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EXTENSION GRANTED TO NOVEMBER 17, 2014

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Information about Form 990 and its instructions is at www.irs.gov/form990.

<u>A</u>	For the	2013 calendar year, or tax year beginning <u>APR 1, 2013</u> and e	ending M	AR 31, 2014	
В	Check (f applicable	C Name of organization		D Employer identific	cation number
[]	Addres	KIDS NEED TO READ			
L	Name Chang	Doing Business As		<u> 26-2'</u>	<u>755631 </u>
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	•
	Termin ated	2450 WEST BROADWAY ROAD; SUITE 110		480-2	<u> 256-0115 </u>
	Ameno return	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	244,662.
	Applic	MESA, AZ 85202		H(a) Is this a group re	turn
	pendir	F Name and address of principal officer TYSON BREINHOLT		for subordinates	? Yes X No
		SAME AS ORGANIZATION		H(b) Are all subordinates in	cluded? Yes No
1	 Tax-exe	empt status X 501(c)(3)	r 🔲 527	If "No," attach a	list (see instructions)
J	Websit	e: ► WWW.KIDSNEEDTOREAD.ORG		H(c) Group exemption	number -
K	Form of	organization: X Corporation Trust Association Other	L Year	of formation: 2008 M	State of legal domicile: AZ
	art I	Summary			
Φ.	1	Briefly describe the organization's mission or most significant activities PROVI	DING	BOOKS TO CE	HILDREN AND
Governance		ORGANIZATIONS THAT SERVE CHILDREN, ESPECI	ALLY	DISADVANTAGI	ED
ŗ	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	sets
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	7
		Number of independent voting members of the governing body (Part VI, line 1b)		4	7
S	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		5	3
Æ	6	Total number of volunteers (estimate if necessary)		6	40
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
⋖	b	Net unrelated business taxable income from Form-990 June 34, IED		7b	0.
		1 DFL P		Prior Year	Current Year
ø.	8	Contributions and grants (Part VIII, line 1h)		270,763.	244,653.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
eve	10	Investment income (Part VIII, column (A), lines 2, 4, and 7d)		19.	9.
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c_9e, 10c, and 11e)		0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII scolumn (A), line 12)		270,782.	244,662.
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		203,818.	158,922.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		88,273.	74,044.
US Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
20 g	- b	Total fundraising expenses (Part IX, column (D), line 25)	.7.		
ĎĚ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f 24e)		75,765.	107,146.
<u> </u>	1 ''	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		367,856.	340,112.
Ž		Revenue less expenses Subtract line 18 from line 12		<97.074.	
1 5 g	3 13	Tevende 1635 expendes Gabridat fine 19 from fine 12	Red	ginning of Current Year	End of Year
Assets or Ralances	20	Total assets (Part X, line 16)	20	645,255.	546,428.
Ass	21	Total liabilities (Part X, line 26)		20,384.	17,007.
Se C		Net assets or fund balances Subtract line 21 from line 20		624,871.	529,421.
	art II	Signature Block		024,0740	<u> </u>
, —		lities of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of my	knowledge and belief it is
,	•	et, and somelete. Declaration of preparer (ether than officer) is based on all information of whi			kilowicage and belief, it is
- "	<u>, , , , , , , , , , , , , , , , , , , </u>	t, and somption beclaration of preparer forther than officer /15 based on air information of with	ion proparer	1/- 14	-14
o:.		Signature of officer		Date	
Sig					
He	re	DENISE GARY, PRESIDENT Type or print name and title			
				Date / Check	PTIN
D-1	: 4	Print/Type preparer's name Preparer's signature		Alaka III	
Pai		DENNIS M. HARE		self-employe	
	parer	Firm's name LOHMAN COMPANY, PLLC		Firm's EIN	86-0985325
U\$6	e Only	Firm's address 1630 S. STAPLEY DR., SUITE 108			
		MESA, AZ 85204		Phone no. 4 8 (0-355-1100 (
Ma	ay the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

	990 (2013) KIDS NEED TO READ	<u>26-2755631</u>	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission.		
•	KIDS NEED TO READ WORKS TO CREATE A CULTURE OF READING	FOR CHILDREN	BY
	PROVIDING INSPIRING BOOKS TO UNDERFUNDED SCHOOLS, LIBRA		
	LITERACY PROGRAMS ACROSS THE UNITED STATES, ESPECIALLY T		
		HOSE SEKVING	
	DISADVANTAGED CHILDREN.		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	LXJ No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	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 expenses	i
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	revenue, if any, for each program service reported	or the tetar emperioes, t	
4-	245 526	211	653.)
4a	(Code) (Expenses \$ 245,526. including grants of \$ 158,922.) (Reventional Revention of S PROVIDE BOOKS TO DISADVANTAGED CHILDREN THROUGH		
	SCHOOLS, LIBRARIES AND LITERACY PROGRAMS. THE PROGRAM ST	OPPORTS LITE	RACY
	AND GRADUATION RATES AMONG OUR NATION'S YOUTH.		
			
			
4b	(Code) (Expenses \$ including grants of \$) (Revenue)	ue \$)
			
			
4c	(Code) (Expenses \$ including grants of \$) (Reven	ue \$)
			
			
4d	Other program services (Describe in Schedule O)		
TU	(Expenses \$ including grants of \$) (Revenue \$	1	
- <u></u>	Total program service expenses 245,526.		
_ 70 _	Total Brogram der the experience F	Form 9	90 (2013)
		1 01111 0	(-0 10)

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes." complete Schedule A X 2 2 Is the organization required to complete Schedule B, Schedule of Contributors? 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х during the tax year? If "Yes," complete Schedule C, Part II 4 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or Х similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to Х provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, Х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X Schedule D, Part III 8 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 9 If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent Х endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X 11 as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a **b** Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Х 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total X assets reported in Part X. line 16? If "Yes," complete Schedule D, Part VIII 11c 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 Х Part X, line 16? If "Yes," complete Schedule D, Part IX 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D. Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? Х If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13 Х 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a **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 14b X or more? If "Yes," complete Schedule F, Parts I and IV 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 Х foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to X or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, X column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 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 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 X 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a

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b | f "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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20b

Part IV Checklist of Required Schedules (continued)

	•		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States 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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	1		
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	Ì		l
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	1		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	Ì		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> X</u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	_X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			**
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			77
	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
00	Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		Х
24	sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		X
250	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
36	If "Yes," complete Schedule R, Part V, line 2	36		X
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		A
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		
38	Note. All Form 990 filers are required to complete Schedule O	38	х	
	NOTE: MIL 300 IIIGIS die required to complete Schedule O		990 (2013)
		FUIII	J-90 ((دا ت

Form 990 (2013)

14a

X

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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 in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7							
	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 in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent 1b 7							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	_2	Х					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, or trustees, or key employees to a management company or other person?	_3_		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	_4_		X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	_5		X				
6	Did the organization have members or stockholders?	_6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	_7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
a	The governing body?	8a	Х					
b	Each committee with authority to act on behalf of the governing body?	8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		ļ					
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х					
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х					
¢	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe]						
	in Schedule O how this was done	12c	Х					
13	Did the organization have a written whistleblower policy?	_13		X				
14	Did the organization have a written document retention and destruction policy?	14		<u> X</u>				
15	Did the process for determining compensation of the following persons include a review and approval by independent		- }					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		1					
a	The organization's CEO, Executive Director, or top management official	15a		<u> </u>				
b	Other officers or key employees of the organization	15b		<u>X</u>				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		<u> </u>				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		İ	ì				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
<u>Sec</u>	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ▶AZ							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	ıvaılab	le					
	for public inspection. Indicate how you made these available. Check all that apply.							
	X Own website Another's website Upon request Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	d finan	cıal					
	statements available to the public during the tax year							
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ion 🕨	·					
	THE COMPANY - 480-256-0115							
	2450 WEST BROADWAY ROAD, STE 110, MESA, AZ 85202							

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See 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 and/or Box 7 of Form 1099-MISC) 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

Check this box if neither the organizat		orga	nıza			mpei	nsat		director, or trustee	
(A)	(B)	Doortion					(D)	(E)	(F)	
Name and Title	Average	(do	(do not check more than one box, unless person is both an officer and a director/trustee)				one	Reportable	Reportable compensation	Estimated amount of
	hours per	box.				is bot	han	compensation		
	week		T an	1020	T	17443	T	from	from related	other
	(list any	irecto				<u></u>		the	organizations (W-2/1099-MISC)	compensation
	hours for related	5	ig i			sated		organization (W-2/1099-MISC)	(W-2/1099-W15C)	from the organization
	organizations	asa	i i		yee	шрец	ļ	(** 27 1000 101100)		and related
	below	dual	Institutional trustee		e e	stco	تة			organizations
	line)	individual trustee or director	Instit	Officer	Key e	Highest compensated employee	Former			3
(1) TYSON BREINHOLT	2.00									
CHAIRMAN		X	ļ	X			<u> </u>	0.	0.	0.
(2) DIANE ELHARD	1.00							_		
DIRECTOR		X		ļ	<u> </u>	ļ.,	<u> </u>	0.	0.	0.
(3) DEBORAH WELLS O'NEILL	1.00								_	_
CHIEF FINANCIAL OFFICER		X		X		<u> </u>	ļ	0.	0.	0.
(4) KAAVONIA HINTON-JOHNSON	1.00		ĺ							
DIRECTOR	1 00	X	-			-	<u> </u>	0.	0.	0.
(5) KRISTEN M. KLEIN	1.00	_		,,						•
SECRETARY	<u> </u>	X	_	X		 		0.	0.	0.
(6) DENISE GARY	51.00	- -		x				24 222	0.	0
PRESIDENT	1.00	X		^		 	-	34,333.	<u> </u>	0.
(7) MARLINDA WHITE-KAULAITY	1.00	x						0.	0.	0.
DIRECTOR (8) TERI S. LESESNE	1.00	A		 	-		_			
DIRECTOR	1.00	\mathbf{x}						0.	0.	0.
DIRECTOR		-					\vdash			
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Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Form 990 (2013) KIDS NE
Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response	or note to any lini	e in this Part VIII			
		•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran		36,323.				
the	•	similar amounts not included abo		208,330.				
P G	g	Noncash contributions included in lines		137,628.				
<u>မှ လို့</u>	h	Total. Add lines 1a-1f			244,653.			
				Business Code				
ice	2 a							
žer,	b			 				
E S	c d			 				
Program Service Revenue	u e							
Pr	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f	·					
	3	Investment income (including	dividends, intere	est, and	_			_
		other similar amounts)			9.			9.
	4	Income from investment of ta	x-exempt bond p	roceeds				
	5	Royalties	(ı) Real	(II) Personal				
	6 a	Gross rents	(i) Hear	(ii) i eisonai				
	b							
i	С	Rental income or (loss)						
	d	Net rental income or (loss)		>				
	7 a	Gross amount from sales of	(i) Securities	(II) Other				:
		assets other than inventory						
,	b	Less cost or other basis						
	_	and sales expenses Gain or (loss)						
		Net gain or (loss)	L					j
a)		Gross income from fundraisin						
		including \$ <u>36,3</u>	323. of					j
Other Revenu		contributions reported on line	1c) See]
je		Part IV, line 18	a	0.		j		J
ð		Less direct expenses	b dravana aventa	0.	0.			
		Net income or (loss) from fund Gross income from gaming ad			<u> </u>			
ļ	Ju	Part IV, line 19	а					
	b	Less direct expenses	b					
	С	Net income or (loss) from gam	ning activities	•	-			
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
		Less cost of goods sold	b	L				
}	<u>c</u>	Net income or (loss) from sale		Puninana Cada				
	11 a	Miscellaneous Revenu		Business Code				
	b							
	c							
		All other revenue						
	е	Total. Add lines 11a-11d		>				
33200	12	Total revenue. See instructions.		▶	244,662.	0.	0.	9.
10-29-	13							Form 990 (2013)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) X Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b. Program service Management and 7b, 8b, 9b, and 10b of Part VIII. **expenses** generăl expenses expenses Grants and other assistance to governments and 158,922 158,922 organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States, See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 5 22,658. 68,555. 43,143. 2,754. trustees, and key employees Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include R section 401(k) and 403(b) employer contributions) Other employee benefits 9 5,489. 3,486. 1,784 219. 10 Payroll taxes 11 Fees for services (non-employees) a Management b Legal 29,627. 29,627 c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, 44,800 22,400. 22,400. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 13 Office expenses Information technology 14 15 Royalties 12,838. 10,399. 1,284. 1,155. 16 Occupancy 98. 98. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 Interest 20 21 Payments to affiliates 417. 417 Depreciation, depletion, and amortization 22 1,517. 1,517 Insurance 23 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e If line 24 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 5,498. 5,498. a SPECIAL EVENTS 1,245. **b MISCELLANEOUS EXPENSE** 3,305. 630. 1,430. 3,001. c SHIPPING EXPENSE 3,043. 42. d MATERIALS & SUPPLIES 1,951. 1,580. 195. 176. 4,052. 1,867. 2.170. 15. e All other expenses 60,939. 340,112. 245,526. 33,647. Total functional expenses Add lines 1 through 24e 25 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)

Form 990 (2013)

Part X | Balance Sheet

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
	•	(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	771.	1	12,837
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net	390,821.	3	315,769
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
2	employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets 7	Notes and loans receivable, net		7	·
₹ 8	Inventories for sale or use	251,942.	8	214,514
9	Prepaid expenses and deferred charges	1,196.	9	3,200
10a				
	basis Complete Part VI of Schedule D 10a 2,199.			
Ь	Less accumulated depreciation 10b 2,091.	525.	10c	108
11	Investments · publicly traded securities		11	
12	Investments · other securities See Part IV, line 11		12	
13	Investments program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	645,255.	16	546,428
17	Accounts payable and accrued expenses	10,767.	17	15,611
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
ສ 22	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons			
Liabilities &	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24) Complete Part X of	9,617.	05	1 206
	Schedule D	20,384.	25 26	1,396 17,007
26	Total liabilities. Add lines 17 through 25	20,304.	26	17,007
	Organizations that follow SFAS 117 (ASC 958), check here ▶			
Se	complete lines 27 through 29, and lines 33 and 34.		27	
	Unrestricted net assets		28	
西 28	Temporarily restricted net assets		29	
일 29	Permanently restricted net assets		29	
린	Organizations that do not follow SFAS 117 (ASC 958), check here		1 1	
5 a	and complete lines 30 through 34.	0.	20	0
# 30	Capital stock or trust principal, or current funds	0.	30 31	<u>0</u> 0
Net Assets or Fund Balances 27 28 29 30 31 32 32 32 32 32 32 32 32 32 32 32 32 32	Paid-in or capital surplus, or land, building, or equipment fund	624,871.	32	529,421
32	Retained earnings, endowment, accumulated income, or other funds	624,871.	33	529,421
_ 33	Total net assets or fund balances	645,255.	34	546,428
34	Total liabilities and net assets/fund balances	<u> </u>	<u> </u>	Form 990 (2013

Form	990 (2013) KIDS NEED TO READ	26-275	5631	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check of Schedule O contains a response or note to any line in this Part XI				
	•				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	24	1,6	62.
2	Total expenses (must equal Part IX, column (A), line 25)	2	340),1	12.
3	Revenue less expenses Subtract line 2 from line 1	3	<9!	5,4	50.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	624	1,8	<u>71.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Pnor period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	529	, 4	<u>21.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			ļ
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				}
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	1 1		
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,	1 1		
	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 in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audıt			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3ь		

Form **990** (2013)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

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.

Internal Revenue Service ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No 1545-0047

Open to Public Inspection

Name of t	he organizati	on						E	mployer	identificati	on nu	mber
		KIDS NE	ED TO READ						<u> 26-2755631</u>			
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st complet	te this par	t) See ins	tructions				
The organ	ization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	ox)					_
1	A church, cor	nvention of churche	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i).				
2 🔲	A school des	cribed in section 17	'0(b)(1)(A)(II). (Attach Sc	hedule E)	ı							
з 🔲			tal service organization			170(b)(1)	(A)(iiı).					
4	A medical res	search organization	operated in conjunction	with a hos	pital desci	ribed in se	ection 170	(b)(1)(A)(i	iıı). Enter	the hospital	's nan	ne,
	city, and stat	е										
5 🔲	An organizati	on operated for the	benefit of a college or u	niversity o	wned or op	perated by	a govern	mental un	ııt describ	ed in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II)									
6 🔲	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in								ın			
	section 170(b)(1)(A)(vi). (Comple	te Part II)									
8 🗌	A community	trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II)							
9 X	An organizati	on that normally rec	eives (1) more than 33	1/3% of its	support f	rom contri	butions, n	nembersh	up fees, a	ınd gross red	eipts	from
	activities rela	ted to its exempt fu	nctions - subject to certa	aın exceptı	ons, and (2	2) no more	than 33 ⁻	1/3% of its	s support	from gross	invest	tment
	income and i	unrelated business t	axable income (less sec	tion 511 ta	ıx) from bu	sinesses a	acquired b	y the orga	anızatıon	after June 3	0, 197	75
		509(a)(2). (Complete										
10	_	·	perated exclusively to te									
11	An organizati	on organized and o	perated exclusively for the	ne benefit	of, to perfo	orm the fui	nctions of,	or to carr	ry out the	purposes o	f one	or
			ations described in secti				2) See se e	ction 509((a)(3). Ch	eck the box	that	
			organization and compl									
	a Type !	· ·	•		nctionally	-				n-functionall		_
e	-		t the organization is not									
_		-	han one or more publicly	-					9(a)(1) or	section 509	(a)(2).	
f			ten determination from	the IRS tha	atitisa iy	pe i, Type	ii, or Type	9 111				
_		rganization, check th		ou off or o	antribution	from one	of the fall					<u> </u>
9	-		organization accepted ai lirectly controls, either al									Na
			_	ione or tog	jetner with	hersons c	rescribed	iii (ii) aiiu i	(III) Delow		Yes	No
	•	- ,	upported organization? n described in (i) above?	,						11g(i) 11g(ii)	<u> </u>	
		•	person described in (i)		e?					11g(iii)		 -
h		•	about the supported or							[1.3(11)]		I
	r rovide trie i	ollowing information	about the supported of	garnzanori	(0)		•	•				
/i\ Nome	of ournorted	/:.\ EIN	(iii) Type of organization	(iv) Is the (organization	(v) Did vo	u notify the	(vı) la organizatı	s the	(vii) Amount	of mo	notoni
	of supported anization	(ir) EIN	(described on lines 1-9	in col. (i) li	sted in your	organizat	ion in col	organizáti (i) organiz	ion in col.	(vii) Amount supp		iletai y
0,90				governing	document?	(i) of you	r support?	Ü.S	5.7		,,,,	
			(see instructions))	Yes	No	Yes	No	Yes	No			
												-
								<u> </u>	<u></u>			
							1					
				<u> </u>				ļ	ļ <u>.</u>			
							1					
		ļ <u> </u>			<u> </u>		ļ		1			
							Į					
Total				1	1	i	1	1	1	1		

332021 09-25-13

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2013

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")				1		
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						
	The portion of total contributions		 				
٠	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		 				
	etion B. Total Support		1	<u></u>	1	· · -	
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4	(a) 2003	(5) 2010	(6) 2011	(4) 2012	(6) 2010	(i) rotar
8	Gross income from interest,		<u> </u>				
0	dividends, payments received on			1			
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
9	activities, whether or not the						
	business is regularly carried on						
40	Other income Do not include gain						
10	or loss from the sale of capital				-		
	assets (Explain in Part IV)						
44	Total support. Add lines 7 through 10					-	
12		atc (see instruct	ione)	<u> </u>	<u> </u>	12	
	First five years. If the Form 990 is for	•		rd fourth or fifth to	av vear as a sectio		
13	organization, check this box and stop		3 mst, second, trii	ia, ioaitii, or iiitii t	ax year as a section	011 00 1(C)(O)	▶□
Se	ction C. Computation of Publ		rcentage				
	Public support percentage for 2013 (I			column (fl)	···	14	%
	Public support percentage from 2012		-			15	%
	33 1/3% support test - 2013. If the c			n line 13, and line	14 is 33 1/3% or r		
.00	stop here. The organization qualifies	-					▶ □
ŀ	33 1/3% support test - 2012. If the c				line 15 is 33 1/3%	6 or more, check th	nis box
•	and stop here. The organization qual	=					▶ 🗀
17:	10% -facts-and-circumstances tes		· · · · · ·		e 13 16a or 16b	and line 14 is 10%	or more
,,,	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					non the organ	▶
	10% -facts-and-circumstances tes	-			_	17a and line 15 is	10% or
Ĺ	more, and if the organization meets the						
	organization meets the "facts-and-circ				•		´ ▶☐☐
10	Private foundation. If the organization				-		
10	Frivate foundation, if the organization	ar did not check a	LOOK OIT INTO TO, TO	a, 100, 17a, 01 1/1		edule A (Form 990	

08431112 797571 1362

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II if the organization fails to qualify under the tests listed below, please complete Part II)

Se	ction A. Public Support	ciow, picado comp	sioto i dit ii j				
Cale	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not				}		
	include any "unusual grants.")	236,649.	141,504.	310,118.	227,267.	208,330.	1,123,868.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf			i			
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	236,649.	141,504.	310,118.	227,267.	208,330.	1,123,868,
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons					44,800.	44,800.
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			,			0.
	Add lines 7a and 7b					44,800.	44,800.
	Public support (Subtract line 7c from line 6)						1.079.068.
	ction B. Total Support				···		
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6	236,649.	141,504.	310,118.	227,267.	208,330.	1,123,868,
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
ď	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in 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	8,781.	11,346.	6,985.	43,515.	36,332.	106,959.
12	assets (Explain in Part IV)	245,430.	152,850.	317,103.	270,782.	244,662.	
	Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for						1 230 827.
14	<u>-</u>	ine organization s	s iirst, second, triire	J, 10th 11, of 11111 to	ix year as a section	1 50 1(c)(5) organiz	alion,
Sa	check this box and stop here	ic Support Per	rcentage				
	Public support percentage for 2013 (olumn (ft)		45	87.67 %
	,		•	oluli (1 <i>))</i>		15	
	Public support percentage from 2012 ction D. Computation of Inves					10	%
_				o 12 column (fl)		47	.00 %
	Investment income percentage for 20	•	• •	e 13, Column (1))		17	
	Investment income percentage from a 33 1/3% support tests - 2013. If the			on line 14 and inc	15 is more than ?		7 is not
ıya	•	•					7 is not ►X
ŀ	more than 33 1/3%, check this box a 33 1/3% support tests - 2012. If the	•	=	•			
•	line 18 is not more than 33 1/3%, che	-					▶ 🗀
20	Private foundation. If the organization		•			-	
			· 				

Schedule A	(Form 990 or 990-EZ) 2013 KIDS NEED TO READ	<u> 26-2755631</u>	Page 4
Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line	17a or 17b, and Part III, line 1	12
	Also complete this part for any additional information (See instructions)	•	
	7 and definition the part of any additional movement (200 methodistric)		
	•		
_			
		····	
	· · · · · · · · · · · · · · · · · · ·		
		·	
			-
_			
			_
_			
			<u>-</u>
			

SCHEDULE D

(Form 990) Department of the Treasury Supplemental Financial Statements

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

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Internal Revenue Service

Name of the organization KIDS NEED TO READ Employer identification number 26-2755631

Par	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advis	sed funds
•	are the organization's property, subject to the organization's e		Yes No
6	Did the organization inform all grantees, donors, and donor ad		used only
Ŭ	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?	, , , ,	Yes No
Pai		anization answered "Yes" to Form 990, F	Part IV, line 7
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or ed		storically important land area
	Protection of natural habitat	. —	rfied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conservation easement on the last
-	day of the tax year		
	day of the tax you.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic stru	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired at		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
Ů	year▶	,	
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period		
•	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a		uring the year >
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above		
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense	e statement, and balance sheet, and
_	include, if applicable, the text of the footnote to the organization		
	conservation easements		
Pa	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" to Form 9	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (ASC	C 958), not to report in its revenue stater	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public exhi	bition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	es these items	
b	15 th 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financia	
_	the following amounts required to be reported under SFAS 11		
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		► \$ ► \$
~	•		

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

Schedule D (Form 990) 2013

		ED TO REAL							55631	
Par										
3	Using the organization's acquisition, accession	on, and other record	ds, check	k any of the	following that	at are a s	ignificant	use of its	collection	rtems
	(check all that apply)									
а	Public exhibition	(ı 🔲 🛚	Loan or exc	hange progra	ams				
b	Scholarly research	•	, 🗀	Other					<u>_</u>	
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	in how th	ney further t	he organizati	on's exe	mpt purp	ose in Pai	t XIII	
5	During the year, did the organization solicit or							_		
	to be sold to raise funds rather than to be ma								Yes	No_
Par	t IV Escrow and Custodial Arrangereported an amount on Form 990, Par		ete ıf the	organizatio	n answered	"Yes" to	Form 990), Part IV,	line 9, or	
	Is the organization an agent, trustee, custodi	an or other interme	diary for	contribution	ns or other as	sets not	ıncluded			
	on Form 990, Part X?		-						Yes	No No
h	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowina t	able						
	The foot, outplaint the analogement and an area		,						Amount	
c	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
) 2a	Did the organization include an amount on Fo	orm 990. Part X. line	212					, <u> </u>	Yes	□ No
	If "Yes," explain the arrangement in Part XIII			n has been	provided in	Part XIII				
Par							10			
		(a) Current year	T	rior year	(c) Two year			years back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions	·								
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
_	Other expenditures for facilities									
-	and programs									
	Administrative expenses									
' -	·									
g	End of year balance Provide the estimated percentage of the curr	rent year end halan	ce (line 1	a column (a	a)) held as				·	
2	Board designated or quasi-endowment		%	g, coluini (c	2), 11010 00					
а	Permanent endowment	%	_′'							
b		% %								
С	Temporarily restricted endowment									
_	The percentages in lines 2a, 2b, and 2c should have there endowment funds not in the posses		ation the	st are bold a	and administr	rad for t	ho organi	zation		
за		ssion of the organiz	auontna	at are riciu a	iliu auministe	neu ioi t	ne organi	Zation	Ī,	es No
	by								3a(i)	65 110
	(i) unrelated organizations								3a(ii)	
_	(ii) related organizations If "Yes" to 3a(ii), are the related organizations	s lietod ae roguirod	on Schoo	dula R2					3b	
	Describe in Part XIII the intended uses of the								30	
Par	t VI Land, Buildings, and Equipm		OWITICITE	iuiius				**		
rai	Complete if the organization answere) Part IV	line 11a S	see Form gan	Part Y	line 10			
	Description of property	(a) Cost or			or other		ccumulat	ed	(d) Book	value
	Description of property	basis (invest			(other)		preciation		(u) DOOK	value
	1	Dasis (IIIVest		D4013	(50.101)	40	p. 00/41/01			
	Land									
	Buildings									
	Leasehold improvements				2,199.		2,0	01		108.
	Equipment				4,133.		4,0	<u> </u>		T 0 0 •
	Other , Add lines 1a through 1e (Column (d) must e	and Form 000 Par	t V 001:-	nn (D) line i	10(a))		 _			108.
I Ota	i Add iines la thfough 1e <i>(Column (a) must e</i>	uuai romn 990. Par	ι Α. COIUΓ	ııı (D). IINE i	(U(C))					TOO.

Schedule D (Form 990) 2013

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) 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 FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2013

(7)(8)

1,396.

	dule D (Form 990) 2013 KIDS NEED TO READ		26-2755631 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Sta		ue per Return.
	Complete if the organization answered "Yes" to Form 990, Part IV, line	e 12a	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	1 1	
а	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
C	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b	4a	
a	Other (Describe in Part XIII)	4b	
b	Add lines 4a and 4b	<u> </u>	4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	l	5
	t XII Reconciliation of Expenses per Audited Financial St	atements With Exper	
	Complete if the organization answered "Yes" to Form 990, Part IV, line		•
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	<u>4</u> a	
b	Other (Describe in Part XIII)	4b	
С	Add lines 4a and 4b		4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	3)	5
5		3)	
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18		5
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information.	, Part IV, lines 1b and 2b, F	5
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, F	5
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, F	5
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, F	5
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, F	5
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, F	5
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, F	5
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, F	5
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, F	5
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, F	5
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, F	5
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, F	5
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, F	5
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, F	5
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, F	5
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, F	5
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, F	5
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, F	5
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, F	5
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, F	5
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, F	5
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, F	5
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, F	5
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, F	5
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, F	5

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990. OMB No 1545-0047

Open To Public Inspection

Name of the organization						Employer ide	ntification number
KIDS NE	ED TO READ					26-2755	631
Part I Fundraising Activities required to complete this par	. Complete if the organization answit	ered "Y	'es" to	Form 990, Part IV, li	ne 17	Form 990-EZ	filers are not
Indicate whether the organization rais a	e Solicita f Solicita g Special or oral agreement with any individua art VII) or entity in connection with p	tion of tion of fundra I (includerofess	non-g gover alsing ding o lonal f	overnment grants nment grants events fficers, directors, trus fundraising services?		Yes	
b If "Yes," list the ten highest paid indi	,	suant to	agre	ements under which	the f	undraiser is to l	be
compensated at least \$5,000 by the	organization						
(i) Name and address of Individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contrib	trol of	(IV) Gross receipts from activity	to (c	Amount paid ir retained by) fundraiser ed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
	-						
		<u> </u>					
Total 3 List all states in which the organization or licensing	in is registered or licensed to solicit	contrib	utions	or has been notified	l it is	exempt from re	egistration
of licenshing							

332081 09-12-13

 $\ensuremath{\mathsf{LHA}}$ For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2013

		le G (Form 990 or 990-EZ) 2013 KIDS NE	ED TO READ	HVani to Form 000. Dort		2755631 Page 2				
Pa	irt l	of fundraising events. Complete if the								
_		or furidations and great	(a) Event #1	(b) Event #2	(c) Other events	1				
		•	''	NATHAN	• •	(d) Total events				
				BIRTHDAY FUN	1	(add col (a) through				
			(event type)	(event type)	(total number)	col (c))				
-ge					·					
Revenue	1	Gross receipts	24,436.	9,485.	2,402.	36,323.				
	2	Less Contributions	24,436.	9,485.	2,402.	36,323.				
	3	Gross income (line 1 minus line 2)								
_	<u> </u>	areas meetine (into 1 viiinas iinto 2)								
	4	Cash prizes								
S	5	Noncash prizes								
esued	6	Rent/facility costs								
Direct Expenses	7	Food and beverages								
ā		Fatartarament								
	8	Entertainment Other direct expenses	· · · · · · · · · · · · · · · · · · ·							
	9 10		9 in column (d)		•					
		Net income summary Subtract line 10 from li			•					
Pa	rt l		answered "Yes" to Form	990, Part IV, line 19, or re	eported more than					
	\$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (c) Cyber compact (d) Total gaming (add									
Ф	(d) Total gaming (add									
Revenue	•	col (a) through col (c))								
Je v										
	1	Gross revenue								
es	2	Cash prizes								
Expenses	3	Noncash prizes								
ಕ		D. of W. of the control								
Dire	4	Rent/facility costs								
	5	Other direct expenses								
			Yes %	Yes %	Yes %					
	6	Volunteer labor	No No	No	No					
	7	Direct expense summary Add lines 2 through	n 5 ın column (d)		>					
	8	Net gaming income summary Subtract line 7	from line 1, column (d)		>					
9	En	ter the state(s) in which the organization opera	tes gaming activities _							
a	ls t	the organization licensed to operate gaming ac	ctivities in each of these	states?		└── Yes └── No				
k) If "	No," explain								
	_				, , ,					
	_									
		ere any of the organization's gaming licenses re			ear'	Yes No				
k) if "	Yes," explain								
										
3320	82 0	9-12-13			Schedule G (Fo	rm 990 or 990-EZ) 2013				

<u>Sch</u>	edule G (Form 990 or 990-EZ) 2013 KIDS NEED TO READ	<u> 26-2</u>	<u>755631</u>	Page 3_
	Does the organization operate gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity operated in			
			13a	%
	The organization's facility		13b	
	An outside facility	da.	130	
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	us.		
	Name		<u>.</u>	
	Address >			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amo	unt		
~	of gaming revenue retained by the third party > \$			
_	If "Yes," enter name and address of the third party			
	, in Tes, enter hame and address of the time party			
	Name			
	Address >			
16	Gaming manager information			
	Name >			
	0			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
	Director/officer Employee Independent contractor			
17	Mandatory distributions			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
٠	retain the state gaming license?		Yes	☐ No
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	ın the		
	organization's own exempt activities during the tax year > \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and F	art III. lir	nes 9, 9b, 1	0b. 15b.
<u></u>	15c, 16, and 17b, as applicable Also complete this part to provide any additional information (see instruction		,, .	,,
	13c, 10, and 17b, as applicable Also complete this part to provide any additional information (see instruction	01.07		
			···	
				-
_				
3320	983 09-12-13 Schedule	G (Form	990 or 990)-EZ) 2013

332083 09-12-13

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

2013 Open to Public Instruction

Employer identification number

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Ž 26 - 2755631X Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States KIDS NEED TO READ General Information on Grants and Assistance criteria used to award the grants or assistance? Part I

1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (a applicable cash grant	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							READING RESOURCES
BETTER TO GIVE							PROVIDED TO UNDERFUNDED
122 W MORTEN AVE							LITERACY PROGRAMS TO
PHOENIX AZ 85021	27-3204236	501(C)(3)	0	8,424	FMV	BOOKS	INCREASE READING
							READING RESOURCES
CHILDREN FIRST ACADEMY -							PROVIDED TO UNDERFUNDED
PHOENIX/TEMPE - 1648 S 16TH ST -							LITERACY PROGRAMS TO
PHOENIX AZ 85034	20-2744050	501(C)(3)	0	15,225.	FMV	BOOKS	INCREASE READING
							READING RESOURCES
JB SUTTON ELEMENTARY SCHOOL							PROVIDED TO UNDERFUNDED
1001 N 31ST AVE							LITERACY PROGRAMS TO
PHOENIX AZ 85009	86-6000483	170(C)(1)	0	5,434, FMV	FMV	BOOKS	INCREASE READING
							READING RESOURCES
COMMUNITY ADVOCATING FOR							PROVIDED TO UNDERFUNDED
PROSPERITY AND OPPORTUNITY - 6307							LITERACY PROGRAMS TO
SEAFORD RD - ARLINGTON, TX 76001	90-0377990	501(C)(3)	0	29,225.	FMV	BOOKS	INCREASE READING
							READING RESOURCES
TARGETING OUR PEOPLE'S PRIORITIES							PROVIDED TO UNDERFUNDED
WITH SERVICE - 1000 TOWNSEND DR -							LITERACY PROGRAMS TO
PINE BLUFF AR 71601	74-3041819	501(C)(3)	0.	12,417, FMV	FMV	BOOKS	INCREASE READING

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

58-6000338

CHEROKEE RIDGE ELEMENTARY SCHOOL

CHICAMAUGA, GA 30707

2423 JOHNSON RD

SEE PART IV FOR COLUMN (H) DESCRIPTIONS LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2013)

PROVIDED TO UNDERFUNDED ITERACY PROGRAMS

INCREASE READING

BOOKS

7 343 FMV

READING RESOURCES

332101 10-29-13

Schedule I (Form 990) (2013) KIDS NEED TO READ

Page 2

26-2755631

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

Part III

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
					•
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	quired in Part I, lin	e 2, Part III, column	(b), and any other a	dditional information	
PART II, LINE 1, COLUMN (H):					
NAME OF ORGANIZATION OR GOVERNMENT:		BETTER TO GIVE			
(H) PURPOSE OF GRANT OR ASSISTANCE:	1	3 RESOURCE	READING RESOURCES PROVIDED TO	ŢO	
UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING PROFICIENCY LEVELS	INCREASE	READING PR	OFICIENCY	LEVELS	
AMONG DISADVANTAGED CHILDREN.					

NAME OF ORGANIZATION OR GOVERNMENT:

CHILDREN FIRST ACADEMY - PHOENIX/TEMPE

(H) PURPOSE OF GRANT OR ASSISTANCE: READING RESOURCES PROVIDED TO

332102 10-29-13

Schedule I (Form 990) KIDS NEED TO READ	26-2755631 Page 2
Part IV Supplemental Information	
NOVE DISTRIBUTION SWITT DOWN	
AMONG DISADVANTAGED CHILDREN.	
•	
	
NAME OF ORGANIZATION OR GOVERNMENT: BEAR RIVER HEAD START	
/II) DUDDOGE OF GDAME OF AGGICHANCE, DEADING DECOUDERS DROUT	DED MO
(H) PURPOSE OF GRANT OR ASSISTANCE: READING RESOURCES PROVI	DED IO
UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING PROFICIEN	CY LEVELS
AMONG DISADVANTAGED CHILDREN.	
	<u></u>

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

	KIDS NEED TO	READ				26-	<u> 2755</u>	631	•
Pa									
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash con amounts repo Form 990, Part	orted on	Method of c noncash contrib	letermı	_	ts
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications	X		73	<u>,378.</u>	FMV			
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests	<u> </u>							
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial					<u>-</u>			
17	Real estate - Other								
18	Collectibles						-		
19	Food inventory								
20	Drugs and medical supplies		<u> </u>						
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens	ļ			. –		-		
24	Archeological artifacts		0	CA	250	ENG.	_		
25	Other (LEGAL & ACCOU)	X	<u> </u>	04	,250.	FMV			
26	Other ()	ļ							
27	Other								
28	Other ()				T				
29	Number of Forms 8283 received by the organi		= -		29				
	for which the organization completed Form 82	:83, Part IV, I	Donee Acknowled	gemeni	29			V	No.
20-	Divine the year did the eventuation receive h	contributio	n any proporty ros	oortod in Port I li	201 20 4	hat it must hald for		res	No
30a	During the year, did the organization receive b								1
	at least three years from the date of the initial the entire holding period?	CONTRIBUTION	, and which is not	required to be us	ed for exem	ipi purposes ioi	200		X
h	If "Yes," describe the arrangement in Part II						30a	<u> </u>	
	Does the organization have a gift acceptance	nolicy that re	ealures the review	of any non-stand	ard contrib	utions?	24		x
31	Does the organization have a gift acceptance		•	-			31		
3Za	contributions?	Oi relateu Oi	gariizations to son	cit, process, or si	sii Horicasii		222		X_
L	If "Yes," describe in Part II						32a		
33	If the organization did not report an amount in	column (c) f	or a type of prope	rty for which colu	mn (a) is ch	ecked			1
33	describe in Part II.	COMMITTE (C)	or a type of prope	ity ioi willoii colu	iiii (a) is Ci	consu,			
LHA		the Instruc	tions for Form 99	 O.		Schedule M	(Form	990) ((2013)

332141 09-03-13

Schedule M	(Form 990) (2013)	KIDS NEED	<u>TO I</u>	READ				<u> 26-275!</u>	631	Page 2
Part II	Supplemental is reporting in Part	I Information. Pr	ovide th	e information red	quired by Par he number of	t I, lines 30b, 32b, fitems received, o	and 33, ar r a combin	nd whether thation of both	ne organiza . Also com	tion
,	this part for any ac	dditional information								
										_
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332142 09-03-13

Schedule M (Form 990) (2013)

SCHEDULE 0 (Form 990 or 990-EZ)

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

► Attach to Form 990 or 990-EZ.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization KIDS NEED TO READ	Employer identification number 26-2755631
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
CHILDREN.	
FORM 990, PART V, LINE 3B:	
NO FILING REQUIRED. THE ORGANIZATION HAS NO UNRELATED BUS	INESS
INCOME.	
FORM 990, PART VI, SECTION A, LINE 2:	
ROBERT GARY, THE CREATIVE DIRECTOR, IS DENISE GARY'S SON.	
RODBILL GARL, THE CREATIVE DIRECTOR, 10 DENIED GARL 5 DON:	
FORM 990, PART VI, SECTION B, LINE 11:	
THE BOARD MEMBERS RECEIVE A COPY OF THE DRAFT RETURN TO	
OVERVIEW BEFORE THE RETURN IS FILED.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORED AND	
ENFORCED COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY	BY REVIEWING
POSSIBLE CONFLICTS DURING BOARD MEETINGS AND CONSULTING W	ITH THE
ORGANIZATION'S ATTORNEYS.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF	
INTEREST POLICY ARE AVAILABLE UPON REQUEST. THE FINANCIAL	STATEMENTS ARE ON
ITS WEBSITE.	

FORM 990, PART IX, LINE 11G, OTHER FEES:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332211 09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

Schedule Q (Form 990 or 990-EZ) (2013) Name of the organization KIDS NEED TO READ	Page 2 Employer identification number 26-2755631
REGISTRATION FEES:	
PROGRAM SERVICE EXPENSES	22,400.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	22,400.
TOTAL EXPENSES	44,800.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	44,800.

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Schedule I (Form 990) KIDS NEED TO READ Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II	TO READ	vernments and Organ	nizations in the Ur	nited States (Sche	dule I (Form 990), Pa		26-2755631 Page 1
(a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ACADEMY SCHOOLS 900 AGNEW RD PITTSBURGH, PA 15227	25-1413040	501(C)(3)	0	6,785,	FMV	BOOKS	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
BEAR RIVER HEAD START 95 W 100 S LOGAN, UT 84321	87-0272159	501(C)(3)	0	5,605,	FMV	BOOKS	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
)	
							Schedule I (Form 990)

05-01-13

Form **8868**

(Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

ILITELLIS LICACUC	e del vice							
,	filing for an Automatic 3-Month Extension,	•	•				🕨 🗸	
•	filing for an Additional (Not Automatic) 3-M							
Do not con	nplete Part II unless you have already been	granted an	automatic 3-month	extension on a previou	usly f	iled For	rm 8868	
a corporation 8868 to reconstruction Return for	filing (e-file). You can electronically file Form on required to file Form 990-T), or an addition usest an extension of time to file any of the Transfers Associated With Certain Persona For more details on the electronic filing of the	nal (not auto forms listed al Benefit (omatic) 3-month ext d in Part I or Part II Contracts, which m	ension of time. You ca with the exception of ust be sent to the IF	an ele f Fori RS in	ectronic m 8870 n papei	cally file Form 0, Information r format (see	
Part I	Automatic 3-Month Extension of Time	e. Only sul	bmit original (no co	opies needed)				
	on required to file Form 990-T and reque				s bo	x and	complete	
Part I only		-					. ▶ 🗆	
All other co	rporations (including 1120-C filers), partnersh	nps, REMIC	Os, and trusts must i	use Form 7004 to requ	uest	an exte	ension of time	
	ne tax returns							
				Enter filer's identifying	g nun	nber, se	e instructions	
Type or	Name of exempt organization or other filer, see in	nstructions		Employer identification				
print	Kids Need to Read			26-2	27556	31		
File by the	Number, street, and room or suite no. If a P.O. b	ox, see instr	uctions.	Social security number (SSN)				
due date for	33 South Mesa Drive							
filing your return. See	City, town or post office, state, and ZIP code Fo	or a foreign a	ddress, see instruction	S				
instructions	Mesa AZ 85210							
Enter the Re	eturn code for the return that this application	ıs for (file a	separate application	n for each return)			0 1	
Applicatio	n	Return	Application			-	Return	
is For		Code	Is For					
Form 990 o	or Form 990-EZ	01	Form 990-T (corpo	oration)	07			
Form 990-		02	Form 1041-A				08	
Form 4720	(individual)	03	Form 4720 (other t	han individual)			09	
Form 990-	<u> </u>	04	Form 5227	· · · · · · · · · · · · · · · · · · ·			10	
	T (sec 401(a) or 408(a) trust)	05	Form 6069				11	
	T (trust other than above)	06	Form 8870				12	
10111330	(trast other trial above)	1 00	1.0			-		
Telephone If the orga If this is for the whole a list with the	A sare in the care of ► Kids Need to Read E No ► 480-256-0115 Inization does not have an office or place of but a Group Return, enter the organization's for the group, check this box . ► If the names and EINs of all members the extension uest an automatic 3-month (6 months for a contraction).	ousiness in ur digit Gro it is for par iion is for.	up Exemption Numb t of the group, chec	per (GEN) k this box .	▶ [-	►□ this is attach	
until for t		mpt organi	zation return for the	organization named al	bove	The e	xtension is	
2 If the	tax year beginning April 1 e tax year entered in line 1 is for less than 12 is hange in accounting period	, 20 months, ch	13, and ending eck reason ☐ Initia	March 31 al return ☐ Final retur		, 2	10 14	
	s application is for Forms 990-BL, 990-PF, 99	90-T, 4720,	or 6069, enter the to	entative tax, less any				
	efundable credits. See instructions.	=			3a	\$	00	
b If th	is application is for Forms 990-PF, 990-T,	4720, or 6	6069, enter any ref	undable credits and				
estir	nated tax payments made. Include any prior y	year overpa	yment allowed as a	credit.	3b	\$	00	
c Bala	ince due. Subtract line 3b from line 3a Includes (Electronic Federal Tax Payment System).	de your pay	ment with this form,		3с	\$	00	
	ou are going to make an electronic funds withdraw			see Form 8453-FO and				
instructions	ou are going to make an electronic funds withdraw	ai foirect det	ng with this FORTH 600C	, usu rumi ugus-Lo anu	. , 0111	. 55, 51	o. payment	