**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	For the	2023 calendar year, or tax year beginning and endi	ling		
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres	THE READING LEAGUE, INC.			
	Name change			81-08200	21
	□Initial □return □Fiṇal	Number and street (or P.O. box if mail is not delivered to street address)  103 WYOMING STREET, 2ND FLOOR	m/suite	E Telephone number 315-362-	
	lreturn/ termin ated			G Gross receipts \$	8,503,857.
	Ameno return			H(a) Is this a group re	
	Applic tion			for subordinates	
	pendir	9 103 WYOMING ST. 2ND FLOOR, SYRACUSE, NY	132	H(b) Are all subordinates in	cluded? Yes No
$\overline{\mathbf{L}}$	Tax-exe	empt status: $X$ 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or $L$	527	If "No," attach a	list. See instructions
	Websit			H(c) Group exemption	
			L Year o	of formation: $2016$ N	f 1 State of legal domicile: $f NY$
Pa	art I	Summary			
ě	1	Briefly describe the organization's mission or most significant activities: TRL FOC	CUSE	S ON ADVANC	ING THE
au		AWARENESS, UNDERSTANDING, AND USE OF EVIDEN			
Activities & Governance	1	Check this box if the organization discontinued its operations or disposed of		1 - 1	
ģ		Number of voting members of the governing body (Part VI, line 1a)			14 11
∞ ∞		Number of independent voting members of the governing body (Part VI, line 1b)		·····	23
ţies		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			6
Ξ̈́		Total number of volunteers (estimate if necessary)  Total unrelated business revenue from Part VIII, column (C), line 12			50,900.
Ā		Net unrelated business revenue from Part VIII, Column (c), line 12		·····	0.
	"	Net differenced business taxable income from 1 offi 990-1, Fart 1, life 11	<u> </u>	Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		1,252,691.	3,322,762.
		Program service revenue (Part VIII, line 2g)		2,491,856.	3,490,822.
		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		39,008.	140,991.
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		397,480.	779,013.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,181,035.	7,733,588.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,677,623.	2,081,797.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
xbe		Total fundraising expenses (Part IX, column (D), line 25) 152,076	<u>.</u>		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,424,817.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,102,440.	5,483,841.
	19	Revenue less expenses. Subtract line 18 from line 12		1,078,595.	2,249,747.
Net Assets or Fund Balances			Beg	ginning of Current Year	End of Year
sset	20	Total assets (Part X, line 16)		6,614,629.	8,621,975.
et A	21	Total liabilities (Part X, line 26)		3,704,856.	3,462,455.
	22	Net assets or fund balances. Subtract line 21 from line 20		2,909,773.	5,159,520.
	art II	Signature Block  Ities of perjury, I declare that I have examined this return, including accompanying schedules and	d atatama	anta and to the heat of m	/ knowledge and bolief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of which p			Kilowieuge allu bellet, it is
liuc	, 001100	Gand complete. Declaration of proparer (other than officer) is based on an information of which p	ргорагог	Tids any knowledge.	
Sig	n	Signature of officer		I Date	
Hei		MARIA MURRAY, CHIEF EXECUTIVE OFFICER			
110		Type or print name and title			
		Print/Type preparer's name Preparer's signature	D	ate Check	PTIN
Pai	d	JAIMIE P. GALANTE, CPA		if self-employe	P01649366
Pre		Firm's name GROSSMAN ST. AMOUR CPAS PLLC			6-0475780
	Only	Firm's address 110 WEST FAYETTE STREET SUITE 900			
		SYRACUSE, NY 13202		Phone no.31	5-424-1120
Ма	y the IF	S discuss this return with the preparer shown above? See instructions			X Yes No
					E 000 (0000)

	990 (2023) THE READING BEAGUE, INC. 01-0020021 Page	_
Par	t 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 ADVANCE AWARENESS, UNDERSTANDING, AND USE OF EVIDENCE-ALIGNED	
	READING INSTRUCTION.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	0
	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?	0
	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 \$ 1,726,956 • including grants of \$ ) (Revenue \$ 2,050,000 •	, )
	SERVICES - PROFESSIONAL DEVELOPMENT, COACHING AND OTHER FEES - THE	_ ′
	READING LEAGUE PROVIDES PROFESSIONAL DEVELOPMENT, COACHING AND OTHER	
	SERVICES TO SCHOOL DISTRICTS TO IMPROVE LITERACY OUTCOMES. PROGRAMS ARE	Š
	BASED ON DISTRICT NEEDS AND CAN BE AS SHORT AS A DAY OR SPAN MULTIPLE	_
	YEARS.	_
		_
		_
		_
		_
		_
		_
		_
4h	(Code: ) (Expenses \$ 1,040,211. including grants of \$ ) (Revenue \$ 1,054,988.	_
4b	(Code: ) (Expenses \$ 1,040,211. including grants of \$ ) (Revenue \$ 1,054,988. CONFERENCE - THE READING LEAGUE HOLDS A CONFERENCE ANNUALLY. SPEAKERS	- '
	INCLUDE EXPERTS IN THE SCIENCE OF READING WHO PRESENT ON EVIDENCE	_
	ALIGNED PRACTICES. IN 2023 THERE WERE 1,448 CONFERENCE ATTENDEES.	—
	ADIGNED FRACTICES. IN 2023 THERE WERE 1,440 CONFERENCE ATTENDEES.	
4c	(Code:) (Expenses \$170 , 402 . including grants of \$) (Revenue \$779 , 013 .	_ )
	MERCHANDISE SALES - THE READING LEAGUE OFFERS PROFESSIONAL BOOKS AND	
	RESOURCES AS WELL AS DECODABLE BOOKS FOR CLASSROOM USE THAT ARE ALIGNED	)
	WITH THE SCIENCE OF READING TO SUPPLEMENT OUR CUSTOMER'S SCIENCE OF	
	READING JOURNEY. TRL ALSO OFFERS LOGOED MERCHANDISE.	
		_
		_
		_
		_
		_
		_
		_
اد ۸	Other program convices (Describe on Schodule O.)	_
4d	Other program services (Describe on Schedule O.) (Expenses \$ 1,773,235 • including grants of \$ 0 •) (Revenue \$ 338,167 •)	
1-	4 710 004	_
4e	Total program service expenses 4, /10,804.	

# Form 990 (2023) THE READING : 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	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			v
	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		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			٠,,
	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			X
•	Schedule D, Part III	8		Λ
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	9		
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			. v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	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	110		
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	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)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	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	4.41-		x
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		1
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,,
	complete Schedule G, Part III	19		X
20a	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	04		<sub>v</sub>
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	L	X

# Form 990 (2023) THE READING LEAGUE Part IV 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			l
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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	-
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			7.
	Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		-
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			X
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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	051		X
00	Schedule L, Part I	25b		
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%	00		X
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
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	27		X
28	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
2	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а	"Yes," complete Schedule L, Part IV	28a	х	
h	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?//f			
·	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
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		Х
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 related organization?			
	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	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 59	4		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37	
	(gambling) winnings to prize winners?	1c	X	

## THE READING LEAGUE, INC. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				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 23		77	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns the control of t	ns?	2b	X	
3a		^	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b	Λ	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other				X
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		Α.
D	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	accurate (FRAR)			
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		х
5a b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		30		
ou	any contributions that were not tax deductible as charitable contributions?		6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribute				
_	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 set	vices provided to the payor?	7a		Х
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 w				
	to file Form 8282?		7с		Х
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 of	ontract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	act?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file February	orm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained	l by the			
			8		
9	Sponsoring organizations maintaining donor advised funds.				
a			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	100			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b			
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	100			
''	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	110			
~	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		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	l i			
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	1			
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		l		\ <sub>3,7</sub>
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.				v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	it income?	16		X
47	If "Yes," complete Form 4720, Schedule O.	ativities.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any action 4051, 4052 or 40523		47		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	n res, complete form odos.				

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			X
Sec	tion 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 la			
	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 1			
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		Х
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
_	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	- 0.0		
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
_	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b		1 10.		
12a		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	122		
·	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	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	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.	. 5.5		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed NY			
 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only	availa	able
	for public inspection. Indicate how you made these available. Check all that apply.	2 2. my	,	
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d finar	ncial	
	statements available to the public during the tax year.	a mai	Jul	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	CHRISTINE GOODMAN - 315-362-2622			
	103 WYOMING STREET 2ND FLOOR SYRACIISE NY 13204			

# 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.

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

- 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	Position (do not check more than one					one	Reportable	Reportable	Estimated
	hours per	box,	box, unless person i officer and a directo			n is both an		compensation	compensation	amount of
	week (list any	_			1 0010			from the	from related organizations	other compensation
	hours for	direct				pe		organization	(W-2/1099-MISC/	from the
	related	tee or	nstee			ensate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	nal tr		loyee	o mp		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MARIA MURRAY	40.00	1	1	0	×	工品	Œ.			
CHIEF EXECUTIVE OFFICER				Х				185,671.	0.	19,350.
(2) CHRISTINE GOODMAN	40.00									
CHIEF ADMINISTRATIVE OFFIC						Х		161,391.	0.	17,850.
(3) HEIDI BEVERINE-CURRY	40.00									
CHIEF ACADEMIC OFFICER						Х		145,208.	0.	21,700.
(4) TONI ANN WALSH	40.00									
CHIEF MARKETING OFFICER						Х		133,073.	0.	18,030.
(5) SHEILA CLONAN	2.00							10.500	•	
MEMBER	F 00	Х						12,600.	0.	0.
(6) STEPHANIE FINN	5.00								•	•
CHAIR	0 00	Х		Х				0.	0.	0.
(7) EIMAN ABDULRAHMAN	2.00	3,7						_	0	0
MEMBER	2.00	Х						0.	0.	0.
(8) AMY SIRACUSANO	2.00	х		х				0.	0.	0.
VICE CHAIR (9) MICHELLE STORIE	2.00	Δ		Δ				0.	0.	<u></u>
MEMBER	2.00	Х		х				0.	0.	0.
(10) JILL RYAN	2.00	22		22				0.	0.	
TREASURER	2.00	х		х				0.	0.	0.
(11) ANTONIO FIERRO	2.00									
MEMBER		х						0.	0.	0.
(12) MARIA MASTRIANO	2.00									
MEMBER		Х						0.	0.	0.
(13) MITCHELL BROOKINS	2.00									
MEMBER		Х						0.	0.	0.
(14) LINDA MILOSKY	2.00									
MEMBER		Х						0.	0.	0.
(15) MATTHEW A. NICHOLL	2.00									
MEMBER		Х						0.	0.	0.
(16) LAWRENCE F. SALAMINO	2.00							_	_	_
MEMBER		Х				Щ		0.	0.	0.
(17) DEBORAH STUCK	2.00								_	_
MEMBER		Х						0.	0.	0.

Part VIII Section A. Officers, Directors, Trus	tees, Key Em	ploy	rees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A) (B)				(0				(D)	(E)		(	(F)	
Name and title	Average	Position (do not check more than one					one	Reportable	Reportable		Estimated		d
	hours per	box	, unle	ss pe	rson	is bot	h an		compensation			unt d	of
	week (list any	$\vdash$	CCI aii	lu a u	II ecit	Ji / ii us	100)	from	from related			ther	
	hours for	lirecto				L		the	organizations (W-2/1099-MISC)			ensa n the	
	related	e or d	stee			sated		organization (W-2/1099-MISC/	1099-NEC)			nizati	
	organizations	truste	al trus		yee	mper		1099-NEC)	,		_	relate	
	below	Individual trustee or director	Institutional trustee	ь	Key employee	Highest compensated employee	Je.			С	rgan	izatio	วทร
	line)	Indi	Insti	Officer	Key	High	Former						
(18) DESMOND WILLIAMS	2.00	ļ							,				^
MEMBER		Х						0.	(	) -			0.
		-											
						_				+			
		-											
										+			
										+			
		1											
										+			
										$\top$			
										$\bot$			
1b Subtotal								637,943.		).	76	, 9	30.
c Total from continuation sheets to Part VI								0.		).	=-		0.
d Total (add lines 1b and 1c)								637,943.	<u> </u>	).	76	, y .	30.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wł	no r	eceived more than \$100	0,000 of reportable				,
compensation from the organization											$\neg$	'es	No
2 Did the averagination list and forman officer		1					۔:اما				+	65	NO
3 Did the organization list any <b>former</b> officer,	•		•		•		_		•				Х
line 1a? If "Yes," complete Schedule J for s  4 For any individual listed on line 1a, is the su										3			
and related organizations greater than \$150	•							•	tile organization	4		x	
5 Did any person listed on line 1a receive or a			•						idual for services				
rendered to the organization? If "Yes," com										5			Х
Section B. Independent Contractors	,												
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of compe	ensatio	n frc	m	
the organization. Report compensation for													
(A)								(B)			(C)		
Name and business								Description of s	ervices	Com	pens	ation	1
FLINT AND STEEL LLC, 381	FIFTH Z	AVI	JME	JE,	, !	5 <b>T</b> I							
FL, NEW YORK, NY 10016								MARKETING		4	<u>77</u>	, 5	00.
DUSTY & DOTT LLC										_		_	^ <b>-</b>
4564 CONE WOOD TRAIL, MAI	NLIUS, 1	ΝY	13	3 I (	J <u>4</u>		_	PRODUCTION		1	44	, 5	97.
							4						

Total number of independent contractors (including but not limited to those listed above) who received more than

2

\$100,000 of compensation from the organization

Form 990 (2023) THE READ Part VIII Statement of Revenue

		Check if Schedule O	contains a	a response	or note to any lin	e in this Part VIII			
				•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated	( <b>D</b> ) Revenue excluded from tax under
							Turiction revenue	business revenue	sections 512 - 514
t t	1 :	a Federated campaigns		1a					
E i				1b					
اغ ي		c Fundraising events		1c					
Contributions, Gifts, Grants and Other Similar Amounts				1d					
		e Government grants (contr		1e					
		f All other contributions, gifts,							
		similar amounts not included		1f	3,322,762.				
들진		g Noncash contributions included in		1g \$	, , ,				
lä ö		In Takal Add Consults 44				3,322,762.			
		Tretair/ (dd iii/dd iii/dd iii/dd iii			Business Code	, , , -			
o	2 :	a PROFESSIONAL DEVELO	PMENT		611710	2,050,000.	2,050,000.		
ار <sub>گ</sub> خ		b CONFERENCE FEES			611710	1,052,145.	1,052,145.		
Sel Light		c JOURNAL REVENUE			611710	320,889.	269,989.	50,900.	
Program Service Revenue		d CHAPTER REVENUE			611710	35,688.	35,688.	, -	
		e LIVE EVENTS			611710	32,100.	32,100.		
		f All other program service	revenue			,,	,		
		g Total. Add lines 2a-2f				3,490,822.			
	3					, ,			
		•	U	,		137,758.			137,758.
	4	Income from investment of				,			,
	5	Royalties							
		· · · · <b>,</b> · · · · · · · · · · · · · · · · · · ·		(i) Real	(ii) Personal				
	6	a Gross rents	6a						
		b Less: rental expenses	6b						
		c Rental income or (loss)	6c						
		d Net rental income or (loss)							
		a Gross amount from sales of	-	Securities	(ii) Other				
		assets other than inventory	7a		3,233.				
		<b>b</b> Less: cost or other basis			·				
e l			7b		0.				
Other Revenue		c Gain or (loss)	7c		3,233.				
Re		d Net gain or (loss)				3,233.	3,233.		
ĕ		a Gross income from fundraising				·	·		
₹		including \$		of					
		contributions reported on	line 1c). S	See					
		Part IV, line 18							
	-	<b>b</b> Less: direct expenses							
		c Net income or (loss) from	fundraisir	ng events					
	9 :	a Gross income from gamin	g activitie	s. See					
		Part IV, line 19		9a					
	-	<b>b</b> Less: direct expenses		9b					
		c Net income or (loss) from	gaming a	ctivities					
	10	a Gross sales of inventory, I	ess retur	ns					
		and allowances		10a	1,549,282.				
	ı	<b>b</b> Less: cost of goods sold		10b	770,269.				
		c Net income or (loss) from	sales of in	nventory		779,013.	779,013.		
<u>s</u>					Business Code				
Miscellaneous Revenue	11 :	a							
enn	ı	b							
€ ce									
Mis		<b>d</b> All other revenue							
		e Total. Add lines 11a-11d							
	12	Total revenue. See instructio	ns			7,733,588.	4,222,168.	50,900.	137,758.

### 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 respon				(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> 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,	248,374.	196,180.	41,728.	10,466
_	trustees, and key employees	240,374.	190,100.	41,720.	10,400
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	1 404 527	1 122 606	206 200	74 622
7	Other salaries and wages	1,494,527.	1,123,606.	296,299.	74,622.
8	Pension plan accruals and contributions (include	an ene	4E 22E	12 207	2 062
_	section 401(k) and 403(b) employer contributions)	60,505. 147,005.	45,235.	12,307.	2,963. 7,199.
9	Other employee benefits	131,386.	109,905.	29,901.	
10	Payroll taxes	131,300.	98,228.	26,724.	6,434.
11	Fees for services (nonemployees):				
а	Management	10 501	17 054	F 4 0	0.0
b	Legal	18,591.	17,954.	548.	89.
С	Accounting	11,601.	11,203.	342.	56.
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,	1 205 000	1 050 565	20 505	6 446
	column (A), amount, list line 11g expenses on Sch 0.)	1,305,808.	1,259,767.	39,595.	6,446.
12	Advertising and promotion	150,455.	82,993.	66,609.	853.
13	Office expenses	135,782.	117,578.	5,702.	12,502.
14	Information technology				
15	Royalties	60 504		2 225	0.010
16	Occupancy	62,701.	51,566.	8,895.	2,240.
17	Travel	133,015.	125,478.	5,438.	2,099.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	737,661.	720,829.	13,131.	3,701.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	482,026.	458,287.	18,963.	4,776.
23	Insurance	15,117.	11,484.	2,915.	718.
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	JOURNAL EXPENSES	120,293.	120,293.		
b	REPAIRS & MAINTENANCE	85,206.	64,716.	18,317.	2,173.
С	PROGRAM SUPPLIES & EXPE	57,978.	54,757.	2,573.	648.
d	MISCELLANEOUS	43,129.	38,870.	2,778.	1,481.
е	All other expenses	42,681.	1,875.	28,196.	12,610.
25	Total functional expenses. Add lines 1 through 24e	5,483,841.	4,710,804.	620,961.	152,076.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined	I		l	
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Form 990 (2023)
Part X Balance Sheet

Par	π χ	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			171,790.	1	192,563.
	2	Savings and temporary cash investments			3,546,321.	2	3,531,148
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net	286,146.	4	246,704		
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the	ons		5		
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describe	ed in sec	ction 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net	Г		7		
Assets	8	Inventories for sale or use			200,742.	8	260,201
Ä	9	5			140,112.	9	224,659
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,380,797.			
	b	Less: accumulated depreciation	10b	357,849.	512,587.	10c	1,022,948
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line		1,017,325.	12	2,079,246	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		345,039.	14	511,185	
	15	Other assets. See Part IV, line 11			394,567.	15	553,321
	16	Total assets. Add lines 1 through 15 (must equ	ıal line 3	33)	6,614,629.	16	8,621,975
	17	Accounts payable and accrued expenses	116,437.	17	194,852		
	18	Grants payable		18			
	19	Deferred revenue		3,184,942.	19	2,726,280	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or for	ner offic	cer, director,			
Liabilities		trustee, key employee, creator or founder, subs					
iab.		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate	ed third	parties		24	
	25	Other liabilities (including federal income tax, pa	ayables	to related third			
		parties, and other liabilities not included on line	s 17-24)	. Complete Part X	400 455		<b>544</b> 000
		of Schedule D			403,477.		541,323
	26	Total liabilities. Add lines 17 through 25			3,704,856.	26	3,462,455
ç		Organizations that follow FASB ASC 958, ch	eck her	e X			
nce		and complete lines 27, 28, 32, and 33.			2 200 500		F 1F4 000
alaı	27	Net assets without donor restrictions			2,908,598.	27	5,154,020
d B	28	Net assets with donor restrictions			1,175.	28	5,500
nn-		Organizations that do not follow FASB ASC	eck here				
or F		and complete lines 29 through 33.					
its	29	Capital stock or trust principal, or current funds			29		
SSE	30	Paid-in or capital surplus, or land, building, or e				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			2 000 772	31	E 150 500
ž	32	Total net assets or fund balances			2,909,773.	32	5,159,520
	33	Total liabilities and net assets/fund balances			6,614,629.	33	8,621,975

Form **990** (2023)

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			<u>588.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			841.
3	Revenue less expenses. Subtract line 2 from line 1	3			747.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,9	<u>09,</u>	773.
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			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	5,1	<u>59,</u> !	520.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990:  Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	<u>a</u>	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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?		2	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2	c X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3	a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3	s	

Form **990** (2023)

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

Name of the organization

Employer identification number

THE READING LEAGUE, INC. 81-0820021 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

## Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	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	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			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 stop	here					<u></u>
	tion C. Computation of Publ						
	Public support percentage for 2023 (					14	<u>%</u>
	Public support percentage from 2022					15	<u>%</u>
16a	33 1/3% support test - 2023. If the o	-					
	stop here. The organization qualifies as a publicly supported organization						
b	33 1/3% support test - 2022. 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 to						
b	10% -facts-and-circumstances tes						10% or
	more, and if the organization meets the						
	organization meets the facts-and-circ						H
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	s

#### 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.)

Se	ction A. Public Support	elow, please compl	lete Fart II.)					
	endar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
	Gifts, grants, contributions, and	(-,	(-)	(-/ :	(-7	(-)	(-)	
	membership fees received. (Do not							
	include any "unusual grants.")	2,240,707.	1,044,563.	924,696.	1,252,691.	3,322,762.	8,785,419.	
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	769,291.	1,118,802.	1,826,575.	3,291,943.	4,992,437.		
3	Gross receipts from activities that							
	are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
_	or expended on its behalf	-						
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
	· · · · ·	3,009,998.	2,163,365.	2,751,271.	4,544,634.	8,315,199.	20,784,467.	
	Total. Add lines 1 through 5	3,009,996.	2,103,303.	2,731,271.	4,544,634.	0,313,199.	20,784,487.	
	a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.	
k	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						0.	
(	Add lines 7a and 7b						0.	
	Public support. (Subtract line 7c from line 6.)						20,784,467.	
Se	ction B. Total Support			•				
Cale	endar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
9	Amounts from line 6	3,009,998.	2,163,365.	2,751,271.	4,544,634.	8,315,199.	20,784,467.	
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	11.	35.	4,322.	39,008.	137,758.	181,134.	
k	Unrelated business taxable income (less section 511 taxes) from businesses							
	acquired after June 30, 1975							
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	11.	35.	4,322.	39,008.	137,758.	181,134.	
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.)	3,010,009.	2,163,400.	2,755,593.	4,583,642.	8,452,957.	20,965,601.	
	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third,	fourth, or fifth tax y	ear as a section 5	501(c)(3) organizat	ion,	
	check this box and stop here							
Se	ction C. Computation of Publ	ic Support Per	centage					
15	Public support percentage for 2023 (I	ine 8, column (f), di	vided by line 13,	column (f))		15	99.14 %	
16	00.66							
Se	ction D. Computation of Inves	stment Income	Percentage					
17	Investment income percentage for 20	23 (line 10c, colum	ın (f), divided by liı	ne 13, column (f))		17	.86 %	
18	Investment income percentage from 2	2022 Schedule A, F	Part III, line 17			18	.34 %	
	a 33 1/3% support tests - 2023. If the					3 1/3%, and line 1		
ŀ	more than 33 1/3%, check this box at 33 1/3% support tests - 2022. If the						and X	
•	line 18 is not more than 33 1/3%, che	•				•		
20	Private foundation. If the organization							

### 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.)

	Yes	No
1		
1		
2		
За		
Ja		
3b		
3с		
-		
4a		
4b		
4c		
5a		
5b 5c		
30		
6		
7		
8		
9a		
9b		
5.5		
9с		
10a		
10b		

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		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
	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 <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove 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.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
	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		
Seci	ion D. All Type III Supporting Organizations		· ·	- · ·
	Did the approximation approximate cook of the approximated approximations, by the least day of the fifth mouth of the		Yes	No
	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		
	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 <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	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		
	ion 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 yea(see instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructio	ns).	
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		
	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		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	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		
a	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.

Pa	rt V   Type III Non-Functionally Integrated 509(a)(3) Support	ting Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.			
	All other Type III non-functionally integrated supporting organizations m	ust complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		
7	Check here if the current year is the organization's first as a non-function	nally integrat	ed Type III supporting org	anization (see

Schedule A (Form 990) 2023

instructions).

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Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continu	ıed)	
Sect	ion D - Distributions	·	Current Year
_1_	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported		
	organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide 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 responsive		
	(provide details in Part VI). See instructions.	8	
9	Distributable amount for 2023 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	
	(i) (ii) Lindardistribution	5	(iii) Distributable

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
а	From 2018			
b	From 2019			
c	From 2020			
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i_	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2019			
b	Excess from 2020			
С	Excess from 2021			
d	Excess from 2022			
е	Excess from 2023			

Schedule A (Form 990) 2023

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

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE READING LEAGUE, INC. Employer identification number 81-0820021

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds or A	Accounts. Complete if the
	g	(a) Donor advised	d funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in wi	riting that the assets he	ld in donor advised fu	nds
	are the organization's property, subject to the organization's ea	xclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that gra	ant funds can be used	only
	for charitable purposes and not for the benefit of the donor or	•		
	impermissible private benefit?			Yes No
Pa	rt II Conservation Easements. Complete if the orga		s" on Form 990, Part I	/, line 7.
1	Purpose(s) of conservation easements held by the organization	·		
	Preservation of land for public use (for example, recreation)	on or education)		torically important land area
	Protection of natural habitat		Preservation of a cer	tified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contrib	ution in the form of a c	
	day of the tax year.			Held at the End of the Tax Year
	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			
С	Number of conservation easements on a certified historic struc			2c
d	Number of conservation easements included on line 2c acquire	•		
	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or t	erminated by the orga	inization during the tax
	year			
4	Number of states where property subject to conservation ease		<del> </del>	
5	Does the organization have a written policy regarding the period			
_	violations, and enforcement of the conservation easements it h			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, ar	id enforcing conservat	tion easements during the year
-	Assessment of a superconstitution of the second of the sec		fa	and a second and a second and a second
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and en	forcing conservation e	easements during the year
0	Does each conservation easement reported on line 2d above s	acticfy the requirements	of coation 170/b)/4)/E	2)/i)
8	·	•		
9	and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation			
9	balance sheet, and include, if applicable, the text of the footnot		· ·	
	organization's accounting for conservation easements.	nte to the organization's	ililaliciai statements i	riat describes trie
Pa	rt III Organizations Maintaining Collections of	Art. Historical Tre	asures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 9	•		
	If the organization elected, as permitted under FASB ASC 958		enue statement and h	alance sheet works
	of art, historical treasures, or other similar assets held for publi	, ,		
	service, provide in Part XIII the text of the footnote to its finance			arios or pasile
b	If the organization elected, as permitted under FASB ASC 958			ce sheet works of
	art, historical treasures, or other similar assets held for public e			
	provide the following amounts relating to these items.	oxination, education, of	research in randician	oc or public service,
	(i) Revenue included on Form 990, Part VIII, line 1			\$
				_
2	If the organization received or held works of art, historical treas			provide
_	the following amounts required to be reported under FASB AS			, p. c
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			
J	, locate managed in right book right A			Ψ

Sche	dule D (Form 990) 2023 THE REA	DING LEAGU	E, I	NC.			81-	082002	21 <sub>F</sub>	age 2
Pai	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)									
3	Using the organization's acquisition, access	on, and other record	ls, chec	k any of the	following tha	t make s	ignificant use o	of its		
	collection items (check all that apply).									
а	a Public exhibition d Loan or exchange program									
b	b Cholarly research e Other									
С	c Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how t	hey further tl	ne organizati	on's exer	mpt purpose in	Part XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, h	istorical trea	sures, or oth	er similar	assets			
	to be sold to raise funds rather than to be m	aintained as part of t	the orga	nization's co	ollection?			Yes		□No
Pai	rt IV Escrow and Custodial Arran	gements Comple	te if the	organization	answered "	Yes" on I	orm 990, Part	IV, line 9, o	r	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	ian, or other interme	diary fo	r contributio	ns or other a	ssets not	included			
	on Form 990, Part X?							· Carrell Yes		□No
b	If "Yes," explain the arrangement in Part XIII									
								Amou	nt	
С	Beginning balance						1c			
d	Additions during the year									
е	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on F							Yes		No
b	If "Yes," explain the arrangement in Part XIII.	. Check here if the ex	kplanati	on has been	provided in	Part XIII		· 	$\square$	
Pai							0.			
•	•	(a) Current year	(b) F	Prior year	(c) Two yea	rs back	(d) Three years b	ack (e) Fo	ur years	back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
a	End of year balance									
2	Provide the estimated percentage of the cur	rent vear end baland	e (line 1	la. column (a	ı)) held as:	<u> </u>		 		
a	Board designated or quasi-endowment		%	. g, o o	,,,					
b	Permanent endowment	%								
c		<u></u> /3 %								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
За	Are there endowment funds not in the posse		ation th	at are held a	nd administe	ered for th	ne			
	organization by:								Yes	No
	(i) Unrelated organizations?							3a(i)		
	(ii) Related organizations?									
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on S	Schedule R?				3b	+	
4	Describe in Part XIII the intended uses of the								1	
_	t VI Land, Buildings, and Equipm			Tariao.						
	Complete if the organization answere		D. Part I	V. line 11a. S	See Form 990	). Part X.	line 10.			
	Description of property	(a) Cost or o			or other		cumulated	(d) Bo	ok valu	ıe.
	becomplied of property	basis (investr			(other)		reciation	(4,50	on valu	
12	Land	,	-7		, ,	-:				
b	Buildings									
C	Leasehold improvements			86	9,157.	7	228,853.	64	10,3	04.
	Equipment				- , =		,		- , -	
<b>u</b>				L						

511,640.

Schedule D (Form 990) 2023

1,022,948.

128,996.

e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

D . \////	Investments - Other Securities
Dart VIII	Invactments - Other Securities

Part VII Investments - Other Securities							
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.					
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value					
(1) Financial derivatives							
(2) Closely held equity interests							
(3) Other							
(A) INVESTMENTS - CNYCF	5,142.	COST					
(B) CERTIFICATE OF DEPOSIT	2,074,104.	COST					
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	2,079,246.						
Part VIII Investments - Program Related.							
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.					
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value					
(1)							
(2)							
(3)							
(4)							
(5)							

#### Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets

(6)(7) (8) (9)

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) OPERATING RIGHT-OF-USE ASSETS	553,321.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	553,321.

#### Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITY	541,323.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	541,323.

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

Pa	rt XI Reconciliation of Revenue per Audited Financi	ial Statements With Revenue	e per Return	. aga
	Complete if the organization answered "Yes" on Form 990, Pa	art IV, line 12a.		
1	Total revenue, gains, and other support per audited financial stateme	ents	1	7,733,588.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С				
d				
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	7,733,588.
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 <b>4a</b> and <b>4b</b>		4c	0.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I,			7,733,588.
Pa	rt XII Reconciliation of Expenses per Audited Finance	cial Statements With Expens	es per Retu	rn
	Complete if the organization answered "Yes" on Form 990, Pa	art IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	5,483,841.
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	I Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	5,483,841.
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 <b>4a</b> and <b>4b</b>		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part	I, line 18.)	5	5,483,841.

#### Part XIII Supplemental Information

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

#### PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION

501(C)(3)OF THE INTERNAL REVENUE CODE AND IS NOT A PRIVATE AGENCY WITHIN

THE MEANING OF SECTION 509(A)OF THE CODE. THE ORGANIZATION EVALUATES ALL

SIGNIFICANT TAX POSITIONS AS REQUIRED BY ACCOUNTING PRINCIPLES GENERALLY

ACCEPTED IN THE UNITED STATES OF AMERICA. AS OF DECEMBER 31,2023, THE

ORGANIZATION DOES NOT BELIEVE THAT IT HAS TAKEN ANY TAX POSITIONS THAT

WOULD REQUIRE THE RECORDING OF ANY ADDITIONAL TAX LIABILITY, NOR DOES IT

BELIEVE THAT THERE ARE ANY UNREALIZED TAX BENEFITS THAT WOULD EITHER

INCREASE OR DECREASE WITHIN THE NEXT YEAR.

Schedule	D (Form 990) 2023  Supplemental Info	THE READING	LEAGUE,	INC.	81-0820021	Page 5
Part X	III Supplemental Info	rmation (continued)				

#### SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

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

THE READING LEAGUE, INC.

Employer identification number 81-0820021

Ps	rrt I Questions Regarding Compensation	2002	_	
	att   Questions negarating compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,		100	
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions  Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
	Discretionary Sperialing account			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
	tradicion, and officially the electroperate photology regularity the terms effected of the fat.	_		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
-	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant  Independent compensation consultant  Independent compensation consultant			
	Form 990 of other organizations  X Approval by the board or compensation committee			
	Tom 550 of other organizations			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
•	organization or a related organization:			
а		4a		х
b	Receive a severance payment or change-of-control payment?  Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	10		
	The story of lines 4a o, list the persons and provide the applicable amounts for each item line art in.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
~	If "Yes" on line 5a or 5b, describe in Part III.	3.0		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
•	contingent on the net earnings of:			
а	The organization?	6a		х
	Any related organization?	6b		X
J	If "Yes" on line 6a or 6b, describe in Part III.	35		<del></del>
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
•	not described on lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	<b>–</b>		<del></del>
U	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		x
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
9	Regulations section 53.4958-6(c)?	9		
	1109414410110 00041011 00.7000 0(0):			

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

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			other deferred benefits		(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) MARIA MURRAY	(i)	185,671.	0.	0.	9,500.	9,850.	205,021.	0.	
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) CHRISTINE GOODMAN	(i)	161,391.	0.	0.	8,250.	9,600.	179,241.	0.	
CHIEF ADMINISTRATIVE OFFIC	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) HEIDI BEVERINE-CURRY	(i)	145,208.	0.	0.	5,200.	16,500.	166,908.	0.	
CHIEF ACADEMIC OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) TONI ANN WALSH	(i)	133,073.	0.	0.	6,930.	11,100.	151,103.	0.	
CHIEF MARKETING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Part III   Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

#### **SCHEDULE L**

Department of the Treasury

Internal Revenue Service

(Form 990)

### **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE READING LEAGUE, INC.

Employer identification number 81-0820021

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No (1) (2) (3) (4) (5) (6) 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

#### Part II Loans to and/or From Interested Persons

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization

reported an amount on Form 990, Part X, line 5, 6, or 22.

	(a) Name of interested person	(b) Relationship with organization		OSE (d) Loan to or from the organization?		from the		from the		(e) Original principal amount	(f) Balance due	(g) defa	In ault?	( <b>h)</b> Ap by bo comm	proved ard or nittee?	(i) W agreei	ritten ment?
				То	From			Yes	No	Yes	No	Yes	No				
(1)																	
(2)																	
(3)																	
(4)																	
(4) (5)																	
(6)																	
(7)																	
(7) (8)																	
(9)																	
(10)																	
Tota						\$											

#### Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2023

Schedu	ule L (Form 990) 2023	THE REAL	DING L	EAGUE	, INC.			81-	0820	021	Page 2
Part											· age =
	Complete if the organizati	ion answered "Ye	es" on Forn	n 990, Part	IV, line 28a,	28b, or 28c	<b>).</b>				
	(a) Name of interested perso	on (b	) Relations	ship betwee	n interested	(c) An	nount of	(d) Descript	ion of	(e) Sh	aring of zation's
			person a	and the orga	anization	trans	saction	transacti	on		nues?
										Yes	No
(1)CI	RISTINE CASTIGL	IA FO	ORMER	BOARD	MEMBER	₹ 2	5,800.	CONTRAC	T SE	1	Х
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
Part	V Supplemental Infor	mation									
	Provide additional informa	ation for respons	es to quest	tions on Sc	hedule L. Se	e instructio	ns.				
COII	T DADM TIT DITC	TNECC MD	N NT C N COT	ITONIC :	T NTT 70 T T 7 T	INIC TH	m 22 22 C 11	מממ חמו	ONTC.		
SCH	L, PART IV, BUS	INESS TRA	ANSACT	CIONS	TMAOTA	ING IN	TEKEST	ED PERS	ONS:		
(A)	NAME OF PERSON:	CHRISTI	NE CAS	TIGLI	A						
(D)	DESCRIPTION OF	TRANSACT	ON: C	CONTRA	CT SERV	/ICES					
ν - /											

#### **SCHEDULE 0** (Form 990)

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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE READING LEAGUE, INC.

Employer identification number 81-0820021

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
IMPROVE STUDENT LITERACY OUTCOMES.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
READING BUDDIES - THE READING LEAGUE READING BUDDIES TM - THE READING
LEAGUE'S READING BUDDIES TM IS A FOUNDATIONAL TV SERIES FOR STUDENTS IN
KINDERGARTEN THROUGH THIRD GRADE. THE 60 EPISODE SHOW INSTRUCTS IN
THREE IMPORTANT UNDERLYING COMPONENTS OF WORD READING: PHONOLOGICAL
AWARENESS, LETTER NAMES/SOUNDS AND BLENDING SOUNDS TO DECODE WORDS
ACCURATELY.
EXPENSES \$ 903,616. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
CHAPTERS -CHAPTERS ARE A 501C(3)ORGANIZATION WHOSE MISSION IS SIMILAR
TO THE READING LEAGUE'S AND ALIGNS WITH OUR PURPOSE, ACTIVITIES AND
POLICIES.
EXPENSES \$ 174,685. INCLUDING GRANTS OF \$ 0. REVENUE \$ 35,688.
THE COMPASS - THE COMPASS PROGRAM IS A WEBSITE THAT POINTS STAKEHOLDERS
SUCH AS POLICYMAKERS, PUBLISHERS, PROFESSORS, TEACHERS, AND
ADMINISTRATORS IN THE RIGHT DIRECTION BEFORE THEY MAKE A DECISION
RELATED TO THE READING CURRICULUM. IT WILL PROVIDE A RELIABLE, GO-TO
SET OF RESOURCES ALIGNED TO THE SCIENCE OF READING TO THOSE WHOSE
DECISIONS IMPACT TEACHERS "FROM ABOVE".
EXPENSES \$ 313,606. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

Schedule O (Form 990) 2023 Page **2** 

Name of the organization THE READING LEAGUE, INC.

Employer identification number 81-0820021

JOURNAL - THE READING LEAGUE OFFERS A PEER REVIEWED PUBLICATION WRITTEN

AND EDITED BY BOTH EDUCATORS AND RESEARCHERS THAT FOCUSES ON LEVERAGING

SCIENTIFIC EVIDENCE TO IMPROVE PRACTICE. THE JOURNAL IS PUBLISHED 3

TIMES A YEAR. SUBSCRIPTIONS ARE \$100 PER YEAR.

EXPENSES \$ 253,945. INCLUDING GRANTS OF \$ 0. REVENUE \$ 269,989.

EVENTS - THE READING LEAGUE OFFERS LIVE EVENTS THAT BRING INDUSTRY

EXPERTS IN THE SCIENCE OF READING TO PROVIDE INSIGHT ON EVIDENCE

ALIGNED PRACTICES. FEES RANGE FROM NO COST TO UP TO \$20 IN ADDITION TO

BEING SUPPORTED BY SPONSORSHIPS.

EXPENSES \$ 127,383. INCLUDING GRANTS OF \$ 0. REVENUE \$ 32,490.

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

THE 990 IS REVIEWED BY THE BOARD OF DIRECTORS PRIOR TO THE FILING OF THE RETURN.

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

A CONFLICT OF INTEREST FORM IS REQUIRED TO BE SIGNED BY ALL BOARD MEMBERS ANNUALLY.

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

CEO COMPENSATION IS REVIEWED BY THE BOARD, INDEPENDENT CONTRACTOR, PAY
EQUITY STUDY AND SUBJECT TO BOARD APPROVAL.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

Schedule O (Form 990) 2023 Page **2** 

Name of the organization  THE READING LEAGUE, INC.	Employer identification number 81-0820021
FORM 990, PART IX, LINE 11G, OTHER FEES:	
COACHING:	
PROGRAM SERVICE EXPENSES	221,250.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	221,250.
CONSULTANTS:	
PROGRAM SERVICE EXPENSES	1,038,517.
MANAGEMENT AND GENERAL EXPENSES	39,595.
FUNDRAISING EXPENSES	6,446.
TOTAL EXPENSES	1,084,558.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,305,808.
	_
	_

### UNRELATED BUSINESS INCOME

# **CARRYOVER DATA TO 2024**

Name THE READING LEAGUE, INC.	Employer Identification Number 81-0820021
Based on the information provided with this return, the following are possible carryover amounts to next year.	
FEDERAL POST-2017 NET OPERATING LOSS - JOURNAL ADVERT	ISING 37,878.
NY NET OPERATING LOSS	37,878.

Name: THE READ	DING LEAGUE, INC.		FEIN:	81-0820021
Type and Entity:	JOURNAL ADVERTISING POST-2017 NOL F	DETAIL CARRYOVER SCHEDULE		

	Type and Entity: JOURNAL ADVERTISING POST-2017 NOL F Section 382 Annual Limitation Section 382 Carryover  DETAIL CARRYOVER SCHEDULE											
	Year Origi- nated 2020	Original Carryover Amount	Total Amount Used	Amount Used for								
A B	2021	10,115. 10,312.										
A B C D E F G H I	2022 2023	10,115. 10,312. 5,189. 12,262.										
E F												
G H												
K L												
M N												
O P												
Q R												
S T												
J K L M N O P Q R S T U V W												
	Detail	E Amount S Used for B C	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
	Туре	B										
A B C D E F G H I												
C D												
F												
G H												
L L												
N												
J K L M N O P Q R S T U V												
R S												
Ĭ												
V W												

Name	: THE READING L	EAGUE, INC.								FEIN:	81-0820021
Type Section	and Entity: NOL	NY	Section 382 Carryover		DETAIL C	ARRYOVER SCH	IEDULE				
Year Origi- nated	Original Carryover Amount 0 10 115	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A 202 B 202 C 202 202 E F G H	2 5,189 <b>.</b>										
K M M											
J K L M N O P Q R S T U V W											
V W											
Detail Type		Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A B C D D E G H											
J K L M N N O P Q R R S T U V V W											
Q R S T											
V											

Form 990-T   Exempt Organization Business Income Tax Return						OMB No. 1545-0047	
			(and proxy tax unde	r section 6033(e))			വവാ
		For ca	lendar year 2023 or other tax year beginning	, and ending		[	2023
Departm Internal	ent of the Treasury Revenue Service		Go to www.irs.gov/Form990T for instr Do not enter SSN numbers on this form as it may be			ŀ	Open to Public Inspection for 501(c)(3) Organizations Only
<b>A</b> _	Check box if address changed.		Name of organization ( Check box if name ch	anged and see instructions	.)	<b>D</b> Emp	oloyer identification number
	mpt under section	Print or	<u> </u>				1-0820021 up exemption number
	501( <b>c</b> )( <b>3</b> ) 408(e) 220(e)	Туре	Number, street, and room or suite no. If a P.O. box, 103 WYOMING STREET, 2NI	FLOOR		(see	instructions)
=	408A530(a) 529(a)529A		City or town, state or province, country, and ZIP or SYRACUSE, NY 13204	• .	l <sup>a</sup>	F $\Box$	Check box if
		С Во	ook value of all assets at end of year	8,62	1,975.		an amended return.
G CI	neck organization		X 501(c) corporation 501(c) trust	401(a) trust	Other trust S	State	college/university
	-	•	6417(d)(1)(A) Applicable entity				
H C	neck if filing only to	claim		shown on Form 2439	Elective payment	t amo	unt from Form 3800
			zation filing a consolidated return with a 501(c)	2) titleholding corporation	on		
							1
K Du	uring the tax year,	was th	e corporation a subsidiary in an affiliated group				Yes X No
			nd identifying number of the parent corporation	. ,			
	ne books are in car		CHRISTINE GOODMAN	Tele	ohone number 32	<del>15-</del>	362-2622
Parl	I   Total Unr	elate	d Business Taxable Income				
1	Total of unrelated	busin	ess taxable income computed from all unrelate	d trades or businesses	(see instructions)	1	0.
2					` ' ''' F	2	
3						3	
4	Charitable contrib	outions	s (see instructions for limitation rules)			4	0.
5			s taxable income before net operating losses.			5	
6			ting loss. See instructions			6	
7			ess taxable income before specific deduction a				
-	Subtract line 6 from		•			7	
8			erally \$1,000, but see instructions for exceptio			8	1,000.
9			eduction. See instructions		F	9	
10			lines 8 and 9			10	1,000.
11			xable income. Subtract line 10 from line 7. If line			11	0.
	II Tax Com			io ro io groator triair iirio	7, 01101 2010		
1			as corporations. Multiply Part I, line 11 by 219	6 (0.21)		1	0.
2			rates. See instructions for tax computation. In			•	
_			Tax rate schedule or Schedule D (		1 011	2	
3	Proxy tax. See in					3	
4	•		ons instructions			4	
5			C			5	
6	Tay on noncomr	nliant f	acility income. See instructions			6	
7			gh 6 to line 1 or 2, whichever applies			7	0.
Part	III Tax and	Pavn	nents				•
1a			orations attach Form 1118; trusts attach Form	1116) <b>1a</b>			
b	Other credits (see		and the same of th				
c	•		ictions) . Attach Form 3800 (see instructions)				
d			imum tax (attach Form 8801 or 8827)				
e	Total credits. Ad					1e	
2			art II, line 7			2	0.
_	Amount due from			ا ہا			
3a			0044	OI-			
b	Amount due from		0007				
c	Amount due from		0000				
d	Amount due from						
e	Other amounts d		,			24	0.
f 4	Total tare Add "	ie. Add	I lines 3a through 3e	tov province to defer		3f	· ·
4			nd 3f (see instructions). Lad Check if includes	•		4	n
_			ax amount here			4	0.
5	Current net 965 t	ax IIad	ility paid from Form 965-A, Part II, column (k) .			5	

	90-T (2023)				F	Page <b>2</b>
Part	III Tax and Payments (continued)					
6 a	Payments: Preceding year's overpayment credited to the current year	6a				
b	Current year's estimated tax payments. Check if section 643(g) election	_				
	applies	6b				
С	Tax deposited with Form 8868					
d	Foreign organizations: Tax paid or withheld at source (see instructions)					
е	Backup withholding (see instructions)					
f	Credit for small employer health insurance premiums (attach Form 8941)					
g	Elective payment election amount from Form 3800					
h	Payment from Form 2439					
i	Credit from Form 4136					
j	Other (see instructions)					
7	Total payments. Add lines 6a through 6j			7		
8				8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed			9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount over	rpaid		10		
11	Enter the amount of line 10 you want: Credited to 2024 estimated tax		Refunded	11		
Part	Statements Regarding Certain Activities and Other Information				_	
1	At any time during the 2023 calendar year, did the organization have an interest in o	-	-		Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," th	-	•			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the	he name of the fo	reign country			
	here					X
2	During the tax year, did the organization receive a distribution from, or was it the gra					37
	foreign trust?					X
	If "Yes," see instructions for other forms the organization may have to file.					
3	Enter the amount of tax-exempt interest received or accrued during the tax year					
4	Enter available pre-2018 NOL carryovers here \$ Do not	* *		•		
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by	•	-			
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-20	•				
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 f				_	
	Business Activity Code		ost-2017 NOL		_	
		\$		25,616.	_	
		\$			_	
		\$			_	
		\$				
	Reserved for future use					
b	Reserved for future use					
Part						
Provide	any additional information. See instructions.					
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules a	and statements, and to	the hest of my know	wledge and helief it	e true	
Sign	correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prince the contract of the contract	eparer has any knowled	dge.	modgo and bollor, it	o 11 do,	
Here	OFFICE		IVI	ay the IRS discuss th		with
	Signature of officer Date Title	<u> </u>		e preparer shown be structions)? X	ow (see 'es	No
		Data			C3	INU
_	Print/Type preparer's name Preparer's signature  JAIMIE P. GALANTE,	Date	Check if	f PTIN		
Paid	CDA		self-employed	P01649	366	
Prepa	CDOCCMAN CO AMOUD CDAC DITC		Firm's FIN	46-045		<u> </u>
Use C	Only Firm's name GROSSMAN ST. AMOUR CPAS PLLC  110 WEST FAYETTE STREET SUITI	F 900	Firm's EIN	40-04	510	<u> </u>
	Firm's address SYRACUSE, NY 13202	<u> </u>	Dhono no 2	15-424-1	120	
	IIIII 3 AUUI COS DINACUSE, NI 13202		ביווטוועווט. 3			(0000)
				Form <b>9</b>	3U-1	(2023)

### **SCHEDULE A** (Form 990-T)

# **Unrelated Business Taxable Income** From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

A 	Name of the organization THE READING LEAGUE, INC.	81-0820021				
<u>c</u>	Unrelated business activity code (see instructions) 51312	0		<b>D</b> Sequen	ce: 1	of 1
<u>E</u>	Describe the unrelated trade or business JOURNAL ADVE	RTIS	SING			
Pa	rt I Unrelated Trade or Business Income		(A) Income	(B) Expens	ses	(C) Net
1 a	Gross receipts or sales					
b		1c				
2	Cost of goods sold (Part III, line 8)	2				
3	Gross profit. Subtract line 2 from line 1c	3				
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form					
	1120)). See instructions	4a				
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b				
c	1	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5				
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII)	10			100.	
11	Advertising income (Part IX) 11 50,900.					6,800.
12	Other income (see instructions; attach statement)	12				
13	Total. Combine lines 3 through 12	13	50,900.	44,	100.	6,800.
	directly connected with the unrelated business in	come				
1	Compensation of officers, directors, and trustees (Part X)					19,062.
2	Salaries and wages					
3	Repairs and maintenance					
4	Bad debts					
5	Interest (attach statement). See instructions					
6	Taxes and licenses				. 6	
7	Depreciation (attach Form 4562). See instructions		7			
8	Less depreciation claimed in Part III and elsewhere on return		<u>8a</u>		8b	
9	Depletion					
10	Contributions to deferred compensation plans					
11	Employee benefit programs				. 11	
12	Excess exempt expenses (Part VIII)					
13	Excess readership costs (Part IX)					
14	Other deductions (attach statement)			10 000		
15					. 15	19,062.
16	Unrelated business income before net operating loss deduction. S					10 000
	column (C)				. 16	-12,262.
17	Deduction for net operating loss. See instructions					12 262
<u>18</u>	Unrelated business taxable income. Subtract line 17 from line 10	6			. 18	-12,262.
For	Paperwork Reduction Act Notice, see instructions.				Schedule /	4 (Form 990-T) 2023

Part	III Cost of Goods Sold Enter meth	nod of inventory valuat	ion				uge =
1	Inventory at beginning of year				1		
2	Purchases				2		
3	Cost of labor				3		
4	Additional section 263A costs (attach statement)				4		
5	Other costs (attach statement)				5		
6	Total. Add lines 1 through 5				6		
7	Inventory at end of year			T T	7		
8	Cost of goods sold. Subtract line 7 from line 6. Enter h	·		-	8	Vaa	- Na
9 Part	Do the rules of section 263A (with respect to property IV Rent Income (From Real Property and						No
<u> 1</u>	Description of property (property street address, city, s	•	-	-	rty)		
•	A	state, ZIF Codej. Grieci	til a dual-use. See ilis	iructions.			
	В						
	c $\square$						
	D						
		Α	В	С		D	
2	Rent received or accrued						
а	From personal property (if the percentage of						
	rent for personal property is more than 10%						
	but not more than 50%)						
b	From real and personal property (if the						
	percentage of rent for personal property exceeds						
	50% or if the rent is based on profit or income)						
С	Total rents received or accrued by property.						
	Add lines 2a and 2b, columns A through D						
_	The state of the s						0.
3	Total rents received or accrued. Add line 2c, columns A	A through D. Enter here	e and on Part I, line 6,	column (A)		1	
4	Deductions directly connected with the income in lines 2a and 2b (attach statement)						
4	IT III les Za and Zb (attach statement)						
5	Total deductions. Add line 4, columns A through D. Er	nter here and on Part I	line 6. column (B)				0.
Part			, e, ee.a ( <i>=).</i>				
1	Description of debt-financed property (street address,	city, state, ZIP code).	Check if a dual-use. Se	e instructions.			
	A						
	В 🔛						
	c						
	D					1	
_		Α	В	С		D	
2	Gross income from or allocable to debt-financed						
_	property						
3	Deductions directly connected with or allocable to debt-financed property						
а	Straight line depreciation (attach statement)						
b	Other deductions (attach statement)						
c	Total deductions (add lines 3a and 3b,						
•	columns A through D)						
4	Amount of average acquisition debt on or allocable						
	to debt-financed property (attach statement)						
5	Average adjusted basis of or allocable to debt-						
	financed property (attach statement)					<u> </u>	
6	Divide line 4 by line 5	%	%		%	)	%
7	Gross income reportable. Multiply line 2 by line 6						
8	Total gross income (add line 7, columns A through D)	. Enter here and on Pa	rt I, line 7, column (A)				0.
	г	-				•	
9	Allocable deductions. Multiply line 3c by line 6						
10	Total allocable deductions. Add line 9, columns A thr		d on Part I, line 7, colu	mn (B)			0.
11	Total dividends-received deductions included in line	10					U.

Page 3

Part	VI Interest, Annu	uities, R	oyalties, and R	ents Fro	om Contro	olled C	Organizatio	ns (see	instruct	ions)	<u> </u>
						E	xempt Contro	lled Orga	ınization	ıs	
	1. Name of controlled	d	2. Employer	<b>3.</b> Net	unrelated	<b>4.</b> Tota	al of specified		of colur		Deductions directly
	organization		identification		ne (loss)	payn	nents made	that is in	iciuaea ing orga	niza-	connected with
			number	(see ins	structions)				ross inc		income in column 5
(1)											
(2)											
(3)											
<u>(4)</u>			N		) t III O-						
	'. Taxable Income			1	Controlled Or		ons 10. Part o	of ook you	20	44 0	advations directly
•			Net unrelated acome (loss)		otal of specif yments mad		that is inc				Deductions directly connected with
			e instructions)	ا ا	yments mad	C	controlling	. •	tion's		ome in column 10
(1)		(	,				gross	income			
(2)											
(3)											
(4)											
.,							Add colum	ns 5 and	10.	Add	columns 6 and 11.
							Enter here				here and on Part I,
							line 8, c	olumn (A	۱).	lin	e 8, column (B).
Totals									0.		0.
Part			of a Section 50	)1(c)(7),			nization (s	ee instru	ctions)		
	1. Desc	cription of	income		2. Amou		3. Deduction		4. Set-		5. Total deductions and set-asides
					IIICOII	IC	directly conne (attach state)	ment)	illach Si	atement	(add cols 3 and 4)
/4\							,				
(1) (2)											
(3)											
(4)											
( ' '					Add amou	ınts in					Add amounts in
					column 2.						column 5. Enter here and on Part I,
					line 9, colu						line 9, column (B).
Totals						0.					0.
Part	VIII Exploited E	xempt A	<b>Activity Income</b>	, Other	Than Adv	ertisir	ng Income (	see instr	uctions)		
1	Description of exploite	d activity:									
2	Gross unrelated busin									2	
3	Expenses directly con		•								
	line 10, column (B)									3	
4	Net income (loss) from						-				
_	lines 5 through 7									4	
5	Gross income from ac									5	
6 7	Expenses attributable									6	
7	Excess exempt expens									,	
	4. Enter here and on P	arrii, iirie	14							7	

Schedule A (Form 990-T) 2023

٥,	. ~	_	
2	1CI	е	-

Part	IX Advertising Income					
1	Name(s) of periodical(s). Check box if repo	rting two or n	nore periodicals on a c	onsolidated bas	is.	
	A THE READING LEAGU	E JOURN	IAL			
	В					
	c 🗆					
	D					
Enter a	amounts for each periodical listed above in t	he correspon	dina column.			
		Γ	Α	В	С	D
2	Gross advertising income	F	50,900.			
	Add columns A through D. Enter here and					50,900.
а	, tad colaining , tan cag, 2, 2, 2, 10, 10, c and					
3	Direct advertising costs by periodical	Γ	44,100.			
а	Add columns A through D. Enter here and	on Part I. line	11. column (B)			44,100.
-	, iaa oo an in oo gir ah ah ah in oo an ia					
4	Advertising gain (loss). Subtract line 3 from	n line [				
•	2. For any column in line 4 showing a gain,	1				
	complete lines 5 through 8. For any column	1				
	line 4 showing a loss or zero, do not comp	1				
			6,800.			
5	Readership costs		254,024. 269,989.			
6	Circulation income		269,989.			
7	Excess readership costs. If line 6 is less th					
-	line 5, subtract line 6 from line 5. If line 5 is					
	than line 6, enter -0-					
8	Excess readership costs allowed as a					
•	deduction. For each column showing a gai	n on				
	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the	_	e line 8a columns tota	l or -0- here and	on	
-	Part II, line 13	ground or an				0.
Part		Directors.	and Trustees (se	e instructions)		
		1	(00	<u> </u>	3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
					to business	unrelated business
(1) M	ARIA MURRAY	CEO			10.00%	19,062.
(2)					%	
(3)					%	
(4)					%	
<u>( - /</u>					, -	
Total.	Enter here and on Part II, line 1					19,062.
Part		(see instruction	ons)			· · · · · · · · · · · · · · · · · · ·
		(000 1110111111111111111111111111111111				

990-T SCH 2	A POST-201	.7 NET OPERATING	LOSS DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/20 12/31/21 12/31/22	12/31/21 10,312.		10,115. 10,312. 5,189.	10,115. 10,312. 5,189.
NOL CARRYO	VER AVAILABLE THIS	YEAR	25,616.	25,616.