					Short Forn					OME	8 No. 1545-1	1150
	0	90-EZ		Return of Organ	nization Exemp	ot From I	ncome ⁻	Гах		6		
Forr	n J	JU-LL		Under section 50 (except b	1(c), 527, or 4947(a)(1) of th lack lung benefit trust or p	ne Internal Rever	nue Code n)			4	2009	7
			Þ	 Sponsoring organizations of c 512(b)(13) must file Form 990. A assets less than 	onor advised funds and con	trolling organizati	ons as defined i	n section		Ope	n to Pu	ublic
		f the Treasury		assets less than	\$1,250,000 at the end of the	e year may use th	is form.				spectio	
_		ue Service	arvoar	The organization may have or tax year beginning			and ending		embe		, 20	09
_		applicable:	Please	C Name of organization	January 1	, 2005, 8	and ending	_			tion numbe	
	Address		use IRS	Kids Need to Read				2 Linp.	-	6-2755		
~	Name ch	nange	label or print or	Number and street (or P.O. bo	ox, if mail is not delivered to	street address)	Room/suite	E Telep				
	Initial ret Terminat		type. See	124 S 54th St			65		48	80-227-	3471	
	Amende		Specific Instruc-	City or town, state or country,	and ZIP + 4			F Grou	up Exe	mption		
		ion pending	tions.	Mesa, AZ 85206				Num	nber I	▶		
	• Sec	tion 501(c)(3)		zations and 4947(a)(1) non		s must attach	G Accou	unting M	ethod:	C	ash 🗹 Ao	ccrual
			a cor	mpleted Schedule A (Form	990 or 990-EZ).		Other	(specify) 🕨			
							H Check	< Þ 🗌	if the o	organiza	ation is no	<i>i</i> t
	Vebsi			edtoread.org						chedule	e B (Form 9	990,
				nly one) – 🗹 501(c) (3)				Z, or 99	,			
	Check		•	ization is not a section 509(a		0	•				ı \$25,000.	A
				eturn is not required, but if the equination of the equilation between the equilation of the equilatio						turn.		
1	art I			penses, and Changes					ction	s for F	Part I)	
	1			ts, grants, and similar an					1			36,649
	2			revenue including govern					2			0
	3	-		s and assessments					3			0
	4	Investment	•						4			0
	5a	Gross amo	ount fro	m sale of assets other th	an inventory	5a		0				
	b	Less: cost	or othe	er basis and sales expens	ses	5b		0				
•	c	•	,	n sale of assets other tha	•		,		5c			0
Revenue	6			tivities (complete applicable par			ing, check here					
eve	a			ot including \$				_				
ŭ		-	rted on line 1)									
	b		•	nses other than fundraisi	•	· · · · · · · · · · · · · · · · · · ·	··· · · · · · · · · · · · · · · · · ·	8,317	0.			0 704
	C 70		•	ss) from special events a	•		ine 6a)		6c			8,781
	7a 7a		sales of inventory, less returns and allowances 7a 0 cost of goods sold 7 0 0									
	C C		0						7c			0
	8	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)							8			0
	9		•	dd lines 1, 2, 3, 4, 5c, 6c	, 7c, and 8			. •	9		24	45,430
	10			r amounts paid (attach s					10			51,989
	11	Benefits pa	aid to o	or for members					11			0
es	12	Salaries, other compensation, and employee benefits							12			12,725
ens	13								13 14			2,175
Expenses	14		Occupancy, rent, utilities, and maintenance									2,185
ш	15	Printing, publications, postage, and shipping							15			3,089
	16 17		· ·					/	16 17			9,473 81,636
	17			Add lines 10 through 16) for the year (Subtract lir					17			63,794
Net Assets	19		• •	nd balances at beginning					10			00,104
Ass				e reported on prior year's					19			19,994
et /	20	Other char	nges in	net assets or fund balan	ces (attach explanatio	n)			20			0
Z	21		•	d balances at end of yea	· ·	,			21		18	83,788
Ρ	art II			ets. If Total assets on line	e 25, column (B) are \$ ⁻				instea	ad of F	orm 990-	-EZ.
				(See the instructions f	,			ginning of	-		B) End of yea	ar
22		-		vestments					6,628		1	11, 0 59
23										23		0
24				Donated Auction Ite					3,366			72,729
25							·	1	9,994	25 26	18	83,788 0
26 27		otal liabilitie et assets or		cribe ► Dalances (line 27 of colui	mn (B) must agree wit	h line 21)	_)	1	9,994		11	83,788
~ 1					(=,	···· ·/ ·				- 1 m - 1		, - • •

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

Form	990-EZ (2009)					Page 2
Par	t III Statement of Program Service Accom	plishments (See the instr	uctions for Part II	l.)		Expenses
Wha	t is the organization's primary exempt purpose?	Education				ired for section
	cribe what was achieved in carrying out the org	anization's exempt purpos	ses. In a clear ar	nd concise)(3) and 501(c)(4)
	ner, describe the services provided, the number of					izations and section a)(1) trusts; optional
	program title.	1			for ot	
28	Kids Need to Read provides inspiring books to under	r-funded schools libraries a	and literacy program	ns across		
20	the United States, especially those serving disadvar					
	responsibility among our nation's youth. Persons B		supports interacy a			
				·····		54 000
~~	(Grants \$) If this amount	includes foreign grants, ch	eck nere	. 🕨 🗆	28a	51,989
29						
	(Grants \$) If this amount	includes foreign grants, ch	eck here	. 🕨 🗌	29a	
30						
	(Grants \$) If this amount	includes foreign grants, ch		. 🕨 🗌	30a	
31	Other program services (attach schedule)					
	(Grants \$) If this amount	includes foreign grants, ch	eck here	. 🕨 🗌	31a	
	Total program service expenses (add lines 28a				32	51,989
Par	t IV List of Officers, Directors, Trustees, and Key	/ Employees. List each one ev	ven if not compensa	ted. (See the	instruc	tions for Part IV.)
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contributio employee benefit		(e) Expense account and
		devoted to position	enter -0)	deferred compe		other allowances
Jam	es Blasingame, 2248 W. Tanque Verde Dr.	Chairman 2				
Cha	ndler, AZ 85224	Chairman, 2	0		0	0
Dian	e Elhard, P.O. Box 74	Director 2				
And	erson, MO 64831	Director, 2	0		0	0
Deb	orah Wells O'Neill, 4025 Brassfield Dr.					
	ky Mount, NC 27803	Director, 2	0		0	0
	Vonia Hinton-Johnson, 700 Providence Road					
	sapeake, VA 23325	Director, 2	0		0	0
-	se Gary, 124 S 54th St #65					
	a. AZ 85206	Executive Director, 70	1,600p/m		0	0
	ora Brown, 107 164th St SE #2-302		1,000p/m			
	nell, WA 98012	Development Dir,CFO,30	0		0	0
	ten M. Klein, 10136 Leana Dr.		•		•	
		Secretary, 10	0		0	0
RUS	coe, IL 61073		0		U	0
		-				
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		1				
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Form **990-EZ** (2009)

Part	O-EZ (2009) Other Information (Note the statement requirements in the instructions for Part V.)			Page
an	Other information (Note the statement requirements in the instructions for Part V.)		Yes	N
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed		103	
	description of each activity	33		•
84	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of		~	
	the changes	34	V	
5	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but			
	not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section			
	6033(e) notice, reporting, and proxy tax requirements?	35a		
	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		1
6	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	00		
7-		36		
	Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0.00 Did the organization file Form 1120-POL for this year?	37b		
	Did the organization here form 1120-FOL for this year?	370		
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	554		
9	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
0a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶; section 4912 ▶; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified			
	person in a prior year, and that the transaction has not been reported on any of the organization's prior			
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
al	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			
d	reimbursed by the organization \ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
C	transaction? If "Yes," complete Form 8886-T.	40e		
1	List the states with which a copy of this return is filed. California, Arizona	400		-
		480-22	7-457	8
	Located at N 1047 164th St Se #2302 Bothell WA	98′		
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		Yes	N
	account)?	42b		
	If "Yes," enter the name of the foreign country: ►			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		
с		-		
С	If "Yes," enter the name of the foreign country:			
	If "Yes," enter the name of the foreign country: ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here			
	If "Yes," enter the name of the foreign country:		•	
	If "Yes," enter the name of the foreign country: ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here		Yes	
3	If "Yes," enter the name of the foreign country: ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	
с 3	If "Yes," enter the name of the foreign country: ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here		Yes	N
3	If "Yes," enter the name of the foreign country: ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	44	Yes	

Part VI	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 an	section 4947(a)(1) non 17(a)(1) nonexempt chai 1d 51.	ritable trusts m	able trusts only. Anust answer question	All sec ons 46	tion 3–49b)
	d the organization engage in direct or indirect ndidates for public office? If "Yes," complete \$				46	Yes	No ✓
	d the organization engage in lobbying activities				40		~
	the organization a school as described in section	· · ·			48		v
	d the organization make any transfers to an ex				49a		~
	'Yes," was the related organization a section 5				49b		~
	omplete this table for the organization's five his nployees) who each received more than \$100,0						d key
(a)	Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensati	on (d) Contributions to employee benefit plans & deferred compensation	& acc	Expension Expens	nd
lone							
					<u> </u>		
f To	tal number of other employees paid over \$100						
5 1 Co	omplete this table for the organization's five h 00,000 of compensation from the organization	highest compensated ind n. If there is none, enter "N	None."				
5 1 Co \$1	omplete this table for the organization's five I	highest compensated ind n. If there is none, enter "N	ependent contra None."	actors who each rec	ceived		
5 1 Co \$1	omplete this table for the organization's five h 00,000 of compensation from the organization	highest compensated ind n. If there is none, enter "N	ependent contra None."				
51 Co \$1	omplete this table for the organization's five h 00,000 of compensation from the organization	highest compensated ind n. If there is none, enter "N	ependent contra None."				
51 Cc \$1	omplete this table for the organization's five h 00,000 of compensation from the organization	highest compensated ind n. If there is none, enter "N paid more than \$100,000	ependent contra None."				
51 Cc \$1	omplete this table for the organization's five h 00,000 of compensation from the organization (a) Name and address of each independent contractor	highest compensated ind n. If there is none, enter "f paid more than \$100,000 comparison of the state of the	ependent contra None." (b)) Type of service	(c) Cor	npensa	tion
51 Cc \$1 lone d To	(a) Name and address of each independent contractor	highest compensated ind n. If there is none, enter "f paid more than \$100,000 comparison of the state of the	ependent contra None." (b)) Type of service	(c) Cor	npensa	tion
51 Cc \$1 lone d To	Image: complete this table for the organization's five for the organization from the organization (a) Name and address of each independent contractor (b) Output (c) Output <	highest compensated ind n. If there is none, enter "f paid more than \$100,000 comparison of the state of the	ependent contra None." (b)) Type of service	(c) Cor	npensa	tion
51 Cc \$1 None d To Sign lere	Image: complete this table for the organization's five for 00,000 of compensation from the organization (a) Name and address of each independent contractor (b) Other independent contractors each independent contractors of the penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete. Declaration (c) Signature of officer (c) Debora L Brown, Development Director Type or print name and title Preparer's signature	highest compensated ind n. If there is none, enter "f paid more than \$100,000 comparison of the state of the	ependent contri- None.") Type of service	(c) Cor	npensa	edge
51 Cc \$1 None d To Sign lere	Image: complete this table for the organization's five for 00,000 of compensation from the organization (a) Name and address of each independent contractor (b) Other independent contractors each independent contractors of the penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete. Declaration (c) Signature of officer (c) Debora L Brown, Development Director Type or print name and title Preparer's signature	highest compensated ind n. If there is none, enter "f paid more than \$100,000 each receiving over \$100,0 each receiving over \$100,0 ead this return, including accompa of preparer (other than officer) is	ependent contra None.") Type of service	(c) Cor	npensa	edge
51 Co \$1 None d To bign lere laid reparer's lse Only	cmplete this table for the organization's five for 00,000 of compensation from the organization (a) Name and address of each independent contractor (b) Independent contractors of the independ	highest compensated ind n. If there is none, enter "N paid more than \$100,000 paid more than	ependent contri- None."	Type of service I statements, and to the be tition of which preparer has Date	(c) Cor	npensa	edge

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.



Name of the organization **Kids Need to Read**

Kid Pa		ed to Read	for Public Ch	narity Status (All or	aanizatii		t compl	oto this	26		2755631
				idation because it is:	<u> </u>						
1 2 3 4		A church, co A school de A hospital o A medical re	onvention of chu scribed in sectio r a cooperative h	rches, or association on 170(b)(1)(A)(ii). (Att nospital service organ ation operated in conj	of church tach Schuization d	hes desc edule E.) escribed with a ho	ribed in s in sectio spital de	section 1 on 170(b) scribed in	70(b)(1)(/ (1)(A)(iii).	Á)(i).)(A)(iii). Enter the
5		An organizat		the benefit of a colle					by a gov	ernmental	unit described in
6				ernment or governme	ental unit	describe	d in sect	ion 170(I	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 section 170(b)(1)(A)(vi). (Complete Part II.)									
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)										
9		receipts from support from	n activities relate n gross investm	v receives: (1) more the ed to its exempt funct ent income and unre a after June 30, 1975.	tions—su lated bus	bject to o siness ta:	certain ex xable inc	ceptions ome (les	s, and (2) s section	no more	than 331/3 % of its
10 11	 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 that describes the type of supporting organization and complete lines 11e through 11h. 										
e	 a Type I b Type II c Type III–Functionally integrated d Type III–Other e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). 									more disqualified	
f g		organization	, check this box at 17, 2006, has	a written determinati							III supporting
		(i) A persor	n who directly or	r indirectly controls, e ning body of the supp				th persor	ns descrit	oed in (ii)	Yes No 11g(i)
h		(iii) A 35% c	ontrolled entity	rson described in (i) a of a person described ation about the suppo	d in (i) or		?	· · ·	· · ·		11g(ii) 11g(iii)
<u>h</u>	Name	e of supported	(ii) EIN	(iii) Type of organization	l		Ì	ou notify	(vi)	s the	(vii) Amount of
(1)		anization		(described on lines 1–9 above or IRC section (see instructions))	in col. (i) listed in your the		the organ col. (i)	(v) Did you notify the organization in col. (i) of your support?		ion in col. zed in the S.?	support
					Yes	No	Yes	No	Yes	No	
Tota	al										

Pa	t II Support Schedule for Org (Complete only if you check	anizations I ked the box	Described in on line 5, 7,	Sections 17 or 8 of Part I	0(b)(1)(A)(iv) .)	and 170(b)(1)(A)(vi)		
Sec	tion A. Public Support								
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				\$17,061	\$236,649	\$253,710		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				0	0	0		
3	The value of services or facilities furnished by a governmental unit to the organization without charge				0	0	0		
4	Total. Add lines 1 through 3				\$17,061	\$236,649	\$253,710		
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)						0		
6	Public support. Subtract line 5 from line 4.						\$253,710		
Sec	tion B. Total Support	-			-				
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
7	Amounts from line 4				\$17,061	\$236,649	\$253,710		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				0	0	0		
9	Net income from unrelated business activities, whether or not the business is regularly carried on				0	0	0		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				\$9,176	\$8,781	\$17,957		
11	Total support. Add lines 7 through 10						\$271,667		
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	0		
13	First five years. If the Form 990 is for organization, check this box and stop he	re							
	tion C. Computation of Public Su		•						
14	Public support percentage for 2009 (line		-			14	<u>%</u>		
15 16a	Public support percentage from 2008 Schedule A, Part II, line 14 15 % 33% % support test-2009. If the organization did not check the box on line 13, and line 14 is 33% % or more, check this box and stop here. The organization qualifies as a publicly supported organization 15 %								
b	33% % support test-2008. If the organized box and stop here. The organization qua								
17a	10%-facts-and-circumstances test — 20 more, and if the organization meets the "facts-and-circum	acts-and-circu	mstances" test,	check this box	and stop here.	Explain in Part	IV how the		
b 18	10%-facts-and-circumstances test – 2008 more, and if the organization meets the "f organization meets the "facts-and-circumsta Private foundation. If the organization did	acts-and-circun ances" test. The	nstances" test, o organization qua	check this box a alifies as a public	and stop here . cly supported or	Explain in Part ganization	IV how the ►		

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009

Page 2

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.)

Section A. Public Support Calendar year (or fiscal year beginning in) (b) 2006 (c) 2007 (d) 2008 (a) 2005 (e) 2009 (f) Total 1 Gifts, grants. contributions, and membership fees received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise 2 sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . Gross receipts from activities that are not an 3 unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disgualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . c Add lines 7a and 7b Public support (Subtract line 7c from 8 line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (f) Total (e) 2009 Amounts from line 6 . . . 10a Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . c Add lines 10a and 10b Net income from unrelated business 11 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 IV.) 13 Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 14 organization, check this box and **stop here** Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . . 15 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage % 17 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f) . 18 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 19a 33¹/₃ % support tests – 2009. If the organization did not check the box on line 14, and line 15 is more than 33¹/₃ %, and line 17 is not more than 33¹/₃%, check this box and **stop here.** The organization qualifies as a publicly supported organization 331/3 % support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33/3 %, and b line 18 is not more than 331/3 %, check this box and stop here. The organization qualifies as a publicly supported organization 🕨 🗌 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 🕨 🗌 20

Schedule A (F	orm 990 or 990-EZ) 20	09					Page 4
Part IV			. Complete this Part III, line 12	part to provid Provide any	de the explana other addition	ations required al information.	by Part II, line 10; See instructions.
Items sold	l on eBay, Fundra	aisers					