		PUB	LIC DISCLOSURE COPY - STATE REGISTRATI Return of Organization Exempt From		б ОМВ No. 1545-0047
Form <b>990</b>			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (	(except private foundations)	2022
Depa	artment	of the Treasury enue Service	Do not enter social security numbers on this form as it may Go to www.irs.gov/Form990 for instructions and the late	-	Open to Public Inspection
		AUG 31, 2023	mopeotion		
B	For the 2022 calendar year, or tax year beginning       SEP       1       2022       and ending       AUG       31       2         Check if applicable:       C Name of organization       D Employer				tion number
	Addre	ess LET'	S GET READY, INC.		
	Name	e	usiness as	31-1698832	2
	Initial		and street (or P.O. box if mail is not delivered to street address) Room/s		
	Final returr	<sub>у</sub> 50 в	ROADWAY, 25TH FLOOR	646-808-2	
	termi ated	City or t	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	5,715,392.
	Amer		YORK, NY 10004	H(a) Is this a group retu	
	Appli tion pend	F Name a	nd address of principal officer: LENA EBERHART	for subordinates?	
	· · · · ·	SAME	AS C ABOVE	H(b) Are all subordinates inclu	
	lax-ex Websi	empt status:	X         501(c)(3)         501(c) (         )         (insert no.)         4947(a)(1) or         )           LETSGETREADY.ORG         Image: Comparison of the second sec	527 If "No," attach a lis H(c) Group exemption r	
				Year of formation: 1999 M S	
	art I				
	1	Briefly describ	be the organization's mission or most significant activities: $\   { m LET'S} \   { m GE}$	T READY INC. PF	OVIDES
Activities & Governance		HIGH SC	HOOL STUDENTS FROM LOW INCOME BACKGROU	JNDS WITH FREE	SAT
rnai	2	Check this bo	x if the organization discontinued its operations or disposed of m	nore than 25% of its net asset	
ove	3	Number of vo	ting members of the governing body (Part VI, line 1a)	3	19
Ğ	4	Number of inc	lependent voting members of the governing body (Part VI, line 1b)		19
es S	5		of individuals employed in calendar year 2022 (Part V, line 2a)		141
Viti	6		of volunteers (estimate if necessary)		20
Acti	7 a		d business revenue from Part VIII, column (C), line 12		0.
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11		0.
		o		Prior Year 3,653,525.	Current Year
an	8		and grants (Part VIII, line 1h)	78,256.	<u>4,160,768.</u> 242,367.
Revenue	9	•	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)	6,662.	37,177.
Be	10		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0,002.	-157,689.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,738,443.	4,282,623.
	13		milar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14		to or for members (Part IX, column (A), line 4)	0.	0.
S	15	Salaries, othe	r componention, employee henefits (Port IV, column (A), lines 5 10)	2,386,834.	2,781,785.
Expenses	16a	Professional f	undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) 515,650.	1,450.	8,000.
be	. b	Total fundrais	ing expenses (Part IX, column (D), line 25) 515,650.		
Û	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	600,178.	668,043.
	18	Total expense	es. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,988,462.	3,457,828.
	19	Revenue less	expenses. Subtract line 18 from line 12	749,981.	824,795.
Net Assets or				Beginning of Current Year	End of Year
Sset	20	Total assets (I		3,115,570.	3,810,176.
etA	21		(Part X, line 26)	244,148.	89,028. 3,721,148.
	<u>22</u> art II	Net assets or Signature	fund balances. Subtract line 21 from line 20	4,0/1,444.	J,/41,140.
			I declare that I have examined this return, including accompanying schedules and sta	tements and to the best of my kr	nowledge and helief it is
	-		. Declaration of preparer (other than officer) is based on all information of which prep		וטייוטעשט מווע שפוופו, וג 3
	, 00110			and had any knowledge.	

Sign	Signature of officer		Date				
Here	LENA EBERHART, CHIEF EXEC	UTIVE OFFICER					
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date cr	neck PTIN			
Paid	EVA MRUK	EVA MRUK	07/15/24				
Preparer	Firm's name PKF O'CONNOR DAVI	ES ADVISORY, LLC	Firm's E	IN 87-3231666			
Use Only	Firm's address 245 PARK AVENUE,	12TH FLOOR					
	NEW YORK, NY 1016	7	Phone n	0.212-286-2600			
May the IF	May the IRS discuss this return with the preparer shown above? See instructions 🛛 🚺 Yes 🔲 No						
232001 12-13	32001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form <b>990</b> (2022)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

D	1990 (2022) LET'S GET READY, INC. 31-169883	2 Pa	age
Pai	rt III Statement of Program Service Accomplishments		_
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	
1	Briefly describe the organization's mission: LET'S GET READY, INC. PROVIDES HIGH SCHOOL STUDENTS FROM LOW-INCOM	ъ.	
	BACKGROUNDS WITH FREE SAT PREPARATION, ADMISSIONS COUNSELING AND O		
	SUPPORT SERVICES NEEDED TO GAIN ADMISSION TO AND GRADUATE FROM	THER	
	COLLEGE.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
-		Yes X	N
	If "Yes," describe these new services on Schedule O.		
3		Yes X	No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expen	ses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expense	es, and	
	revenue, if any, for each program service reported.		
4a		2,36	7.
	18,590 STUDENTS WERE ENROLLED IN LET'S GET READY THIS YEAR THROUGH		
	ACCESS, TRANSITION, AND SUCCESS PROGRAMS WHICH ALL EMPLOY A VIRTUA		
	NEAR-PEER COACHING MODEL. IN OUR ACCESS PROGRAM WE PROVIDE INTENSI	VE	
	SAT PREPARATION AND AN INTRODUCTION TO ALL ASPECTS OF THE COLLEGE		
	ADMISSIONS PROCESS. THROUGH OUR TRANSITION PROGRAM WE SUPPORT COLL	EGE	
	ENROLLMENT THROUGH VIRTUAL COACHING ON TOPICS INCLUDING COLLEGE		
	SELECTION, CAMPUS VISITS, APPLICATIONS, PERSONAL STATEMENT, AND		
	FINANCIAL AID OPPORTUNITIES. THROUGH OUR SUCCESS PROGRAM WE SUPPOR STUDENTS IN NAVIGATING THE COMPLEXITIES OF COLLEGE LIFE THROUGH	.T.	
	COACHING ON SOCIAL, FINANCIAL AND ACADEMIC SUPPORT. SERVICES WERE		
	PROVIDED BY OVER 90 COLLEGE STUDENTS		
4c			
4c			
4c			
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$		
4c	<pre></pre>		
4c	<pre></pre>		
4c	<pre></pre>		
4c			
4c			
4c			
4c 4d			
	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )		
4d	Other program services (Describe on Schedule O.)       (Expenses \$ including grants of \$ ) (Revenue \$ )       Total program service expenses       2,394,651.		
4d 4e	Other program services (Describe on Schedule O.)       (Expenses \$ including grants of \$ ) (Revenue \$ )       Total program service expenses       2,394,651.	rm <b>990</b> (	

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 Form 990 (2022)
 LET'S GET READY, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	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		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			77
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
•	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			х
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			х
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
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.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		- 23	
b	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			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u> </u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			37
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	0000	X
232003	12-13-22	Form	990	(2022)

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Form	990	(2022)
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 Form 990 (2022)
 LET'S GET READY, INC.
 31-1698832
 Page 4

 Part IV
 Checklist of Required Schedules (continued)
 Yes
 No

			res	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	210		
254		25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	258		- 23
a	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			v
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	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
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
Ŭ	"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	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		<u> </u>
30		30		x
04	contributions? If "Yes," complete Schedule M			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	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)?	35a		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		L
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 10		-	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
5	(gambling) winnings to prize winners?	1c		
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Par					
0-		I		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 141			
b	filed for the calendar year ending with or within the year covered by this return		2b		Х
			20 3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule C	 ר	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other at				
	financial account in a foreign country (such as a bank account, securities account, or other financial ac	•	4a		х
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).			
5a			5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?	-	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	rices provided to the payor?	7a	Х	
			7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ct?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file For	m 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat	ion file a Form 1098-C?	7h		
3	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		
0	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
1	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b	-		
с	Enter the amount of reserves on hand	13c			
			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule	e O	14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration				
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
7	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				
2005	12-13-22		Form	990	(2022)
7	6 15 756359 1078291.000 2022.06000 LET'S GET	READY, INC.		10	78

Form 990	(2022)
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X

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

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

				Yes	No
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year	1a	19		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	19		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other			
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99	0 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?	5		X
6	Did the organization have members or stockholders?				X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app				
	more members of the governing body?				X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto				
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
а	The governing body?		8a	X	
	Each committee with authority to act on behalf of the governing body?			Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac				
	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 Rev				
		0.1.40 00401		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such cha				
			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body				X
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	Ū			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to			Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " $\gamma_{e}$				
	on Schedule O how this was done	-,	120	X	
13	Did the organization have a written whistleblower policy?			Х	
14	Did the organization have a written document retention and destruction policy?			X	
15	Did the process for determining compensation of the following persons include a review and approval				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	Х	
	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent with a			
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi				
	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 filedMA, NH, NJ, NY, PA	A,RI			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and		(c)(3)s only	) availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.				
	X Own website X Another's website X Upon request Other (explain	on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor	,	y, and finar	ncial	
	statements available to the public during the tax year.				
20	20 State the name, address, and telephone number of the person who possesses the organization's books and records				
	LENA EBERHART - 646-808-2760				
	50 BROADWAY, 25TH FLOOR, NEW YORK, NY 10004				
232006	12-13-22		For	m <b>990</b>	(2022

2022.06000 LET'S GET READY, INC.

Form 990 (	2022)
Part VII	Coi

Part VII	Compensation of Off	icers, Directors,	Trustees, Ke	y Employees,	Highest	Compensated
	Employees, and Inde	pendent Contrac	ctors			

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

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

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

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not cl	Pos heck			one	Reportable	Reportable	Estimated
	hours per	box	, unles cer an	ss per	rson i	s both	n an	compensation	compensation	amount of
	week							from the	from related	other
	(list any hours for	direct				_		organization	organizations (W-2/1099-MISC/	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	nal tru		oyee	om pe		1099-NEC)	,	and related
	below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	mer			organizations
	line)	Indi	Inst	Officer	Key	Emp	Former			
(1) LENA EBERHART	40.00							100 000	0	0F 0CF
CHIEF EXECUTIVE OFFICER	40.00			X				189,308.	0.	25,365.
(2) GRACE BIANCIARDI	40.00							100 050	0	4 946
CHIEF PROGRAMS OFFICER	40.00					X		133,050.	0.	4,046.
(3) JULIAN THOMPSON	40.00							110 005	0	
MANAGING DIRECTOR, PEOPLE & OPERATIO	40.00					X		113,875.	0.	16,747.
(4) MARVIN KELLY VILMA	40.00							110 046	0	
MANAGING DIRECTOR OF DEVELOPMENT	40.00					X		112,846.	0.	17,516.
(5) WANDA MONTANEZ	40.00							115 552	0	12 000
VP OF INNOVATION & STRATEGY	40.00					X		115,773.	0.	13,922.
(6) SEAN FISCHER	40.00							111 075	0	10 000
SENIOR DIRECTOR OF DATA & EVALUATION	10.00					X		111,875.	0.	16,096.
(7) BROOK PAYNER	10.00							0	0	0
CHAIR	10.00	Х		X				0.	0.	0.
(8) GARY MATTHEWS	10.00			37				0	0	0
VICE CHAIR THRU 6/2023	10.00	Х		X				0.	0.	0.
(9) LAURENT DESMANGLES	10.00	v		v				0.	0.	0
SECRETARY	5.00	Х		Х			<u> </u>	0.	0.	0.
(10) RYAN BLACKWELL DIRECTOR	5.00	x						0.	0.	0.
(11) PETER COLE	5.00	<u> </u>				-	-	0.	0.	0.
DIRECTOR	5.00	x						0.	0.	0.
(12) JUNG CHAI	5.00	A						0.	0.	0.
DIRECTOR	5.00	x						0.	0.	0.
(13) PORTIA GREEN	5.00							0.	0.	0.
DIRECTOR	5.00	x						0.	0.	0.
(14) JEFFREY A. JACOBS	5.00	- 23						V.	0.	
DIRECTOR	5.00	x						0.	0.	0.
(15) JOANNE JENSEN	5.00									
DIRECTOR		x						0.	0.	0.
(16) JEANNETTE MITCHELL	5.00									
DIRECTOR		x						0.	0.	0.
(17) KATE LEVIN	5.00									<b>.</b>
DIRECTOR		x						0.	0.	0.
232007 12-13-22										Form <b>990</b> (2022)
										(====)

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2022.06000 LET'S GET READY, INC.

Form 990	(2022)
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Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average			Posi	ition			Reportable	Reportable	Estimated
Nume and the	hours per		not ch , unles					compensation	compensation	amount of
	week		cer an					from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	- direc				5		organization	(W-2/1099-MISC/	from the
	related	tee o	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	I trus	nal tri		oyee	um mo		1099-NEC)		and related
	below	In dividual trustee or director	nstitutional trustee	Cer	Key employee	Highest compensated employee	ner			organizations
	line)	Indiv	Insti	Officer	Key	High	Former			
(18) JORDAN MAY	5.00									
DIRECTOR		Х						0.	0.	0.
(19) PATRICIA MCWADE	5.00									
DIRECTOR		Х						0.	0.	0.
(20) ADRIAN MEBANE	5.00									
DIRECTOR		Х						0.	Ο.	0.
(21) PRISCILLA NATKINS	5.00									
DIRECTOR		х						0.	0.	0.
(22) JAMES QUINN	5.00									
DIRECTOR		х						0.	Ο.	0.
(23) EUGENIE LANG ROSENTHAL, FOUNDER	5.00									
DIRECTOR		х						0.	0.	0.
(24) KATE RUBENSTEIN	5.00									
DIRECTOR		х						0.	0.	0.
(25) ALAN SCHOENFELD	5.00					-			•••	
DIRECTOR	3.00	х						0.	0.	0.
(26) BEN TAGOE	5.00	21				$\vdash$			0.	
DIRECTOR	5.00	x						0.	0.	0.
								776,727.	0.	93,692.
1b Subtotal								0.	0.	0.
c Total from continuation sheets to Part VI								-		93,692.
d Total (add lines 1b and 1c)								776,727.	0.	93,692.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable	_
compensation from the organization										/
										Yes No
<b>3</b> Did the organization list any <b>former</b> officer,			key e	mpl	oye	e, or	hig	hest compensated empl	oyee on	
line 1a? If "Yes," complete Schedule J for s										3 X
4 For any individual listed on line 1a, is the su										
and related organizations greater than \$150	0,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	for such individual		4 X
5 Did any person listed on line 1a receive or a										
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or su	ch r	bers	on .				5 X
Section B. Independent Contractors										
1 Complete this table for your five highest co	mpensated ind	ере	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of compensa	tion from
the organization. Report compensation for	the calendar ye	ear e	endin	g w	ith c	or wi	thin	the organization's tax y	ear.	
(A)								(B)		(C)
Name and business	address	NC	ONE	3				Description of s	ervices C	compensation
2 Total number of independent contractors (ii	ncluding but pr	nt lin	nited	l to t	thos	se lie	ted	above) who received mo	ore than	
			meu			50 IIS 5	cou	above, who received the		

\$100,000 of compensation from the organization 0 SEE PART VII, SECTION A CONTINUATION SHEETS 232008 12-13-22 9

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Form 990 (2022)

Form 990 LET'S GET Part VII Section A. Officers, Directors, Tru	Γ READY,	I	NC						31-169	8832
Part VII Section A. Officers, Directors, Tru	istees, Key En	nplo	yee	s, a	nd H	ligh	est (	Compensated Employ	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl			that		ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	recto				em plo		organization	(W-2/1099-MISC)	from the
	hours for	ordi	ee			sated		(W-2/1099-MISC)		organization and related
	related organizations	rustee	I trust		ee	npens				organizations
	below	dual ti	Itiona		n ploy	stcor	5			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pen sated em ployee	Former			
(27) GRACE LAMONT	5.00									
DIRECTOR THRU 6/2023	5.00	х						0.	0.	0.
		1								
		1								
Total to Part VII, Section A, line 1c										

232201 04-01-22

				r rea	DY, INC.			31-1698	832 Page 9
Pa	rt VI	II Statement of Rev	venue						
		Check if Schedule O d	contains a i	response	or note to any line	e in this Part VIII			
				·		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ς Ω	1 a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b			1b					
Ω <sup>B</sup>	c			1c	185,745.				
ifts,	d			1d					
nila,	e	Government grants (contri		1e					
Sir	f								
her		similar amounts not included		1f	3,975,023.				
ot	0	Noncash contributions included in		1g \$	198,984.				
Son	s h	Total. Add lines 1a-1f				4,160,768.			
0.0					Business Code	, ,			
	2 a	EDUCATION SUPPORT FE	EES		611710	242,367.	242,367.		
vice	b								
Ser	c								
Program Service Revenue	d								
gra Re	e								
Pro		All other program service	revenue						
	c				1	242,367.			
	3	Investment income (incluc				,			
			-			36,603.			36,603.
	4	Income from investment o				· · · · · ·			
	5	Royalties			ł				
		,		Real	(ii) Personal				
	6 a	Gross rents	6a						
	b		6b						
	с		6c						
	d		)						
	7 a	Gross amount from sales of		ecurities	(ii) Other				
		assets other than inventory	7a 1,2	00,504.					
	b	Less: cost or other basis							
e		and sales expenses	7b 1,1	99,930.					
evenue	с	Gain or (loss)	7c	574.					
Rev		Net gain or (loss)				574.			574.
Other R		Gross income from fundraisir							
G		including \$	185,745.	of					
		contributions reported on							
		Part IV, line 18		8a	75,150.				
	b	Less: direct expenses			232,839.				
	с	Net income or (loss) from	fundraising	events		-157,689.			-157,689.
	9 a	Gross income from gamin	g activities	. See					
		Part IV, line 19		9a					
	b	Less: direct expenses							
	с	Net income or (loss) from	gaming act	ivities					
	10 a	Gross sales of inventory, I	less returns	.   -					
		and allowances		<u>10a</u>	1				
	b	Less: cost of goods sold							
	с	Net income or (loss) from	sales of inv	entory					
s					Business Code				
e e	11 a	I							
scellaneo <u>Revenue</u>	b	)							
Sell	С								
Miscellaneous <u>Revenue</u>	d	All other revenue							
2		Total. Add lines 11a-11d							
	12	Total revenue. See instruction	ons			4,282,623.	242,367.	0.	-120,512.
232009	9 12-13	3-22							Form <b>990</b> (2022

232009 12-13-22

2022.06000 LET'S GET READY, INC.

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31-1698832 Page 9

LET'S GET READY, INC. Part IX Statement of Functional Expenses

Do	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	217 262	65 200	76 077	76 077
~	trustees, and key employees	217,362.	65,208.	76,077.	76,077
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	2,149,016.	1,681,879.	204,606.	262,531
7 0	Other salaries and wages	2,149,010.	1,001,075.	204,000.	202,331
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	41,938.	35,337.	2,545.	4 056
9		169,700.	137,185.	13,393.	<u>4,056</u> 19,122
9 10	Other employee benefits	203,769.	158,138.	19,594.	26,037
11	Payroll taxes	203,103.	100,100.	19,3940	20,007
a	Management				
b	Legal	4,927.		4,927.	
	Accounting	72,855.		72,855.	
	Lobbying	,		,	
	Professional fundraising services. See Part IV, line 17	8,000.			8,000
f	Investment management fees	,			•
g	Other. (If line 11g amount exceeds 10% of line 25,				
Ū	column (A), amount, list line 11g expenses on Sch 0.)	171,308.	93,664.	33,330.	44,314
12	Advertising and promotion	17,176.		5,200.	11,976
13	Office expenses	74,202.	29,291.	24,269.	20,642
14	Information technology	126,782.	81,029.	23,741.	22,012
15	Royalties				
16	Occupancy	34,703.	26,028.	2,891.	5,784
17	Travel	64,653.	13,389.	40,291.	10,973
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	12,712.	9,926.	2,539.	247
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	19,241.	14,431.	1,603.	3,207
23	Insurance	12,268.		12,268.	
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	EDUCATION MATERIALS	47,753.	47,753.		
b	EQUIPMENT	6,576.		6,302.	274
c	PROFESSIONAL DEVEL.	2,887.	1,393.	1,096.	398
d			,	,	
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,457,828.	2,394,651.	547,527.	515,650
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)				

232010 12-13-22

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12

Form 990 (2022)

13410715 756359 1078291.000

LET'S GET READY, INC.

31-1698832 Page 11

		Chaok if Schodulo O contains a response ar an	to to or	uling in this Dort V			
		Check if Schedule O contains a response or no	ie io an		(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			328,330.	1	373,124.
	2	Savings and temporary cash investments			696,243.	2	557,368.
	3	Pledges and grants receivable, net			150,000.	3	1,094,284.
	4	Accounts receivable, net			681,500.	4	37,710.
	5	Loans and other receivables from any current o			,	-	
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqual					
		under section 4958(f)(1)), and persons describe				6	
(0	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				78,244.	9	71,766.
	1	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	53,700.			
	b	Less: accumulated depreciation		26,791.	55,860.	10c	26,909.
	11	Investments - publicly traded securities			1,118,876.	11	1,642,498.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			6,517.	15	6,517.
	16	Total assets. Add lines 1 through 15 (must equ			3,115,570.	16	3,810,176.
	17	Accounts payable and accrued expenses			244,148.	17	89,028.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20					20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
Ś	22	Loans and other payables to any current or forr	ner offic	er, director,			
litie		trustee, key employee, creator or founder, subs	tantial o	ontributor, or 35%			
Liabilities		controlled entity or family member of any of the	se pers	ons		22	
1	23	Secured mortgages and notes payable to unrel	ated thi	d parties		23	
	24	Unsecured notes and loans payable to unrelate	d third I	parties		24	
	25	Other liabilities (including federal income tax, pa	ayables	to related third			
		parties, and other liabilities not included on line	s 17-24)	. Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			244,148.	26	89,028.
		Organizations that follow FASB ASC 958, ch	eck her	e X			
ces		and complete lines 27, 28, 32, and 33.					
lan	27			·····  -	2,221,422.	27	2,590,324.
Ba	28	Net assets with donor restrictions			650,000.	28	1,130,824.
pun		Organizations that do not follow FASB ASC 9	958, che	eck here			
Ē		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
.əse	30	Paid-in or capital surplus, or land, building, or e				30	
tAŝ	31	Retained earnings, endowment, accumulated in			0 001 400	31	
Ne	32	Total net assets or fund balances			2,871,422.	32	3,721,148.
	33	Total liabilities and net assets/fund balances			3,115,570.	33	3,810,176.

Form 990 (2022)

Form 990 (2022) Part X | Balance Sheet

Form	990 (2022) LET'S GET READY, INC.	31	-1698832	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,282		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,457		
3	Revenue less expenses. Subtract line 2 from line 1	3	824	<u> </u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,871		
5	Net unrealized gains (losses) on investments	5	34	1,6	41.
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	- 9	),7:	10.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	3,721	.,14	<u>48.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Χ	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule C	).		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?				X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	lit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	

Form **990** (2022)

232012 12-13-22

SCHEDULE A
------------

Department of the Treasury Internal Revenue Service

(Form 990)
------------

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

2022
Open to Public Inspection

OMB No. 1545-0047

#### Name of the organization

Nam	lame of the organization Employer identification number									
	LET'S GET READY, INC. 3							1-1698832		
Pa	tl	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.		
The o	organi	zation is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only o	one box.)				
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2		A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990).)								
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).			
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	)(iii). Enter	the hospital's name,	
		city, and state:								
5		An organization operated for	or the benefit of a col	lege or university owned	l or operate	ed by a go	vernmental u	nit describe	ed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).			
7		An organization that norma	lly receives a substa	ntial part of its support fi	om a gove	ernmental	unit or from th	ne general p	oublic described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community trust describe	ed in section 170(b)(	(1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or	
		university:								
10	X	An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from	
		activities related to its exem	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 unrelated 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). (Cor	mplete Part III.)							
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	)9(a)(4).			
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functio	ns of, or to ca	rry out the	purposes of one or	
		more publicly supported or	-						Check the box on	
		lines 12a through 12d that						-		
а		<b>Type I.</b> A supporting orga		-	•	-				
		the supported organization			majority o	of the direc	tors or trustee	es of the su	ipporting	
_		organization. You must o	-							
b		<b>Type II.</b> A supporting org					•		-	
		control or management o			ame perso	ns that co	ntrol or manaç	ge the supp	oorted	
	_	organization(s). You mus							4	
С		Type III functionally inte						ly integrate	d with,	
4		its supported organization		-				tod organi-	ration(a)	
d		J Type III non-functionally						-		
		that is not functionally int requirement (see instructi			•		-	anallenin	reness	
~		Check this box if the orga		-						
е		functionally integrated, or					турет, турет	n, rype m		
f	Ente	er the number of supported of			0 0					
a		vide the following information	•							
		) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization 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)	
<b>.</b>										
Tota										

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	<b>(f)</b> Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3								
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)								
6	Public support. Subtract line 5 from line 4.								
Sec	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	<b>(f)</b> Total		
7	Amounts from line 4								
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources								
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10								
12	Gross receipts from related activities,	etc. (see instructio	ons)			12			
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third, <sup>-</sup>	fourth, or fifth tax y	ear as a section /	01(c)(3)			
	organization, check this box and stop	here							
Sec	ction C. Computation of Publi	c Support Per	centage						
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, o	column (f))		14	%		
15	Public support percentage from 2021					15	%		
<b>16</b> a	33 1/3% support test - 2022. If the o	organization did no	t check the box o	n line 13, and line <sup>-</sup>	14 is 33 1/3% or m	ore, check this boy	k and		
	stop here. The organization qualifies	as a publicly supp	orted organization						
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box		
	and stop here. The organization qual		••••						
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,		
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	<b>re.</b> Explain in Part	VI how the organiz	ation		
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization				
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is <sup>-</sup>	10% or		
	more, and if the organization meets the	ne facts-and-circum	nstances test, che	ck this box and <b>st</b>	t <b>op here.</b> Explain i	n Part VI how the			
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation			
18	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

fails to qualify under the tests listed below, please complete Part III.)

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

Schedule A (Form 990) 2022

Part II

Schedule A (Form 990) 2022

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31-1698832 Page 2

232022 12-09-22

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

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

#### Section A. Public Support (c) 2020 (d) 2021 Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (e) 2022 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 4160768.17296349. 3168335 2525686. 3788035. 3653525. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 157,214. 83,811. 78,256. 242,367. 286,150. 847,798. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization'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 3454485 2682900. 3871846. 3731781. 4403135.18144147. 6 Total. Add lines 1 through 5 ..... 7a Amounts included on lines 1, 2, and 462,852. 455,257. 655,325. 472,930. 582,618. 2628982. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 0. c Add lines 7a and 7b 472,930. 582,618. 462,852. 455,257. 655,325. 2628982 15515165. Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 4403135.18144147. 9 Amounts from line 6 3454485 2682900. 3871846. 3731781 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 18,399. 6,778. 3,734. 7,717. 36,603. 73,231. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 18,399 6,778. 3,734. 7,717. 36,603. 73,231. 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.) 4439738.18217378. 3472884. 2689678. 3875580. 3739498. **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 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) organization, check this box and stop here Section C. Computation of Public Support Percentage 85.17 % Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 15 85.14 16 Public support percentage from 2021 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .40 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) % 17 .33 18 Investment income percentage from 2021 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not \_\_\_\_\_X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990) 2022 232023 12-09-22 17

13410715 756359 1078291.000

<sup>2022.06000</sup> LET'S GET READY, INC.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

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.)

232024 12-09-22

10b Schedule A (Form 990) 2022

2022.06000 LET'S GET READY, INC.

Schedule A	(Form 990) 202	2	LET'	S	GET	READY,	INC.
Part IV	Supporting	o Organiz	ations	(00	ntinuec	4)	

No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
c	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 one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			
	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			

 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

 1
 Control
 1

Set	cion D. An Type in 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 <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If</i> "Yes," <i>describe in</i> <b>Part VI</b> <i>the role the organization</i> 's			
		•		

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

1	Check the box next to the method	d that the organization u	used to satisfy the Integ	ral Part Test during the	lear (see instructio	ns).
	Sneck the box next to the method	a that the organization L	isea to satisty the integ	rai Part Test during the	ear (see mou	uctio

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

cL		The organization supported a governmental entity	Describe in Part VI how you supported a governmental entity (see ins	truction <u>s).</u>
----	--	--	--	---------------------

19

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

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

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.* 232025 12-09-22

3b | | | Schedule A (Form 990) 2022

2a

2b

3a

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Yes No

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	ng trust or	n Nov. 20, 1970 ( <i>explain in</i> <b>F</b>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lly integra	ted Type III supporting organ	nization (see

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

31-1698832 Page 6

232026 12-09-22

instructions).

21 2022.06000 LET'S GET READY, INC. 10782911

4	Amounts paid to acquire exempt-use assets	4			
5	Qualified set-aside amounts (prior IRS approval required - pro	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			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) 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				
b	Applied to 2022 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				
				Sc	hedule A (Form 990) 2022

1 Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

2 Amounts paid to perform activity that directly furthers exempt purposes of supported

Administrative expenses paid to accomplish exempt purposes of supported organizations

Schedule A (Form 990) 2022

Section D - Distributions

3

1

2

3

Current Year

Form 990) 2022		GET READY,			31-1698832	Page
Part IV, Section A, lines line 1; Part IV, Section D	1, 2, 3b, 3c, 4b , lines 2 and 3;	, 4c, 5a, 6, 9a, 9b, 9 Part IV, Section E,	9c, 11a, 11b, and 110 lines 1c, 2a, 2b, 3a, a	l, line 10; Part II, line 17a ;; Part IV, Section B, lines ind 3b; Part V, line 1; Par ete this part for any addit	s 1 and 2; Part IV, Section t V, Section B, line 1e; Par	C, rt V,
 (See instructions.)						

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## Schedule of Contributors

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

2022

Employer identification number

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

	LET'S GET READY, INC.	31-1698832
Organization type (che	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> 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**

X 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 in 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)

Employer identification number

31-1698832

#### Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 800,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 Χ Person Payroll 750,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 460,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll 159,130. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 150,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 6 X Person Payroll 127,962. Noncash X \$ (Complete Part II for noncash contributions.) 223452 11-15-22 Schedule B (Form 990) (2022)

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INC.

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2022.06000 LET'S GET READY,

Employer identification number

## LE'

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Part I	GET READY, INC. Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	31-1698832
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
7_		\$100,00	Person       X         Payroll       Payroll         Noncash       (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
8_		\$100,00	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
9		\$96,00	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Type of contribution
10		\$87,02	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Type of contribution
11		_	Person X

11		\$82,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
12		\$75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Page 2

2022.06000 LET'S GET READY, INC.

223452 11-15-22

Name of organization

Employer identification number

LET'S GET READY, INC.

31-1698832

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ <u>69,135.</u>	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
14_		\$60,000.	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
15		\$ <u>25,000.</u>	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
16_		\$36,215.	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$25,354.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>18</u> 223452 11-15-		\$ <u>35,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

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Employer identification number

31-1698832

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
19_		\$ <u>35,316.</u>	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
20		\$35,000.	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
		\$35,000.	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
22		\$33,500.	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
		\$25,988.	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
24		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
223452 11-15-	22		Schedule B (Form 990) (2022)

13410715 756359 1078291.000

Page **2** 

LET'S GET READY, INC.

Employer identification number

31-1698832

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ <u>25,000.</u>	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
26	, , , , , , , , , , , , , , , , ,	\$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
		\$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
28		\$23,234.	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
29		\$21,948.	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
30		\$20,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)
I	29		20100000 0 (1 0111 330) (2022)

13410715 756359 1078291.000

Page 2

LET'S GET READY, INC.

Employer identification number

31-1698832

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31_		\$20,000.	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
32		\$10,068.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$15,350.	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
34_		\$15,000.	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
35		\$15,000.	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
<u>36</u> 223452 11-15-		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)
	30		- ( , ()

LET'S GET READY, INC.

Employer identification number

31-1698832

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37_		\$ <u>13,566.</u>	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
38		\$13,350.	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
39		\$12,400.	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
40		\$11,701.	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
		\$11,400.	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
<u>42</u> 223452 11-15-		\$10,210.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

Employer identification number

Page **2** 

## LET'S GET READY, INC.

31-1698832

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$10,000.	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
44		\$10,000.	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$10,000.	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46		\$10,000.	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
47		\$10,000.	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
48		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
223452 11-15	-22 32		Schedule B (Form 990) (2022)

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13410715 756359 1078291.000

Name of organization

Page **2** Employer identification number

LET'S GET READY, INC.

31-1698832

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$10,000.	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
50		\$ <u>10,000.</u>	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
51_		\$ <u> </u>	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
52		\$10,000.	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
53		\$10,000.	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
<u>54</u> 223452 11-15-		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

33 2022.06000 LET'S GET READY, INC.

13410715 756359 1078291.000

Employer identification number

## LET'S GET READY, INC.

31-1698832

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$10,000.	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
56		\$10,000.	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57		\$9,585.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
58		\$7,505.	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59		\$6,144.	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
60		\$6,035.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
223452 11-15	-22		Schedule B (Form 990) (2022)

10782911

34 2022.06000 LET'S GET READY, INC.

Page **2** 

LET'S GET READY, INC.

Employer identification number

31-1698832

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61_		\$6,000.	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
62		\$6,000.	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
<u>63</u>		\$5,180.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64		\$5,175.	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
65		\$5,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>66</u> 223452 11-15-		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)
220702 11-10-	35		Conedule D (1 0111 330) (2022)

Employer identification number

31-1698832

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$5,000.	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
68		\$5,000.	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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
223452 11-15-	-22		Schedule B (Form 990) (2022)

36 2022.06000 LET'S GET READY, INC. 10782911

Page **2** 

Name of o	rganization	Employer identification number				
LET'S GET READY, INC.					31-1698832	
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	ddition	al space is needed	I.		
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate (See instructions.		(d) Date received	
6	PUBLICLY TRADED SECURITIES					
		\$	127,6	47.	_06/30/20	
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate (See instructions.		(d) Date received	
16	PUBLICLY TRADED SECURITIES					
		\$_	26,3	30.		
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate (See instructions.		(d) Date received	
17	PUBLICLY TRADED SECURITIES					
		\$_	25,3	54.	06/30/23	
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate (See instructions.		(d) Date received	
32	PUBLICLY TRADED SECURITIES					
		\$	10,0	68.	_05/31/23_	
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate (See instructions.		(d) Date received	
57	PUBLICLY TRADED SECURITIES					
		\$	9,5	85.	_11/30/22_	
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate (See instructions.		(d) Date received	
		\$				

Schedule B (Form 990) (2022)

#### 13410715 756359 1078291.000

Schedule B (Form 990) (2022)

2022.06000 LET'S GET READY, INC.

37

10782911

Page 3

ame of o	rganization			Employer identification number		
ET'S	GET READY, INC.			31-1698832		
Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the section any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$Use duplicate copies of Part III if additional space is needed.					
a) No. from Part I	(b) Purpose of gift (c) Use of gift		t (d) Description of how gift is held			
		(e) Transfer of gift				
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held		
-	(e) Transfer of gift					
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
		[				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held		
-	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4		Relationship of tra	ansferor to transferee		
) No. rom	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held		
Part I						
	Transferee's name, address, a	(e) Transfer of gift		ansferor to transferee		
				Schedule B (Form 990) (2		
		38				

2022.06000 LET'S GET READY, INC. 10782911

0.01		Supplement	al Financial Statements	OMB No. 1545-0047
	<b>HEDULE D</b> 1 990)		nization answered "Yes" on Form 990,	2022
		Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.	Open to Public
	nent of the Treasury Revenue Service		0 for instructions and the latest information.	Inspection
Name	e of the organization	on LET'S GET READY, II	NC.	Employer identification number 31-1698832
Par	t I Organiza		d Funds or Other Similar Funds or Ac	
	organizatio	n answered "Yes" on Form 990, Part IV, lin		
			(a) Donor advised funds	(b) Funds and other accounts
1		nd of year		
2 3		f contributions to (during year) f grants from (during year)		
4		t end of year		
5			writing that the assets held in donor advised fund	ds
	-		exclusive legal control?	
6			dvisors in writing that grant funds can be used o	
	for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or for any other purpose conferr	ing
Dev	impermissible priva			
Par			ganization answered "Yes" on Form 990, Part IV,	line 7.
1		servation easements held by the organizati		
		i of land for public use (for example, recrea f natural habitat	tion or education) Preservation of a nisto	prically important land area
		of open space		med historic structure
2			fied conservation contribution in the form of a co	nservation easement on the last
	day of the tax year	<b>o o</b> .		Held at the End of the Tax Year
а	Total number of co	onservation easements		2a
b				2b
С	Number of conserv	vation easements on a certified historic str	ucture included in (a)	2c
d	Number of conserv	vation easements included in (c) acquired a	after July 25,2006, and not on a	
				2d
3	year	vation easements modified, transferred, rel	eased, extinguished, or terminated by the organi	zation during the tax
4	-	where property subject to conservation easily as a subject to c	sement is located	
5	Does the organizat	tion have a written policy regarding the per	iodic monitoring, inspection, handling of	
	,	orcement of the conservation easements it		
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservation	on easements during the year
7	Amount of expens	es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation ea	sements during the year
8	Does each conserv	 vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B)	(i)
	and section 170(h)	(4)(B)(ii)?		Yes No
9	In Part XIII, describ	be how the organization reports conservati	on easements in its revenue and expense statem	ient and
			note to the organization's financial statements the	at describes the
Par	organization's according till Organiza	ounting for conservation easements.	Art, Historical Treasures, or Other S	imilar Assets
I GI		the organization answered "Yes" on Form		
1a			8, not to report in its revenue statement and bala	ance sheet works
	0		blic exhibition, education, or research in furtherar	
			ncial statements that describes these items.	-
b	If the organization	elected, as permitted under FASB ASC 95	8, to report in its revenue statement and balance	e sheet works of
	art, historical treas	ures, or other similar assets held for public	exhibition, education, or research in furtherance	e of public service,
	•	ng amounts relating to these items:		
2			asures, or other similar assets for financial gain,	
2	0	ints required to be reported under FASB A		
а	-		So soo relating to these items.	\$
		eduction Act Notice, see the Instruction		Schedule D (Form 990) 2022
232051	09-01-22		20	
			30	

J	2				
22		Λ	6	Λ	Λ

Part III       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)         3       Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): <ul> <li>a</li> <li>Public exhibition</li> <li>d</li> <li>Loan or exchange program</li> <li>b</li> <li>Scholarly research</li> <li>e</li> <li>Other</li> </ul> <li>Previde a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.</li> <li>During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?</li> <li>Yes</li> <li>Part IV</li> <li>Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.</li> <li>Ia Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?</li> <li>b If "Yes," explain the arrangement in Part XIII and complete the following table:</li> <li>Amount</li> <li>C</li> <li>Beginning balance</li>
collection items (check all that apply):       a       Public exhibition       d       Loan or exchange program         b       Scholarly research       e       Other
<ul> <li>a Public exhibition</li> <li>b Scholarly research</li> <li>c Preservation for future generations</li> <li>4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.</li> <li>5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?</li> <li>Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.</li> <li>1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?</li> <li>b If "Yes," explain the arrangement in Part XIII and complete the following table:</li> </ul>
b       Scholarly research       e       Other
<ul> <li>c Preservation for future generations</li> <li>4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.</li> <li>5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? <u>Yes</u> <u>N</u></li> <li>Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.</li> <li>1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?</li> <li>b If "Yes," explain the arrangement in Part XIII and complete the following table: <u>Amount</u></li> </ul>
<ul> <li>4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.</li> <li>5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes N </li> <li>Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.</li> <li>1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? </li> <li>b If "Yes," explain the arrangement in Part XIII and complete the following table: </li> </ul>
<ul> <li>5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?</li></ul>
to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes N Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount
Part IV       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?         b       If "Yes," explain the arrangement in Part XIII and complete the following table:
reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?         b       If "Yes," explain the arrangement in Part XIII and complete the following table:         Amount
on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  Amount
on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  Amount
b If "Yes," explain the arrangement in Part XIII and complete the following table:     Amount
c Beginning balance
d Additions during the year 1d
e Distributions during the year 1e
f Ending balance 1f
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back
1a Beginning of year balance
b Contributions
c Net investment earnings, gains, and losses
d Grants or scholarships
e Other expenditures for facilities
and programs
f Administrative expenses
g End of year balance
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment%
b Permanent endowment%
c Term endowment%
The percentages on lines 2a, 2b, and 2c should equal 100%.
3a Are there endowment funds not in the possession of the organization that are held and administered for the
organization by: Yes N
(i) Unrelated organizations
(ii) Related organizations
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?         3b       3b
Describe in Part XIII the intended uses of the organization's endowment funds.     Part VI Land, Buildings, and Equipment.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.
Description of property(a) Cost or other(b) Cost or other(c) Accumulated(d) Book valuebasis (investment)basis (other)depreciation
1a         Land           b         Buildings
b Buildings
d Equipment 53,700. 26,791. 26,909
e Other
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)         26,909
Schedule D (Form 990) 20

232052 09-01-22

Schedule E	) (Form 990	) 2022	LET .	S	GET	READY,	INC.

### Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(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" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(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.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25	

 1.
 (a) Description of liability
 (b) Book value

 (1) Federal income taxes
 (a)

 (2)
 (b)

 (3)
 (c)

 (4)
 (c)

 (5)
 (c)

 (6)
 (c)

 (7)
 (c)

 (8)
 (c)

 (9)
 (c)

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

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 ... 🚺

232053 09-01-22

Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 LET'S GET READY, INC.			31-3	1698832	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With I	Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.				
1	Total revenue, gains, and other support per audited financial statements			1	4,480,	<u>,328.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	34,641.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d	163,064.			
е	Add lines 2a through 2d			2e		<u>,705.</u>
3	Subtract line 2e from line 1			3	4,282,	<u>,623.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	4,282,	,023.
	t XII Reconciliation of Expenses per Audited Financial Statem	nents With				,023.
Pa	t XII         Reconciliation of Expenses per Audited Financial Statem           Complete if the organization answered "Yes" on Form 990, Part IV, line 123	<b>nents With</b> a.	Expenses per F	Returi	۱.	
Pa 1	t XII         Reconciliation of Expenses per Audited Financial Statem           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a           Total expenses and losses per audited financial statements	<b>nents With</b> a.	Expenses per F			
Pa 1 2	t XII         Reconciliation of Expenses per Audited Financial Statem           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a           Total expenses and losses per audited financial statements           Amounts included on line 1 but not on Form 990, Part IX, line 25:	a.	Expenses per F	Returi	۱.	
Par 1 2 a	t XII         Reconciliation of Expenses per Audited Financial Statem           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a           Total expenses and losses per audited financial statements           Amounts included on line 1 but not on Form 990, Part IX, line 25:           Donated services and use of facilities	nents With a. 2a	Expenses per F	Returi	۱.	
Par 1 2 a	t XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	Pents With           a.           2a              2b	Expenses per F	Returi	۱.	
Par 1 2 a b c	t XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	2a            2b            2c	Expenses per F	Returi	۱.	
Par 1 2 a b c d	t XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a            2b            2c            2d	Expenses per F	Returi	ı. 3,700,	
Par 1 2 a b c d	t XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a           2b           2c           2d	Expenses per F	1	ı. 3,700,	, <u>377.</u> ,549.
Par 1 2 a b c d e	t XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a           2b           2c           2d	Expenses per F	1 2e	n. 3,700, 242,	, <u>377.</u> ,549.
Par 1 2 a b c d e 3	t XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a           2b           2c           2d	Expenses per F	1 2e	n. 3,700, 242,	, <u>377.</u> ,549.
Par 1 2 a b c d e 3 4 a	t XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a            2b            2c            2d	Expenses per F	1 2e	n. 3,700, 242,	, <u>377.</u> ,549.
Par 1 2 a b c d e 3 4 a b	t XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a           2b           2c           2d           2d	Expenses per F	1 2e	n. 3,700, 242,	, <u>377.</u> ,549.
Par 1 2 a b c d e 3 4 a b	t XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a           2b           2c           2d           2d	Expenses per F	1 2e 3	n. 3,700, 242,	, <u>377.</u> , <u>549.</u> ,828.

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

PART X, LINE 2:

LGR RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIC	NS
ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. MANAGEMENT HAS DETERMINED	
THAT LGR HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL	
STATEMENT RECOGNITION OR DISCLOSURE. LGR IS NO LONGER SUBJECT TO	
EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR THE PERIODS PRI	OR
TO AUGUST 31, 2020.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
DIRECT COST OF SPECIAL EVENT 163,	064.

42

103,004.

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

232054 09-01-22

Schedule D (Form 990) 2022

13410715 756359 1078291.000

2022.06000 LET'S GET READY, INC.

chedule D (Form 990) 2022 LET'S GET READY, INC. Part XIII Supplemental Information (continued)	31-1698832 Page 5
OSS ON DISPOSALS	9,710.
IRECT COST OF SPECIAL EVENT	232,839.
OTAL TO SCHEDULE D, PART XII, LINE 2D	242,549.
	Schedule D (Form 990) 2022
055 09-01-22 <b>43</b>	
0715 756359 1078291.000 2022.06000 LET'S	GET READY, INC. 107829

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctivit	ties	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$15				r 19, o	or if the	2022
Department of the Treasury	C	Attach to Form 990 o			-			Open to Public
Internal Revenue Service	Go te	o www.irs.gov/Form990 for instruc	tions	and th	ne latest information	n.		Inspection
Name of the organizatior		ET READY, INC.					Employer ide 31-1698	entification number 832
Part I Fundrais		Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, li			
required to	complete this part	t.						
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization key employees list</li> <li>b If "Yes," list the 10</li> </ul>	ions email solicitations tations licitations in have a written o ed in Form 990, Pa highest paid indiv	f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursua	ion of ion of fundra (incluc	non-g gover iising o ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	-	Yes	
compensated at le	ast \$5,000 by the	organization.						
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have ci or con contribu	ustody itrol of	(iv) Gross receipts from activity	tò (or fι	mount paid retained by) undraiser ed in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization
			Yes	No				
Total								
3 List all states in whi or licensing.	ch the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is e	kempt from re	egistration

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

Schedule G (Form 990) 2022

232081 10-27-22

LET'S GET READY, INC.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b, List events with gross receipts greater than \$5,000.

			(a) Event #1 THE 25TH ANNIV. GALA	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
			(event type)	(event type)	(total number)	coi. (C))
	1	Gross receipts	260,895.			260,895
	2	Less: Contributions	185,745.			185,745
	3	Gross income (line 1 minus line 2)	75,150.			75,150
	4	Cash prizes				
	5	Noncash prizes				
DELISES	6	Rent/facility costs				
DILECT EXPENSES	7	Food and beverages	69,775.			69,775
5	~	Estational				
	8 9	Entertainment Other direct expenses				163,064
	9 10	Direct expenses summary. Add lines 4 through		1		232,839
- 1		Net income summary. Subtract line 10 from li				-157,689
	1	Gross revenue		bingo/progressive bingo		col. (a) through col. (c
	2	Cash prizes				
DIrect Expenses	3	Noncash prizes				
	4	Rent/facility costs				
ונ	5	Other direct expenses				
				Yes %	<b>Yes</b> %	
	6	Volunteer labor	Yes %	□ 1es /₀ □ No	□ No	
		Volunteer labor Direct expense summary. Add lines 2 through	No		No	
			<b>No</b>	No	No	
	7	Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	n 5 in column (d)	No	No	-
а	7 8 Ent	Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu he organization licensed to conduct gaming ad	No 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	No	No	
а	7 8 Ent	Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	No 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	No	No	
a b a	7 Ent Is t If "I	Direct expense summary. Add lines 2 through <u>Net gaming income summary. Subtract line 7</u> ter the state(s) in which the organization condu- he organization licensed to conduct gaming ad No," explain: ere any of the organization's gaming licenses re	No No from line 1, column (d) from line 1,	states?	No	
a b a	7 Ent Is t If "I	Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu he organization licensed to conduct gaming ad No," explain:	No No from line 1, column (d) from line 1,	states?	No	

Schedule G (Form 990) 2022	LET'S GET	READY,	INC.	31-1698832 Page 3
			?	
			ember of a partnership or other entity for	
				Yes No
13 Indicate the percentage of gamin				<b>13a</b> %
			zation's gaming/special events books a	
Name				
Address				
Address				
15a Does the organization have a cor	ntract with a third pa	rty from whom	the organization receives gaming rever	nue? Yes No
<b>b</b> If "Yes," enter the amount of gam				nd the amount
of gaming revenue retained by th c If "Yes," enter name and address				
	or the trind party.			
Name				
Address				
<b>16</b> Gaming manager information:				
o daming manager mormation.				
Name				
Gaming manager compensation	\$			
Description of services provided				
Description of services provided				
Director/officer	Employee		Independent contractor	
17 Mandatory distributions:				
	r state law to make (	charitable distr	ibutions from the gaming proceeds to	
retain the state gaming license?				Yes 🗌 No
	•		tributed to other exempt organizations of	or spent in the
organization's own exempt activi Part IV Supplemental Infor			ns required by Part I, line 2b, columns (i	ii) and (v): and Part III, lines 9, 9b, 10b
			itional information. See instructions.	
	<u></u>			
232083 10-27-22				Schedule G (Form 990) 2022
			46	

Part IV	Supplemental Informatio	<b>n</b> (continued)		
232084 04-01-	22			Schedule G (Form 990)
202004 04-01-	<u></u>		47	

SC	HEDULE J	Compensation Information		OMB No. 1	545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	00	
•	-	Compensated Employees		20	LL	
D		Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organizatio		Employer i	dentificatio	on nui	mber
		LET'S GET READY, INC.	31-1	69883	2	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or o	charter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal re	sidence			
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	s			
	Discretionary	spending account Personal services (such as maid, chauffer	ur, chef)			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3		ny, of the following the organization used to establish the compensation of the organization's				
		ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
		ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation					
	X       Independent compensation consultant         X       Compensation survey or study					
	Form 990 of o	ther organizations X Approval by the board or compensation of	ommittee			
4	During the year dia	A only norman listed on Form 000. Port VII. Section A line 1s, with respect to the filing				
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
2	organization or a re			4a		x
a b						X
						X
C	-	hes 4a-c, list the persons and provide the applicable amounts for each item in Part III.		+0		
	In res to any or in					
	Only section 501(c	:)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
-	contingent on the r					
а	•			5a		X
		ation?				X
		or 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r					
а	-	~ 		6a		X
		ation?				X
		or 6b, describe in Part III.				
7	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	;			
		nes 5 and 6? If "Yes," describe in Part III		7	Х	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in				
	Regulations section	n 53.4958-6(c)?		9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	lule J (Forn	n <b>990</b> )	) 2022

232111 10-18-22

### LET'S GET READY, INC.

31-1698832

Page 2

 Schedule J (Form 990) 2022
 LET'S
 GET
 READY
 INC
 31-1698832

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

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

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

				other deferred	benefits	(E) Total of columns (B)(i)-(D)	in column (B)
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(i)	188,558.	750.	0.	9,304.	16,061.	214,673.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
	(i) (ii) (i) (i) (i) (i) (i) (i) (i) (i)	(ii)       0.         (ii)	(ii)         0.000           (ii)         0.000           (iii)         0.0000           (iii)         0.0000	(ii)       0.00000000000000000000000000000000000	(ii)       0.       0.       0.         (i)	(ii)       0.       0.       0.       0.       0.         (i)	(ii)       0.       0.       0.       0.       0.       0.         (i)

Schedule J (Form 990) 2022

232112 10-18-22

49

31-1698832 Page 3

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

PART I, LINE 7:

THE ORGANIZATION PAID BOARD APPROVED PERFORMANCE BASED BONUSES IN 2022.

50

Schedule J (Form 990) 2022

SCHEDULE	Μ
(Form 990)	

# **Noncash Contributions**

OMB No. 1545-0047

**Open to Public** 

2

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Part I

	Inspection		
Employer identification number			
3	1-1698832		

2

Name of the	organization
-------------	--------------

organization						
	LET'S	GET	READY,	II	NC.	
Types of Property						
			(a)		(b)	

		(a) Check if	<b>(b)</b> Number of	(c) Noncash contribution	(d) Method of det	erminina	a	
		applicable	contributions or	amounts reported on	noncash contribut			i
4	Art Marka of art			Form 990, Part VIII, line 1g				
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property	x	5	100 001			r o t	
9	Securities - Publicly traded	X	<u> </u>	198,984.	AVG. SELLING	j PR.	LCE	<u> </u>
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other $\ldots$							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ( )							
27	Other ( )							
28	Other ( )							
29	Number of Forms 8283 received by the organiz	zation during	the tax year for co					
20	for which the organization completed Form 82						0	
	for which the organization completed rolling	00, i ait v, E	once Acknowledg			V		No
302	During the year, did the organization receive by	v contributio	n any property rep	orted in Part I, lines 1 throug	h 28 that it			110
504	must hold for at least 3 years from the date of							
						30a		Х
h	exempt purposes for the entire holding period?	·				30a		
	If "Yes," describe the arrangement in Part II.	aliov that ra	auiroo tho roviou	of any popotopdard contribut	iono?	04	v	
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							
32a			-					v
	contributions?					32a		X
	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) foi	r a type of property	r for which column (a) is cheo	cked,			
	describe in Part II.							
I HA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990	).	Schedule M	(Form 9	190)	2022

232141 09-09-22

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS IN COLUMN (B).

Schedule M (Form 990) 2022

232142 09-09-22

SCHEDULE O (Form 990)

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



LET'S GET READY, INC.

31–1698832

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

PREPARATION, ADMISSIONS COUNSELING, AND OTHER SUPPORT SERVICES NEEDED

TO GAIN ADMISSION TO AND GRADUATE FROM COLLEGE.

FORM 990, PART VI, SECTION A, LINE 4:

CHANGES TO THE NUMBER AND COMPOSITION OF THE GOVERNING BODY'S VOTING

**MEMBERS:** 

IN NO EVENT SHALL THE ENTIRE BOARD CONSIST OF MORE THAN THIRTY (30)

DIRECTORS. CHANGE TO ELECTIONS: TO BECOME A DIRECTOR, A PERSON SHALL BE

ELECTED BY A MAJORITY VOTE VERSUS OF 2/3 OF THE BOARD.

THE FOUNDER OF THE ORGANIZATION, EUGENIE ROSENTHAL, SHALL SERVE AS A

DIRECTOR IN PERPETUITY, SUBJECT ONLY TO REMOVAL BY THE BOARD.

CHANGES TO THE QUORUM, VOTING RIGHTS, OR VOTING APPROVAL REQUIREMENTS:

ACTION BY THE BOARD. EXCEPT AS OTHERWISE PROVIDED BY LAW OR IN THESE

BY-LAWS, AN ACT OF THE BOARD OF DIRECTORS MEANS ACTION TAKEN AT A MEETING

OF THE BOARD AT WHICH A QUORUM IS PRESENT AND BY VOTE OF A MAJORITY OF THE

DIRECTORS PRESENT AT THE TIME OF THE VOTE.

CHANGE TO THE DUTIES OF THE ORGANIZATION'S OFFICERS:

CHANGE TO THE DUTIES OF THE EXECUTIVE DIRECTOR: NEW SECTION ADDED:

EXECUTIVE DIRECTOR; POWERS AND DUTIES. THE EXECUTIVE DIRECTOR SHALL ACT AS

THE CHIEF EXECUTIVE OFFICER OF THE CORPORATION AND SHALL SUPERVISE

GENERALLY THE OPERATION AND MANAGEMENT OF THE AFFAIRS OF THE CORPORATION

SUBJECT ONLY TO THE SUPERVISION OF THE BOARD. THE EXECUTIVE DIRECTOR SHALL

 IN
 GENERAL
 PERFORM
 ALL
 DUTIES
 INCIDENT
 TO
 THE
 POSITION
 OF
 EXECUTIVE

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2022

 232211
 10-28-22
 Schedule O (Form 990) 2022

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53

Schedule O (Form 990) 2022	Page 2			
Name of the organization	Employer identification number			
LET'S GET READY, INC.	31-1698832			
DIRECTOR AND SUCH OTHER DUTIES AS MAY BE ASSIGNED BY THE B	OARD OF			
DIRECTORS. THE EXECUTIVE DIRECTOR SHALL SEE THAT THE POLICIES, DECISIONS				
AND GUIDELINES OF THE BOARD OF DIRECTORS ARE IMPLEMENTED. THE EXECUTIVE				
DIRECTOR SHALL SERVE AT THE PLEASURE OF THE BOARD OF DIRECTORS, SUBJECT TO				
ANY CONTRACTUAL RIGHTS THE EXECUTIVE DIRECTOR MAY HAVE UND	ER ANY WRITTEN			
AGREEMENT ENTERED INTO WITH THE CORPORATION. THE EXECUTIVE DIRECTOR SHALL				
BE A NON-VOTING, EX OFFICIO MEMBER OF THE BOARD OF DIRECTO	RS.			

CHANGE TO THE DUTIES OF THE OFFICER TREASURER: THE TREASURER SHALL BE RESPONSIBLE FOR MAINTAINING THE FINANCIAL RECORDS, CONTRACTS, AND OTHER DOCUMENTS OF THE CORPORATION. THE TREASURER SHALL PERFORM ALL THE DUTIES INCIDENT TO THE OFFICE OF THE TREASURER, AND SHALL PERFORM SUCH OTHER DUTIES AS FROM TIME TO TIME MAY BE ASSIGNED BY THE BOARD OF DIRECTORS. THE TREASURER SHALL SERVE AS CHAIR OF THE FINANCE COMMITTEE.

CHANGE TO THE DUTIES OF THE OFFICER SECRETARY: THE SECRETARY SHALL ENSURE THE BOARD'S COMPLIANCE WITH THESE BY-LAWS. THE SECRETARY SHALL HAVE CUSTODY OF THE MINUTE BOOK CONTAINING THE MINUTES OF ALL MEETINGS OF DIRECTORS, THE EXECUTIVE COMMITTEE, AND ANY OTHER COMMITTEES WHICH MAY KEEP MINUTES, AND OF ALL OTHER CONTRACTS AND DOCUMENTS WHICH ARE NOT IN THE CUSTODY OF THE TREASURER OF THE CORPORATION, OR IN THE CUSTODY OF SOME OTHER PERSON AUTHORIZED BY THE BOARD OF DIRECTORS TO HAVE SUCH CUSTODY. THE SECRETARY SHALL SERVE AS CHAIR OF THE NOMINATING AND GOVERNANCE COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS PREPARED BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM AND IS PROVIDED TO THE MANAGING DIRECTOR OF PEOPLE & OPERATIONS AND CEO FOR REVIEW AND APPROVAL PRIOR TO FILING. 232212 10-28-22 Schedule O (Form 990) 2022

54

LET'S GET READY, INC.

FORM 990, PART V, LINE 2A:

THE ORGANIZATION CONTRACTED WITH A PROFESSIONAL EMPLOYER ORGANIZATION (PEO) FOR SERVICES, INCLUDING BUT NOT LIMITED TO, PAYROLL, TIMEKEEPING, EMPLOYEE BENEFITS, HR ADMINISTRATION AND WORKFORCE REGULATORY COMPLIANCE NEEDS. AS THE EMPLOYER OF RECORD FOR TAX PURPOSES, FORMS W-2 AND W-3 ARE ISSUED BY THE PEO AND FILED UNDER THE PEO'S FEDERAL EIN. IN THIS CO-EMPLOYMENT ARRANGEMENT, THE ORGANIZATION IS THE COMMON LAW EMPLOYER AND, ACCORDINGLY, COMPENSATION IS REPORTED ON FORM 990, PART VII, SECTION A AND PART IX, LINES 5-10.

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

THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY APPLICABLE TO ALL BOARD MEMBERS AND OFFICERS. ALL APPLICABLE INDIVIDUALS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST AGREEMENT ANNUALLY, DISCLOSING ANY POSSIBLE CONFLICT OF INTEREST AND ARE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE BOARD. AFTER DISCLOSURE OF ALL MATERIAL FACTS, AND AFTER ANY DISCUSSIONS WITH THE INTERESTED PERSON, HE/SHE LEAVES THE BOARD MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING DISINTERESTED BOARD MEMBERS DECIDE IF A CONFLICT OF INTEREST EXISTS BY A MAJORITY VOTE. THE INTERESTED PERSON RECUSES THEMSELVES FROM DELIBERATIONS AND VOTING ON MATTERS GIVING RISE TO SUCH CONFLICT. DELIBERATION AND DECISIONS ARE RECORDED IN THE MINUTES OF THE BOARD.

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

 EVERY 3 YEARS ORGANIZATION REVIEW ORG-WIDE COMPENSATION OF CEO AND

 232212 10-28-22
 Schedule O (Form 990) 2022

 55
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Schedule O (Form 990) 2022	Page <b>2</b>
Name of the organization	Employer identification number
LET'S GET READY, INC.	31-1698832
PERCENTILES MAY CHANGE BASED ON COMPENSATION SURVEY DATA A	ND AN INDEPENDENT
COMPENSATION CONSULTANT AND MAY BE REVIEWED BY FINANCE COM	MITTEE. THE BOARD
CHAIRPERSON IS INITIALLY RESPONSIBLE FOR THE ANNUAL PERFOR	MANCE AND SALARY
EVALUATION OF THE CEO OF LET'S GET READY. THE BOARD CHAIRE	PERSON SET
COMPENSATION, DRAFTS THE REVIEW AND PROPOSED COMPENSATION	FOLLOWED BY THE
BOARD CHAIRPERSON AND BOARD MEETING INDEPENDENT OF CEO TO	DISCUSS CEO'S
PERFORMANCE RELATIVE TO THE POSITION DURING THESE DELIBERA	TIONS, THE BOARD
REVIEWS ALL ASPECTS OF CEO'S PERFORMANCE AS WELL AS THE OV	ERALL PERFORMANCE
OF THE ORGANIZATION IN THE PRIOR YEAR. ONCE CONSENSUS IS F	EACHED REGARDING
CEO'S PERFORMANCE, THE APPROPRIATE COMPENSATION WILL BE DE	TERMINED BASED ON
COMPENSATION DATA FOR SIMILARLY QUALIFIED PERSONS IN COMPA	ARABLE POSITIONS
AT SIMILARLY SITUATED ORGANIZATIONS. THIS PROCESS WAS LAST	COMPLETED IN
FY2023 AND DID INCLUDE A REVIEW AND APPROVAL BY THE BOARD	CHAIRPERSON AND
FULL BOARD.	

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

LET'S GET READY MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS, AND FORM 990 AVAILABLE UPON REQUEST. THE FORM 990 AND FINANCIAL STATEMENTS ARE AVAILABLE ON OUR WEBSITE, LETSGETREADY.ORG. IN ADDITION, THE FORM 990 IS AVAILABLE ON GUIDESTAR.ORG AND SIMILAR WEBSITES.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

LOSS ON DISPOSALS

-9,710.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR

OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN

INDEPENDENT ACCOUNTANT. THE OVERSIGHT AND SELECTION PROCESS HAS NOT
232212 10-28-22
Schedule O (Form 990) 2022
56

Name of the organization LET'S GET READY	TNC	E	mployer identification number 31-1698832
LEI 5 GEI KEADI	<u>, INC.</u>		51-1090052
CHANGED FROM THE PRIOR YEAR.			
32212 10-28-22			Schedule O (Form 990) 202
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