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Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-1150

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-EZ and its Instructions is at www.irs.gov/form990.

10 Grants and similar amounts paid (list in Scriedule O) 1. 10 0 0 11 Benefits paid to or for members 		Ā	For the	2014 calend	er year, or tax year beginning 01/01 , 2014, and end	ing		12/31	, 20 14			
Number and affirest (or P.C. box, if mull is not delivered to street address) Room/sulfo E Yelephore number Plant international methods Plant designed inhalm Anatode inham Anat		В	Check If a	pplicable:	C Name of organization		Empl	oyer i	dentification number			
Part standard mater			Address o	change	An Open Book Foundation			2	27-4234601			
Prain standswinstern Answerder name		$\overline{}$		- 1	Number and street (or P.O. box, if mail is not delivered to street address) Room/st	ilto E	E Telephone number					
Appetitus present City of town, eather or province, country, and ZIP or foreign postal code F Group Exemption Number Nu		=						2	02-686-7115			
Accounting Method:		=			City or town, state or province, country, and ZIP or foreign postal code	F	Grou	р Ехе	emption			
Website: anopenbookfound.org Trequired to attach Schedule B Tax-assempt status (check only one) 2 501(c)(3) 501(c) 4 (insert no.) 4947(a)(1) or 527 From 900, 990-EZ, or 990-PF).		=			Washington, DC, 20015		Num	ber	>			
Tex-exempt status (check only one)		G /	Accoun	ting Method:	✓ Cash	H C	neck D	• 🗆	if the organization is no			
K Form of organization:		I V	Vebsite	anop	enbookfound.org	re	quired	to at	tach Schedule B			
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts, if gross receipts are \$200,000 or more, or if total assets \$144,602 Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I		<u>J T</u>	ex-exer	mpt status (che	sck only one) — 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	(F	orm 99	90, 9 9	0-EZ, or 990-PF).			
(Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I I I I I I I I I I												
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Sa Gross amount from sale of assets other than inventory Sa 0					•				0			
b Less: cost or other basis and sales expenses . 5b 0 c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c 6 Gaming and fundralsing events a Gross Income from gaming (attach Schedule G if greater than \$15,000) . 6a 0 of contributions from fundralsing events (not including \$ 0 of contributions from fundralsing events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . 8b 0 c Less: direct expenses from gaming and fundralsing events (add lines 6a and 6b and subtract line 6c) . 6d 0 Net income or (loss) from gaming and fundralsing events (add lines 6a and 6b and subtract line 6c) . 6d 0 7a Gross sales of inventory, less returns and allowances 7a 0 b Less: cost of goods sold . 6d 0 7b 0 0 8 Other revenue (describe in Schedule O) . 7b 0 0 8 Other revenue (describe in Schedule O) . 8 0 144,602 9 Total revenue. Add lines 1, 2, 3, 4,50; 6d, 7c, and 8, \ 9 144,602 10 Grants and similar amounts/paid (list in Schedule O) . 11 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			1 _		· · · · · · · · · · · · · · · · · · ·	· · ·	.	4	0			
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Professional fees and other payments to independent contractors	Z		10	Grants and	similar amounts/paid (list in Scriedule O)		. [10	. 0			
Professional fees and other payments to independent contractors	\mathbb{Z}		11				. [11	0			
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16 Other expenses (describe in Schedule O) See Schedule O, Statement 1		Ş	13	Professiona	al fees and other payments to independent contractors		· [13	17,742			
16 Other expenses (describe in Schedule O) See Schedule O, Statement 1	mi	9	14	Occupancy	r, rent, utilities, and maintenance		. [14	0			
Total expenses. Add lines 10 through 16		回	15				. [15	244			
18 Excess or (deficit) for the year (Subtract line 17 from line 9)			16				<u>.</u> .		58,003			
end-of-year figure reported on prior year's return)				Total expe	nses. Add lines 10 through 16		>	17	75,989			
end-of-year figure reported on prior year's return)	20	29						18	68,613			
21 Net assets or fund balances at end of year. Combine lines 16 through 20 21 133,122	್;	38	19			_		ł				
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							>	21	133,122			

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Pa	Balance Sheets (see the instructions		nu guartian in thin	Dod II		—
	Check if the organization used Schedule	e O to respond to a	ny question in this	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		-	64,509	22	``
23	Land and buildings		· · · · · ·		23	133,122
24	Other assets (describe in Schedule O)				24	0
25	Total assets			64,509		133,122
26	Total liabilities (describe in Schedule O)				26	199,122
27	Net assets or fund balances (line 27 of column	n (B) must agree wit	h line 21)	64,509		133,122
Par						
	Check if the organization used Schedule	O to respond to a	ny question in this	Part III 🔲		Expenses
What	t is the organization's primary exempt purpose?	See Schedule O, St	atement 2			ulred for section c)(3) and 501(c)(4)
as m	cribe the organization's program service accompline neasured by expenses. In a clear and concise nons benefited, and other relevant information for ex-	nanner, describe th ach program title.	e services provided	I, the number of	,	nizations; optional for
28	An Open Book Foundation takes children's authors					ļ
	AOB gives each child a copy of the author's book to	o take home. We also	give books to the so	hool's library		
	and to classrooms.					
	(Grants \$ 0) If this amount				28a	107,089
29	••••				1	
		*******************			l	
	(Grants \$) If this amount	includes fersies en			-	1
30				***	29a	
30						
		***************************************				1
	(Grants \$) If this amount	includes foreign ar	ente chack hara		30a	1
31	Other program services (describe in Schedule O)	molades foreign gra	and, check here .	· · · - L-I	558	
٠.	Other program services (describe in Schedule O) (Grants \$ 0) If this amount	includes foreign are	ents check here	 	31a	١ .
32	Total program service expenses (add lines 28a	through 31a)	ino, chock here :	· · · · · ·	32	107.089
Par						
	Check If the organization used Schedule					
		(b) Average	(c) Reportable	(d) Health benefits,	1	
	(a) Name and title	hours per week devoted to position	compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	contributions to employ benefit plans, and deferred compensation	0	Estimated amount of ther compensation
Dara	La Porte	50	0		0	0
Foun	nding Director and Treasurer					_
Heidi	i Powell	5	0		0	0
Foun	ding Director					
Mary	Carpenter	1	0		0	0
Secr	etary					
Mary	Alice Garber	1	0		0	0
Direc	ctor					
Eliza	beth Jewett	1	0		0	0
Direc	tor					· · · · · · · · · · · · · · · · · · ·
Debo	orah Litt	1	0		0	0
Direc	ctor					
Caro	lyn Vinson Bou	1	0		0	0
	·	•	1			
Direc						
		. 1	0		0	0
	ctor • Harrod	. 1	0		0	0
Норе	ctor • Harrod	. 1	0		0	0
Норе	ctor • Harrod	. 1	0		0	0
Норе	ctor • Harrod	.1	0		0	0
Норе	ctor • Harrod	• 1	0		0	0
Норе	ctor • Harrod	1	0		0	0
Норе	ctor • Harrod	1	0		0	0

Part				
	Instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	v Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	163	\ \
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35b		
36	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		✓
37a	during the year? If "Yes," complete applicable parts of Schedule N	36		✓
b 38a	Did the organization file Form 1120-POL for this year?	37b 38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	<u> </u>	·.	Y
39 a b 40a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		√
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
. 0	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		/
41	List the states with which a copy of this return is filed ▶ DC			
42a	***************************************	202-68		5
	Located at ► 3215 Morrison Street, Washington, DC 20015 ZIP + 4 ►	200		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No √
	If "Yes," enter the name of the foreign country: ▶	[], [
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	- □
			Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	448		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		✓
	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		✓

								Yes	No
48	Did	the organization engage, directly or in	ndirectly, in political of	ampaign activities	on behalf	of or in oppos	ition		1
Part		andidates for public office? If "Yes," of Section 501(c)(3) organizations		, Parti	<u>· · · · </u>	· · · · ·	46		<
rait	VI	All section 501(c)(3) organization		estions 47_49b a	nd 52 an	d complete ti	ha tablaa	for lin	
		50 and 51.	is illust alismoi que	13110113 47 - 4 30 a	110 JZ, A11	a complete ti	ie labies	וטו זטו	65
		Check if the organization used Sc	hedule O to respond	to any question	in this Par	t VI			
				7		<u> </u>		Yes	No
47	Did	the organization engage in lobbying	activities or have a	section 501(h) ele	ction in ef	fect during the	tax	+	1
	year	r? If "Yes," complete Schedule C, Par	tll				. 47	İ	1
48		ne organization a school as described in					. 48		V
49a	Dld	the organization make any transfers to	o an exempt non-cha	ritable related org	anization?		. 498		✓
p	If "Y	es," was the related organization a se	ection 527 organization	on?			. 49b		
50	Con	nplete this table for the organization's ployees) who each received more than	tive highest compen	sated employees	other than	officers, direc	tors, trust	ees an	ıd key
	Gilip	NOVERSA WIND CACTATECEIVED THOSE TIAL		1		lealth benefits.	1e, enter	None.	
	(£	a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MI	contribi	realtriberishs, utions to employee plans, and deferred ompensation			
None									
•••••]				
		•					 		
							1		
					-		 		

*								•	
f		number of other employees paid over		. ▶					
51	Com	pplete this table for the organization's	s five highest compe	insated independe	ent contrac	ctors who eac	h received	more	than
•	\$100	0,000 of compensation from the organ	nization. If there is no	ne, enter "None."					
	(8) Name and business address of each independent	ent contractor	· (b) Type of	service	(0	c) Compensat	ion	
None									
140110		***************************************							
					<u> </u>				
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************			1			
								_	
		-			 				
						ł			
	Total	I number of other independent contract	otom ooch receiving						
		the organization complete Schedul	_	•	. –				
		pleted Schedule A	e Ar Note. All Set		_	s must attaci	na .▶☑ Yes		Ja
Jinder pe	naities	of perjury. I declare that I have examined this re	sturn, including accompany	ing schedules and state	ements, and t	o the best of my ki			
rue, con	ect, an	nd complete. Declaration of preparer (other than	officer) is based on all infor	mation of which prepar	er has any kn	owledge.	iomoogo w k	- COICH, 1	
		Lang A Part	7			Que in	1 201	8	
Sign		Signature of office				Date /	7		
Here		Dara LaPorte, Founding Director ar	nd Treasurer			<u> </u>			
	L	Type or print name and title	Dunanada de A	· · · · · · · · · · · · · · · · · · ·					
Paid		Print/Type preparer's name	Preparer's signature	ľ	Date /	Check 🗹			
Prepa		Christopher Carr			0/1//	self-emplo		139758	4
Jse C	nly	Firm's name > Christopher Carr	noington MD 20007	- 		Firm's EIN ▶	21-386		
May the	IRS	Firm's address > 4028 Glenrose St, Ker discuss this return with the preparer		structions		Phone no.	301-509- ► ✓ Yes		
									,

Form 990-EZ (2014)

SCHEDULE A (Form 990 or 990-EZ)

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.

2014

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer Identification number

	pen Book Foundation						234601		
Pa							ons.		
	organization is not a private found								
1	A church, convention of church			ribed in s	ection 1	70(b)(1)(A)(i).			
2 3	A school described in section A hospital or a cooperative ho			in anatin	_ 470/5\4	AMANGIN			
4	☐ A medical research organization						Viii) Enter the		
•	hospital's name, city, and stat		organication what a rice	pital des	A 1060 111	Section Trologisty	Min). Circa nie		
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned	or operat	ed by a governmen	tal unit described in		
6 7	☐ A federal, state, or local gover ☐ An organization that normally described in section 170(b)(1)	receives a subs	stantial part of Its sup				m the general public		
8	☐ A community trust described i	in section 170(b)(1)(A)(vi). (Complete	Part II.)					
9	An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)								
10	☐ An organization organized and								
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.								
а	a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.								
b	☐ Type II. A supporting organic control or management of the organization(s). You must control to the organization organi	e supporting org	ganization vested in th						
C	☐ Type III functionally integrated its supported organization(s)						y integrated with,		
đ	☐ Type III non-functionally in that is not functionally integr requirement (see instructions	ated. The organi	zation generally must	satisfy a	distribut	ion requirement and	ted organization(s) an attentiveness		
е	Check this box if the organiz functionally integrated, or Ty						li, Type III		
f	Enter the number of supported of	organizations .							
8	Provide the following information	n about the supp	orted organization(s)						
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	listed in yo	organization ur governing ment?		(vi) Amount of other support (see Instructions)		
				Yes	No				
(A)									
(B)									
(C)									
(D)									
(E)						_			
Total					· <u>-</u>		o		

Part	(Complete only if you checked the	he box on line	5, 7, or 8 of	Part I or if the	e organization	n failed to qu	
	Part III. If the organization fails to	o qualify unde	r the tests lis	ted below, p	ease comple	te Part III.)	
	ion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	25,423	55,438	64,509	144,602	289,972
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					,	
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0		0
4	Total. Add lines 1 through 3	0	25,423	55,438	64,509	144,602	289,972
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)			33,133		134,000	200,012
6	Public support. Subtract line 5 from line 4.						289,972
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	0	25,423	55,438	64,509	144,602	289,972
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	0		0
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	O	0	0		0
	(Explain in Part VI.)	0	0	0	0		0
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the	•	•		or 6tth toy w	12	289,972
13	organization, check this box and stop her	-	•		•	ear as a secuo	``':' —
Socii	on C. Computation of Public Suppor			<u> </u>		· · · · ·	
14	Public support percentage for 2014 (line 6			1 column (fl)		14	100 %
15	Public support percentage from 2013 Sch		-	· , coldinii (i),	1	15	100 %
16a	331/3% support test—2014. If the organization qual	zation did not o	heck the box	on line 13, and			
b	331/2% support test—2013. If the organicheck this box and stop here. The organi	nization did not	check a box	on line 13 or	•	15 is 33½%	
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part VI how the organization meets the "foorganization	014. If the organets the "facts-a acts-and-circum	nization did no ind-circumstar	t check a box aces" test, che t. The organiza	on line 13, 16a ck this box an	d stop here. E	ine 14 is xplain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part VI how the organization m supported organization	tion meets the leets the "facts	"facts-and-cir	cumstances" t ances" test. Th	test, check the organization	is box and sto	and line p here. publicly
18	Private foundation. If the organization die				or 17b, check	k this box and	

Part III	Support Sched	lule fo	r Organiz	zations D	escribed	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.)

Sect	ion A. Public Support	ander the te	old listed bei	ow, picase ci	ompiete i art	,	
Caler	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees				1	, , , , , , , , ,	
	received. (Do not include any "unusual grants.")	Ì	ļ		ļ		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the	İ		i	1		
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513		l		l		
4	Tax revenues levied for the	-					
	organization's benefit and either paid		ĺ				
	to or expended on its behalf			ļ			
5	The value of services or facilities			-			
	furnished by a governmental unit to the	İ	1	1			
_	organization without charge		<u> </u>				
6	Total. Add lines 1 through 5				<u> </u>		
78	Amounts included on lines 1, 2, and 3 received from disqualified persons .			İ	1		
_	· · · · · · · · · · · · · · · · · · ·						
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		1		1		
	Add lines 7a and 7b		 				····
8	Public support (Subtract line 7c from						L
	line 6.)						
Secti	on B. Total Support		·	 	·	<u> </u>	
Calen	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6				1	· · · · · · · · · · · · · · · · · · ·	
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	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 assets						
	(Explain in Part VI.)	į l]	Į .			
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for th	e organization	n's first, secon	d. third. fourth	or fifth tax ve	ear as a sectio	n 501(c)(3)
	organization, check this box and stop her				•		````
Section	on C. Computation of Public Suppor	t Percentage	0				
15	Public support percentage for 2014 (line 8	3, column (f) di	vided by line 1	3, column (f))		15	%
16	Public support percentage from 2013 Sch				<u></u>	16	%
	on D. Computation of Investment Inc						
17	Investment income percentage for 2014 (I					17	%
18	Investment income percentage from 2013					18	%
19a	331/a% support tests—2014. If the organi						-
	17 is not more than 331/a%, check this box		_	•		•	_
b	331/3% support tests - 2013. If the organiz						
	line 18 is not more than 331,2%, check this b		-				
20	Private foundation. If the organization did	コーロし しょうせんれ さげ	DUX UIT (II 18 14,	I Jal Uf I BU. C	a REUR U US DOX 8	ぬ に ちせせ げらげし	ctions P

Part IV

Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

	Organizations	

			Yes	No
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.	1		
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).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
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.	3b		
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.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
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.	4b		,
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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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).	5a		
	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?	5b		
6 6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualifled person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		ı
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.	9a		t
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		,
С	Did a disqualified person (as defined in line 9(a)) 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.	9c		:
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a	. ¹	,
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.)	10Ь		

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	l		1
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			İ
b	A family member of a person described in (a) above?	11a 11b	├	┼
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations	1	<u> </u>	Ь
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	1		İ
	controlled the organization's activities. If the organization had more than one supported organization,]	İ
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		1
2	Did the organization operate for the benefit of any supported organization other than the supported	H		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part]		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	on C. Type II Supporting Organizations			
1	Many a majority of the appealanticals disputant on trusteen dealers the trusteen design of the second of the secon		Yes	No
•	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			1
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			1
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			ĺ
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		L
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			ĺ
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	net n "	ctions	a).
8	The organization satisfied the Activities Test. Complete line 2 below.	100 00	<i>-</i> 40//6	<i>.</i> y.
ь	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	ee ins	tructio	ons).
2	Activities Test. Answer (a) and (b) below.			
a a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	 	Yes	140
a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1 1		·
	those supported organizations and explain how these activities directly furthered their exempt purposes,		- 1	
	how the organization was responsive to those supported organizations, and how the organization determined	1 1		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) 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.	25	-	
3	Parent of Supported Organizations. Answer (a) and (b) below.	2b		
э 8	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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		$\neg \neg$	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must co			
Section 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		
Section 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	10		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% 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 .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 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		<u> </u>
7 Check here if the current year is the organization's first as a non-functionall instructions).	y-in1	tegrated Type III supporti	ng organization (see

	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Sect	ection D - Distributions			Current Year
1	1 Amounts paid to supported organizations to accomplish exempt purposes			
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported			
	organizations, in excess of income from activity			
3_	3 Administrative expenses paid to accomplish exempt purposes of supported organizations			
4				
5	Qualified set-aside amounts (prior IRS approval required)			
<u> </u>	Other distributions (describe in Part VI). See instructions.	•		
7 Total annual distributions. Add lines 1 through 6.				
8	8 Distributions to attentive supported organizations to which the organization is responsive			
	(provide details in Part VI). See Instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		/i\	(ii)	(iii)
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 2014
1_	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:	<u> </u>		<u> </u>
<u>a</u>				
<u>ь</u>	reth is			
C	est to the			
d	* -			
е	From 2013			
f	Total of lines 3a through e		·	
9	Applied to underdistributions of prior years		· · · · · · · · · · · · · · · · · · ·	
<u>h</u>	Applied to 2014 distributable amount			
<u> </u>	Carryover from 2009 not applied (see instructions)			<u> </u>
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		·	
4.	Distributions for 2014 from Section		İ	
	D, line 7: \$			
8	Applied to underdistributions of prior years	-		
ь	Applied to 2014 distributable amount	, •		
C	Remainder. Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2014, if			
5	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:		····································	4
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d	Excess from 2013			
	Excess from 2014		· · · · · · · · · · · · · · · · · · ·	7,1

Schedule A (F	Schedule A (Form 990 or 990-EZ) 2014 Page 8				
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)				
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#### SCHEDULE O (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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization	Employer identification number
An Open Book Foundation	27-4234601
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Schedule O, Statement 1

Form: 990-EZ

Page: 1

Line Number: Part I Line 16

An Open Book Foundation 27-4234601

#### Other Expenses Structured Explanation

Description	Amount
Author Books	50,443
Author Supplies	184
Travel and Meetings	226
Dues and Memberships	641
Supplies	3,469
Website	3,040
Total:	58.003

Schedule O, Statement 2

Form: 990-EZ

Page: 2

Line Number: Part III

An Open Book Foundation 27-4234601

#### **Primary Exempt Purpose**

#### **Primary Exempt Purpose**

An Open Book Foundation was established by children's book sellers Heidi Powell and Dara La Porte in November 2010 with the goal of promoting literacy among low-income children and teens in the greater Washington, DC area. We bring award-winning authors and illustrators into disadvantaged schools and give each child a signed copy of the author's book. We also give books to classrooms and the school library. These talented authors donate their time to provide dynamic, interactive experiences including writing workshops, book readings, literacy-based art projects, and the creation of permanent school murals. After the event, the author personalizes copies of his or her book, usually engaging in a conversation with each student. It is this personal connection to literature that makes AOB's mission unique, and its programs successful at getting children to read.