SCHNURR & COMPANY, LLP 1525 AIRPORT ROAD, SUITE 103 AMES, IA 50010

> RAISING READERS IN STORY COUNTY PO BOX 2374 AMES, IA 50010-2374

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			EXTENDED TO MAY 15, 2024	4				
	Ω	00	Return of Organization Exempt From	n lı	ncome Tax	OMB No. 1545-0047		
Form 990			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code		ns) 2022			
			Do not enter social security numbers on this form as it may	ay be	made public.	Open to Public		
Dep Inter	artment nal Reve	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the lat			Inspection		
Α	For th	e 2022 calend	ar year, or tax year beginning $ m JUL1$, 2022 and ending	g J	UN 30, 2023			
В	Check if applicat	ole: C Name of	organization		D Employer identific	ation number		
	Addr	RAIS	ING READERS IN STORY COUNTY					
	Name	ge Doing bu	usiness as		20-167268	34		
	Initial	Number	and street (or P.O. box if mail is not delivered to street address) Room/	suite	E Telephone number			
	Final returr termi	V	OX 2374		515-520-8			
	ated Amer	City or to	bwn, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	207,808.		
	returr Appli tion		, IA 50010-2374		H(a) Is this a group re			
	tion pend		nd address of principal officer:KRISTI MAYO AS C ABOVE		for subordinates'			
	Tay as	empt status:		527	H(b) Are all subordinates in			
	Webs		\underline{X} 501(c)(3) \square 501(c) () (insert no.) \square 4947(a)(1) or \square RAISING-READERS.ORG] 327		list. See instructions		
		f organization:		Voor	H(c) Group exemption	State of legal domicile: IA		
	art I			Toart		otate of legal dofinenc. ±11		
	1		e the organization's mission or most significant activities: TO PROV	TDE	BOOKS AND 1	TTERACY		
Activities & Governance	1.	PROGRAM	S FOR THE PURPOSE OF INCREASING LITER	RAC	Y IN CHILDRI	EN IN STORY		
'nai	2	Check this bo						
Nel	3				1 1	12		
ğ	4		Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4					
\$ 8	5							
litie	6		of volunteers (estimate if necessary)			339		
cti	7 a		d business revenue from Part VIII, column (C), line 12		0.			
4			business taxable income from Form 990-T, Part I, line 11			0.		
					Prior Year	Current Year		
Ð	8	Contributions	and grants (Part VIII, line 1h)		211,551.	198,047.		
Revenue	9		ce revenue (Part VIII, line 2g)		0.	0.		
leve	10	Investment ind	come (Part VIII, column (A), lines 3, 4, and 7d)		-39,452.	9,761.		
ш.	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.		
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		172,099.	207,808.		
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	14		to or for members (Part IX, column (A), line 4)		0.	0.		
es	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\dots\dots\dots}$		78,158.	132,219.		
Expenses	16a	Professional fu	andraising fees (Part IX, column (A), line 5-10)		0.	0.		
ă	b					0.5 0.80		
ш	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		70,359.	85,073.		
	18	•	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		148,517.	217,292.		
	19	Revenue less	expenses. Subtract line 18 from line 12		23,582.	-9,484.		
Net Assets or Fund Balances				Reé	ginning of Current Year	End of Year		
Bala	20	Total assets (F			721,103.	764,565.		
let A	21		(Part X, line 26)		11,869. 709,234.	23,077. 741,488.		
	art II		fund balances. Subtract line 21 from line 20		109,434.	/41,400.		
_		-	declare that I have examined this return, including accompanying schedules and s	tatom	ante and to the best of my	knowledge and ballof it is		
UIIL	iei heil	מונוס טו אפו מוע, ו	uoonaro maci mave examineu uns return, incluunny accompanyiny scheuules anu s	iaitiit	אונט, מווע נט נווכ טכטנ טו וווע	nnowieuge allu bellel, it is		

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

	O'mentance of officient			Data		
Sign	Signature of officer		Date			
	KRISTI MAYO, EXECUTIVE DI	RECTOR				
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date	Check F	PTIN	
Paid	NICK STANLEY				2266373	
Preparer	Firm's name SCHNURR & COMPANY	Y, LLP		Firm's EIN 20-59	25131	
Use Only	Firm's address 1525 AIRPORT ROAD), SUITE 103				
	AMES, IA 50010			Phone no.515-23	3-6300	
May the IF	May the IRS discuss this return with the preparer shown above? See instructions 🛛 🚺 Yes 🛄 No					
232001 12-1	32001 12-13-22LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2022)					

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2022) RAISING READERS IN STORY COUNTY 20-1672684 Page
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO SUPPORT THE LANGUAGE AND LITERACY DEVELOPMENT OF YOUNG CHILDREN BY
	PROVIDING BOOKS, CAREGIVER GUIDANCE AND EARLY CHILDHOOD PROGRAMS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
-	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 180,119 · including grants of \$) (Revenue \$
та	TO PROVIDE BOOKS AND LITERACY PROGRAMS FOR THE PURPOSE OF INCREASING
	LETERACY IN CHILDREN IN STORY COUNTY, IA.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 180,119.
	Form 990 (20)
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	3
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Part IV Checklist of Required Schedules

RAISING READERS IN STORY COUNTY

			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	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	_		x
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
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? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		- 23
7	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			- 23
0		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	<u> </u>		
5	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 of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			37
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	101		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
U	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 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		х
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		Х
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
b	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
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Form 990 (2	2022)	RAISING	READERS	IN	STORY	COUNTY
Part IV	Checklist of F	Required Sch	edules (contini	ued)		

I GI				
00	Did the examination report more than $\Phi = 0.00$ of grants or other applications to be far 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 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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 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		<u> </u>
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Year" complete Schedule L. Part L.	25a		x
h	transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		- 23
D D	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%			
	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				v
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		
C	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
05	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
00	If "Yes," complete Schedule R, Part V, line 2	36		x
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		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1aEnter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b U Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-		
U	(gambling) winnings to prize winners?	1c	х	
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	5			. ,

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2022)	RAISING	READERS	IN	STORY	COUNTY	
Statements	Regarding Ot	her IRS Filin	gs ai	nd Tax Co	ompliance (c	ontinued)

			Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return 2a 14				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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		X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х	
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	a 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?				
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
	were not tax deductible?				
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?	7c		X	
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 7g		X	
g					
_	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				
8					
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	8			
a		9a			
b	Did the sponsoring organization make any taxable distributions under section 4966?	9b			
10	Section 501(c)(7) organizations. Enter:	0.5			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders 11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.) 11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
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 13b				
	Enter the amount of reserves on hand			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	45		x	
	excess parachute payment(s) during the year?	15			
16	If "Yes," see the instructions and file Form 4720, Schedule N.	16		x	
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.	10			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person 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.				
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Form 990 (2022)

Part V

Form 990	(2022)
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14

RAISING READERS IN STORY COUNTY

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

X

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.

			1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12	2		
	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 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	12	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip 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 t	he dire	ct 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 wa	as filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?		5		Х
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 a	appoint	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by th	e following:			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached	at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	e Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such o	chapter	s, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy befo	ore filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," d	escribe		<u></u>	
	on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approv		ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision					
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b		X
	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 arrange	ement v	vith a			37
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	-	•			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	anizatic	n's			
	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE					
17 10		and 00) <u>e</u>	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 99	J-1 (section 501(c)(3)s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.	C	$b = d \cdot d = 0$			
10	Own website Another's website X Upon request X Other (explain Describe on Schedule O whether (and if an how) the examination made its governing desumants of		,	d fires		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	conflict	or interest policy, ar	iu fina	icial	
00	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 b KRISTI MAYO $-515-520-8686$	ooks ai	ia recoras			
	2801 GRAND AVE SUITE 1030, AMES, IA 50010					
00000				Form	1 990	(2022
23200	5 12-13-22 7				1330	(2022
330	514 759148 5227A 2022.05090 RAISING READER	S TI	N STORY CO	523	27a	1

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	(da	not o	Pos	ition	thon	000	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week		cer an	nd a d	irecto	or/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	æ			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		volqu	st con yee	_	1099-INEC)		organizations
	line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) KRISTI MAYO	40.00	-		0	×	노	ш			
EXECUTIVE DIRECTOR		1		X				13,060.	0.	0.
(2) JERRI HEID	1.00									
PRESIDENT/PAST PRESIDENT/PREV EMPLOY		Х						8,976.	0.	0.
(3) JANEEN CHRISTY	1.00									
TREASURER		Х						0.	0.	0.
(4) JULIE POPKEN	1.00									
DIRECTOR/VICE PRESIDENT		X						0.	0.	0.
(5) LYNNE CAREY	1.00									
VICE PRESIDENT/PRESIDENT		X						0.	0.	0.
(6) CAROLYN JONS	1.00									
SECRETARY		X						0.	0.	0.
(7) MALAI AMFAHR	1.00									•
DIRECTOR	1	Х						0.	0.	0.
(8) CONNIE BEECHER	1.00									•
DIRECTOR	1	X						0.	0.	0.
(9) DIANA CLAUS	1.00									0
DIRECTOR	1 00	X						0.	0.	0.
(10) SAMANTHA CROSS	1.00									0
DIRECTOR	1 00	X						0.	0.	0.
(11) DAN FRANKLIN	1.00									0
DIRECTOR	1 00	X						0.	0.	0.
(12) WESLEY HARRIS	1.00							0.		0
DIRECTOR	1 00	X						0.	0.	0.
(13) KATHRYN MERSEAL	1.00							0.	0.	0
DIRECTOR	1 00	X						0.	0.	0.
(14) MARGUERITE SIBLEY	1.00	v						0.	0.	0.
DIRECTOR	1.00	X						0.	0.	0.
(15) JONI KELLEN DIRECTOR	1.00	x						0.	0.	0.
	1.00	<u>^</u>						0.	0.	0.
(16) ELLEN MCINTOSH DIRECTOR	1.00	x						0.	0.	0.
DIRECTOR		1				-		0.	0.	0.
		1								
	I					I		I		Farm 000 (0000)

232007 12-13-22

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8

Form 990 (2022) RAISING READERS IN STORY COUNTY 20-1									20-16	726	584	Pa	age 8	
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week (list any	box, offic	not cl unles	ss pe	ition more rson i	than is bot pr/trus	n an	(D) Reportable compensation from the	(E) Reportable compensatior from related organizations		am c	(F) imate ount o other pensat	of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MIS 1099-NEC)		fro orga and	om the anization relate nization	e on ed
											_			
1b	Subtotal								22,036.		0.			0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c) Total number of individuals (including but n	I, Section A		· · · · · · · ·	· · · · · · ·				0. 22,036.	000 of roportable	0.			0.
	compensation from the organization		1056	IISLE	u ai	5006	=) \			,000 of reportable	, 			0
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for si	-		-	•	-		Ŭ	ghest compensated emp	2		3	Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	0,000? If "Yes,	le co " <i>coi</i>	ompe mple	ensa ete S	atior Sche	n and edule	l otl 9 <i>J f</i>	her compensation from for such individual	the organization		4		X
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," comption</i> B. Independent Contractors					-			-			5		Х
1	Complete this table for your five highest con the organization. Report compensation for t										pensa	tion fr	om	
	(A) Name and business	address	NC	ONE	2				(B) Description of s	services	Сс	(C ompen		۱
								_						
2	Total number of independent contractors (in \$100,000 of compensation from the organiz		ot lir	nite	d to		se lis)	stec	d above) who received n	nore than				
											F	Form S	990 (2	:022)

232008 12-13-22

			Check if Schedule O	conta	ains a respo	nse	or note to any lin	e in this Part VIII			
								(A) Total revenue	(B) Related or exempt	(C)	(D) Revenue excluded
ts	1	а	Federated campaigns		1a						
iran oun			Membership dues								
ج کوری			Fundraising events		·····						
ar /			Related organizations								
s, o			Government grants (contr				46,707.				
rsi	1		All other contributions, gifts,								
but			similar amounts not included				151,340.				
d di		a	Noncash contributions included in								
Contributions, Gifts, Grants and Other Similar Amounts		-	Total. Add lines 1a-1f					198,047.			
							Business Code	-			
e	2 8	а									
Program Service Revenue	1	b									
Se		с									
eve		d									
Ъс		е									
д	1	f	All other program service	rever	านอ	_					
			Total. Add lines 2a-2f								
	3		Investment income (includ								
			other similar amounts)					9,447.			9,447.
	4		Income from investment of	of tax	exempt bo	nd p	roceeds				
	5		Royalties								
					(i) Real		(ii) Personal				
	6 8	а	Gross rents	6a							
			Less: rental expenses	6b							
		с	Rental income or (loss)	6c							
		d	Net rental income or (loss))							
	7 :	а	Gross amount from sales of		(i) Securiti		(ii) Other				
			assets other than inventory	7a	31	4.					
	1	b	Less: cost or other basis								
anı			and sales expenses	7b		0.					
)ther Revenue		с	Gain or (loss)	7c	31	4.					
Re		d	Net gain or (loss)					314.			314.
her	8 8	а	Gross income from fundraisir	ng ev	ents (not						
ð			including \$		of						
			contributions reported on	line	1c). See						
			Part IV, line 18			8a					
	1	b	Less: direct expenses			8b					
		с	Net income or (loss) from	fund	raising even	ts					
	9 ;	а	Gross income from gamin	g act	tivities. See						
			Part IV, line 19			9a					
	1	b	Less: direct expenses			9b					
		С	Net income or (loss) from	gami	ing activities	<u></u>					
	10 ;	а	Gross sales of inventory, I	less i	returns						
			and allowances								
	1	b	Less: cost of goods sold			10b					
		с	Net income or (loss) from	sales	s of inventor	у					
sr							Business Code				
eor	11 :	а									
ent	'	b									
Miscellaneous Revenue	•	с									
Mis	•		All other revenue								
		е	Total. Add lines 11a-11d								
	12		Total revenue. See instruction	ons				207,808.	0.	0.	• • • • = •
23200	09 12-	13-	-22								Form 990 (2022)

RAISING READERS IN STORY COUNTY

232009 12-13-22

Form 990 (2022)

Part VIII Statement of Revenue

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Part IX Statement of Functional Expenses

RAISING READERS IN STORY COUNTY

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

D -	Check if Schedule O contains a response	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	22,036.	8,208.	9,578.	4,250
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	101,625.	89,119.	8,599.	3,907
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	380.	274.	76.	30
0	Payroll taxes	8,178.	5,710.	1,995.	473
1	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	11,467.	7,931.	2,655.	881
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	1,404.	1,150.	181.	73
13	Office expenses	1,171.	419.	117.	635
4	Information technology				
15	Royalties				
16	Occupancy	8,118.	6,129.	1,308.	681
7	Travel				
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization		4 48 4		
23	Insurance	2,047.	1,474.	409.	164
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 0.)				
а	PROGRAM EXPENSES	34,244.	34,244.		
b	SUPPLIES	26,622.	25,461.	113.	1,048
c					•
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	217,292.	180,119.	25,031.	12,142
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)				
) 12-13-22				Form 990 (202

232010 12-13-22

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14330514 759148 5227A

150,858. 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 19,318. 6,268. Accounts receivable, net 4 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disgualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net Assets 7 8 Inventories for sale or use 8 4,330. 1,182. Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _____ 10a b Less: accumulated depreciation _____ 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 496,124. 456,532. Other assets. See Part IV, line 11 15 15 721,103. 764,565. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 11,868. 19,077. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 4,000. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, _iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 1 25 0 of Schedule D 11,869. 23,077. 26 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 245,364. 243,152. Net assets without donor restrictions 27 27 466,082. 496,124. Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 Retained earnings, endowment, accumulated income, or other funds 31 31 709,234. 741,488. Total net assets or fund balances 32 32 721,103. 764,565. 33 33 Total liabilities and net assets/fund balances ... Form 990 (2022)

RAISING READERS IN STORY COUNTY

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

Cash - non-interest-bearing

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(B)

End of year

110,133.

(A)

Beginning of year

240,923.

1

Form 990 (2022)
Part X Balance Sheet

1

Form	1990 (2022) RAISING READERS IN STORY COUNTY	20-1672	684	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			08.
2	Total expenses (must equal Part IX, column (A), line 25)	2			92.
3	Revenue less expenses. Subtract line 2 from line 1	3			84.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			34.
5	Net unrealized gains (losses) on investments	5	3:	3,2	93.
6	Donated services and use of facilities	6			
7	Investment expenses	7			-
8	Prior period adjustments	8		3,4	45.
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 32,				
	column (B))	10	74:	L,4	88.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Cash Corual Conter				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X 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 oversight of the			37	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				v
-	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	
			Form	990 (2022)

232012 12-13-22

Department of the Treasury

Internal Revenue Service

(Form 990)

Total

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.

he latest information.

OMB No. 1545-0047
2022
Open to Public Inspection

	Go to www.irs.gov/Form990 for instructions and th
oti	on and the second se

Nam	lame of the organization Employer identification number											
				S IN STORY C					0-1672684			
Pa	rt I	Reason for Public	Charity Status.	(All organizations must c	omplete tl	nis part.) S	See instruction	ıs.				
The o	organ	ization is not a private found	lation because it is: ((For lines 1 through 12, c	heck only	one box.)						
1		A church, convention of ch	urches, or associatio	on of churches described	d in sectio	n 170(b)(1)(A)(i).					
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990).)							
3		A hospital or a cooperative				(b)(1)(A)(i	ii).					
4		A medical research organiz					-)(iii). Enter	the hospital's name.			
•		city, and state:		· · · · · · · · · · · · · · · · · · ·				<i>X1-</i>	·····,			
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted bv a d	overnmental	unit descrik	bed in			
		section 170(b)(1)(A)(iv). (C		5 ,		, ,						
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	X											
		section 170(b)(1)(A)(vi). (C						J				
8		A community trust describe		(1)(A)(vi). (Complete Par								
9		An agricultural research org				ed in conii	inction with a	land-grant	college			
·		or university or a non-land-				-		-	-			
		university:	grant conege of agrie		Entor the	name, en	y, and state o	r the bollog				
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its sun	port from	contributio	ons members	hin fees a	nd aross receipts from			
10		activities related to its exen										
		income and unrelated busin										
		See section 509(a)(2). (Con				3363 acqu	lifed by the of	ganzation				
11		An organization organized a		ively to test for public sa	foty Soo	section 5(10(a)(<u>4</u>)					
12		An organization organized a	•					arny out the	purposes of one or			
12		v		•	•		-					
		more publicly supported or	-									
_		lines 12a through 12d that	• •			-		-	, aivina			
а		Type I. A supporting orga	-	-	•	-						
		the supported organization			a majority	of the dire	ctors or truste	ees of the s	supporting			
		organization. You must o	-									
b		Type II. A supporting org	-				•		-			
		control or management o			ame perso	ons that co	ontrol or mana	age the sup	ported			
	_	organization(s). You mus										
С		☐ Type III functionally interest						illy integrate	ed with,			
	_	its supported organizatio										
d		Type III non-functionally						•				
		that is not functionally int			-		-	d an attent	iveness			
		requirement (see instruct										
е		☐ Check this box if the orga					а Туре I, Туре	e II, Type III				
		functionally integrated, or		, , ,	0 0							
f		er the number of supported of										
g		vide the following information		ed organization(s).	(iv) Is the orga	nization listed	(1) Americant a	functions	(ui) Amount of other			
	(i) Name of supported organization 	(ii) EIN	(iiii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount o support (see ir	-	(vi) Amount of other support (see instructions)			
		organization		above (see instructions))	Yes	No	Support (See ii	1311 40110113)				

Schedule A (Form 990) 2022

Part II

RAISING READERS IN STORY COUNTY

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.)

Sei	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	277,069.	285,054.	279,932.	211,551.	198,047.	1251653.
2	Tax revenues levied for the organ-						
	ization'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 \dots						
4	Total. Add lines 1 through 3	277,069.	285,054.	279,932.	211,551.	198,047.	1251653.
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)						
	Public support. Subtract line 5 from line 4.						1251653.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	277,069.	285,054.	279,932.	211,551.	198,047.	1251653.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	60,050.	-3,522.	3,738.	-39,452.	9,447.	30,261.
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						1281914.
	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
_	organization, check this box and stor						L
-	ction C. Computation of Publ		•				97.64 %
	Public support percentage for 2022 (14	07 01
	Public support percentage from 2021					15	, -
16a	33 1/3% support test - 2022. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact			-	-	VI how the organiz	ation
	meets the facts-and-circumstances te	-		• • • •			
b	10% -facts-and-circumstances tes						10% or
	more, and if the organization meets the						
40	organization meets the facts-and-circ						
18	Private foundation. If the organization	on ala not check a	box on line 13, 16	a, 100, 17a, or 17k	D, CHECK THIS DOX 2		s (Form 990) 2022

20 A (F 90)

232022 12-09-22

RAISING READERS IN STORY COUNTY 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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 20	22 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ŭ	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
-	ization's benefit and either paid to						
F	The value of services or facilities						
5	furnished by a governmental unit to						
~	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons Amounts included on lines 2 and 3 received						
L	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
See	ction B. Total Support				_		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	22 (f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's f	rst, second, third	, fourth, or fifth tax	year as a section	501(c)(3) or	ganization,
	check this box and stop here						
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2022 (line 8, column (f), «	divided by line 13,	column (f))		15	%
16	Public support percentage from 2021	Schedule A, Part	III, line 15			16	%
	ction D. Computation of Inve						
17	Investment income percentage for 20)22 (line 10c, colur	mn (f), divided by	line 13, column (f)))	17	%
	Investment income percentage from		'			18	%
	33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box a	-					
۲	33 1/3% support tests - 2021. If the						
~	line 18 is not more than 33 1/3%, che	•					·
20	Private foundation. If the organization						
	23 12-09-22	an and not oneon a	557 011 1116 14, 13				edule A (Form 990) 2022
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		202				~ - 0101	~~ ~~ ~ ~ ~

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1

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3a

3b

3c

4a

4b

4c

5a

5b

5c

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8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 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?
- 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).*
- 8 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).
- **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 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 benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 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.)

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	dule A (Form 990) 2022 RAISING READERS IN STORY COUNTY 20-10	1208	4 Pa	age 5
Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described 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, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting 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? <i>If "No," describe in</i> Part VI <i>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.</i>	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.	2		
Sect	tion C. Type II Supporting Organizations	•		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			

Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). 1

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). С
- 2 Activities Test. Answer lines 2a and 2b below.
- 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 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.
- 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 232025 12-09-22

3b Schedule A (Form 990) 2022

2a

2b

За

Yes No

18

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RAISING READERS IN STORY COUNTY Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 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	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		

instructions).

Schedule A (Form 990) 2022

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7

8

and 4c.

Part VI. See instructions.

Breakdown of line 7: a Excess from 2018 b Excess from 2019

d Excess from 2021 e Excess from 2022

Excess distributions carryover to 2023. Add lines 3j

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Sche		RS IN STORY CO			0-1672684 _{Page} 7
Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ued)	
Sect	ion D - Distributions		÷		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exemption	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide 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	he organization is responsive	Э		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Sect	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributior Pre-2022	ns	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
~	able cause required - <i>explain in</i> Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
	From 2017				
-	From 2018				
	From 2019				
	From 2020				
	From 2021				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
<u>-</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
-	line 7: \$				
	Applied to underdistributions of prior years				
-	Applied to 2022 distributions of phot years				
-	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
5	any. Subtract lines 3g and 4a from line 2. For result greater				
6	than zero, <i>explain in</i> Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				

Schedule A (Form 990) 2022

	(Form 990) 2022	RAISING RI				20-1672684 P
	Part IV, Section A, lines line 1; Part IV, Section D	1, 2, 3b, 3c, 4b, 4c, 5a , lines 2 and 3; Part IV	i, 6, 9a, 9b, 9c, 11 , Section E, lines	a, 11b, and 11c 1c, 2a, 2b, 3a, ar	; Part IV, Section E nd 3b; Part V, line ⁻	e 17a or 17b; Part III, line 12; 3, lines 1 and 2; Part IV, Section C 1; Part V, Section B, line 1e; Part
	Section D, lines 5, 6, and (See instructions.)	I 8; and Part V, Sectio	n E, lines 2, 5, and	d 6. Also comple	te this part for any	additional information.
28 12-09-2	2			21		Schedule A (Form 990

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

RAISING	READERS	IN	STORY	COUNTY
Organization type (check one):				

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

RAISING READERS IN STORY COUNTY

Name of organization

Employer identification number

20 - 1672684

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CITY OF AMES 515 CLARK AVE AMES, IA 50010	\$29,447.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	STORY COUNTY 900 6TH STREET NEVADA, IA 50201	\$15,848.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	UNITED WAY OF STORY COUNTY 35 CLARK AVE AMES, IA 50010	\$40,943.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_	AMES MORNING ROTARY CLUB		Person X
4	2205 GREEN HILLS DR. AMES, IA 50014	\$13,239.	Payroll Noncash (Complete Part II for noncash contributions.)
4 (a) No.	2205 GREEN HILLS DR.	\$ 13,239. (c) Total contributions	Noncash (Complete Part II for
 (a)	2205 GREEN HILLS DR. AMES, IA 50014 (b)	(c)	Noncash (Complete Part II for noncash contributions.)
(a) No.	2205 GREEN HILLS DR. AMES, IA 50014 (b) Name, address, and ZIP + 4 CHARLES AND CAROLYN JONS 2411 HAMILTON DR.	(c) Total contributions	Noncash
(a) No. 5 (a)	2205 GREEN HILLS DR. AMES, IA 50014 (b) Name, address, and ZIP + 4 CHARLES AND CAROLYN JONS 2411 HAMILTON DR. AMES, IA 50014 (b)	(c) Total contributions \$9,682. (c)	Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d)

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Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
223453 11-15	-22 2.4		Schedule B (Form 990) (2022)

RAISING READERS IN STORY COUNTY

Name of organization

Employer identification number

20-1672684

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Schedule	B (Form 990) (2022)			Page 4	
Name of o	rganization		Employer identification n	umber	
RAISI	NG READERS IN STORY COU	NTY	20-1672684		
Part III		ons to organizations described in s through (e) and the following line en haritable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for	r the year	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of git			
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift				
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee		
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift				
	Transferee's name, address, ar		Relationship of transferor to transferee		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I					
		(e) Transfer of gif			
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
223454 11-1	5-22	25	Schedule B (Form 99	90) (2022	

14330514 759148 5227A 2022.05090 RAISING READERS IN STORY CO 5227A_1

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form	990)
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Part I

1 2

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Part II

Supplemental Financial Statements

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

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



Employer identification number

Name of the organization

RAISING READ

RAISING READERS I	IN STORY COUNTY	20-16/2684
t I Organizations Maintaining Donor Advi	sed Funds or Other Similar Fun	ds or Accounts. Complete if the
organization answered "Yes" on Form 990, Part IV	, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
Total number at end of year		
Aggregate value of contributions to (during year)		
Aggregate value of grants from (during year)		
Aggregate value at end of year		
Did the organization inform all donors and donor advisors	in writing that the assets held in donor ad	vised funds
are the organization's property, subject to the organization	n's exclusive legal control?	Yes 🗌 No
Did the organization inform all grantees, donors, and dono	or advisors in writing that grant funds can	be used only
or charitable purposes and not for the benefit of the done	or or donor advisor, or for any other purpo	se conferring
mpermissible private benefit?		Yes No
II Conservation Easements. Complete if the	organization answered "Yes" on Form 990	0, Part IV, line 7.
Purpose(s) of conservation easements held by the organi:	zation (check all that apply).	
Preservation of land for public use (for example, rec	reation or education) Preservation	of a historically important land area

Preservation of land for public use (for example, recreation or education)	Preservation of a historically important land area
Protection of natural habitat	Preservation of a certified historic structure
Preservation of open space	
olete lines 2a through 2d if the organization held a qualified conservation co	ntribution in the form of a conservation easement on the

2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	nserv	ation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements	2a	

b	Total acreage restricted by conservation easements	2b
с	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after July 25,2006, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	ization during the tax
	year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	YesNo
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ea	sements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(E	3)(i)
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense stater	nent and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the	at describes the
	organization's accounting for conservation easements.	
Pa	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and ball	ance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furthera	nce of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance	e sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	e of public service,
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	\$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	
	the following amounts required to be reported under FASB ASC 958 relating to these items:	

b Assets included in Form 990, Part X	\$
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2022
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a Revenue included on Form 990, Part VIII, line 1

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\$

		READERS						20-16			age 2
Par	t III Organizations Maintaining C	ollections of A	Art, His	torical	Treasures,	or Other	^r Simila	ar Asse	ts(contii	nued)	
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its										
	collection items (check all that apply):										
a	Public exhibition				exchange prog						
b	Scholarly research		e 📖	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co							ose in Par	t XIII.		
5	During the year, did the organization solicit or								٦.,	_	٦
De	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		plete if the	e organız	ation answered	"Yes" on F	-orm 990), Part IV,	line 9, oi		
10	Is the organization an agent, trustee, custodia		odion / for	oontribu	tions or other a	acoto pot ir	aludad				
Ia									Yes		No
h	on Form 990, Part X?	and complete the t	following	tablo:				······ └──	1162	L	
D			lonowing	lable.					Amoun	t	
~	Reginning balance						1c		,	-	
	Beginning balanceAdditions during the year										
	Distributions during the year										
f	Ending balance						1f				
	Did the organization include an amount on Fo								Yes		No
	If "Yes," explain the arrangement in Part XIII.						• • • • • • • • • •				
Par											_
		(a) Current year	_	Prior year		ars back (c		ears back	(e) Fou	years	back
1a	Beginning of year balance			,						-	
b	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
•	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the curr	ent vear end balar	nce (line 1	l a. colur	n (a)) held as:						
а	Board designated or quasi-endowment	,	%	3,							
b	Permanent endowment	%									
с	Term endowment	/6									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posses		ization th	at are he	ld and administ	ered for the	Э				
	organization by:	C C								Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations										
b	If "Yes" on line 3a(ii), are the related organization										
4	Describe in Part XIII the intended uses of the	organization's end	dowment	funds.							
Par	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answered	d "Yes" on Form 9	90, Part l'	V, line 11	a. See Form 99	0, Part X, li	ne 10.				
	Description of property	(a) Cost or		(b) C	ost or other		ccumulated (d) Book v			k valu	е
		basis (inves	tment)	ba	sis (other)	depr	eciation				
1a	Land										
	Buildings										
с	Leasehold improvements										
	Equipment										
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Pa	rt X, colui	mn (B), lii	ne 10c.)						0.
							:	Schedule	D (Forn	n 990)	2022

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· · · · · · · · · · · · · · · · · · ·		ERS IN STORY	COUNTY	20-1672684 Page 3
Part VII Investments - Othe		- Four OOO Dout N/ line		line 10
(a) Description of security or category (incl		(b) Book value	11b. See Form 990, Part X	n: Cost or end-of-year market value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H) Total. (Col. (b) must equal Form 990, Part X	(col. (P) line 12)			
Part VIII Investments - Progr				
		n Form 990, Part IV, line	11c. See Form 990, Part X,	, line 13.
(a) Description of investi		(b) Book value		n: Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Total. (Col. (b) must equal Form 990, Part X	(col. (P) line 12)			
Part IX Other Assets.	, col. (b) lille 13.)			
	on answered "Yes" or	n Form 990, Part IV, line	11d. See Form 990, Part X	, line 15.
•		escription		(b) Book value
(1) BENEFICIAL INTE	REST IN ASS	ETS HELD BY	A COMMUNITY	
(2) FOUNDATION				496,124.
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
<u>(8)</u>				
(9) Total. (Column (b) must equal Form 99	0 Part X col (B) line	15)		496,124.
Part X Other Liabilities.	<i>y, r art X, col.</i> (<i>D</i>) <i>inte</i>			15071210
	on answered "Yes" or	n Form 990, Part IV, line	11e or 11f. See Form 990,	Part X, line 25.
-	ion of liability		· · · ·	(b) Book value
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Total. (Column (b) must equal Form 99	0 Part X col (D) line	25)		
2. Liability for uncertain tax positions.				-
organization's liability for uncertain			-	

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Sche	dule D (Form 990) 2022 RAISING READERS IN STORY	COUNTY		20-1	672684	Page 4
-	t XI Reconciliation of Revenue per Audited Financial Stater	nents With	Revenue per R			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.	-			
1	Total revenue, gains, and other support per audited financial statements			1	241	,101.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	33,293.			
b	Donated services and use of facilities					
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e		,293.
3	Subtract line 2e from line 1			3	207	,808.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)						,808.
Pa	t XII Reconciliation of Expenses per Audited Financial State	ments With	Expenses per	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.				
1	Total expenses and losses per audited financial statements			1	217	,292.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				_
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	217	,292.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				_
с	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	217	,292.
Pa	t XIII Supplemental Information.					
Dues	do the descriptions required for Dort II, lines 2, 5, and 0; Dort III, lines 1, and 4; D	art IV linea the	nd Oh: Dort V line	1. Dout)		VI

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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SCHEDULE O (Form 990)

(10111 990)

Department of the Treasury Internal Revenue Service Name of the organization 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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. EZ
OMB No. 1545-0047
2022
Open to Public
Inspection
Employer identification number

20-1672684

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

RAISING READERS IN STORY COUNTY

COUNTY, IA.

FORM 990, PART VI, SECTION B, LINE 11B:

EXECUTIVE DIRECTOR REVIEWS THE FORM 990 PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE POLICY IS VERBALIZED AT EVERY MEETING.

FORM 990, PART VI, SECTION B, LINE 15A:

COMPENSATION DETERMINED BY THE EXECUTIVE TEAM USING THEIR KNOWLEDGE AND

EXPERIENCE OF THE AREA AND RELATED SALARIES.

FORM 990, PART VI, SECTION C, LINE 18:

FORMS AVAILABLE UPON VERBAL OR WRITTEN REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

NECESSARY DOCUMENTS ARE AVAILABLE TO THE PUBLIC.

FORM 990, PART XII, LINE 2C:

THERE HAS BEEN NO CHANGE TO HOW THE AUDIT IS MANAGED BY RAISING

READERS. THE AUDIT REPORT IS PRESENTED TO THE ENTIRE BOARD AND

EXECUTIVE DIRECTORS.

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Schedule O (Form 990) 2022

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