Form **99**

Department of the Treasury

** PUBLIC DISCLOSURE COPY ** 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 **2022**Open to Public

Interr	nal Reve	nue Service GO to www.ii's.gov/FC		ine latest in	Iomation		insp	ection
<u>A</u> F	or the	2022 calendar year, or tax year beginning	and	ending				
B c	heck if pplicabl	RURAL EDUCATION & DEVELOPMENT INC.			D Emplo	yer identifi	ication numbe	r
	Addre	e DBA READ GLOBAL						
	Name Chang	e Doing business as			23	-2656376		
	Initial return	Number and street (or P.O. box if mail is not delive	vered to street address)	Room/suite	E Teleph	ione numbe	er	
	Final return	2261 MARKET STREET, #32			415	-289-9949	9	
	termir ated	City or town, state or province, country, and Z	IP or foreign postal code		G Gross re	ceipts \$		669,009.
	Amen return	ded SAN FRANCISCO, CA 94114			H(a) Is th	is a group r	eturn	
	Applic dition	F Name and address of principal officer: Millarity	VOLK		for s	ubordinates	s? 🗌 Ye	s 🛛 No
	pendi	SAME AS C ABOVE			H(b) Are al	l subordinates i	ncluded? Ye	s 🗌 No
11	ax-ex	empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 🗌 527	lf "N	o," attach a	a list. See instru	ctions
<u>ا ا</u>	Vebsi	e: WWW.READGLOBAL.ORG			Η(c) Grou	up exemptio	on number	
KF	orm of		sociation 🗌 Other	L Year	of formation	: 1992	M State of legal (domicile: CA
Pa	art I	Summary						
~	1	Briefly describe the organization's mission or most s	significant activities: SEE SC	HEDULE O				
ő								
Activities & Governance	2	Check this box if the organization discon	tinued its operations or dispos	sed of more	than 25% (of its net as	sets.	
ove	3	Number of voting members of the governing body (F	Part VI, line 1a)			3		8
Ğ	4	Number of independent voting members of the gove	erning body (Part VI, line 1b)			4		8
ŝ	5	Total number of individuals employed in calendar ye	ear 2022 (Part V, line 2a)			5		1
viti	6	Total number of volunteers (estimate if necessary)				6		8
\ctj	7 a	Total unrelated business revenue from Part VIII, colu	umn (C), line 12			7a		0.
_	b	Net unrelated business taxable income from Form 9	990-T, Part I, line 11	<u></u>		7b		0.
					Prior Y		Current	
Ð	8	Contributions and grants (Part VIII, line 1h)				459,915.		669,009.
nue	9	Program service revenue (Part VIII, line 2g)				0.		0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, a	and 7d)			1.		0.
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 11e)			42.		0.
	12	Total revenue - add lines 8 through 11 (must equal F	Part VIII, column (A), line 12)			459,958.		669,009.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			326,471.		273,773.
	14	Benefits paid to or for members (Part IX, column (A)	, line 4)			٥.		0.
ŝ	15	Salaries, other compensation, employee benefits (Pa				200,745.		210,430.
Expenses	16a	Professional fundraising fees (Part IX, column (A), lir	ne 11e)			42,000.		26,800.
- dx	b	Total fundraising expenses (Part IX, column (D), line		970.				
ш	17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)			157,277.		118,312.
	18	Total expenses. Add lines 13-17 (must equal Part IX	, column (A), line 25)			726,493.		629,315.
	19	Revenue less expenses. Subtract line 18 from line 1	2			266,535.		39,694.
Net Assets or				Be	ginning of C		End of	
sset	20					738,067.		962,389.
et As	21	Total liabilities (Part X, line 26)				16,872.		201,500.
Ž	22	Net assets or fund balances. Subtract line 21 from li	ine 20			721,195.		760,889.
	art II	Signature Block						
Und	er pena	Ities of perjury, I declare that I have examined this return, i t, and completer Declaration of preparer (other than officer	including accompanying schedules	s and stateme	ents, and to t	he best of m	y knowledge and	belief, it is
true	correc) is based on all information of wr	nich preparer	nas any kno	wieage. 11/14/23	2	
. .		Signature of officer 346208788868489				ate)	
Sig					D	ato		
Her	е	MEGAN VOLK, DEPUTY DIRECTOR Type or print name and title						
			Dueseurale et aus	r	Date	Check	PTIN	
D-!-			Preparer's signature			if L		13
Paid		,	ALLEN GILBERT, CPA	<u>۴</u> .	1/14/23	self-emplo		L L
	arer	Firm's name CLIFTONLARSONALLEN LLP	0.0		Fi	rm's EIN	41-0746749	
use	Only	Firm's address 10700 NORTHUP WAY, SUITE 2 BELLEVUE, WA 98004	00			hono 100	5-250-6100	
N 4 -	, # = < . ¹¹	BELLEVUE, WA 98004	of Coolingtonetics		16	110fte NO.423	5-250-6100 X Yes	No
IVIA	лпе ІІ	to discuss this return with the preparer shown abov						

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	RURAL EDUCATION & DEVI 990 (2022) DBA READ GLOBAL	ELOPMENT INC.		23-2656376	Page 2
Par	t III Statement of Program Service Accon	nplishments			, uge
	Check if Schedule O contains a response or note	to any line in this Part III		<u></u>	X
1	Briefly describe the organization's mission:				
	READ FACILITATES THE CREATION OF SELF-SUS LIBRARY AND RESOURCE CENTERS THAT SERVE A				
	UNLOCKING A COMMUNITY'S SOCIAL AND ECONOM		FORM FOR		
2	Did the organization undertake any significant program	services during the year which	ch were not listed on the		
				Y	es 🛛 No
	If "Yes," describe these new services on Schedule O.				
3	Did the organization cease conducting, or make signific	ant changes in how it condu	cts, any program services?	Y	es 🛛 No
_	If "Yes," describe these changes on Schedule O.				
4	Describe the organization's program service accomplish				
	Section 501(c)(3) and 501(c)(4) organizations are require revenue, if any, for each program service reported.	ed to report the amount of gra	ants and allocations to others	, the total expenses	, and
4a	(Code:) (Expenses \$482,825	including grants of \$	273,773.) (Bevenu		0.
ти	SEE SCHEDULE O			ΞΨ	,
4b	(Code:) (Expenses \$	including grants of \$) (Bevenu		
					/
4c	(Code:) (Expenses \$	including grants of \$) (Revenu	e \$)
			/ 、		
4d	Other program services (Describe on Schedule O.)				
	(Expenses \$ including grants of	\$) (Revenue \$)	
4e	Total program service expenses	482,825.			
				Form	n 990 (2022)
232002	12-13-22	0			

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RURAL EDUCATION & DEVELOPMENT INC.

	990 (2022) DBA READ GLOBAL 23-26563	76	Р	age 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<u> </u>		
Ū	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	–		
0	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
-				<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	L_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u>x</u>
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			1
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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			<u> </u>
u		11d		x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11e		x
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	lie		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	<u> </u>
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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			1
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> "</u>		<u> </u>
10		18		x
10	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	- ¹⁰		<u> </u>
19		1		v
~-	complete Schedule G, Part III	19		X X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		├──
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
232003	12-13-22	Form	990	(2022)

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RURAL EDUCATION & DEVELOPMENT INC.

	990 (2022) DBA READ GLOBAL 23-26563	576	Р	age 4
Par	t 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			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	_		
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		├──
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
c=	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			x
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	200	x	1
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	-	L
	Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
19	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	0	103	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
v	(gambling) winnings to prize winners?	1c		
232004	4 12-13-22		990	(2022)
	· · · · · · · · · · · · · · · · · · ·			,

Sign	EIIVelope ID. CBBE477E-0972-42B0-ABB3-CAC0077E39DB			
	RURAL EDUCATION & DEVELOPMENT INC.			F
Form Par	990 (2022) DBA READ GLOBAL 23-265637 t V Statements Regarding Other IRS Filings and Tax Compliance (continued) Continued)	/ 6	F	Page 5
. ai			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		103	
	filed for the calendar year ending with or within the year covered by this return 2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	Зb		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		v
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7-		x
A	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7c		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
•	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	_		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		_
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-		
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>		
h	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
<u>د</u>	Enter the amount of reserves on hand	1		
		14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		

232005 12-13-22

If "Yes," complete Form 6069.

 5 2022.05000 rural education & develop <code>a2132521</code>

Form **990** (2022)

	RURAL EDUCATION & DEVELOPMENT INC.					
	990 (2022) DBA READ GLOBAL		23-2656		Р	age 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 to			a "No" r	espon	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O	. See i	nstructions.			
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
		1	1	-	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		8		
	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.					
-	Enter the number of voting members included on line 1a, above, who are independent	1b		8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship				х	
~	officer, director, trustee, or key employee?			2	_A	
3	Did the organization delegate control over management duties customarily performed by or under the					x
4	of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 9					X
4 5	Did the organization become aware during the year of a significant diversion of the organization's ass					x
6	Did the organization become aware during the year of a significant diversion of the organization s ass Did the organization have members or stockholders?			6		x
0 7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
74	more members of the governing body?	•		7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, si			-ru		
	persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			1.0		
a	The governing body?	-	-	8a	х	
b	Each committee with authority to act on behalf of the governing body?			8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re				-	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		x
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,			
				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befoi	re filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "	res," d	escribe	10		x
40	on Schedule O how this was done			12c	х	
13	Did the organization have a written whistleblower policy?			13	X	
14 15	Did the organization have a written document retention and destruction policy?			14		
15	Did the process for determining compensation of the following persons include a review and approva persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	u by in	dependent			
а	The organization's CEO, Executive Director, or top management official			15a	х	
	Other officers or key employees of the organization			15a		x
D	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	rith a			
	taxable entity during the year?			16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	-			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (section 501(c)(3	s)s only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict o	of interest policy, a	nd finano	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	d records			
	SMARTER GOOD - (510)480-8288 402 MARINA WAY, RICHMOND, CA 94801					
000000				Earm	990	(2022)
232006	12-13-22 6			FUIII		(2022)

RURAL EDUCATION & DEVELOPMENT INC

<u> </u>		
	Check if Schedule O contains a response or note to any line in this Part VII	X
	Employees, and Independent Contractors	
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated	
Form 990 (2	2022) DBA READ GLOBAL 23-2656	376 Page 7
	KOMIE EDOCATION & DEVELOPMENT INC.	

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

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

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

See the instructions for the order in which to list the persons above.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	ition	l than d	ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week	offic	cer an	ıd a d	irecto	r/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dire				ted		organization	(W-2/1099-MISC/	from the
	related	stee o	ustee			ensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	nal ti		loyee	d mos		1099-NEC)		and related
	below	Individual trustee or director	nstitutional trustee	cer	Key employee	Highest compensated employee	Former			organizations
	line)	Indi	Inst	Officer	Key	e Hig	For			
(1) MEGAN VOLK	40.00									
DEPUTY DIRECTOR				Х				100,999.	٥.	0.
(2) SANJANA SHRESTHA	40.00									
EXECUTIVE DIRECTOR				х				0.	0.	100,665.
(3) ANTONIA NEUBAUER	2.00									
BOARD CHAIR		х		х				٥.	0.	Ο.
(4) MELISSA ANDERSON	1.00									
MEMBER		х						0.	0.	Ο.
(5) KRISTY BALSANEK	2.00									
GOVERNANCE COMMITTEE CHAIR		х						٥.	0.	Ο.
(6) APRIL BURKS	1.00									
MEMBER		х						٥.	0.	Ο.
(7) KEITH KEHRER	2.00									
MEMBER		х						٥.	0.	Ο.
(8) SWATHI MASSAR	3.00									
MEMBER		х						٥.	0.	Ο.
(9) SHIVRAJ (RAJ) MUNDY	1.00									
MEMBER		х						٥.	0.	Ο.
(10) ANOUK HUNGATE	3.00									
MEMBER		х						0.	0.	Ο.
000007 10 10 00										Form 990 (2022)

232007 12-13-22

Form 990 (2022)

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RURAL EDUCATION & DEVELOPMENT INC

Form	1990 (2022) DBA READ GLOB	AL	0111		110	~ .				23-26	5637	5 F	age 8
	t VII Section A. Officers, Directors, Trust	ees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
	(A) Name and title	(B) Average hours per week	box offic	not cl , unles	Pos heck i ss per	more rson i	than c s both r/trust	an	(D) Reportable compensation from	(E) Reportable compensatio from related		(F) Estimat amount othe	t of
		(list any hours for related organizations below line)	In dividual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)		compens from th organiza and rela organizat	ne Ition Ited
с	Subtotal Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A							100,999. 0. 100,999.		0. 0. 0.		,665. 0. ,665.
2	Total number of individuals (including but no compensation from the organization								,	000 of reportable			1
3	Did the organization list any former officer,	-			•	-		Ŭ	• •		[Yes	No X
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization		3	X
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." com	ccrue compen	sati	on fr	om	any	unre	late	ed organization or individ	dual for services		5	x
Sec 1	tion B. Independent Contractors Complete this table for your five highest cor	monsated ind		ndor	nt cc	ontre	notor	ic th	at received more than ^{\$}	100 000 of com	oncat	ion from	
<u> </u>	the organization. Report compensation for t (A)											(C)	
	Name and business	address	NO	NE					Description of s	ervices	С	ompensatio	on
								_					
2	Total number of independent contractors (in \$100.000 of compensation from the organiz	•	ot lin	nitec	to 1	thos (se lis [.] D	ted	above) who received mo	ore than			

Form **990** (2022)

232008 12-13-22

			2022) DBA	REAI	O GLO		& D	EVELOPMENT IN	JC.		23-265637	6 Page 9
Pa	rt \	/	Statement of Re	ven	ue							
			Check if Schedule O	conta	ains a	respo	nse	or note to any lin		(=)	(
									(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts Its	1	а	Federated campaigns			1a						
Gran			Membership dues			1b						
ts, (Am			Fundraising events			1c						
Gif ilar			Related organizations			1d						
ons, Sim			Government grants (contr All other contributions, gifts,			1e						
Contributions, Gifts, Grants and Other Similar Amounts		'	similar amounts not included			1f		669,009.				
l Otl		q	Noncash contributions included in			1g \$	3	,				
Cor anc		-	Tabal Add Based and						669,009.			
								Business Code				
e	2	а										
ervi		b										
n S /ent		c										
Program Service Revenue		d										
Pro		e f	All other program service	rever	ามค							
			Total. Add lines 2a-2f									
	3		Investment income (includ									
			other similar amounts)									
	4		Income from investment of				-					
	5		Royalties									
	~	_	0	•	()) Real		(ii) Personal				
	6		Gross rents Less: rental expenses	6a 6b								
			Rental income or (loss)	6c								
			Net rental income or (loss									
	7		Gross amount from sales of			ecurit		(ii) Other				
			assets other than inventory	7a								
		b	Less: cost or other basis									
nue			and sales expenses	7b								
eve			Gain or (loss)									
Other Reven	8		Net gain or (loss)				······					
Othe	0	a	including \$									
•			contributions reported on									
			Part IV, line 18				8a					
		b	Less: direct expenses				8b					
	_		Net income or (loss) from									
	9	а	Gross income from gamin									
		h	Part IV, line 19 Less: direct expenses				9a 9b					
			Net income or (loss) from									
	10		Gross sales of inventory, I				<u> </u>					
			and allowances				10a					
		b	Less: cost of goods sold				10b					
			Net income or (loss) from				у					
s								Business Code				
eou	11											
scellaneo Revenue		b										
Miscellaneous Revenue		с с	All other revenue									
Σ			Total. Add lines 11a-11d									

12 Total revenue. See instructions 232009 12-13-22

Form **990** (2022)

Ο.

٥.

669,009.

0.

RURAL EDUCATION & DEVELOPMENT INC.

	990 (2022) DBA READ GLOBAL	is.		23-265	6376 Page 10
	ion 501(c)(3) and 501(c)(4) organizations must comp		r organizations must con	ploto column (A)	
Secu	Check if Schedule O contains a respons				
Dou	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		ľ		
	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	273,773.	273,773.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	202,704.	165,587.	19,238.	17,879.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	7 726	C 101	1 150	386.
10	Payroll taxes	7,726.	6,181.	1,159.	300.
11	Fees for services (nonemployees):	21 659	11 609	9 702	347.
a	Management	21,658. 25.	11,608.	9,703.	547.
b		44,058.		42,258.	1,800.
	F	44,030.		42,230.	1,000.
	, , , , , , , , , , , , , , , , , , ,	26,800.			26,800.
	, F	20,000.			20,000.
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)	15,946.	10,554.	4,800.	592.
12	Advertising and promotion	500.	10,001.	500.	
13		4,166.	68.	4,098.	
13	Office expenses Information technology	9,930.		6,392.	3,538.
15	Dovaltion	-,•		-,	
16	Occupancy				
17	Travel	15,819.	15,008.	811.	
18	Payments of travel or entertainment expenses	,	,		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	461.		461.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	379.		379.	
23	Insurance	1,604.		1,604.	
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	DUES AND MEMBERSHIPS	1,336.		1,336.	
b	BANK CHARGES	1,326.	20.	678.	628.
с	TAXES AND LICENSES	1,104.	26.	1,078.	
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	629,315.	482,825.	94,520.	51,970.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				990 (2020)

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Form 990 (2022)

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RURAL EDUCATION & DEVELOPMENT INC.

Form 990 (Part X	2022) DBA READ GLOBAL			23-2	656376 Page 1
Turtx	Check if Schedule O contains a response or note to any line in this Part 3	<			
			(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing		394,163.	1	904,496
2	Savings and temporary cash investments			2	
3	Pledges and grants receivable, net	3	30,400		
4	Accounts receivable, net		4		
5	Loans and other receivables from any current or former officer, director,	····· F			
	trustee, key employee, creator or founder, substantial contributor, or 359				
	controlled entity or family member of any of these persons			5	
6	Loans and other receivables from other disqualified persons (as defined	····· F			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
σ 7	Notes and loans receivable, net	Г		7	
Assets	Inventories for sale or use			8	
Pasi B	Prepaid expenses and deferred charges		116,492.	9	26,545
	Land, buildings, and equipment: cost or other	·····	,		,
100		1,895.			
Ь	Less: accumulated depreciation 10b	947.	1,327.	10c	948
11	Investments - publicly traded securities	_ / * _ * *	11		
12	Investments - other securities. See Part IV, line 11		12		
13	Investments - program-related. See Part IV, line 11		13		
14			14		
15	Intangible assets			15	
16	Other assets. See Part IV, line 11		738,067.	16	962,389
17	Accounts payable and accrued expenses		16,872.	17	1,500
18	Grants payable	I	, •	18	-,
19	Deferred revenue		19	200,000	
20	Tax-exempt bond liabilities			20	
20	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
20	Loans and other payables to any current or former officer, director,	·····		21	
zz lies	trustee, key employee, creator or founder, substantial contributor, or 359	6			
Liabilities				22	
E 23	Secured mortgages and notes payable to unrelated third parties			22	
23	Unsecured notes and loans payable to unrelated third parties	F		23	
		·····		_24	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X				
				25	
26	of Schedule D Total liabilities. Add lines 17 through 25	·····	16,872.	25 26	201,500
20			10,072.	20	
s					
<i><u><u></u></u></i> ^{<u></u>} <u><u></u></u> <u><u></u></u> <u></u> 	and complete lines 27, 28, 32, and 33.		306,201.	27	677,879
	Net assets without donor restrictions	F	414,994.		83,010
ස් 28 ප	Net assets with donor restrictions	F	111,551.	28	05,010
<u>-</u>	Organizations that do not follow FASB ASC 958, check here	-			
	and complete lines 29 through 33.			00	
29 \$1	Capital stock or trust principal, or current funds			29	
es 30	Paid-in or capital surplus, or land, building, or equipment fund	Г		30	
Net Assets or Fund Balances 5 1 0 6 6 8 2 2 7 1 0 6 6 9 8 2 2		·····	701 105	31	760 000
	Total net assets or fund balances		721,195.	32	760,889 962,389
ž ³² 33	Total liabilities and net assets/fund balances		738,067.	33	

Form 990 (2022)

232011 12-13-22

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RURAL EDUCATION & DEVELOPMENT INC. 23-2656376 Page 12 Part XI Reconciliation of Net Assets	ISIgn	Envelope ID: CBBE477E-0972-42B0-ABB5-CAC0077E59DB			
Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 Total revenue (must equal Part VIII, column (A), line 25) 2 Total expenses (must equal Part X, column (A), line 25) 2 Cotal expenses (must equal Part X, column (A), line 25) 2 Cotal expenses (must equal Part X, column (A), line 25) 2 Cotal expenses (must equal Part X, line 32, column (A)) 4 721, 195. 5 Net unrealized gains (losses) on investments 5 Ontate exprises and use of facilities 7 Investment expenses 9 Other changes in net assets or fund balances (explain on Schedule O) 8 Part XIII 9 Eart XIII Financial Statements and Reporting 10 760, 889. Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash X Accrual Other 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 Yes, 'check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, or solidated basis or both: Separate basis, or both: Separate basis, or both: Separate basis, or both: Separate basis, or both: Sepa		RURAL EDUCATION & DEVELOPMENT INC.			
Check if Schedule O contains a response or note to any line in this Part XI 1 Total revenue (must equal Part VIII, column (A), line 12) 1 669,009, 2 Total expenses (must equal Part X, column (A), line 25) 2 622,315, 3 39,694, 4 721,195, 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 721,195, 5 Net unrealized gains (losses) on investments 6 6 6 7 Investment expenses 7 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 11 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 11 Accou			56376	Pa	_{ge} 12
1 Total evenue (must equal Part VII, column (A), line 12) 1 669,009. 2 Total expenses (must equal Part IX, column (A), line 25) 2 6629,315. 3 Revenue less expenses. Subtract line 2 from line 1 3 39,694. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 721,195. 5 Net unrealized gains (losses) on investments 6 6 6 7 Investment expenses 7 7 8 6 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Reison (B) 9 0. 760, 889. Part XII Financial Statements and Reporting X X 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 H* Yees, 'toekca abox below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Dother or or provesight of the audit, review, or consolidated basis Dothorosolidated basis, or both: 2b<	Pa				
2 Total expenses (must equal Part IX, column (A), line 25) 2 629, 315. 3 Revenue less expenses. Subtract line 2 from line 1 3 39, 694. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 721, 195. 5 Net unrealized gains (losses) on investments 6 6 6 7 7 6 7 8 7 7 8 9 0. 9 0. 10 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)) 760, 889. 7 10 760, 889. 7 11 Accounting method used to prepare the Form 990: Cast X Accrual Other 1 11 He organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 11 Accounting method used to prepare the Form 990: Cast X Accrual Other 2a X 11 Yes No 1 Separate basis, consolidated basis Both consolidated na separate bas		Check if Schedule O contains a response or note to any line in this Part XI	<u></u>		
2 Total expenses (must equal Part IX, column (A), line 25) 2 629, 315. 3 Revenue less expenses. Subtract line 2 from line 1 3 39, 694. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 721, 195. 5 Net unrealized gains (losses) on investments 6 6 6 7 7 6 7 8 7 7 8 9 0. 9 0. 10 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)) 760, 889. 7 10 760, 889. 7 11 Accounting method used to prepare the Form 990: Cast X Accrual Other 1 11 He organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 11 Accounting method used to prepare the Form 990: Cast X Accrual Other 2a X 11 Yes No 1 Separate basis, consolidated basis Both consolidated na separate bas				660	
3 Revenue less expenses. Subtract line 2 from line 1 3 39,694. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 721,195. 5 Net unrealized gains (losses) on investments 6 6 6 7 7 6 7 8 7 7 7 8 9 0. 9 0. 0 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 760,889. Part XIII Financial Statements and Reporting X X Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	-				
4 721,195. 5 Net unrealized gains (losses) on investments 5 6 6 7 7 8 6 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 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)) 760,889. Part XIII Financial Statements and Reporting X Yes Check if Schedule O contains a response or note to any line in this Part XII X Yes If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Ze X					
5 Net unrealized gains (losses) on investments 6 6 7 1 8 9 0 ther changes in net assets or fund balances (explain on Schedule O) 9 0 10 760,889. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII 7 1 Accounting method used to prepare the Form 990: Cash X Avere the organization is financial statements compiled or reviewed by an independent accountant? If Yees, 'check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis b Were the organization is financial statements and lependent accountant? If 'Yee,'' check a box below to indicate whether the financial statements for the year were audited on a separate basis b Were the organization changed ither its oversight process or selection of an separate basis consolidated basis, or both: Image: Image: Check if Yee,'' check a box below to indicate whether the financial statements for the year were audited on a separate basis b Were the organization of its financial statements and selection of an independent accountant? If 'Yee,'' check a bo					
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 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (E)) 10 Part XII Financial Statements and Reporting x Check if Schedule O contains a response or note to any line in this Part XII x 1 Accounting method used to prepare the Form 990: Cash 1 Accounting method used to prepare the Form 990: Cash 1 Accounting its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis, or both: Separate basis Cheso the accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis B Were the organization's financial statements and selection of an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated ba				/21,	195.
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		יו מעמונה, בארומוו איוזי טון סטופעעוב ט מוע עבגטושב מוץ גובףג נמגבון נט עוועבועט גענון מעמונה		990	(2022)

SCHE	DULE A		Dublic Cha	rity Status an	d Duk	lic Si	innort		OMB No. 1545-0047
(Form 990)			nization is a section 501					2022	
				47(a)(1) nonexempt cha					LULL
	of the Treasury enue Service			ttach to Form 990 or Fo					Open to Public Inspection
	the organization		EDUCATION & DEV	Form990 for instruction	is and the	latest ini	ormation.	Employer	identification number
ituine ei	the of gamzati		AD GLOBAL						23-2656376
Part I	Reason	or Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction		
The orga				For lines 1 through 12, cl					
1	A church, cor	vention of ch	urches, or associatio	on of churches described	in sectio	n 170(b)(1)(A)(i).		
2	A school deso	cribed in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)				
3	A hospital or	a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).		
4	A medical res	earch organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
	city, and state								
5				llege or university owned	or operat	ed by a go	vernmental u	nit describe	ed in
c 🗌	1		Complete Part II.)			70/L-\/ 4\/ A\	(-)		
6 7 X	1	-	-	nental unit described in a					aublic described in
/	<u>.</u>		omplete Part II.)	ntial part of its support fr	on a gove	mmenta		le general p	
8	1			(1)(A)(vi). (Complete Par	+ II)				
9	1 7			in section 170(b)(1)(A)(ed in coniu	nction with a	land-grant	college
	-	-	-	ulture (see instructions).		-		-	-
	university:		5 5 5	,		, ,		5	
10] An organizati	on that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
	activities relat	ed to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support fi	rom gross investment
	income and u	nrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	fter June 30, 1975.
	See section \$	509(a)(2). (Co	mplete Part III.)						
11 厂	1 -	-	-	ively to test for public sat	•				
12	-	-	-	vely for the benefit of, to				•	
			-	d in section 509(a)(1) o					Check the box on
. [-	• •	f supporting organization				-	aivina
a			-	upervised, or controlled gularly appoint or elect a	• • • •	-			
		•	complete Part IV, Se		majonty c				pporting
b	·		-	or controlled in connect	ion with it:	s supporte	d organizatio	n(s). bv hav	vina
			•	anization vested in the sa			0		•
		•	t complete Part IV,						
с 🗌	Type III fun	ctionally inte	grated. A supportin	g organization operated	in connect	ion with, a	and functional	ly integrate	d with,
_	its supporte	d organizatio	n(s) (see instructions). You must complete I	Part IV, Se	ctions A,	D, and E.		
d	Type III no	n-functionally	/ integrated. A supp	oorting organization oper	ated in co	nnection w	ith its suppor	ted organiz	zation(s)
			•	ation generally must sat	•		•	an attentiv	/eness
_	'	·	,	nplete Part IV, Sections	,				
e				written determination from			Туре I, Туре	II, Type III	
f En	tunctionally			nally integrated supporti					
			n about the supporte	nd organization(s)					
	(i) Name of suppo		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other
	organization			(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)
Total									

RURAL EDUCATION & DEVELOPMENT INC. DBA READ GLOBAL 23-2656376 Schedule A (Form 990) 2022 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 669,009 4,492,157. 1,667,376. 876,081 819,776 459,915. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 1 667 376 876,081, 819,776 459 915. 669 009 4,492,157. 4 Total. Add lines 1 through 3 The portion of total contributions 5 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) 1,550,027. 2,942,130. 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 1,667,376, 876,081 819,776 459,915, 669 009. 4,492,157. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 219 295 20 1. 535. 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.) 2,222 42 2,264 4,494,956. **11 Total support.** Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage 65.45 14 % 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 15 Public support percentage from 2021 Schedule A, Part II, line 14 67 37 15 % 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization X b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990) 2022

232022 12-09-22

RURAL EDUCATION & DEVELOPMENT INC.

	01111 000) 2022	A READ GLOBAL	23-2656376 Pa
Part III S	Support Schedule for Or	ganizations Described in Section 509(a)(2)	
(0	Complete only if you checked the	ne box on line 10 of Part I or if the organization failed to qualif	y under Part II. If the organization fails to

qualify under the tests listed below, please complete Part II.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
-	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
See	ction B. Total Support		1		•	-	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organ	ization,
	check this box and stop here	- 	<u></u>	<u></u>	<u></u>	· -	
See	ction C. Computation of Publi	ic Support Per	rcentage				
15	Public support percentage for 2022 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2021	Schedule A, Part	III, line 15			16	%
See	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20)22 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2022. If the					33 1/3%, and li	ne 17 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
k	33 1/3% support tests - 2021. If the						3%, and
	line 18 is not more than 33 1/3%, che	-					
<u>2</u> 0	Private foundation. If the organization						
	23 12-09-22						ule A (Form 990) 2022
			15				

^{2022.05000} RURAL EDUCATION & DEVELOP A2132521

RURAL EDUCATION & DEVELOPMENT INC.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

<u>5c</u>

6

7

8

9a

9b

9c

10a

Yes No

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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| 10b | | Schedule A (Form 990) 2022

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	RURAL EDUCATION & DEVELOPMENT INC.			
Sch	edule A (Form 990) 2022 DBA READ GLOBAL	23-2656376	Pa	age 5
	art IV Supporting Organizations (continued)			.go o
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
-	11c below, the governing body of a supported organization?	11a		
ł	• A family member of a person described on line 11a above?	11b		
	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		
Se	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of on more supported organizations have the power to regularly appoint or elect at least a majority of the organization's offic directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the tax of the organization.	cers,		
	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		
Se	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Se	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			

supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations

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

- The organization satisfied the Activities Test. Complete line 2 below. а
- b The organization is the parent of each of its supported organizations. Complete line 3 below.

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

С		The organization supported a governme	ental entity. Describe in Part VI how	w you supported a governmental entity (see instruction <u>s).</u>
---	--	---------------------------------------	---------------------------------------	---

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- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

3b Schedule A (Form 990) 2022

3

2a

2b

За

Yes No

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RURAL EDUCATION & DEVELOPMENT INC.

Sche	edule A (Form 990) 2022 DBA READ GLOBAL			23-2656376	Page 6
_	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	izations		
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on I	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instruc	tions.
	All other Type III non-functionally integrated supporting organizations must			· ·	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Ye (optional)	ar
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Ye (optional)	ar
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
с	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Yea	r
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	ally integrate	ed Type III supporting org	anization (see	

instructions).

Schedule A (Form 990) 2022

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	RURAL EDUCATION & D	EVELOPMENT INC.		
Sche	dule A (Form 990) 2022 DBA READ GLOBAL			23-2656376 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued	d)
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			2
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3
4	Amounts paid to acquire exempt-use assets			4
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5
6	Other distributions (describe in Part VI). See instructions.			6
7	Total annual distributions. Add lines 1 through 6.			7
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.	. .		8
9	Distributable amount for 2022 from Section C, line 6			9
10	Line 8 amount divided by line 9 amount		1	0
	·	(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2022	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
с	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2022 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
5	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
Ū	and 4b from line 1. For result greater than zero, <i>explain in</i>			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			
	Excess from 2022			

Schedule A (Form 990) 2022

RURAL EDUCATION & DEVELOPMENT INC

	RURAL EDUCATION & DEVELOPMENT INC.		
Schedule A	(Form 990) 2022 DBA READ GLOBAL	23-2656376	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 1 ⁻ Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line 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; F Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any ad (See instructions.)	nes 1 and 2; Part IV, Sectio Part V, Section B, line 1e; P	n C, art V,
232028 12-09-2	22	Schedule A (Form	990) 202

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Schedule B (Form 990) Department of the Treasury Internal Revenue Service	Schedule of Contributors Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047
Name of the organization		Employer identification number
	RURAL EDUCATION & DEVELOPMENT INC. DBA READ GLOBAL	23-2656376
Organization type (che	ck one):	1
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

Check if your organization is covered by the General Rule or a Special Rule.

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

General Rule

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

Special Rules

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

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set of the set of t

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

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

Schedule B (Form 990) (2022)

Schedule I	B (Form 990) (2022)		Page 2
	rganization	Em	ployer identification number
DBA REAL	DUCATION & DEVELOPMENT INC.		23-2656376
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$500,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$25,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$25,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

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Schedule E	3 (Form 990) (2022)		Page 3
Name of or			Employer identification number
	UCATION & DEVELOPMENT INC.		
DBA READ			23-2656376
Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed	J.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	

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Schedule B (Form 990) (2022)

	B (Form 990) (2022)		Page 4
Name of or RURAL ED	rganization DUCATION & DEVELOPMENT INC.		Employer identification number
DBA READ			23-2656376
Part III	from any one contributor. Complete columns (a) through (e) and the following line entricharitable, etc., contributions of \$1,000 or le	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year y. For organizations sss for the year. (Enter this info. once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
-		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a		Relationship of transferor to transferee

Schedule B (Form 990) (2022)

	HEDULE D	Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,		OMB No. 1545-0047							
•	ment of the Treasury	Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.		Open to Public							
Interna	Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection							
Nam	e of the organization	yer identification number 23-2656376									
Par	DBA READ GLOBAL 23- Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Cor										
organizations Maintaining Donor Advised Funds of Other Similar Funds of Accounts. Com organization answered "Yes" on Form 990, Part IV, line 6.											
			(b) Funds	and other accounts							
1	Total number at er	nd of year	()								
2		f contributions to (during year)									
3		f grants from (during year)									
4		t end of year									
5		on inform all donors and donor advisors in writing that the assets held in donor advised fun	ds								
	-	n's property, subject to the organization's exclusive legal control?		Yes 📃 No							
6		on inform all grantees, donors, and donor advisors in writing that grant funds can be used o									
	for charitable purp	oses and not for the benefit of the donor or donor advisor, or for any other purpose confer	ring								
	impermissible priva			Yes No							
Par	t II Conserv	ation Easements. Complete if the organization answered "Yes" on Form 990, Part IV	, line 7.								
1	Purpose(s) of cons	servation easements held by the organization (check all that apply).									
	Preservation	of land for public use (for example, recreation or education) Preservation of a hist	orically im	portant land area							
	Protection o	f natural habitat Preservation of a cert	tified histo	ric structure							
	Preservation	of open space									
2		through 2d if the organization held a qualified conservation contribution in the form of a co									
	day of the tax year		H	eld at the End of the Tax Year							
а	Total number of co	onservation easements	2a								
b	-	ricted by conservation easements	2b								
С		vation easements on a certified historic structure included in (a)	2c								
d	Number of conserv	vation easements included in (c) acquired after July 25,2006, and not on a									
		isted in the National Register	2d								
3	Number of conserv	vation easements modified, transferred, released, extinguished, or terminated by the organ	ization du	ring the tax							
	year										
4		where property subject to conservation easement is located									
5	•	tion have a written policy regarding the periodic monitoring, inspection, handling of									
~	,	orcement of the conservation easements it holds?									
6	Staff and voluntee	r hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	on easeme	ents during the year							
7	Amount of oxnone	 es incurred in monitoring, inspecting, handling of violations, and enforcing conservation ea	oomonto (during the year							
7	Amount of expens	es incurred in monitoring, inspecting, nandling of violations, and enforcing conservation ea	asements o	Juring the year							
8		 vation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B	() <i>(</i> i)								
0				Yes No							
9		be how the organization reports conservation easements in its revenue and expense staten									
5		d include, if applicable, the text of the footnote to the organization's financial statements the		ies the							
		ounting for conservation easements.									
Par		ations Maintaining Collections of Art, Historical Treasures, or Other S	Similar A	Assets.							
	Complete if	the organization answered "Yes" on Form 990, Part IV, line 8.									
1 a	If the organization	elected, as permitted under FASB ASC 958, not to report in its revenue statement and bal	lance shee	et works							
		asures, or other similar assets held for public exhibition, education, or research in furthera									
		Part XIII the text of the footnote to its financial statements that describes these items.									
b	If the organization	elected, as permitted under FASB ASC 958, to report in its revenue statement and balanc	e sheet wo	orks of							
	art, historical treas	ures, or other similar assets held for public exhibition, education, or research in furtheranc	e of public	; service,							
	provide the followi	ng amounts relating to these items:									
	(i) Revenue inclu	ded on Form 990, Part VIII, line 1	\$_								
		ed in Form 990, Part X									
2	If the organization	received or held works of art, historical treasures, or other similar assets for financial gain,	provide								
	the following amou	unts required to be reported under FASB ASC 958 relating to these items:									
а	Revenue included	on Form 990, Part VIII, line 1	\$_								
b	Assets included in	Form 990, Part X									
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sc	chedule D (Form 990) 2022							
232051	09-01-22	25									
		25									

^{2022.05000} RURAL EDUCATION & DEVELOP A2132521

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uSign	Envelope ID: CBBE477E-0972-42B0-ABB5-CA	AC0077E59DB									
	RURAL EDUCA	TION & DEVELOPM	AENT IN	NC.							
Sche	dule D (Form 990) 2022 DBA READ GL	OBAL					23-	26563	76	Pa	ge 2
	rt III Organizations Maintaining Co	ollections of Art	t, Histo	orical Tre	easures, or	Other	Similar Ass	ets ('continu		<u> </u>
3	Using the organization's acquisition, accession	on, and other records	s, check	any of the f	following that	make sig	nificant use of	its			
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	hange progra	ım					
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explair	how th	ey further th	ne organizatio	n's exem	pt purpose in F	art XIII			
5	During the year, did the organization solicit or	receive donations of	of art, his	storical treas	sures, or othe	r similar a	issets				
	to be sold to raise funds rather than to be ma								/es		No
Pa	rt IV Escrow and Custodial Arrang		ete if the	organizatio	n answered "	Yes" on F	orm 990, Part	IV, line	9, or		
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for c	contribution	s or other ass	ets not in	cluded				
	on Form 990, Part X?							<u>ر</u> ا	/es		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing ta	able:							
								A	mount		
с	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for e	escrow or cu	ustodial accou	unt liability	y?	L \	/es		No
	If "Yes," explain the arrangement in Part XIII.										
Pa	rt V Endowment Funds. Complete in		swered	"Yes" on Fo							
		(a) Current year	(b) P	rior year	(c) Two year	s back (d) Three years ba	ack (e	e) Four y	ears I	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										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g	, column (a))) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c shou	uld equal 100%.									
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that	t are held ar	nd administer	ed for the			_		
	organization by:							_	Y	′es	No
	(i) Unrelated organizations							L	3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	ed on So	chedule R?				L	3b		
4	Describe in Part XIII the intended uses of the	organization's endov	wment fu	unds.							
Pa	rt VI Land, Buildings, and Equipm										
	Complete if the organization answered	"Yes" on Form 990), Part IV	, line 11a. S	See Form 990	, Part X, li	ne 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	t or other	(c) Ac	cumulated	(d) Book	value	•
		basis (investn	nent)	basis	(other)	dep	reciation				
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment				1,895.		947.			9	948.
	Other										

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

Schedule D (Form 990) 2022

948.

232052 09-01-22

Sign Envelope ID: CBBE477E-0972-42B0-ABB5-CAC0077	E59DB		
	& DEVELOPMENT INC.		
Schedule D (Form 990) 2022 DBA READ GLOBAL Part VII Investments - Other Securities.		2	3-2656376 Page 3
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	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
<u>(C)</u>			
(D) (E)			
(E)(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	1-of-year market value
(1)			
(2) (3)			
(3)(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11d. See Form 990. Part X. line 15	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8) (9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15)		
Part X Other Liabilities.	<u>, ,</u>		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11e or 11f. See Form 990, Part X, line 25	<u>.</u>
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4) (5)			
(6)			
(7)			
(8)			
(9)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2022

232053 09-01-22

RURAL EDUCATION & DEVEL	OPMENT INC.		
Schedule D (Form 990) 2022 DBA READ GLOBAL		23-2656	376 Page 4
Part XI Reconciliation of Revenue per Audited Fi	nancial Statements With Revenue	e per Return.	
Complete if the organization answered "Yes" on Form	990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial s	statements	1	669,009.
2 Amounts included on line 1 but not on Form 990, Part VIII, line	e 12:		
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	2b		
c Recoveries of prior year grants			
d Other (Describe in Part XIII.)			
		2e	0.
3 Subtract line 2e from line 1		3	669,009.
4 Amounts included on Form 990, Part VIII, line 12, but not on l	ine 1:		
a Investment expenses not included on Form 990, Part VIII, line	7b 4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b		4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990		669,009.	
Part XII Reconciliation of Expenses per Audited F	inancial Statements With Expens	es per Return.	
Complete if the organization answered "Yes" on Form			
1 Total expenses and losses per audited financial statements		1	629,315.
2 Amounts included on line 1 but not on Form 990, Part IX, line			
a Donated services and use of facilities			
b Prior year adjustments			
c Other losses			
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d			0.
3 Subtract line 2e from line 1			629,315.
4 Amounts included on Form 990, Part IX, line 25, but not on lin			
a Investment expenses not included on Form 990, Part VIII, line	7b 4a		
b Other (Describe in Part XIII.)	4b		
			0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 99	00. Part I, line 18.)		629,315.
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.

232054 09-01-22

SCHEDULE F (Form 990) Statement of Activities Outside the United Stat Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or					0000		
Department of the Treasury Internal Revenue Service	Gotow	ww.irs.cov/Form	Attach to Form 990. 1990 for instructions and the latest i	nformation		en to Public pection	
Name of the organization RURAL EDUCATION & DEVE		ww.irs.gov/rom				ification number	
DBA READ GLOBAL					23-2656376		
Part I General Infor Form 990, Part IV		ctivities Out	side the United States. Compl	ete if the organ	ization answered	'Yes" on	
		n maintain record	ds to substantiate the amount of its gra	ants and other a	assistance.		
-	-		he selection criteria used to award the			Yes No	
United States.			procedures for monitoring the use of its	•	her assistance out	side the	
3 Activities per Region. (Th (a) Region	ne following Part (b) Number of		an be duplicated if additional space is r (d) Activities conducted in the region		vity listed in (d)	(f) Total	
	offices in the region	employees, agents, and independent contractors in the region	(by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	gram service, e specific type (s) in the region	expenditures for and investments in the region	
SOUTH ASIA	0	3	PROGRAM SERVICES		CONSULTANT PROGRAMMATIC THE REGION	107,668.	
				PARTNER WIT			
					5 TO ESTABLISH		
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS	READ CENTER	RS & PROGRAMS.	273,773.	
3 a Subtotal	0	3				381,441.	
b Total from continuation sheets to Part I	0	0				0.	
c Totals (add lines 3a and 3b)	0	3				381,441.	

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

Schedule F (Form 990) 2022

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RURAL EDUCATION & DEVELOPMENT INC.

DBA READ GLOBAL

23-2656376

Schedule F (Form 990) 2022

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			GRANTS TO PARTNER WITH RURAL COMMUNITIES TO					
		SOUTH ASIA	ESTABLISH READ	273,773.	WIRES	0.	N/A	N/A
2 Enter total number of	recipient organization	ns listed above that are i	recognized as charities by the f	oreign country.	recognized as a tax	1	L	1
			or counsel has provided a sect			►		3
3 Enter total number of			·····					0

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Page 2

RURAL EDUCATION & DEVELOPMENT INC.

Schedule F (Form 990	2022	DBA	READ	GLOBAL
	12022			

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Part III can be duplicated if additional space is needed.										
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)			

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Schedule F (Form 990) 2022

Page 3

RURAL	EDUCATION	&	DEVELOPMENT	TNC
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	RURAL EDUCATION & DEVELOPMENT INC.		
Sched	ule F (Form 990) 2022 DBA READ GLOBAL	23-2656376	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may		
	be required to separately file Form 3520. Annual Return To Report Transactions With Foreign Trusts and		
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a		
	U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes."		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to		
	Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing		
	Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		
	Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2022

	RURAL EDUCATION & DEVELOPMENT INC.		
Schedule F (Form 990) 2022	DBA READ GLOBAL	23-2656376	Page
	al Information		
		Part I, line 3, column (f) (accounting method; amounts of	
		thod); Part III (accounting method); and Part III, column (c t to provide any additional information. See instructions.)
(estimated humi	er of recipients), as applicable. Also complete this part	t to provide any additional information. See instructions.	
ART I, LINE 2:			
ACH OF THE 3 LOCAL RE	AD ORGANIZATIONS THAT RECEIVES GRANTS FF	ROM READ	
LOBAL THROUGH AN AGRE	EMENT THAT OUTLINES OUR INTENTIONS FOR U	ISE OF FUNDS	
AS SPECIFIED BY THE DO	NOR. AFTER THE END OF THE FISCAL YEAR,	WE REQUEST	
A REPORT THAT RECAPS H	OW FUNDS WERE USED. IF FUNDS WERE NOT US	ED	
ROPERLY, OR DOCUMENTA	TION NOT PROVIDED, FUTURE FUNDS CAN BE W	ITHHELD.	
HEN POSSIBLE, SITE VI	SITS ARE CONDUCTED TO SEE ACTUAL EVIDENC	E OF USE OF	
FUNDS.			
PART I, LINE 3:			
CCRUAL BASIS EXPENDIT	URES		
PART II, COLUMN (D):			
EGION: SOUTH ASIA			
D) PURPOSE OF GRANT:	GRANTS TO PARTNER WITH RURAL COMMUNITIES	3 TO	
STABLISH READ CENTERS	AND PROGRAMS.		
			000) 00
32075 10-17-22	33	Schedule F (Form	əəu) 20

SCHEDULE G	Suppleme	ental Information Regarding	Func	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1				r 19,	or if the	2022
Department of the Treasury		Attach to Form 990	or Forr	n 990	-EZ.			Open to Public
Internal Revenue Service	Go t	to www.irs.gov/Form990 for instru	ctions	and th	ne latest information	n.		Inspection
Name of the organization	n RURAL EDUC	ATION & DEVELOPMENT INC.					Employer ide	entification number
<u></u>	DBA READ G						23-26563	
	complete this par	Complete if the organization answe t.	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E2	I filers are not
 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a X Mail solicitations b X Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d X In-person solicitations g Special fundraising events d X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? X Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be 								
compensated at le	east \$5,000 by the	organization.						
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	ustody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
SMARTERGOOD INC	261	WORKED ON FUNDRAISING	Yes	No				
CORBETT AVE., SAN	FRANCISCO,	PROPOSALS		X	203,810.		26,800.	177,010.
Total					203,810.		26,800.	177,010.
 List all states in wh or licensing. 	ich the organizatio	on is registered or licensed to solicit	contrib	utions	or has been notified	ıt is e	exempt from re	egistration

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2022

232081 10-27-22

		le G (Form 990) 2022 DBA READ GI				-2656376 Page 2
Pa	ırt I	-				
		of fundraising event contributions and gro	(a) Event #1	(b) Event #2	(c) Other events	
			(-7	(-)		(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	- col. (c))
anue						
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
		Nanagah prizos				
ses	5	Noncash prizes				
(pen;	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10 11	5	.,			
Pa	irt I			m 990, Part IV, line 19, oi		
		\$15,000 on Form 990-EZ, line 6a.	I	-	1	1
an			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						···· (2) ···· ··· ··· ··· ··· (0)
ŭ	1	Gross revenue				
es	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
		· · · · · · · · · · · · · · · · · · ·	Yes %	5 Yes %	9 Yes %	
	6	Volunteer labor	No	No	No No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
		Net gaming income summary. Subtract line 7	from line 1 column (d)			
	0	Net gaming income summary. Subtract line r				
		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming ac No," explain:				Yes No
L.						
	_					
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No
i.						
2320	32 10)-27-22			Sche	edule G (Form 990) 2022

Ũ	•	RURAL EDUCATION & DEVELOPMENT INC.		
Sch	edule G (Form 990) 2022	DBA READ GLOBAL	23-2656376	Page 3
11		ming activities with nonmembers?	Yes	s 🗌 No
12		ficiary or trustee of a trust, or a member of a partnership or other entity formed		
				s 🛄 No
13	Indicate the percentage of gaming			0/
				<u> %</u> %
14		e person who prepares the organization's gaming/special events books and records		70
	Name			
	Address			
15a	Does the organization have a cont	ract with a third party from whom the organization receives gaming revenue?	Yes	s 🗌 No
b	If "Yes," enter the amount of gami	ng revenue received by the organization \$ and the amo	unt	
	of gaming revenue retained by the			
c	If "Yes," enter name and address	of the third party:		
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation	\$		
	5 5 1			
	Description of services provided			
	Director/officer	Employee Independent contractor		
17	Mandatory distributions:			
a	Is the organization required under	state law to make charitable distributions from the gaming proceeds to		
				s 🛄 No
b		equired under state law to be distributed to other exempt organizations or spent in	the	
Pa	organization's own exempt activiti rt IV Supplemental Inform	es during the tax year \$ nation. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a	and Part III lines (9 9h 10h
		applicable. Also provide any additional information. See instructions.		0,00,100,
SCH	EDULE G PART I LINE 2B	LIST OF TEN HIGHEST PAID FUNDRAISERS:		
	,,,,,			
(I)	NAME OF FUNDRAISER: SMART	ERGOOD INC.		
(-)				
(1)	ADDRESS OF FUNDRAISER: 26	1 CORBETT AVE., SAN FRANCISCO, CA 94114		
0000	23. 10. 27. 22		Schedule G (For	m 900) 2022
23208	33 10-27-22		Soliedule G (FOF	11 330 2022

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RURAL EDUCATION & DEVELOPMENT INC

Schodulo G (Form 990)	DBA READ GLOBAL	23-2656376	Page 4
Schedule G (Form 990) Part IV Supplemental Ir	nformation (continued)	20 20000,0	Faye 4
	(continued)		
		Oskadula O //	or
232084 04-01-22		Schedule G (F	0111 990)

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2022.05000 RURAL EDUCATION & DEVELOP A2132521

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SCHEDULE I		G	rants and Oth	ner Assistan	ce to Organ	izations.		OMB No. 1545	-0047
(Form 990)		Go	vernments, an	nd Individual	ls in the Ŭni	ted States		202	2
		Comple	ete if the organizatio	Attach to Forn		rt IV, line 21 or 22.		Open to Pu	ublic
Department of the Treasury Internal Revenue Service			Go to www.irs	s.gov/Form990 for		ation		Inspectio	
Name of the organizati	on RURAL EDUCATIO	ON & DEVELOPME		s.gov/1 0111350 101	the latest morn			Employer identification	
	DBA READ GLOBA							23-265637	
Part I General Ir	formation on Grants a	nd Assistance							
1 Does the organiz	ation maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selecti		
criteria used to a	ward the grants or assis	stance?						X Yes	No No
	IV the organization's pro								
	d Other Assistance to I nat received more than \$	-				anization answered "Y	′es" on Form 990, Parl	t IV, line 21, for any	
	dress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of gran or assistance	nt

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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Schedule I (Form 990) 2022

RURAL EDUCATION & DEVELOPMENT INC.

Schedule I (Form 990) 2022	DBA READ GLOBAL	23–2656376	Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

AFTER THE END OF THE FISCAL YEAR, WE REQUEST A REPORT THAT RECAPS HOW FUNDS

WERE USED. IF FUNDS WERE NOT USED PROPERLY, OR DOCUMENTATION NOT PROVIDED,

FUTURE FUNDS CAN BE WITHHELD. WHEN POSSIBLE, SITE VISITS ARE CONDUCTED TO

SEE ACTUAL EVIDENCE OF USE OF FUNDS.

SCHEDULE O (Form 990)	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.	2022
Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.	Open to Public Inspection
Name of the organization	n RURAL EDUCATION & DEVELOPMENT INC. DBA READ GLOBAL	Employer identification number 23-2656376
FORM 990, PART I,	LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
RURAL EDUCATION AN	D DEVELOPMENT INC (READ GLOBAL) PARNTERS WITH THREE	
LOCAL COUNTRY ORGA	NIZATIONS TO FACILITATE THE CREATION OF	
SELF-SUSTAINING AN	D COMMUNITY-LED LIBRARY AND RESOURCE CENTERS THAT	
SERVE AS A FOUNDAT	IONAL PLATFORM FOR UNLOCKING A COMMUNITY'S SOCIAL AND	
ECONOMIC POTENTIAL		
FORM 990, PART III	, LINE 4A	
READ CENTERS & PRC	GRAMS - READ BUILDS COHESIVE, INCLUSIVE, AND	
RESILIENT COMMUNIT	IES WHERE EVERYONEESPECIALLY THOSE MOST	
MARGINALIZEDACCESS	AND BENEFIT FROM KNOWLEDGE, RESOURCES, AND	
OPPORTUNITIES NECE	SSARY TO SHAPE THEIR OWN DIGNIFIED AND FULFILLING	
FUTURES. READ'S ME	THOD OF FACILITATION EMPOWERS COMMUNITIES TO	
RECOGNISE AND BELI	EVE IN THEIR OWN INHERENT POTENTIAL TO SOLVE LOCAL	
PROBLEMS AND FOSTE	R GREATER PROSPERITY. BY FORTIFYING THE COMMUNITY	
LIBRARY AND RESOUR	CE CENTER (READ CENTER) AS A FOUNDATIONAL PLATFORM	
FOR UNLOCKING A CC	MMUNITY'S SOCIAL AND ECONOMIC POTENTIAL, READ	
INITIATES ENDURING	COMMUNITY-LEVEL TRANSFORMATION. IN 2022, READ	
CENTERS PROVIDED S	ERVICES TO MORE THAN 320,000 PEOPLE ACROSS SOUTH	
ASIA. THIS INCLUDE	D HELPING 106 FAMILIES ESCAPE FROM A CYCLE OF BONDED	
LABOR AT BRICK KIL	NS IN NEPAL, PROVIDING EDUCATIONAL SUPPORT AND	
LITERACY CLASSES T	O MORE THAN 1,280 STUDENTS IN BHUTAN, AND SUPPLYING	
INFORMATION ON SAF	E MIGRATION TO MORE THAN 75,000 PEOPLE.	
FORM 990, PART VI,	SECTION A, LINE 1A:	
THE BOARD MAY, BY	RESOLUTION, DESIGNATE AND APPOINT BOARD COMMITTEES AS IT	

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Schedule O (Form 990) 2022

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Schedule O (Form 990) 202		Page
Name of the organization	RURAL EDUCATION & DEVELOPMENT INC.	Employer identification numbe
	DBA READ GLOBAL	23-2656376
CONSIDERS NECESSARY	FOR THE OPERATION OR ADMINISTRATION OF THE CORPORAT	TON.
THESE COMMITTEES, TO	THE EXTENT PROVIDED IN SAID RESOLUTION SHALL HAVE	AND
EXERCISE THE AUTHORI	TY OF THE BOARD IN THE MANAGEMENT OF THE CORPORATION	DN.
FORM 990, PART VI, S	ECTION A, LINE 2:	
ANTONIA NEUBAUER WAS	MELISSA ANDERSON'S MOTHER (BOTH DIRECTORS)	
ORM 990, PART VI, S	ECTION B, LINE 11B:	
THE FORM 990 IS PREP	ARED AND REVIEWED BY THE EXECUTIVE DIRECTOR, DEPUTY	7
DIRECTOR AND EXTERNA	L CPA FIRST. THEN, ONCE A DRAFT IS READY, READ GLOE	BAL
IANAGEMENT SHARES A	COPY OF THE DRAFT WITH THE BOARD CHAIR AND THE	
REASURER FOR DRAFT	APPROVAL. ONCE THE DRAFT IS APPROVED, AND A FINAL I	DRAFT
S PREPARED BY THE A	CCOUNTING FIRM, READ GLOBAL MANAGEMENT WILL SHARE I	ΉE
FINAL DRAFT COPY WIT	H THE ENTIRE BOARD BEFORE IT IS SUBMITTED TO THE IF	85.
FORM 990, PART VI, S	ECTION B, LINE 15A:	
COMPENSATION FOR THE	TOP MANAGEMENT OFFICIAL WAS REVIEWED BY THE CHAIRM	IAN
DF THE BOARD. COMPAR	ABLE DATA WAS USED IN THE COMPENSATION PROCESS AND	THE
PROCESS WAS DOCUMENT	ED. THE LAST COMPENSATION REVIEW TOOK PLACE IN DECE	EMBER
2021.		
FORM 990, PART VI, S	ECTION C, LINE 19:	
OVERNING DOCUMENTS	AND CONFLICT OF INTEREST POLICY ARE NOT AVAILABLE F	70R

ORGANIZATION WEBSITE.

PART VII, SECTION A

THE EXECUTIVE DIRECTOR LIVES IN AUSTRALIA AND IS PAID THROUGH AN

232212 10-28-22

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Name of the organization RURAL EDUCATION & D	EVELOPMENT INC.	Page 2 Employer identification number
DBA READ GLOBAL		23-2656376
USTRALIAN PAYROLL SERVICE PROVIDER.		
FORM 990, PART XII, LINE 2C:		
	UAC NOT CUANCED FROM THE DRIO	n
THE PROCESS FOR SELECTING THE AUDIT FIRM	TAS NOT CHANGED FROM THE FRID	~
EAR.		
32212 10-28-22	42	Schedule O (Form 990) 2022
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