Form **990**

Return of Organization Exempt From Income Tax

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

Open to Public Inspection

OMB No. 1545-0047

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.

4 1	For th	e 2021	calendar year, or tax	year beginning		0 /	/ 01/2021 8	and ending				30/202	
В	Check if a	pplicable:	C Name of organization							D Employer ide	ntificati	on numbe	ſ
	Addre		READINGTON H	OME SCHOO	L ASSOCI	ATION,	INC.						
	chang		Doing business as							22-288			
	Name	change	Number and street (or	r P.O. box if mail is	not delivered to	street addre	ess) F	Room/suite		E Telephone nu	ımber		
	-	l return	PO BOX 700							(908)3	07-6	453	
		return/ nated	City or town, state or p	province, country,	and ZIP or forei	gn postal co	de						
	Amer		WHITEHOUSE S		J 08889					G Gross receipt	s \$	1	117,583.
	Appli pend	cation ing	F Name and address of	principal officer:	BARBA	RA PENZ	A SAYDEK			H(a) Is this a gro subordinate		for	Yes X No
		3	PO BOX 700, W	HITEHOUSE	STATION	, NJ 08	8889			H(b) Are all subor		ided?	Yes No
	Tax-ex	empt st	tus: X 501(c)(3)	501(c) () 《 (inse	ert no.)	4947(a)(1) or	52	27	If "No," a	attach a lis	t. See instru	ctions
J	Websi	ite: ►	WWW.READINGTO		, , ,					H(c) Group exem	nption num	nber 🕨	
K		of orgar			Association	Other	>	L Year o	of format	· , · ·	•	legal dom	icile:
	art I	-	nmary	1 11221		1 - 11 - 1		1					
	1	-	describe the organiza	tion's mission	or most signific	ant activiti	oc. FNHANC	רואג שי	7 T D -	IN FDIICAT	TON 7	A NID	
a			URAL ARTS.	111011 5 1111551011 (or most signing	ant activiti	es. Entranc	מאא יוי	AID .	IN EDUCAT	TOIN Z	дир	
Governance		СОП	URAL ARIS.										
rı					P 0 11		Р		050/				
š	2			e organization o		•	•				1 1		
	1 -		er of voting members								3		
es	4		er of independent votir								4		
ij	5		umber of individuals								5		NONE
Activities &	6		umber of volunteers (e								6		
⋖			nrelated business reve								7a		
	b	Net u	related business taxal	ble income from	Form 990-T, I	Part I, line	11 <u>.</u>				7b		
Revenue										Prior Year		Curre	nt Year
	8	Contr	outions and grants (Pa	rt VIII, line 1h)						N	ONE		NONE
	9	Progra	m service revenue (Pa	rt VIII, line 2g)						N	ONE		NONE
	10		nent income (Part VIII								9.		10.
œ	11	Other	evenue (Part VIII, col	umn (A), lines 5	, 6d, 8c, 9c, 10	Oc, and 116	∍)			38,8	63.		54,188.
	12	Total	evenue - add lines 8 t	hrough 11 (mus	t equal Part VI	II, column	(A), line 12)			38,8	72.		54,198.
	13		and similar amounts							N	ONE		NONE
	14		s paid to or for memb							NONE			NONE
_s	4.5		s, other compensation							NONE NONE			NONE
JSe	16 a		sional fundraising fees										NONE
Expenses	h		undraising expenses (I				NONE						1,01,1
ũ	17		expenses (Part IX, colu							37,0	82		42,629.
	18		xpenses. Add lines 13							37,0			42,629.
	19		ue less expenses. Sub							1,7			11,569.
- S		Kevei	de less expelises. Sur	Mact line 16 Ho	II IIIIe 12					ning of Current		End o	of Year
ans c	20	Total	aceta (Dort V. line 10)						Dogiii				
Net Assets or Fund Balances	20		ssets (Part X, line 16)							89,1		_	100,738.
걸	21		abilities (Part X, line 26								ONE	-	NONE
			sets or fund balances	. Subtract line 2	1 from line 20.		<u> </u>			89,1	69.	_	100,738.
	art II		nature Block	have available at 41			a a sa da a sa a la a da da				f l		
tru	aer pei e, corre	naities o ect, and	perjury, I declare that I complete. Declaration of p	nave examined tr preparer (other tha	ns return, inclu n officer) is base	aing accom ed on all info	panying schedule ormation of which	es and state n preparer ha	ments, a as any kr	ind to the best d nowledge.	T my kn	owiedge a	na bellet, it is
					·			-		Ī			
Sig	n	,									15/20	022	
_	re		gnature of officer							Date			
16	16	_	BARBARA PENA S				TREA	SURER					
		<u> </u>	pe or print name and title	;							, .		
n-:	<u> </u>	Print/	ype preparer's name		Preparer's sig	nature		Date		Check	if PT	IN	
Paid		BAR	ARA PENA							self-employ	/ed P	008518	303
	parer	Firm's	name >							Firm's EIN			
JSE	Only	Firm's								Phone no.			
		•	.									X Yes	s No
√or	√Pape	u Mariot ka	sedustions Act Notical	sepahersopara	tedinstruction	We? See	instructions						990 (2021)
v.u	,	u	JOGGO LING FOLGITI WIL	and propare	. JIIO WIII abl	,, o.							. ,

1	Check if Schedule O contains a response or note to any line in this Part III	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	X No
	If "Yes," describe these new services on Schedule O.	
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as mean expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported.	
	(Code:) (Expenses \$ 7,125. including grants of \$) (Revenue \$)
	CULTURAL ARTS PROGRAMS FOR FOUR SCHOOLS SERVING OVER 1,700 STUDENTS.	
4b	(Code:) (Expenses \$22,539. including grants of \$) (Revenue \$) CHILDREN'S ACTIVITIES FOR FOUR SCHOOLS SERVING OVER 2,000)
	STUDENTS.	
4c	(Code:) (Expenses \$)
4 -1	Other program continue (Popprihe on Schodule O.)	
	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
10	Total program service expenses ► 37,856.	

Form **990** (2021)

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? See instructions	2		X
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 Rev. Proc. 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 donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
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	445		3.5
_	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	44.		37
	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> . Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	11c		X
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		v
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			- 1
124	Schedule D, Parts XI and XII.	12a		Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	u		- 22
~	"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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 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?			
	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

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			21
2 7a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
		0.4-		3.7
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		0.0		3.7
	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		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"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
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
·	"Yes," complete Schedule L, Part IV	28c		Х
20		29		
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35 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	000		
30	related organization? If "Yes," complete Schedule R, Part V, line 2	36		v
27		30		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			3.5
••	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	l .		
	19? Note : All Form 990 filers are required to complete Schedule O	38		X
Part				
	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			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
	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 NONE			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
-	Note: 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? If "No" to line 3b, provide an explanation on Schedule O	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
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		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		
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		
	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 7h		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. •	/ 11		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
9	sponsoring organization have excess business holdings at any time during the year?			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	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.)			
12 a	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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	1.4-		V
	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? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		
	If "Yes," see the instructions and file Form 4720, Schedule N.	13		
16		16		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
• •	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.	-		

22-2885583

Part VI

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

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 1a			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
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		_X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			37
а	The governing body?	8a		X
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			3.7
Sooti	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Oodo	١	<u>X</u>
Secu	on B. Foncies (This Section B requests information about policies not required by the internal Nevertue	Code	.) Yes	No
40.	D'il the come s'est's a heart had a heart see her calculate on a (Classes)	10a		X
	Did the organization have local chapters, branches, or affiliates?	IVa		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	Х	
_	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	114	21	
b 425	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	х	
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>			
b	rise to conflicts?	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
·	describe on 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		X
15	Did the process for determining compensation of the following persons include a review and approval by			
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		
	Other officers or key employees of the organization	15b		
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
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		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-7	Γ (sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	f inter	est 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	s 🕨		
	BARBARA PENA 52 LAZY BROOK RD FLEMINGTON, NJ 08822			

908-307-6453

Form **990** (2021)

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

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

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

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

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

(A)	(B)			(0	C)						
Name and title	Average hours	Position (do not check more than one box, unless person is both an						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week		er and		direct	or/trust		from the	from related	compensation	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee Key employee		organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations	
(1) JODI BETTERMANN	NONE										
PRESIDENT	NONE			Х				NONE	NONE	NONE	
(2) BARBARA PENA	NONE							NONE	NONE	NONE	
TREASURER	NONE			Х				NONE	NONE	NONE	
(3) LINDSAY SALAJ	NONE							NONE	NONE	NONE	
SECRETARY	NONE			Х				NONE	NONE	NONE	
(4) JESSICA LESTUK	NONE			21				NONE	NONE	NONE	
VICE PRESIDENT	NONE	-		Х				NONE	NONE	NONE	
(5) VALERIE PITTS	NONE							TOTAL	1101112	110112	
VICE PRESIDENT	NONE			Х				NONE	NONE	NONE	
(6) KATIE DAQUISTO	NONE							3.03			
VICE PRESIDENT	NONE			Х				NONE	NONE	NONE	
(7) ALICIA ROSELL	NONE										
VICE PRESIDENT	NONE			Х				NONE	NONE	NONE	
(8) NICOLE LEPINSKI	NONE										
VICE PRESIDENT	NONE			Х				NONE	NONE	NONE	
(9) BETH FIORE	NONE										
EXEC VICE PRESIDENT	NONE			Х				NONE	NONE	NONE	
(10) NICOLE VIVIEN SMITH	NONE										
VICE PRESIDENT	NONE			Х				NONE	NONE	NONE	
(11) MARIA GABRIEL	NONE										
VICE PRESIDENT	NONE			Х				NONE	NONE	NONE	
(12)											
(13)											
(14)											

Form **990** (2021)

Forn	READINGT	CON HOME	SCH	[00]	LΑ	SS	OCIA	TI	ON, INC.	22	-28855	83	D	age 8
	ort VII Section A. Officers, Directors, Tru	ustees. Ke	v Em	olar	vee	es. :	and F	lial	hest Compensat	ed Emplo	vees (co	ntinue		age U
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do r box,	not cl unles	Posi heck ss pe	ition more	n of the state of	ne an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reporta compensati relate organiza (W-2/1099	able ion from ed ations	Es am com fro orga	(F) timated abount of other pensation the anization drelated anization	on n
	Sub-total							>	NONE		NONE			NONE
	Total from continuation sheets to Part VII, S	-							NONE		NONE			NONE
	Total (add lines 1b and 1c)	limited to t			d at	oove	e) who	o re	NONE ceived more than		NONE of			<u>NONE</u>
	reportable compensation from the organization					NOI	NE						Vaa	Na.
3	Did the organization list any former office employee on line 1a? <i>If</i> "Yes," <i>complete Sched</i>	ule J for suc	ch ind	ivid	ual							3	Yes	X
4	For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	0,0	00?	lf	"Yes	5," (4		X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Yo	accrue co	mpen	sati	on f	from	n any	uni				5		X
Se	ction B. Independent Contractors													
1	Complete this table for your five highest comcompensation from the organization. Report of year.													
	(A) Name and business add	dress							(B) Description of se	rvices	Co	(C)	sation	

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► NONE

22-2885583

Form 990 (2021) REZ

rai	t VIII	Check if Schedule O contains a respon	se or note to ar	v line in this Part V	/ 111		
		Check is deficable of contains a respon	ise of note to al	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
t s	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues					
ۅۜۊ	C	Fundraising events 1c					
fts	d	Related organizations					
פֿיַּפּ	e	Government grants (contributions) 1e					
Sin	f	All other contributions, gifts, grants,					
atio er (-	and similar amounts not included above . 1f					
듗	g	Noncash contributions included in					
a t	"	lines 1a-1f 1g	6				
နှင့်	h	Total. Add lines 1a-1f		NONE			
			Business Code				
မွ	2a						
Program Service Revenue	b						
S J	C						
ame	d						
P.S.	e						
7	f	All other program service revenue					
	g	Total. Add lines 2a-2f		NONE			
	3	Investment income (including dividends,					
		other similar amounts)	_	10.	10.		
	4	Income from investment of tax-exempt bond		NONE			
	5	Royalties		NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c NONE	NONE				
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
<u>e</u>	b	Less: cost or other basis					
evenue		and sales expenses 7b					
	С	Gain or (loss) 7c					
<u>.</u>	d	Net gain or (loss)	<u> </u>	NONE			
Other R	8a	Gross income from fundraising					
0		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	117,573.				
	b	Less: direct expenses 8b	63,385.				
	С	Net income or (loss) from fundraising events		54,188.			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses 9b	NONE				
	С	Net income or (loss) from gaming activities.	▶	NONE			
	10a	Gross sales of inventory, less					
		returns and allowances 10a	NONE				
		Less: cost of goods sold	NONE				
	С	Net income or (loss) from sales of inventory.		NONE			
ns			Business Code				
Miscellaneous Revenue	11a						
llar ⁄en	b						
Se.	С						
Ξ	d	All other revenue					
		Total. Add lines 11a-11d		NONE			
	12	Total revenue. See instructions		54,198.	10.		

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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									
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations				·					
	and domestic governments. See Part IV, line 21	NONE								
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22	NONE								
3	Grants and other assistance to foreign									
	organizations, foreign governments, and									
	foreign individuals. See Part IV, lines 15 and 16	NONE								
4	Benefits paid to or for members	NONE								
5	Compensation of current officers, directors,									
	trustees, and key employees	NONE								
6	Compensation not included above to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)	NONE								
7	Other salaries and wages	NONE								
8	Pension plan accruals and contributions (include	NONE								
	section 401(k) and 403(b) employer contributions)									
9	Other employee benefits	NONE								
10	Payroll taxes	NONE								
	Fees for services (nonemployees):									
а	Management	NONE								
	Legal	NONE								
	Accounting	NONE								
	Lobbying	NONE								
	Professional fundraising services. See Part IV, line 17.	NONE								
	Investment management fees	NONE								
g	Other. (If line 11g amount exceeds 10% of line 25, column	NONE								
40	(A), amount, list line 11g expenses on Schedule O.)	NONE NONE								
	Advertising and promotion	180.		180.						
13	Office expenses	NONE		100.						
14	Information technology	NONE								
15 16	Royalties	1,290.		1,290.						
17	Occupancy	NONE		1,250.						
	Travel Payments of travel or entertainment expenses	110111								
10	for any federal, state, or local public officials	NONE								
19	Conferences, conventions, and meetings	NONE								
20		NONE								
21	Payments to affiliates	NONE								
22	•	NONE								
23	Insurance	2,707.		2,707.						
24										
	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.)									
а	BANK FEES	110.		110.						
b	MISCELLANEOUS	250.		250.						
С	STATE REGISTRATION	236.		236.						
d	PROGRAM SERVICES	37,856.	37,856.		NONE					
е	All other expenses									
	Total functional expenses. Add lines 1 through 24e	42,629.	37,856.	4,773.	NONE					
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if									
	following SOP 98-2 (ASC 958-720)									

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	45,083.	1	51,838.
	2	Savings and temporary cash investments	44,086.	2	48,900.
	3	Pledges and grants receivable, net	NONE	3	NONE
	4	Accounts receivable, net	NONE	4	NONE
	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	NONE	5	NONE
	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)	NONE	6	NONE
ß	7	Notes and loans receivable, net	NONE	7	NONE
Assets	8	Inventories for sale or use	NONE	8	NONE
As	9	Prepaid expenses and deferred charges	NONE		NONE
	_	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	h	Less: accumulated depreciation 10b	NONE	10c	
	11	Investments - publicly traded securities	NONE		NONE
	12	Investments - other securities. See Part IV, line 11	NONE		NONE
	13		NONE		NONE
	14	Investments - program-related. See Part IV, line 11			
		Intangible assets	NONE		NONE
	15	Other assets. See Part IV, line 11	NONE		NONE
	16	Total assets. Add lines 1 through 15 (must equal line 33)	·		100,738.
	17	Accounts payable and accrued expenses	NONE		NONE
	18	Grants payable	NONE		NONE
	19	Deferred revenue	NONE		NONE
	20	Tax-exempt bond liabilities	NONE		NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
jab		controlled entity or family member of any of these persons	NONE		NONE
_	23	Secured mortgages and notes payable to unrelated third parties	NONE	23	NONE
	24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	NONE	25	NONE
	26	Total liabilities. Add lines 17 through 25	NONE	26	NONE
seou		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
<u>la</u>	27	Net assets without donor restrictions	87,105.	27	98,674.
ñ	28	Net assets with donor restrictions	2,064.	28	2,064.
Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ □ and complete lines 29 through 33.	= 7 * * = *		=,
ō	29	Capital stock or trust principal, or current funds		29	
Assets or	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
t A	32	Total net assets or fund balances	00 160	32	100 720
Net	33	Total liabilities and net assets/fund balances	89,169.		100,738.
_	- 33	Total habilities and het assets/fully balances, , , , , , , , , , , , , , , , , , ,	89,169.	33	100,738. Form 990 (2021)

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9207PB F505 **04/21/2023 15:57:39** V21-7.6F PBP0646

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			54,	<u> 198</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			42,	<u>629</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			11,	<u> 569</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			89,	<u> 169</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 on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		1	00,	<u>738</u>
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			ſ		Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	крlain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		ı	2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	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 aud	ted or	n 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	_				
	the audit, review, or compilation of its financial statements and selection of an independent accounts			2c		
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on			
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in t	the			
	Single Audit Act and OMB Circular A-133?			3a		<u>X</u>
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 a	udits .		3b		

SCHEDULE A (Form 990)

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.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

REI	ADI:	NGTON HOME SCHOOL AS	SSOCIATION, I	INC.			22-2	885583
Pa	rt I	Reason for Public Cha	rity Status. (All o	organizations must	complet	te this p	art.) See instructions	3.
The	org	anization is not a private four	ndation because it	is: (For lines 1 through	h 12, ch	eck only	one box.)	
1		A church, convention of chu		·	_	-	•	
2		A school described in section						
3		A hospital or a cooperative			-		(1)(A)(iii).	
4		A medical research organiz		-				(iii). Enter the
		hospital's name, city, and st	•					(,
5		An organization operated f		a college or universit	v owne	d or ope	erated by a governme	ental unit described in
•		section 170(b)(1)(A)(iv). (C		a conego or annocon	,	ч с. срс		
6		A federal, state, or local go		rnmental unit describe	d in sect	ion 170('h)(1)(Δ)(v)	
7		An organization that norma				-		om the general public
•		described in section 170(b)	-	· · · · · · · · · · · · · · · · · · ·	pport	om a go	vorminomar and or me	om the general pasit
8		A community trust describe		·	Part II \			
9		An agricultural research org	-		-		l in conjunction with a	land-grant college
3		or university or a non-land-	=			-	•	
		university:	grant conege or ag	griculture (see iristruct	юна). С	inter the	name, dity, and state of	i the college of
10	77	An organization that norma	Illy receives (1) me	aro than 224/2 % of its	cupport	from cou	atributions mambarsh	in foot, and grace
10		receipts from activities rela	ted to its exempt f	unctions, subject to c	ertain ex	ceptions	s; and (2) no more thar	n 331/3 % of its
		support from gross investm	nent income and u	nrelated business tax	able inco	ome (les:	s section 511 tax) from	businesses
1.1		acquired by the organization						
11 12	_	An organization organized a	•	•	-			my aut the numeroes of
12		An organization organized a one or more publicly support		-	-			
			•					, ,, ,
	Г	the box on lines 12a throug		• • • • • • • • • • • • • • • • • • • •			·	· · · ·
а		Type I. A supporting orga	•	•	-		• , , ,	
		the supported organization				ajority of	the directors or truste	es of the
		supporting organization.	•	•				
b		Type II. A supporting org	•				- · · ·	· · · · · -
		control or management of		=	the sam	e persor	ns that control or man	age the supported
		organization(s). You must	· ·					
С	L	Type III functionally integ						lly integrated with,
		its supported organization						
d					-			
		that is not functionally inte	-		-		•	d an attentiveness
	_	requirement (see instructi	ions). You must co	omplete Part IV, Sect	ions A a	nd D, an	d Part V.	
е	L	Check this box if the orga					71 . 71	I, Type III
		functionally integrated, or	• •			•		
f		iter the number of supported						
g		ovide the following information			I		T	T
	(i) N	lame of supported organization	(ii) 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))		ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(D)								
(E)								
Tota	al							
							i .	i .

Part II

Page 2 Schedule A (Form 990) 2021 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	(Complete only if you checke Part III. If the organization fai						alify under
Sec	tion A. Public Support				-	•	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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).						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support			•		•	
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
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	see instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here						
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2021 (li						<u>%</u>
15	Public support percentage from 2020						<u>%</u>
16a	33 1/3% support test - 2021. If the org						
_	box and stop here. The organization q			-			
b	331/3% support test - 2020. If the org	=					
4-7-	this box and stop here. The organization			_			
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization Part VI how the organization meets					-	•
	organization			_			
h	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the organization	,	9		·		•
	in Part VI how the organization meets					-	
40	organization						▶ □
18	Private foundation. If the organization						
	instructions						A (Form 000) 2021

Schedule A (Form 990) 2021 Page **3**

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

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

Sec	tion A. Public Support			· ·	·		
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	NONE	NONE	NONE	NONE	NONE	NONE
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	130,661.	130,198.	106,538.	41,852.	117,573.	526,822.
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						NONE
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						NONE
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						NONE
6	Total. Add lines 1 through 5	130,661.	130,198.	106,538.	41,852.	117,573.	526,822.
	Amounts included on lines 1, 2, and 3	,	,	,	-,	,	
, a	received from disqualified persons						NONE
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						NONE
_	Add lines 7a and 7b						NONE
8	Public support. (Subtract line 7c from						
	line 6.)						526,822.
Sec	tion B. Total Support	'	'	-			
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	130,661.	130,198.	106,538.	41,852.	117,573.	526,822.
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar						
	Sources	38.	45.	37.	9.	10.	139.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						NONE
С	Add lines 10a and 10b	38.	45.	37.	9.	10.	139.
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						NONE
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						NONE
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	130,699.	130,243.	106,575.	41,861.	117,583.	526,961.
14	First 5 years. If the Form 990 is for	the organization	on's first, second	l, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
	organization, check this box and stop here						▶
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2021 (line 8,					15	99.97%
16	Public support percentage from 2020 Sche					16	99.97%
	tion D. Computation of Investment				Т	1	
17	Investment income percentage for 2021 (lin				1	17	0.03%
18	Investment income percentage from 2020 S					18	0.03%
19 a	331/3% support tests - 2021. If the or	-					
	17 is not more than 331/3 %, check this		_				
b	331/3% support tests - 2020. If the orga				•		
	line 18 is not more than 331/3 %, check			•			<u> </u>
20	Private foundation. If the organization of	did not check a	box on line 14	4, 19a, or 19b,	check this box	and see instruc	tions 🕨

Schedule A (Form 990) 2021 Page 4

Supporting Organizations Part IV

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

Section A. All Supporting Organizations

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

		Yes	No
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41	ο Λ (Fo	rm 000	\ 2021

Schedule A (Form 990) 2021 Page 5

Part	Supporting Organizations (continued)			- 0 -
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	44.		
Secti	provide detail in Part VI. on B. Type I Supporting Organizations	11c		
3001.	on billypo i cupporting organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Secti	on C. Type II Supporting Organizations	2		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	on o. Type ii oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
	Did the consideration of the transfer of the constant of the c		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
•		2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instr		r –
2	Activities Test. Answer lines 2a and 2b below.		Yes	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	·			
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3h		1

Page 6 Schedule A (Form 990) 2021

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical	nization	S				
1	Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting organization.	_		,			
Se	ection 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	of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6					
_7		7					
_8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Se	ection 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):						
a	Average monthly value of securities	1a					
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					
е	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 0.015 of line 3 (for greater amount, see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7		7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Se	ection C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	-	5					
6		6					
7							

Schedule A (Form 990) 2021

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Schedule A (Form 990) 2021

Part V

Page **7**

Sect	ion D - Distributions		Current Year		
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpo	3			
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(2)	(ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistribution Pre-2021	ıs	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				

Schedule A (Form 990) 2021

and 4c.

Breakdown of line 7:

a Excess from 2017...

b Excess from 2018...

c Excess from 2019...

d Excess from 2020...

e Excess from 2021...

Excess distributions carryover to 2022. Add lines 3j

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service

OMB No. 1545-0047 Open to Public

Inspection Name of the organization Employer identification number READINGTON HOME SCHOOL ASSOCIATION, INC. Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events C g In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization contributions? col. (i) Yes No 1 2 3 6 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990) 2021 READINGTON HOME SCHOOL ASSOCIATION, INC. 22-2885583 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events INVEST EVENTS (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue 14,405. 1 Gross receipts 103,168. 117,573. 2 Less: Contributions3 Gross income (line 1 minus line 2)....... 14,405. 103,168. 117,573. 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 63,385. 63,385. 10 Direct expense summary. Add lines 4 through 9 in column (d) \triangleright 63,385. 11 Net income summary. Subtract line 10 from line 3, column (d) 54,188 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue Direct Expenses 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes 6 Volunteer labor No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d). Enter the state(s) in which the organization conducts gaming activities: NJ, 9 Is the organization licensed to conduct gaming activities in each of these states? а Nο If "No," explain: b Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10a

Schedule G (Form 990) 2021

If "Yes," explain:

Sched	ule G (Form 990 or 990-EZ) 2021 READINGTON HOME SCHOOL ASSOCIATION, INC.	22-2885583	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
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?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books an	d	
	records:		
	Name ▶		
	· · · · · · · · · · · · · · · · · · ·		
	Address ►		
15 a	Does the organization have a contract with a third party from whom the organization receives gam	ina	
	revenue?		No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and	the	
-	amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party:		
•	Too, Sinoi name and addition the time party.		
	Name ▶		
	Address ▶		
	Address ►		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶\$		
	Description of services provided ▶		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceed	ds to	
	retain the state gaming license?	Yes [No
b	Enter the amount of distributions required under state law to be distributed to other exempt organization		
	or spent in the organization's own exempt activities during the tax year ▶ \$		
Par			
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional	nformation	
	(see instructions).		

Schedule G (Form 990 or 990-EZ) 2021

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.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

Employer identification number

READINGTON HOME SCHOOL 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.