282,921.	229,449.	24,103.	29,369
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0 201	0. 530	4 024	1 220
9	Other employee benefits	8,301.	2,739.	4,234.	1,328
10	Payroll taxes	31,423.	23,526.	3,153.	4,744
11	Fees for services (non-employees)				
а					
b	Legal	10 626		10,626.	
C	Accounting	10,626.		10,020.	····
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				·
9		37,750.	23,943.	5,536.	8,271
40	column (A) amount, list line 11g expenses on Sch 0.)	37,730	43,343.	3,330.	0,2/1
12	Advertising and promotion Office expenses	12,512.	7,442.	3,801.	1,269
13	Information technology	12,312.	/,442+	3,001.	1,205
14 15	Royalties				
16	Occupancy	48,052.	41,344.	3,514.	3,194
17	Travel	5,850.	5,264.	342.	244
	Payments of travel or entertainment expenses		3,201.	3121	
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	 			
20	Interest				
21	Payments to affiliates				•
22	Depreciation, depletion, and amortization	8,975.	6,732.	1,054.	1,189
23	Insurance	10,521.	7,589.	2,022.	910
24	Other expenses. Itemize expenses not covered				
_ •	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	DOOKS '	376,212.	376,212.	0.	0
b	ELDIN CHERG HO CONOCI C	116,892.	116,770.	112.	10
С	DOOK DIGEDINGTON GOODG	19,505.	19,505.	0.	0
d	V-7 G G D T T 3 3 3 D G T G	8,690.	2,844.	1,874.	3,972
е	All other expenses	13,508.	3,996.	3,796.	5,716
25	Total functional expenses Add lines 1 through 24e	1,083,226.	922,248.	81,321.	79,657
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.			1	
	Check here If following SOP 98-2 (ASC 958-720)				

832010 12-31-18

Form **990** (2018)

Part	<u>X</u>	Balance Sheet					
		Check if Schedule O contains a response or no	te to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	388,052.	1	396,095		
	2	Savings and temporary cash investments		100,095.	2	168,842	
	3	Pledges and grants receivable, net		187,331.	3	1,134,545	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for	ormer o	officers, directors.			
	-	trustees, key employees, and highest compens		· '			
		Part II of Schedule L		p.o.joob cop.o.o		5	
	6	Loans and other receivables from other disqual					
	•	section 4958(f)(1)), persons described in section					
ŀ		employers and sponsoring organizations of sec					
,		employees' beneficiary organizations (see instr)				6	
2000	7	Notes and loans receivable, net	Comp	neter art ii or our L		7	
	8	Inventories for sale or use			251,688.	8	235,310
	9	Prepaid expenses and deferred charges		-	231,000.	9	255,51
١.	-	Land, buildings, and equipment, cost or other	1	1		9	
	iva	basis Complete Part VI of Schedule D	10a	114,853.			
	h	Less: accumulated depreciation	10b	81,281.	29,396.	10c	33,57
.	b 11	•	01,201.	29,390.		33,37	
- 1		Investments - publicly traded securities Investments - other securities See Part IV, line	11	}		11	
- 1	12	·	-		12		
- 1	13	Investments - program related See Part IV, line	-		13		
- 1	14	Intangible assets		-	71,396.	14	8,92
	15	Other assets. See Part IV, line 11		34\	1,027,958.	15 16	1,977,28
	<u>16</u> 17	Total assets. Add lines 1 through 15 (must equ	ai iine	34)	8,652.	17	12,05
	18	Accounts payable and accrued expenses Grants payable		+	0,032.	18	12,00
	19	Deferred revenue			100,520.	19	69:
- 1	20	Tax-exempt bond liabilities		-	100,520.	20	
- 1	21	Escrow or custodial account liability. Complete	Dart IV	of Schedule D		21	
Ι.	22	Loans and other payables to current and forme				21	
1	22	key employees, highest compensated employee		· · · · · · · · · · · · · · · · · · ·			
		Complete Part II of Schedule L	co, and	disquaimed persons		22	
,	23	Secured mortgages and notes payable to unrel	atad th	ard parties		23	
	23 24	Unsecured notes and loans payable to unrelate		T T		24	
- 1	2 5	Other liabilities (including federal income tax, pa		•		24	
1	LU	parties, and other liabilities not included on lines					
		Schedule D	3 17 27	/ Complete Falt X Of		25	
	26	Total liabilities. Add lines 17 through 25		-	109,172.	26	12,75
Τ.		Organizations that follow SFAS 117 (ASC 958	3), che	ck here X and			
,		complete lines 27 through 29, and lines 33 ar					
}	27	Unrestricted net assets			582,661.	27	538,91
	 28	Temporarily restricted net assets		336,125.	28	1,425,619	
	29	Permanently restricted net assets	330,1231	29			
		Organizations that do not follow SFAS 117 (A					
		and complete lines 30 through 34.	.00 00	o,, one ok nore P			
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building, or ed		nt fund		31	
. [32	Retained earnings, endowment, accumulated in	• •	Ţ.	 	32	
	33	Total net assets or fund balances	. 50,,10,	5. 55. 15.165	918,786.	33	1,964,534
- 1	34	Total liabilities and net assets/fund balances		<u> </u>	1,027,958.		1,977,287

Form **990** (2018)

Form	1990 (2018) READ TO GROW, INC.	06-157	2185	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	_ 1	2,12		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,083	3 <u>,2</u>	<u> 26.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	1,04		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	918	3,7	<u>86.</u>
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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	1			
	column (B))	10	1,96	4,5	<u>34.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>Щ</u>
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			ļ
2a	• • • • • • • • • • • • • • • • • • • •		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	J on a			
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,		•	·
	consolidated basis, or both			,	
	Separate basis Consolidated basis Both consolidated and separate basis			i	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	<u> </u>	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				1
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3h		i

Form **990** (2018)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 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.

2018

Open to Public Inspection

Name of the organization

Employer identification number

				INC.				06-15/2185
Pa	rt I	Reason for Public (Charity Status (All organizations must co	omplete th	ıs part) Se	e instructions	
he	organ	zation is not a private found	ation because it is (For lines 1 through 12, o	heck only	one box)	1	
1		A church, convention of chi					NAME (T)	
		A school described in secti						-
2	=			· · · · · · · · · · · · · · · · · · ·			117	
3	닏	A hospital or a cooperative						
4		A medical research organization	ation operated in co	njunction with a hospital	described	in section	n 170(b)(1)(A)(III). Ente	er the hospital's name,
		city, and state						
5		An organization operated for	or the benefit of a co	llege or university owner	d or operat	ed by a go	overnmental unit descr	ribed in
		section 170(b)(1)(A)(iv). (C	omplete Part II)					
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).	
	$\overline{\mathbf{x}}$	An organization that norma	•				•	al nublic described in
•	سما	<u>-</u>	· •	iniai part of its support	ioin a gov	eninieniai	dilit of from the genera	ai public described iii
_		section 170(b)(1)(A)(vi). (C						
8	\vdash	A community trust describe						
9		An agricultural research org	janization described	in section 170(b)(1)(A)(ix) operate	ed in conju	nction with a land-gran	nt college
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the colle	ge or
		university						
10		An organization that norma	lly receives: (1) more	than 33 1/3% of its sur	port from	contributio	ons, membership fees,	and gross receipts from
		activities related to its exem	• , ,	•	-		•	- ·
		income and unrelated busin	•	•				=
				(1000 Section 511 tax) II	om busino	oooo acqu	ined by the organizatio	in artor ourio oo, 1010
	\Box	See section 509(a)(2). (Cor	•		. f . t O		NO (- 1/4)	
11	=	An organization organized a	•	•	-			
12	ليبا	An organization organized a	•	•	•		•	
		more publicly supported or	ganizations describe	ed in section 509(a)(1) 0	r section !	509(a)(2) 3	See section 509(a)(3).	Check the box in
		lines 12a through 12d that	describes the type o	f supporting organizatio	n and com	iplete lines	12e, 12f, and 12g	
а			ınızatıon operated, s	upervised, or controlled	by its sup	ported org	anization(s), typically b	by giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority o	of the direc	ctors or trustees of the	supporting
		organization You must o	omplete Part IV. Se	ections A and B.				-
b		Type II. A supporting org	•		tion with it	s sunnorte	ed organization(s), by h	navino
			•				-	_
		control or management o			allie perso	nis that co	milior of manage the st	phorred
		organization(s) You mus	•					
C	L		-	- ·				ited with,
		its supported organization	n(s) (see instructions	s). You must complete I	Part IV, Se	ctions A,	D, and E.	
d	L		integrated. A supp	orting organization opei	rated in co	nnection w	vith its supported orga	nızatıon(s)
		that is not functionally int	egrated The organiz	ation generally must sa	tisfy a disti	ribution red	quirement and an atter	ntiveness
		requirement (see instructi	ons) You must con	nplete Part IV, Sections	s A and D,	and Part	V.	
е		Check this box if the orga	nization received a	written determination fro	m the IRS	that it is a	Type I, Type II, Type I	II
		functionally integrated, or					,, ,,	
f	Fnte	er the number of supported of		A minings make and bear	J - / J - /			
		ride the following information	-	od organization(e)				
_ 9) Name of supported	(ii) EIN	(III) Type of organization	(iv) is the orga In your governi	nization listed	(v) Amount of monetary	(vi) Amount of other
	•	organization	, ,	(described on lines 1-10	1		support (see instructions	
				above (see instructions))	Yes	No		<u> </u>
								. <u> </u>
						-		
								
			,					
•					-			
[ota	31		l .		1	ı		i

(Form 990 or 990-EZ) 2018 READ TO GROW, INC. 06-1572185 Page 2 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	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	782,618.	1,021,258,	1,333,371.	636,472.	2,077,339,	5,851,058,
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to		İ				
	or expended on its behalf						
3	The value of services or facilities		Ţ.				
-	furnished by a governmental unit to	İ					
	the organization without charge						
4	Total, Add lines 1 through 3	782,618.	1,021,258,	1,333,371,	636,472.	2,077,339,	5,851,058,
5	The portion of total contributions		_,,,			,	
-	by each person (other than a						
	governmental unit or publicly		Ì		'		
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)					·	1,547,572,
6	Public support. Subtract line 5 from line 4						4 303 486
	ction B. Total Support						-,
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	782,618.	1,021,258,	1,333,371.	636,472.	2,077,339.	5,851,058,
8	Gross income from interest,			- <u>, </u>	•		.,
-	dividends, payments received on				İ		
	securities loans, rents, royalties,						
	and income from similar sources	654.	502.	579.	674.	615.	3,024.
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.)	12,880.		85,901.	76,442.	51,020.	226,243.
11	Total support. Add lines 7 through 10			,			6,080,325.
	Gross receipts from related activities,	etc (see instruction	ons)		• •	12	213,363.
	First five years. If the Form 990 is for	•	•	d, fourth, or fifth ta	ı ax year as a sectioi		
	organization, check this box and stor	here				- 1-71-7	▶□
Sec	ction C. Computation of Publ	ic Support Per	rcentage				
14	Public support percentage for 2018 (line 6, column (f) di	vided by line 11, c	olumn (f))		14	70.78 %
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	78.93 %
16a	33 1/3% support test - 2018. If the	organization did no	t check the box or	line 13, and line	14 is 33 1/3% or m	nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization				ightharpoons X
b	33 1/3% support test - 2017. If the	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ition			▶□
17a	10% -facts-and-circumstances tes	t - 2018. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			•			ightharpoons
b	10% -facts-and-circumstances tes	•	•	• • •	•	17a, and line 15 is	10% or
	more, and if the organization meets tl	_					
	organization meets the "facts-and-circ				•		▶□
18	Private foundation. If the organization		-	•			s D
			·-··		Sche	dule A (Form 990	or 990-EZ) 2018

Part III Support Schedule for	Organizations	Described in	Section 509(a)(2)	00 15	/ 2185/ Pa
(Complete only if you check	ed the box on line 10	0 of Part I or if the	organization failed	to qualify under l	Part II If the organ	izatjon fails to
qualify under the tests listed	below, please com	plete Part II)		· · · ·		/
Section A. Public Support	-			 		<u>/</u>
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Tota
1 Gifts, grants, contributions, and						
membership fees received (Do not						
include any "unusual grants ")						
2 Gross receipts from admissions,	\					
merchandise sold or services per-	\					
formed, or facilities furnished in any activity that is related to the	\					
organization's tax-exempt purpose	1				1	
3 Gross receipts from activities that			-			
are not an unrelated trade or bus-				/		
iness under section 513	\	J				
4 Tax revenues levied for the organ-	<u> </u>	\		/		-
ization's benefit and either paid to						
or expended on its behalf				/		
•		 \ 		 / 		-
5 The value of services or facilities			,	./		
furnished by a governmental unit to	'		/			
the organization without charge		 				
6 Total. Add lines 1 through 5		 			-	
7a Amounts included on lines 1, 2, and		`		:		
3 received from disqualified person	s				<u> </u>	
b Amounts included on lines 2 and 3 received			X			
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						<u> </u>
8 Public support. (Subtract line 7c from line 6)	-			<u> </u>	<u> </u>	<u> </u>
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2Ø15	(c) 2016	(d) 2017	(e) 2018	(f) Tota
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income		/				
(less section 511 taxes) from businesse	s /					
acquired after June 30, 1975	/					
c Add lines 10a and 10b						
11 Net income from unrelated busines	· /			 	 	
activities not included in line 10b,					X	
whether or not the business is						
regularly carried on 12 Other income Do not include gain				ļ	 \ 	
or loss from the sale of capital						
assets (Explain in Part VI)	/	 			 	+
13 Total support (Add lines 9, 10c, 11, and 12				l		
14 First five years. If the Form 990 is	for the organization'	's first, second, thir	d, fourth, or fifth to	ax year as a secti	on 501(c)(3) \o rgan	ızatıon,
check this box and stop here	/					
Section C. Computation of Pyl						
15 Public support percentage for 2018		•	column (f))		15	·
16 Public support percentage from 20	17 Schedule A, Part	t III, line 15			16	
Section D. Computation of Inv	estment Incom	e Percentage				
17 Investment income percentage for	2018 (line 10c, colu	mn (f), dıvıded by lı	ne 13, column (f))		17	
18 Investment income percentage from					18	
19a 33 1/3% support tests - 2018. If the			on line 14, and line	e 15 is more than		17 is not
more than 33 1/3%, check this box	=					
b 33 1/3% support tests/- 2017. If the	=		· · · · · · · · · · · · · · · · · · ·	- · ·		and \
						`
line 18 is not more than 33 1/3%, c						·
20 Private foundation. If the organiza	tion did not check a	DOX ON line 14, 19	a, or 19b, check th			<u> </u>
832023 10-11-18			16	Sch	edule A (Form 99	₩ or 990-EZ)
22224 2225		10 05050	16			4055
020224 809763 4277	20	18.05050 I	READ TO GI	ROW, INC.		4277_

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)

000	tion A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		res	No
'	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	ŀ		
	class or purpose, describe the designation If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status	<u> </u>		
~	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2	1	
32	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
Ja	(b) and (c) below	За		
h	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	Ja		
Ü	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
_	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	35	 	-,-
·	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
45	Was any supported organization not organized in the United States ("foreign supported organization")? If	00	 	
70	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
h	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	70		
Ü	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination	10		
·	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)	Ì		
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	1		
	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,		١,	
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already		-	
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	ľ		
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	ın section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	<u>9a</u>	ļ	
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.	9b	 	
С	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.	<u>9c</u>	ļ	
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	10a	 	
n	Did the organization have any excess business holdings in the tax year? (Lise Schedule C. Form 4720, to	1	1 .	

10b

determine whether the organization had excess business holdings)

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain in	Part VI) See instructions. Al
	other Type III non-functionally integrated supporting organizations must of	omplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			·
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater 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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	,	
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-function	ally integrat	ed Type III supporting org	ganization (see

Schedule A (Form 990 or 990-EZ) 2018

Par	TV Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	
	Amounts paid to acquire exempt-use assets	<u> </u>		
	Qualified set-aside amounts (prior IRS approval required)	" ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		
	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions, Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive)	
Ū	(provide details in Part VI) See instructions			
9	Distributable amount for 2018 from Section C, line 6			
	Line 8 amount divided by line 9 amount			
<u></u>	Enter of unrount divides by mile of unrount	(i)	(iı)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2018	·		
а	From 2013			
b	From 2014			
С	From 2015			
đ	From 2016			•
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
1	Carryover from 2013 not applied (see instructions)		•	
	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2018 from Section D,			
	line 7 \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
_с	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2018, if			
	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c			
8	Breakdown of line 7			
а	Excess from 2014			
b	Excess from 2015			
c	Excess from 2016			
	Excess from 2017	· · · · · · · · · · · · · · · · · · ·		
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

OMB No 1545-0047

	READ TO GROW, INC.		06-1572185
Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi-	sed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		used only
	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?	, , ,	Yes No
Pai		ganization answered "Yes" on Form 990,	
1	Purpose(s) of conservation easements held by the organizat		
•	Preservation of land for public use (e.g., recreation or		torically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic sti	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	· ·	
-	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased extinguished or terminated by th	
•	year >	nodecod, change on our or terminated by an	o organization daring the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
-	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		
•	>	,	•
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170	D(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	tion easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	ation's financial statements that describes	the organization's accounting for
	conservation easements		
Pai	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	chibition, education, or research in further	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that described	ribes these items	
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statemer	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pu	ublic 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		► \$ ► \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financi	
	the following amounts required to be reported under SFAS		
а	Revenue included on Form 990, Part VIII, line 1	· -	> \$
b	Assets included in Form 990, Part X		S
	For Paperwork Reduction Act Notice, see the Instruction	ns for Form 990.	Schedule D (Form 990) 2018

832051 10-29-18

		GROW, INC								Page 2
Par	t III Organizations Maintaining C	collections of A	rt, Hist	torical Tr	easures, c	or Othe	<u>er Simil</u>	ar Asse	ts (contint	ued)
3	Using the organization's acquisition, accessi	on, and other record	ds, checl	any of the	following tha	t are a si	gnıfıcant	use of its	collection	ıtems
	(check all that apply).									
а	Public exhibition		d 🔲	Loan or exc	hange progra	ams				
b	Scholarly research			Other						
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	in how th	ney further t	he organizati	on's exe	mpt purp	ose in Par	XIII	
5	During the year, did the organization solicit of	r receive donations	of art, hi	storical trea	sures, or oth	er sımılar	assets			
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	nization's co	ollection?				Yes	No_
Par	t IV Escrow and Custodial Arran		lete if the	organizatio	n answered '	'Yes" on	Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Pa		J			44	ام مام برام سر			
1a	Is the organization an agent, trustee, custod	ian or other interme	diary for	contribution	is or other as	sets not	incluaea		٦.,	
	on Form 990, Part X?							L	」Yes	∟ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing 1	able			<u> </u>			
	_								Amount	
C	Beginning balance						1c			
d	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f		-	
	Did the organization include an amount on F						ıty?		」Yes	⊢ No
	If "Yes," explain the arrangement in Part XIII									
Pai	t V Endowment Funds. Complete									
	_	(a) Current year	(b) P	rior year	(c) Two year	's back	(d) Three	years back	(e) Four	years back
1a	Beginning of year balance		ļ							
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	_			1					
2	Provide the estimated percentage of the cur	rent year end balan	ce (line 1	g, column (a	a)) held as					
а	Board designated or quasi-endowment		%							
b	Permanent endowment >	%								
C	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%								
За	Are there endowment funds not in the posse	ession of the organiz	zation tha	at are held a	nd administe	red for t	ne organi	zation	_	
	by·									Yes No
	(i) unrelated organizations								3a(ı)	
	(II) related organizations								3a(ıi)	
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requ	ired on S	chedule R?					3b	
4	Describe in Part XIII the intended uses of the	organization's end	owment :	funds						
Pai	t VI Land, Buildings, and Equipm	nent.								
	Complete if the organization answere	d "Yes" on Form 99	0, Part I\	/, line 11a S	See Form 990), Part X,	line 10			
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) A	ccumulate	ed	(d) Book	value
		basis (invest	ment)	basis	(other)	dep	preciation			
1a	Land									
b	Buildings									
	Leasehold improvements			1	0,544.		6,7	43.	3	3,801.
d	Equipment				4,309.		74,5			771.
е	Other									
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Par	t X, colun	nn (B), line 1	10c),,			ightharpoonup	33	3,572.

Schedule D (Form 990) 2018

	ivestments - Other Securities. Complete if the organization answered "Yes" o	n Form 990 Part IV Iu	ine 11h	See Form 990	Part X line 12	
	of security or category (including name of security)	(b) Book value	TIE TIE			r end-of-year market value
1) Financial de	erivatives			-		
	d equity interests					
3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Part VIII In	nust equal Form 990, Part X, col. (B) line 12.)	······································			· .	_w+
	omplete if the organization answered "Yes" o (a) Description of investment		<u>ne 11c</u>			r end-of-year market value
	a) Description of investment	(b) Book value	+	(C) Metriod of (end-or-year market value
(1)			+			
(2)			+			
(3)						<u> </u>
(4)						
(5)		· · ·				
(6) (7)			+			
(8)			_			
(9)					-	
	nust equal Form 990, Part X, col. (B) line 13.)		_			
Part IX 0	ther Assets.					
Co	omplete if the organization answered "Yes" o		ne 11d	. See Form 990,	Part X, line 15	(I) Deal calca
	(a) U	escription				(b) Book value
(1)						
(2)	·-···					
(3)		·				
(4)						
(5) (6)				 		
(7)						
(8)						
(9)						
	(b) must equal Form 990, Part X, col (B) line	15)				
Part X O	ther Liabilities.					-
	omplete if the organization answered "Yes" o (a) Description of liability	n Form 990, Part IV, lii			m 990, Part X, lin T	ie 25.
l			(D) E	Book value	{	
	Income taxes				-	
(2)	· · · · · · · · · · · · · · · · · · ·			·	4	
(3)					{	
(4)					1	
(5) (6)					-	,
(6)					-	
(7)					1	
(8)					1	
(9)	(h) must soud F DOO By t V t (F)	05)			1	
	(b) must equal Form 990, Part X, col (B) line uncertain tax positions In Part XIII, provide t			· · · · · · · · · · · · · · · · · · ·	<u> </u>	

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2018

Part XI | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 2,133,950. Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12 2 a Net unrealized gains (losses) on investments 2a 4,976 Donated services and use of facilities 2b Recoveries of prior year grants 2c d Other (Describe in Part XIII) 2d 4,976. Add lines 2a through 2d 2e 2,128,974. Subtract line 2e from line 1 3 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1. a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) 4b 0. c Add lines 4a and 4b 4c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 ,088,202. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 2 4,976 Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c d Other (Describe in Part XIII) 2d e Add lines 2a through 2d 2e 083,226. Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 4c 1,083,226 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information PART X, LINE 2: THE ORGANIZATION IS A NON-STOCK, NOT-FOR-PROFIT CORPORATION, EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AND CONTRIBUTIONS TO IT ARE TAX DEDUCTIBLE WITHIN THE LIMITATIONS PRESCRIBED BY THE CODE. HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE ORGANIZATION'S TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. THE ORGANIZATION HAS NOT ENGAGED IN ANY SUCH UNRELATED BUSINESS ACTIVITIES AND BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENT. THE ORGANIZATION'S POLICY IS TO RECOGNIZE INTEREST AND PENALTIES ON

READ TO GROW,

Schedule D (Form 990) 2018

INC.

832054 10-29-18

29

UNRECOGNIZED TAX BENEFITS IN INCOME TAX EXPENSE IN THE FINANCIAL

Schedule D (Form 990) 2018

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2018

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Open to Public Inspection

Name of the organization READ TO GROW, INC.

Employer identification number

	READ TO GROW	I, INC.				<u> </u>	185	
Par	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) d of determin ontribution a		s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art · Fractional interests							
4	Books and publications	X		183,245.	USED\$1/N	<u>1EM 20%</u>	RET	<u>AIL</u>
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded		_					
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous				ļ			
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate · Commercial							
17	Real estate · Other	<u></u>						
18	Collectibles	<u></u>			-			
19	Food inventory	ļ			ļ .			
20	Drugs and medical supplies							
21	Taxidermy		1					
22	Historical artifacts	<u> </u>						
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()		ļ	·				
26	Other ()						—	
27	Other ()							
28	Other ()	<u> </u>	<u> </u>	<u> </u>	L			
29	Number of Forms 8283 received by the organ		= -	i				
	for which the organization completed Form 82	283, Part IV,	Donee Acknowled	gement 29			Yes	N
00-	Domes the case did the consent of th			manda dan Danki bara dakan.			Yes	No
30a	During the year, did the organization receive b	-	• • • • •		_	-		,
	must hold for at least three years from the dat		ai contribution, and	a wnich isn't required to be t	isea for	00-		
	exempt purposes for the entire holding period	17				30a	 	X
	If "Yes," describe the arrangement in Part II			of any management and sometime	.t.ama?		-	v
31	Does the organization have a gift acceptance	•	•	•		31	 	X
s∠a	Does the organization hire or use third parties	or related o	rganizations to sol	icit, process, or sell noncasr		20-		y
l.	contributions? If "Yes," describe in Part II					32a	-	X
		naluma (a) fa	or a tupo of proper	ty for which column (a) is she	acked			٠,
33	If the organization didn't report an amount in describe in Part II	column (c) 10	n a type of propen	ly for writeri column (a) is the	ockeu,			'
LHA		the Instru	tions for Form 90	<u> </u>	Sche	dule M (For	m aan	2018
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Schedule M	(Form 990) 2018 READ TO GROW, INC.	06-1572185	Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, is reporting in Part I, column (b), the number of contributions, the number of items received, or a comb this part for any additional information	and whether the organiza	ition
<u> </u>	is reporting in Part I, column (b) the number of contributions the number of tems received or a comb	anation of both. Also com-	nlete
	this part for any additional information	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	picto
	this part for any additional information		
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Schedule M (Form 990) 2018

SCHEDULE O

Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

READ TO GROW TNC Employer identification number 06-1572185

100000 10000 1000
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THEIR BABIES' FIRST TEACHERS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CHILDHOOD LITERACY AND WILL TAKE AN ACTIVE ROLE IN THEIR CHILD'S
READING DEVELOPMENT. WE WANT ALL CHILDREN IN CONNECTICUT TO HAVE BOOKS
OF THEIR OWN.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
BRAIN DEVELOPMENT AND PRE-LITERACY DEVELOPMENT AND TO ANSWER QUESTIONS.
ABOUT 60% OF CONNECTICUT'S FAMILIES WITH NEWBORNS ARE REACHED THROUGH
THIS PROGRAM, WHICH ALSO OFFERS FREE FOLLOW-UPS WITH MORE BOOKS.
ADDITIONALLY, BOOKS FOR BABIES HAS A PRENATAL PROJECT IN WHICH FREE
CHILDREN'S BOOKS ARE PROVIDED TO PREGNANT WOMEN RECEIVING CARE AT
COMMUNITY HEALTH CENTERS.
FOR THIS PROGRAM'S OPERATIONS IN THE HOSPITALS, READ TO GROW BEGAN IN
2012 TO PURCHASE COPIES OF ITS SELF-PUBLISHED BOOK, "WELCOME TO THE
WORLD!". THE BOOK WAS WRITTEN EXPRESSLY FOR READ TO GROW AND WAS
ILLUSTRATED BY MARSELA HAJADINIJAK-KREC OF CROATIA. IT OFFERS SIMPLE
MESSAGES OF CELEBRATING FAMILIES AND BABIES: LEARNING STARTS AT BIRTH;
THE PARENT IS THE CHILD'S FIRST TEACHER; AND IT IS NEVER TOO EARLY TO
BEGIN READING TO A BABY.
BOOKS FOR KIDS - THE ORGANIZATION GIVES MORE THAN 140,000 BOOKS

ANNUALLY, MANY THROUGH FORMAL COLLABORATIONS WITH OTHER NONPROFITS

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

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Schedule O (Form 990 or 990-EZ) (2018)

Schedule O (Form 990 or 990-EZ) (2018) Page 2 **Employer identification number** Name of the organization READ TO GROW, INC. 06-1572185 ALREADY SERVING LOW-INCOME AND AT-RISK FAMILIES. THE PROGRAM HAS 46 OF THESE PARTNERSHIPS, SOME OF WHICH CALL FOR DELIVERY OF THOUSANDS OF BOOKS EACH YEAR AND WORKSHOPS FOR FAMILIES WITH YOUNG CHILDREN. MANY OF THE CLIENTELE ARE BILINGUAL SPANISH-ENGLISH OR MONOLINGUAL SPANISH. IN RESPONSE TO REQUESTS, BOOKS FOR KIDS ALSO GIVES FREE CHILDREN'S BOOKS TO HUNDREDS OF TEACHERS, DOCTORS' OFFICES, OTHER HEALTHCARE AND CHILDCARE PROVIDERS, AND OTHER NONPROFITS, INCLUDING OTHER LITERARY AGENCIES. ALONG WITH STAFF, READ TO GROW RELIES ON MORE THAN 100 REGULAR VOLUNTEERS WHO WORK IN THE PARTNER HOSPITALS AND AT OUR OFFICE/WAREHOUSE. EARLY STEPS TO SCHOOL SUCCESS - IN EARLY 2019, THE ORGANIZATION LAUNCHED A THIRD PROGRAM IN PARTNERSHIP WITH SAVE THE CHILDREN FOR AT-RISK YOUNG CHILDREN IN NEW HAVEN. IT IS A LITERACY-PROMOTING PROGRAM DESIGNED BY SAVE THE CHILDREN FOR CHILDREN PRE-BIRTH TO AGE 5. EARLY STEPS INVOLVES HOME VISITS, PARENT-CHILD PLAY GROUPS, AND SCHOOL-BASED BOOK EXCHANGES. IT AIMS TO PREPARE CHILDREN FOR SCHOOL SUCCESS, BEGINNING THEIR FIRST DAYS OF KINDERGARTEN. FORM 990, PART VI, SECTION B, LINE 11B: THE FINANCE COMMITTEE WORKS WITH THE AUDITORS TO PREPARE FORM 990. THE FORM IS SUBMITTED TO THE AUDIT COMMITTEE AND BOARD OF DIRECTORS PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO ALL BOARD MEMBERS ANNUALLY. THEY SIGN AND RETURN THE POLICY ACKNOWLEDGING ANY POSSIBLE

CONFLICT.

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THIS INFORMATION IS REVIEWED BY THE GOVERNANCE COMMITTEE OF THE

Schedule O (Form 990 or 990-EZ) (2018)

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