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

OMB No. 1545-0047

Open to Public
Inspection

A F	or the	e 2019 calendar year, or tax year beginning $07/01$, 2019, and endin	ng	(06/30, 2	o 20	
_		C Name of organization		D Employer identif	ication num	nber	
B ci	neck if ap	READINGTON HOME SCHOOL ASSOCIATION, INC.		22-28855	83		
	Addre chang						
	1 1	Number and street (or P.O. box if mail is not delivered to street address) Room/suite)	E Telephone numb	er		
	Initial	return PO BOX 700		(908) 307-	-6453		
	Final termir	City or town, state or province, country, and ZIP or foreign postal code					
	Amen	ded WHITEHOUSE STATION, NJ 08889		G Gross receipts \$		106	,575
	Applic	^{cation} F Name and address of principal officer: JODT BETTERMANN		H(a) Is this a group r	eturn for	Yes	XN
	a pondi	PO BOX 700, WHITEHOUSE STATION, NJ 08889		subordinates? H(b) Are all subordinate	es included?	Yes	
I .	Tax-ex	empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 5	527	If "No," attach	a list. (see in:	structions))
J	Nebsi	te: ▶ WWW.READINGTON.K12.NJ.US		H(c) Group exemption	n number 🕨	•	
ĸ	orm o	of organization: Corporation Trust Association Other ► L Year	of format	ion: M Sta	ite of legal d	lomicile:	
Pa	rt I	Summary					
		Briefly describe the organization's mission or most significant activities: ENHANCE AND	AID I	N EDUCATION	I AND		
ø		CULTURAL ARTS.					
anc							
Governance	2	Check this box if the organization discontinued its operations or disposed of more t	han 25%	of its net assets.			
õ		Number of voting members of the governing body (Part VI, line 1a)		1			
∞ŏ		Number of independent voting members of the governing body (Part VI, line 1b)					
Activities		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			-		0.
ţ		Total number of volunteers (estimate if necessary)					
Act		Total unrelated business revenue from Part VIII, column (C), line 12					37.
		Net unrelated business taxable income from Form 990-T, line 39					
	~~~~		<u></u>	Prior Year		rrent Y	ear
	8	Contributions and grants (Part VIII, line 1h)		0	_		0.
anu		Program service revenue (Part VIII, line 2g)		0			0.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		45			37.
Å		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		78,273	-	59	,631.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		78,318			,668.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0	_		0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0	-		0.
		Salaries, other compensation, employee benefits (Part IX, column (A), line 4)		0	-		0.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0	-		0.
ben		Total fundraising expenses (Part IX, column (D), line 25) ► 0.	-	•	•		
Ě			-	70,477		36	,140.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		70,477			,140.
			•	7,841	_		, <u>528</u> .
r s	19	Revenue less expenses. Subtract line 18 from line 12	- Begin	ning of Current Yea		d of Yea	
Net Assets or Fund Balances	20	Total associa (Dart V, Jina 16)	Degin	63,851			,379.
Asse Bala		Total assets (Part X, line 16) Total liabilities (Part X, line 26)	•	03,031		07	, <u>,,,,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
und /		Net assets or fund balances. Subtract line 21 from line 20	•	63,851	•	87	,379.
	rt II	Signature Block	•	05,051	•	07	, 5 , 7 .
		nalties of perjury, I declare that I have examined this return, including accompanying schedules and stat	ements a	and to the best of m		e and b	oliof it is
true	, corre	ect, and complete. Declaration of preparer (other than officer) is based on all information of which preparer	has any ki	nowledge.	y knowledg		
		、 、		05/05/	2021		
Sig	n	Signature of officer		Date	2021		
Her		JODI BETTERMANN PRESIDENT					
		Type or print name and title					
		Print/Type preparer's name Preparer's signature Date			PTIN		
Paid				Check if			
Prep	arer			self-employed			
Use	Only	Firm's name		Firm's EIN 🕨			
	F	irm's address		Phone no.	-		
	_	<b>&gt;</b>				Yes	No
FMa	Pappe	rwesk Redussionis fet Nationina the reparetes instwictions (see instructions)			Fo	rm <b>99(</b>	<b>)</b> (2019)

READINGTON	HOME	SCHOOL	ASSOCIATION,	INC.

-		Page <b>2</b>
Pa	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:	
	· · · · · · · · · · · · · · · · · · ·	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2	prior Form 990 or 990-EZ?	No
	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?	No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	ed bv
•	expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations to o	
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ 7,485. including grants of \$ ) (Revenue \$ )	
	CULTURAL ARTS PROGRAMS FOR FOUR SCHOOLS SERVING OVER 1,700 STUDENTS.	
4b	(Code:) (Expenses \$12,476. including grants of \$) (Revenue \$)	
	CHILDREN'S ACTIVITIES FOR FOUR SCHOOLS SERVING OVER 2,000	
	STUDENTS.	
4c	(Code: ) (Expenses \$ 11,017. including grants of \$ ) (Revenue \$ )	
	WORKING TO IMPROVE STUDENTS' EDUCATION.	
<u>4</u> 4	Other program services (Describe on Schedule O.)	
-u	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ► 30,978.	
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-	90 (2019)		F	Page 3				
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,"		х					
2	complete Schedule A. Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1 2		X				
2 3	Did the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2						
5	candidates for public office? If "Yes," complete Schedule C, Part I	3		х				
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)							
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х				
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues,							
	assessments, or similar amounts as defined in 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							
	"Yes," complete Schedule D, Part I	6		Х				
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			х				
10	debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9						
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х				
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10						
••	VII, VIII, IX, or X as applicable.							
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"							
	complete Schedule D, Part VI	11a		Х				
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more							
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х				
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more							
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X				
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets							
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X				
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X				
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			Х				
40.0	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	12a		х				
h	Schedule D, Parts XI and XII. Was the organization included in consolidated, independent audited financial statements for the tax year? If	12a						
D	"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		Х				
	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 (see instructions)	17						
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		v					
4.5	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X					
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?							
20 -	If "Yes," complete Schedule G, Part III	19		X				
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<u></u>				
р 21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200						
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х				
10 4								

Form 990 (2019)

Page **4** 

Part	V Checklist of Required Schedules (continued)		<u>v</u>	
00	Did the energy institute energy then #5,000 of month on other excitations to be for demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		Х
23	Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23		Х
24 a	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		Х
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		
d	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		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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
07	controlled entity or family member of 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 member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		
20	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		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			v
22	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? <i>If "Yes," complete Schedule R, Part I</i>	22		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		
34	or IV, and Part V, line 1.	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38		Х
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
4 -	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1a0.Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1b0.	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and	-		
U	reportable gaming (gambling) winnings to prize winners?	1c		
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Form 990 (2019)

Page 5

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. <b>2a</b> 0.			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
	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		Х
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		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	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		
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		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	120		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	15a		
L	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
a	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			
		14a		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> <b></b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140		
15	excess parachute payment(s) during the year?	15		
	If "Yes," see instructions and file Form 4720, Schedule N.	13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2019)

Form §	READINGTON HOME SCHOOL ASSOCIATION, INC. 22-288	5583	F	Page <b>6</b>
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below	and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			tions.
	Check if Schedule O contains a response or note to any line in this Part VI			Χ
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or	1		
	if the governing body delegated broad authority to an executive committee or similar			
h	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
-	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
Ũ	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
· u	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
Ū	the year by the following:			
а	The governing body?	8a		Х
b	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
Ũ	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a		12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		Х
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
•	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		Х
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 approval by			
-	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
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?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright^{ m MJ}$ ,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T	(Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website       Another's website       X       Upon request       Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or	f inte	rest p	olicy,
	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 record BARBARA PENA 52 LAZY BROOK RD FLEMINGTON, NJ 08822 908-307-6453	s 🕨		
	DARDARA FEWA 32 LAGI BRUUR KU FLEMINGIUN, NU UXX22 9UX-3U/-0453		000	
JSA		Form	990	(2019)

9E1042 2.000

Part VII	Compensation	of Officers,	Directors,	Trustees, r	ey Employees,	Hignest	Compensated	Employees,	and
	Independent Co	ontractors							
	Check if Schedul	e O contains a	response or no	te to any line i	this Part VII			<u></u>	
Section A	. Officers, Direc	ctors, Trustee	s, Key Emplo	yees, and H	ghest Compens	ated Empl	oyees		
1a Comple	to this table for	all norcone ro	quired to be I	licted Deport	componention for	or the colo	ndar voor onding	with or with	in the

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

(**a**)

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

(A)         (B)         Position         (D)         (E)         (F)           Name and the         Average hours         (do not check more than one bours         (do not check more than one compensation from the organization (W-21099-MISC)         (W-21099-MISC)         (W = 1000-WISC)         (W = 1000-WISC)         (W = 1000-WISC) <td< th=""><th></th><th colspan="2">(C)</th><th></th><th></th><th></th><th></th></td<>		(C)									
Inversion     Drows per weak (ist yr)     Documers per weak (ist yr)     Documers	(A)	(B)	Position						(D)	(E)	(F)
efficer and a director/fusionefficer and a director/fusionoriginal director/fusionfrom the from related organizationcompensation organizationoriginal directorgo go g	Name and title	Average	•						·		
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(1) JODI BETTERMANN         0.         x         0.         0.           PRESIDENT         0.         x         0.         0.         0.           ASSISTANT TREASURER         0.         x         0.         0.         0.           (3) BARBARA PENA         0.         x         0.         0.         0.           TREASURER         0.         x         0.         0.         0.           (4) LINDSAY SALAJ         0.         x         0.         0.         0.           SECRETARY         0.         x         0.         0.         0.           (5) LEE EYLER         0.         x         0.         0.         0.           (6) JESICA LESTUK         0.         x         0.         0.         0.           VICE PRESIDENT         0.         x         0.         0.         0.           VICE PRESIDENT         0.         x         0.         0.         0.           (6) MILA SCHAFRANEK         0.         x         0.         0.         0.           (10) SHELEY MOLINEUX         0.         x         0.         0.         0.           VICE PRESIDENT         0.         X         0.											
(1) JODI BETTERMANN         0.         x         0.         0.           PRESIDENT         0.         x         0.         0.         0.           ASSISTANT TREASURER         0.         x         0.         0.         0.           (3) BARBARA PENA         0.         x         0.         0.         0.           TREASURER         0.         x         0.         0.         0.           (4) LINDSAY SALAJ         0.         x         0.         0.         0.           SECRETARY         0.         x         0.         0.         0.           (5) LEE EYLER         0.         x         0.         0.         0.           (6) JESICA LESTUK         0.         x         0.         0.         0.           VICE PRESIDENT         0.         x         0.         0.         0.           VICE PRESIDENT         0.         x         0.         0.         0.           (6) MILA SCHAFRANEK         0.         x         0.         0.         0.           (10) SHELEY MOLINEUX         0.         x         0.         0.         0.           VICE PRESIDENT         0.         X         0.			ndiv or di			u u	e e				
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(2)LEIGH-ANN BORELLA         0.         X         0.         0.         0.           ASSISTANT TREASURER         0.         X         0.         0.         0.         0.           (3)BARBARA PENA         0.         X         0.         0.         0.         0.           TREASURER         0.         X         0.         0.         0.         0.           (4)LINDSAY SALAJ         0.         X         0.         0.         0.         0.           SECRETARY         0.         X         0.         0.         0.         0.         0.           (5)LEE EYLER         0.         X         0.         0.         0.         0.         0.           VICE PRESIDENT         0.         X         0.         0.         0.         0.           (6)JESSICA LESTUK         0.         X         0.         0.         0.         0.           VICE PRESIDENT         0.         X         0.         0.         0.         0.           (6)MILA SCHAFRANEK         0.         X         0.         0.         0.         0.           VICE PRESIDENT         0.         X         0.         0.         0.			-								
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(5) LEE EYLER         0.         x         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.											
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(6) JESSICA LESTUK         0.         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.		0.									
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(7) HEATHER BURGEY0.x0.0.VICE PRESIDENT0.x0.0.0.(8) MILA SCHAFRANEK0.x0.0.0.VICE PRESIDENT0.x0.0.0.(9) ALICIA ROSELL0.x0.0.0.VICE PRESIDENT0.x0.0.0.VICE PRESIDENT0.x0.0.0.VICE PRESIDENT0.x0.0.0.VICE PRESIDENT0.x0.0.0.(10) SHELLEY MOLINEUX0.x0.0.0.VICE PRESIDENT0.x0.0.0.(11) BETH FIORE0.x0.0.0.EXEC VICE PRESIDENT0.x0.0.0.VICE PRESIDENT0.x0.0.0.VICE PRESIDENT0.x0.0.0.VICE PRESIDENT0.x0.0.0.VICE PRESIDENT0.x0.0.0.VICE PRESIDENT0.x0.0.0.											
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(8) MILA SCHAFRANEK0.VICE PRESIDENT0.VICE	(7) HEATHER BURGEY	0.									
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	(13) ALISON MANKO	0.									
	VICE PRESIDENT	0.			Х				0.	0.	0.
	(14)										

Form 990 (2019)

-	990 (2019)													ge <b>8</b>
Pa	rt VII Section A. Officers, Directors, Tru		ey Enr	nplo			and H	lig			<b>/ees</b> (c			
	(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	Pos heck ss pe	erson	e than c is both or/trust	an	(D) Reportable compensation from the	(E) Reporta compensation relate organization	on from d	Es am	(F) timated ount of other censatior	n
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099		fro orga and	om the anization I related nizations	
			-											
			-											
			-											
			-											
			-											
			-											
			-											
1b	Sub-total							►	0.		0.			0.
	Total from continuation sheets to Part VII, Se	-	• • •	••	••	• •			0.		0.			0.
	Total (add lines 1b and 1c)	limited to t		liste				o re		\$100,000 (				
				-									Yes	No
3	Did the organization list any former offic													
	employee on line 1a? If "Yes," complete Schedu											3		X
4	For any individual listed on line 1a, is the sorganization and related organizations greated organizations gre	sum of rep eater than	oortab \$15	ole ( 50.0	com 00?	pen ///	isatioi	n a s."	nd other compension complete Schedu	sation from <i>le J for</i> :	the such			
	individual			• •		• •		•••				4		Х
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye											5		Х
	ction B. Independent Contractors													
1	Complete this table for your five highest com compensation from the organization. Report or year.													
	(A) Name and business add	Iress							<b>(B)</b> Description of se	ervices	С	(C) compens	ation	
								+						
								+						
2	Total number of independent contractors (ir		ut not	t linn	nito	d to	thos		isted above) who	received				
2	more than \$100,000 in compensation from th				ne			50 1		IECEIVEU				

Form 990 (2019)

Pai	rt VIII	_	uline in this Deut )	/111		
		Check if Schedule O contains a response or note to an	y line in this Part V (A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f g	Federated campaigns       1a         Membership dues       1b         Fundraising events       1c         Related organizations       1d         Government grants (contributions)       1e         All other contributions, gifts, grants, and similar amounts not included above       1f         Noncash contributions included in lines 1a-1f       1g \$	0.			
Program Service Revenue	2a b c d e f	All other program service revenue				
	g	Total. Add lines 2a-2f	0.			
	3 4 5	Investment income (including dividends, interest, and other similar amounts).	37. 0. 0.		37.	
	6a b c	Gross rents     6a       Less: rental expenses     6b       Rental income or (loss)     6c				
	d 7a	Net rental income or (loss)         Gross amount from sales of assets	0.			
sevenue	b	other than inventory     7a       Less: cost or other basis				
Other R	d 8a	Net gain or (loss)         Gross income from fundraising events (not including \$	0.			
	b	Less: direct expenses	E0 621			
	с 9а	Net income or (loss) from fundraising events	59,631.			
	b	Less: direct expenses	0.			
	с 10а	Gross sales of inventory, less returns and allowances				
	b C	Net income or (loss) from sales of inventory	0.			
∋ous e	11a	Business Code				
llane	b					
Miscellaneous Revenue	c d	All other revenue				
2	е	Total. Add lines 11a-11d	0.			
	12	Total revenue. See instructions	59,668.		37.	

#### 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 (A) Total expenses (B) Program service (C) Management and (D) Fundraising Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to domestic organizations 0 and domestic governments. See Part IV, line 21 . . . 2 Grants and other assistance to domestic 0 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign 0 individuals. See Part IV, lines 15 and 16 0 4 Benefits paid to or for members Compensation of current officers, directors, 5 0 trustees, and key employees 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and 0 persons described in section 4958(c)(3)(B) 0 7 Other salaries and wages 8 Pension plan accruals and contributions (include 0 section 401(k) and 403(b) employer contributions) 0 0 10 11 Fees for services (nonemployees): 0 a Management 0 **b** Legal 0 c Accounting 0 d Lobbying 0 e Professional fundraising services. See Part IV, line 17 0 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 0 (A) amount, list line 11g expenses on Schedule O.) 0 Advertising and promotion 12 0 13 Office expenses Ω Information technology 14 0 15 Royalties 1,200. 1,200 Occupancy 16 0 17 Travel Payments of travel or entertainment expenses 18 0 for any federal, state, or local public officials 0 Conferences, conventions, and meetings 19 0 Interest 20 0 21 Payments to affiliates 0 Depreciation, depletion, and amortization 22 2,850. 2,850. Insurance 23 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) BANK FEES 99 99 **b**POSTAGE 39 39 cSTATE REGISTRATION 285 285. dPRINTING & COPYING 689 689 e All other expenses ATCH 30,978 30,978. - 1 36,140 30,978 5,162 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

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Form 990 (2019)

Page	1	1
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	Check if Schedule O contains a response or note to any line in this Pa	(A) Regioning of year		(B)
	Cash and interest baseling	Beginning of year 28, 292.		End of year 51,794
1	Cash - non-interest-bearing	35,559.	1	35,585
2	Savings and temporary cash investments.		2	
3	Pledges and grants receivable, net	0.	3	0
4	Accounts receivable, net.	0.	4	0
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	0.	5	0
6	Loans and other receivables from other disqualified persons (as defined	-		-
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0
2 7	Notes and loans receivable, net	0.	7	0
	Inventories for sale or use	0.	8	0
۲ 9	Prepaid expenses and deferred charges	0.	9	0
10 a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a			
b	Less: accumulated depreciation 10b	0.	10c	0
11	Investments - publicly traded securities	0.	11	0
12	Investments - other securities. See Part IV, line 11	0.	12	0
13	Investments - program-related. See Part IV, line 11	0.	13	0
14	Intangible assets	0.	14	0
15	Other assets. See Part IV, line 11	0.	15	0
16	Total assets. Add lines 1 through 15 (must equal line 33)	63,851.	16	87,379
17	Accounts payable and accrued expenses	0.	17	0
18	Grants payable	0.	18	0
19	Deferred revenue.	0.	19	0
20	Tax-exempt bond liabilities.	0.	20	0
21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0
	Loans and other payables to any current or former officer, director,		21	-
	trustee, key employee, creator or founder, substantial contributor, or 35%			
		0.	22	0
	controlled entity or family member of any of these persons	0.	22	0
23		0.	23	0
24	Unsecured notes and loans payable to unrelated third parties	0.	24	0
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X	0.		0
		0.	25	0
26	Total liabilities. Add lines 17 through 25.	0.	26	0
<u>p</u>	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
	• • • •	<i>c</i> 1 700		05 216
27	Net assets without donor restrictions	61,788.	27	85,316
28	Net assets with donor restrictions.	2,063.	28	2,063
5	Organizations that do not follow FASB ASC 958, check here			
5	and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
27 28 29 30 31 32 32	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	63,851.	32	87,379
- 33	Total liabilities and net assets/fund balances	63,851.	33	87,379

Form **990** (2019)

READINGTON HOME SCHOOL ASSOCIATION, INC.

Form 99	90 (2019)			Pa	ge <b>12</b>
Part	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		59,6	68.
2	Total expenses (must equal Part IX, column (A), line 25)	2		36,1	40.
3	Revenue less expenses. Subtract line 2 from line 1	3		23,5	528.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		63,8	351.
5	Net unrealized gains (losses) on investments	5			0.
6	Donated services and use of facilities	6			0.
7	Investment expenses	7			0.
8	Prior period adjustments	8			0.
9	Other changes in net assets or fund balances (explain on Schedule O).	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	<u>32,</u> column (B))	10		87,3	379.
Part	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: X Cash Cash Other				
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain 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 com	piled or			
	reviewed 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 audi	ed on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rsight of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta		2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	plain on			
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in the			37
	Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	•			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	idits	3b		
			Form	990	(2019)

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 SCHEDULE A (Form 990 or 990-EZ)
 Public Charity Status and Public Support

 Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

 Department of the Treasury

OMB No. 1545-0047 20 **1g** 

		nt of the Treasury evenue Service	1	Go to www.irs.go	//Form990 for instruction	ons and t	he latest i	nformation.	Open to Public Inspection
Nam	e of ti	ne organization						Employer identif	ication number
RE	ADII	NGTON HOME	SCHOOL AS	SSOCIATION, I	INC.			22-28855	83
Ра					•			art.) See instructions	S
	orga		-		is: (For lines 1 through	-	-		
1					tion of churches desc				
2	$\square$				. (Attach Schedule E				
3	-		-		rganization described			(1)(A)(III). n section 170(b)(1)(A)	(iii) Entor the
4		hospital's nam	•	•	conjunction with a no:	spital de	Scribed li		(III). Enter the
5			-		a college or universit		d or one	prated by a governme	ental unit described in
5		-	-	Complete Part II.)	a concept of universit	y owner		a governine	
6		-			rnmental unit describe	d in <b>sect</b>	ion 170(	b)(1)(A)(v).	
7			-	-			-		om the general public
		-		(1)(A)(vi). (Compl			0		0 1
8					<b>b)(1)(A)(vi).</b> (Complete	Part II.)			
9		An agricultura	I research org	ganization describe	ed in section 170(b)(1	)(A)(ix)	operated	I in conjunction with a	land-grant college
		or university o	r a non-land-	grant college of ag	priculture (see instruct	ions). E	nter the	name, city, and state o	f the college or
		university:							
10 11	X	receipts from support from acquired by th	activities rela gross investm ne organizatio	ted to its exempt f pent income and u n after June 30, 1	unctions - subject to	certain e able inco ( <b>a)(2).</b> (0	exception ome (less Complete		in 331/3% of its
12	$\square$	-	-			-			carry out the purposes
12		-	-		-	-			See section 509(a)(3).
									nes 12e, 12f, and 12g.
а				-				orted organization(s),	-
-					-	-		the directors or truste	
			-		e Part IV, Sections A				
b							n with its	supported organizati	on(s), by having
				-				is that control or mar	
			-		, Sections A and C.		•		0 11
С				-		ted in c	onnectio	n with, and functiona	lly integrated with,
	_	_ its supporte	d organizatior	n(s) (see instruction	s). You must comple	te Part I	V, Sectio	ons A, D, and E.	
d		_ Type III non	-functionally	integrated. A sup	porting organization o	perated	in conne	ection with its suppor	ted organization(s)
		that is not fu	unctionally inte	egrated. The organ	nization generally mus	st satisfy	a distrib	oution requirement and	d an attentiveness
	_	_ requirement	(see instruct	ions). <b>You must co</b>	omplete Part IV, Sect	ions A a	nd D, an	d Part V.	
е			-					hat it is a Type I, Type	II, Type III
_	_	•	-	••	ionally integrated sup		•	ion.	
f				-					•••••
g					orted organization(s).				
	(I) N	ame of supported of	organization	<b>(ii)</b> EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
					above (see instructions))	docu	ment?	instructions)	instructions)
						Yes	No		
(A)									
(B)									
(0)									
(C)									
(D)									
(5)									-
(E)									
Tota	al								
For I	aper	work Reduction A	ct Notice, see th	e Instructions for Form	990 or 990-EZ.			Schedule A	(Form 990 or 990-EZ) 2019

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#### Schedule A (Form 990 or 990-EZ) 2019

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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).						
<u>6</u> 500	Public support. Subtract line 5 from line 4						
	tion B. Total Support ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
_		(a) 2015	(b) 2010	(c) 2017	(u) 2018	(e) 2019	
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
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						
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
13	First five years. If the Form 990 is for organization, check this box and stop here	<u></u>					
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2019 (lin		, <b>,</b>			14	<u>%</u>
15	Public support percentage from 2018						%
16a	331/3% support test - 2019. If the org						
_	box and <b>stop here.</b> The organization qu		• • • •	•			
b	331/3% support test - 2018. If the org						
47-	this box and <b>stop here</b> . The organization			•			
17a	<b>10%-facts-and-circumstances test - 2</b> 10% or more, and if the organization		-				
	Part VI how the organization meets t					-	
	organization			-	-		
h	10%-facts-and-circumstances test - 2						
5	15 is 10% or more, and if the orga		•				
	Explain in Part VI how the organization						•
	supported organization				•	•	
18	<b>Private foundation.</b> If the organization						
	instructions						

Schedule A (Form 990 or 990-EZ) 2019

#### Schedule A (Form 990 or 990-EZ) 2019

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

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

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	ο.	0.	0.	0.	0.	0.
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	139,723.	127,905.	130,661.	130,198.		528,487.
3		139,723.	127,905.	130,001.	130,198.		520,407.
3	Gross receipts from activities that are not an						0
	unrelated trade or business under section 513						0.
4	Tax revenues levied for the						
	organization's benefit and either paid to						
_	or expended on its behalf						0.
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0.
6	Total. Add lines 1 through 5	139,723.	127,905.	130,661.	130,198.		528,487.
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disgualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						0.
С	Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from						
	line 6.)						528,487.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total
9	Amounts from line 6	139,723.	127,905.	130,661.	130,198.		528,487.
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from similar						
	sources	32.	31.	38.	45.		146.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0.
c	Add lines 10a and 10b	32.	31.	38.	45.		146.
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						0.
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	139,755.	127,936.	130,699.	130,243.		528,633.
14	First five years. If the Form 990 is for	or the organizat	ion's first, secor	nd, third, fourth,	, or fifth tax ye	ear as a section	501(c)(3)
	organization, check this box and stop here .						<u></u> ▶
Sec	tion C. Computation of Public Supp	port Percenta	ge				
15	Public support percentage for 2019 (line 8,					15	99.97%
16	Public support percentage from 2018 Sche	dule A, Part III, lin	e15			16	99.97%
Sec	tion D. Computation of Investment	Income Perc	entage				
17	Investment income percentage for 2019 (lin	ne 10c, column (f	), divided by line 1	3, column (f))		17	.03%
18	Investment income percentage from 2018 S	Schedule A, Part	III, line 17			18	.03%
19 a	331/3% support tests - 2019. If the org	ganization did n	ot check the box	x on line 14, ar	nd line 15 is mo	ore than 331/3%	, and line
	17 is not more than 331/3%, check thi	s box and <b>stop</b>	here. The orga	nization qualifies	s as a publicly :	supported organi	zation . 🕨 🛛 X
b	331/3% support tests - 2018. If the orga	anization did not	check a box on	line 14 or line 1	9a, and line 16	is more than 33	1/3 %, and
	line 18 is not more than 331/3%, check	this box and st	op here. The org	anization qualifie	es as a publicly	supported organi	zation 🕨 📃
20	Private foundation. If the organization d	lid not check a	box on line 14	, 19a, or 19b,	check this box	and see instruc	tions 🕨
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Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

# Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

10b Schedule A (Form 990 or 990-EZ) 2019

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Schodul	e A (Form 990 or 990-EZ) 2019	1000		Page 5
Part			1	age J
i ai c			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If</i> "Yes," <i>explain in</i> <b>Part VI</b> <i>how providing such benefit carried out the purposes of the supported organization</i> (s) <i>that operated, supervised, or controlled the supporting organization</i> .	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	1		
Secti	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes	No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization</i> (s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3		
Section	on E. Type III Functionally Integrated Supporting Organizations	5		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.		/	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instrue	ctions)	<u> </u>
2	Activities Test. Answer (a) and (b) below.		Yes	No
2 a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> 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? <i>Provide details in Part VI.</i>	<u>3a</u>		
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 <b>Part VI</b> the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A	(Form	990 or	990-EZ)	2019
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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

<ul> <li>1 Net short-term capital gain</li> <li>2 Recoveries of prior-year distributions</li> <li>3 Other gross income (see instructions)</li> <li>4 Add lines 1 through 3.</li> <li>5 Depreciation and depletion</li> <li>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)</li> <li>7 Other expenses (see instructions)</li> <li>8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)</li> <li>Section B - Minimum Asset Amount</li> <li>1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):</li> <li>a Average monthly value of securities</li> </ul>		(A) Prior Year	(optional)
<ul> <li>3 Other gross income (see instructions)</li> <li>4 Add lines 1 through 3.</li> <li>5 Depreciation and depletion</li> <li>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)</li> <li>7 Other expenses (see instructions)</li> <li>8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)</li> <li>Section B - Minimum Asset Amount</li> <li>1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):</li> </ul>	1		
<ul> <li>4 Add lines 1 through 3.</li> <li>5 Depreciation and depletion</li> <li>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)</li> <li>7 Other expenses (see instructions)</li> <li>8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)</li> <li>Section B - Minimum Asset Amount</li> <li>1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):</li> </ul>	2		
<ul> <li>5 Depreciation and depletion</li> <li>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)</li> <li>7 Other expenses (see instructions)</li> <li>8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)</li> <li>Section B - Minimum Asset Amount</li> <li>1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):</li> </ul>	3		
<ul> <li>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)</li> <li>7 Other expenses (see instructions)</li> <li>8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)</li> <li>Section B - Minimum Asset Amount</li> <li>1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):</li> </ul>	4		
collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	5		
collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
7 Other expenses (see instructions)         8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)         Section B - Minimum Asset Amount         1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)     Section B - Minimum Asset Amount     1 Aggregate fair market value of all non-exempt-use assets (see     instructions for short tax year or assets held for part of year):	6		
Section B - Minimum Asset Amount         1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	7		
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	8		
instructions for short tax year or assets held for part of year):		(A) Prior Year	(B) Current Year (optional)
a Average monthly value of securities			
	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
<b>4</b> 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		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

Page 7

Part Sect	V Type III Non-Functionally Integrated 509(a)(3) ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exer			
_	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	
4	Amounts paid to acquire exempt-use assets	Lations		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which			
0	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
-				
10	Line 8 amount divided by line 9 amount		<i>(</i> <b>m</b> )	
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
5	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
U	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7				
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
<u>a</u>	Excess from 2015			
b	Excess from 2016			
c	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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

SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities						OMB No. 1545-0047	
(Form 990 or 990-EZ)		organization entered r	Attach to Form 990 or Form 990-EZ.     to www.irs.gov/Form990 for instructions and the latest information.				
Department of the Treasury Internal Revenue Service	► G						
Name of the organization						Employer identificati	on number
READINGTON HOME		-				22-2885583	
Form 990-	g Activities. Comp EZ filers are not re	equired to comple	te this pa	rt.			7.
	the organization rais	sed funds through		0			
a Mail solicita		е			non-government g	•	
	email solicitations	f			government grants	S	
c Phone solic d In-person so		g	Spec	cial fundra	ising events		
b If "Yes," list the	tion have a written o is listed in Form 990 10 highest paid indi least \$5,000 by the	, Part VII) or entity viduals or entities	in connec	tion with p	professional fundra	ising services?	Yes No fundraiser is to be
(i) Name and addi or entity (fu		(ii) Activity	custody c	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
	which the organiza ensing.			► to solicit	contributions or	has been notified	it is exempt from

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

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 Schedule G (Form 990 or 990-EZ) 2019

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Sche Pa		<ul> <li>G (Form 990 or 990-EZ) 2019</li> <li>Fundraising Events. Complet more than \$15,000 of fundra events with gross receipts gree</li> </ul>	aising event contributi			
		отопіс інш ў. Состосор ю ў.	(a) Event #1 VARIOUS	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
a)			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	106,538.			106,538
Ř	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				106,538
	4	Cash prizes				
	5	Noncash prizes				
sesue	6	Rent/facility costs				
<b>Direct Expenses</b>	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses	46,907.			46,907
	10 11	Direct expense summary. Add lin Net income summary. Subtract lin	es 4 through 9 in colu ne 10 from line 3, colu	mn (d)		46,907 59,631
Ра		Gaming. Complete if the org	anization answered ""	Yes" on Form 990, F	Part IV, line 19, or	
P		\$15,000 on Form 990-EZ, lin	e 6a. (a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo	()	col. (a) through col. (c))
С С	1	Gross revenue				
oenses	2	Cash prizes				
	3	Noncash prizes				
Direct Ex	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes%	Yes% No	
	7	Direct expense summary. Add lin	es 2 through 5 in colu	mn (d)		
	8	Net gaming income summary. Su	ubtract line 7 from line	1, column (d)	▶	
9 a b		Enter the state(s) in which the organization licensed to con Is the organization licensed to con If "No," explain:	anization conducts ga duct gaming activities	ming activities: in each of these state	es?	Yes No
10a b		Were any of the organization's gaming If "Yes," explain:	g licenses revoked, susp			Yes No

Schedule G (Form 990 or 990-EZ) 2019

READINGTON H	HOME	SCHOOL	ASSOCIATION,	INC.
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	READINGTON HOME SCHOOL ASSOCIATION, INC. 22-2885583
Sched	ule G (Form 990 or 990-EZ) 2019 Page 3
11	Does the organization conduct gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
a	The organization's facility <b>13a</b>
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name
	Address ►
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the
	amount of gaming revenue retained by the third party $\blacktriangleright$ \$
C	If "Yes," enter name and address of the third party:
	Name ►
	Address ►
16	Gaming manager information:
	Name ►
	Gaming manager compensation ► \$
	Description of services provided
	Director/officer Employee Independent contractor
17 a b	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
Part	

Schedule G (Form 990 or 990-EZ) 2019

## 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.



ATTACHMENT 1

Internal Revenue Service	▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.i	rs.gov/form990. Inspection
Name of the organization		Employer identification number
READINGTON HOME SC	CHOOL ASSOCIATION, INC.	22-2885583

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY ALL MEMBERS SUBJECT TO THE CONFLICT OF INTEREST POLICY MUST COMPLETE A

"CONFLICT OF INTEREST INFORMATION FORM" ON AN ANNUAL BASIS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE

ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND

FINANCIAL STATEMENTS WILL BE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX - OTHER EXPENSES

	(A)	(B)	(C) (D)	
	TOTAL	PROGRAM	MANAGEMENT FUNDRAISING	
DESCRIPTION	EXPENSES	SERVICE EXP.	AND GENERAL EXPENSES	
PROGRAM SERVICES	30,978.	30,978.		
TOTALS	30,978.	30,978.		

#### PBP0646