Form 990 Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue O benefit trust or private foundation)		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service The organization may have to use a copy of this return to satisfy sta	ate reporting requirements.	Open to Public Inspection
	MAR 31, 2013	mspection
B Check if applicable:	D Employer identifica	tion number
Address change KIDS NEED TO READ Name Doing Business As	26-27	55621
Lichange Doing Business As Initial In		<u> </u>
		56-0115
Amended City, town, or post office, state, and ZIP code	G Gross receipts \$	270,782.
$\square_{\text{total}}^{\text{Applica-}} MESA, AZ 85210$	H(a) Is this a group retu	
pending F Name and address of principal officer: TYSON BREINHOLT	for affiliates?	
SAME AS ORGANIZATION	H(b) Are all affiliates includ	
	527 If "No," attach a lis	
J Website: VWW.KIDSNEEDTOREAD.ORG	H(c) Group exemption r	number 🕨
K Form of organization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨 📘 L Y	'ear of formation: 2008 M S	itate of legal domicile: AZ
Part I Summary		
1 Briefly describe the organization's mission or most significant activities: PROVIDIN ORGANIZATIONS THAT SERVE CHILDREN, ESPECIALL 2 Check this box □ if the organization discontinued its operations or disposed of m 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b)	Y DISADVANTAGE	······································
3 Number of voting members of the governing body (Part VI, line 1a)	3	7
4 Number of independent voting members of the governing body (Part VI, line 1b)		<u>,</u> 7
 a Number of independent voting members of the governing body (Part V, line Tb) 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 		3
6 Total number of volunteers (estimate if necessary)		42
7 a Total unrelated business revenue from Part VIII, column (C), line 12		0.
b Net unrelated business taxable income from Form 990-T, line 34		0.
	Prior Year	Current Year
a Contributions and grants (Part VIII, line 1h)	54,088.	270,763.
 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 	0.	0.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1.	19.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	54,089.	270,782.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,379.	203,818.
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	21,268.	88,273.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 16 , 612.	0.	0.
b Total fundraising expenses (Part IX, column (D), line 25)		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	13,748.	75,765.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	39,395.	<u> </u>
19 Revenue less expenses. Subtract line 18 from line 12	14,694.	<97,074.
	Beginning of Current Year	End of Year
 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 	334,812.	645,255.
21 Total liabilities (Part X, line 26)	4,033.	20,384.
	330,779.	624,871.
Part II Signature Block		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer	Date
Here	DENISE GARY, PRESIDENT Type or print name and title	
	Print/Type preparer's name Preparer's signature Date	
Paid	DENNIS M. HARE	13 self-employed P01241957
Preparer	Firm's name LOHMAN COMPANY, PLLC	Firm's EIN 86-0985325
Use Only	Firm's address 1630 S. STAPLEY DR., SUITE 108	
	MESA, AZ 85204	Phone no. <u>480-355-1100</u>
May the II	RS discuss this return with the preparer shown above? (see instructions)	X Yes No
232001 12-1		Form 990 (2012)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION



(Rev. January 2013) 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.

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
 If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension-check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number, see instructions
Name of exempt organization or other filer, see instructions.	Employer Identification number (EIN) or
Kids Need to Read	26-2755631
Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
33 S Mesa Drive	
City, town or post office, state, and ZIP code. For a foreign address, see inst	ructions.
Mesa, AZ 85210	
	Kids Need to Read Number, street, and room or suite no. If a P.O. box, see instructions. 33 S Mesa Drive City, town or post office, state, and ZIP code. For a foreign address, see Inst

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For		Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

The books are in the care of
 The Company 33 S Mesa Drive, Mesa AZ 85210

Telephone No. 🕨	480-256-0115	FAX No. ►	By 288 - 77 -
 If the organization 	does not have an office or place of bu	siness in the United States, check this box	▶□
 If this is for a Group 	p Return, enter the organization's four	digit Group Exemption Number (GEN)	. If this is
for the whole group	, check this box 🧠 🕨 🔲 . If it	is for part of the group, check this box	▶ 🔲 and attach

a list with the names and EINs of all members the extension is for.

I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time

until <u>November 15</u>, 20 <u>13</u>, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► Calendar year 20 ____ or

	► 🔽 tax year beginning Ap	ril 1 , 20	12 , and endir	ng March 31		, 20	13 .
2	If the tax year entered in line 1 is for less	than 12 months, chi	eck reason: 🗍 Ir	nitial return 🛛 Final re	tum		
	Change in accounting period						
3a	If this application is for Form 990-BL, 99	90-PF, 990-T, 4720,	or 6069, enter th	e tentative tax, less any			
	nonrefundable credits. See instructions.					\$	0.
b	If this application is for Form 990-PF estimated tax payments made. Include a				зь	\$	0.
C	Balance due. Subtract line 3b from line EFTPS (Electronic Federal Tax Payment			rm, if required, by using	1	\$	0.
Cautio	n. If you are going to make an electronic fund	withdrawal with this Fo	rm 8868, see Form	8453-EO and Form 8879-E	O for	payment in	structions.
For Pr	wacy Act and Paperwork Reduction Act Not	lce, see instructions.		Cat. No. 27916D	F	orm 8868	(Rev. 1-2013)

		Form 330 (
<u>4e</u>	Total program service expenses ► 279,033.	Form 990 (
4d	(Expenses \$ including grants of \$) (Revenue \$)
	Other program services (Describe in Schedule O.)	
	· · · · · · · · · · · · · · · · · · ·	
		· · · · · · · · · · · · · · · · · · ·
 lc	(Code:) (Expenses \$ including grants of \$) (Revenue \$
b	(Code:) (Expenses \$ including grants of \$) (Revenue \$
	AND GRADUATION RATES AND DITERACT PROGRAMS	
	GRANTS TO PROVIDE BOOKS TO DISADVANTAGED SCHOOLS, LIBRARIES AND LITERACY PROGRAMS	
4a	(Code:) (Expenses \$ 279,033. including grants of \$	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of revenue, if any, for each program service reported.	f grants and allocations to others, the total expenses, and
4	Describe the organization's program service accomplishments for each of its three	
	If "Yes," describe these changes on Schedule O.	ioucis, any program services ?
	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it con	nducts, any program services?
	the prior Form 990 or 990-EZ?	
	DISADVANTAGED CHILDREN. Did the organization undertake any significant program services during the year v	which were not listed on
	LITERACY PROGRAMS ACROSS THE UNITED STAT. DISADVANTAGED CHILDREN.	ES, ESPECIALLY THOSE SERVING
	PROVIDING INSPIRING BOOKS TO UNDERFUNDED	SCHOOLS, LIBRARIES, AND
	Briefly describe the organization's mission: <u>KIDS NEED TO READ WORKS TO CREATE A CULT</u>	HER OF PENNING FOR CUILDEN B
	Check if Schedule O contains a response to any question in this Part III	·····

Form	990	(2012	»۱
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KIDS NEED TO READ Part IV Checklist of Required Schedules

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

Form 990 (2012)

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Form	990	(2012	:)

KIDS NEED TO READ

Pa	rt IV Checklist of Required Schedules (continued)	<u> </u>		aye -
L		<u> </u>	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
22	Did the organization report more than \$5,000 of grants and 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 25	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			
	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			
	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		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	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		X
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		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			37
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
~-	Part V, line 1	34		X
35a		<u>35a</u>		⊢ ^
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	25h		
~~	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?	26		x
07	If "Yes," complete Schedule R, Part V, line 2	36		<u>^</u>
37		37		x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	- 57		+ <u>*</u>
38	Note. All Form 990 filers are required to complete Schedule O	38	x	1
	NULE, All I GITT GOU THEIS ALE TEQUIED TO COMPLETE GOLIEGUE O		43	<u>ــــــــــــــــــــــــــــــــــــ</u>

Form 990 (2012)

232004 12-10-12

	<u>990 (2012) KIDS NEED TO READ 26-275</u>	<u>5631</u>	<u> </u>	<u>age 5</u>
Par				
	Check if Schedule O contains a response to any question in this Part V			X
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<u>ا</u>	100	1.00
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b		1	
		4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			19 - 1 - P
	(gambling) winnings to prize winners?	1c		
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return	5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	ĺ		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a	ļ	X
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua		- 23
b		0		
_	were not tax deductible?	<u>6b</u>		
	Organizations that may receive deductible contributions under section 170(c).	1	1	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	
•	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	
	Sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. Did the supporting N/A		<u> </u>	
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966? <u>N/A</u>	<u>9a</u>		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	
10	Section 501(c)(7) organizations. Enter:	1		
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders <u>N/A</u> 11a			
a L	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
b				
	amounts due or received from them.)	-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	<u>12a</u>		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the yearN/A 12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>	<u> </u>	
	$\mathbf{N} / \mathbf{\lambda}$	13a	L	
	Is the organization licensed to issue qualified health plans in more than one state?N/A			
	Is the organization licensed to issue qualified health plans in more than one state?			
а	-			
а	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the			
a b	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b	-		
a b c	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand			X
a b c 14a	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b	14a 14b		X

232005 12-10-12

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Form	990	(2012))
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KIDS NEED TO READ

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 to any question in this Part VI	<u></u>		
Sec	tion A. Governing Body and Management		r	····
			Yes	-
1a	Enter the number of voting members of the governing body at the end of the tax year1a	4		
	If there are material differences in voting rights among members of the governing body, or if the governing			Ì
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
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	X	1
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		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			ļ
	more members of the governing body?	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			Ì
	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			1
	The governing body?	8a	х	
a b	Each committee with authority to act on behalf of the governing body?	8b	X	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	on	Δ.	╎
9		9		
00	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		-
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
_			Yes	1
	Did the organization have local chapters, branches, or affiliates?	<u>10a</u>		+
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<u>11a</u>	X	4
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			1
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	4
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	4
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
3	Did the organization have a written whistleblower policy?	_13		
4	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by independent	ł		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			Ī
l6a	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		ļ
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			t
N	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		
ec	tion C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright AZ$			
7 8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availah	ام	-
0	for public inspection. Indicate how you made these available. Check all that apply.	uvanab		
	Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. Indicate now you made these available. Check all that apply. Image: The public inspection. Indicate now you made the public inspection. The public in			
		ad finar	oial	
9	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	iu nnaf	ual	
	statements available to the public during the tax year.	tion. ►	_	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	auon: 🗩		
	THE COMPANY - 480-256-0115			-
3200	33 SOUTH MESA DRIVE, MESA, AZ 85210		000	-
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_	6	<i></i> -		
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Form 990 (2012)

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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 to any question 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 organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W·2/1099-MISC)	compensation from the organization and related organizations
(1) TYSON BREINHOLT CHAIRMAN	2.00	x		x				0.	0.	0.
(2) DIANE ELHARD	1.00		-						````	
DIRECTOR		X						0.	0.	0.
(3) DEBORAH WELLS O'NEILL CHIEF FINANCIAL OFFICER	1.00	x		x				0.	0.	0.
(4) KAAVONIA HINTON-JOHNSON DIRECTOR	1.00	x						0.	0.	
(5) KRISTEN M. KLEIN	1.00					<u> </u>				
SECRETARY		X		X				0.	0.	0.
(6) TERI S. LESESNE	1.00							0	0	0
DIRECTOR	46.00	X						0.	0.	0.
(7) DENISE GARY	40.00	x		x				40,000.	0.	0.
PRESIDENT (8) MARLINDA WHITE-KAULAITY	1.00	^		-			-	40,000.		
DIRECTOR	1.00	x						0.	0.	0.
							_			
								· · · · · · · · · · · · · · · · · · ·		
			}							
		-								
	-									
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<u>r a</u>	rt VII Section A. Officers, Directors, Trus (A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			(B) (C) Average hours per week officer and a directo			than (is bot	one h an	Compensated Employe (D) Reportable compensation from	es (continued) (E) Reportable compensation from related		(F) stimate mount other	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099·MISC)	f org an	npensa rom th janizat d relat anizati	ie tion ted		
										· · · · · · · · · · · · · · · · · · ·					
c	Sub-total Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							40,000. 0. 40,000.	0			0. 0. 0.		
2	Total number of individuals (including but n compensation from the organization							io re		,000 of reportable		Yes	0 No		
3	Did the organization list any former officer, line 1a? <i>If "Yes," complete Schedule J for s</i> For any individual listed on line 1a, is the su	uch individual							-		3		x		
4 5	and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> <u>"Yes</u> ," com	0,000? <i>If "Yes,'</i> accrue compen	" <i>coi</i> isati	<i>mple</i> on f	e <i>te S</i> rom	Sche any	edule unre	e <i>J f</i> e elate	or such individual ed organization or indivi	dual for services	4		x x		
Sec 1	tion B. Independent Contractors Complete this table for your five highest co	mpensated ind	lepe	nde	nt c	ontr	acto	rs t	hat received more than	\$100,000 of compen	sation	from			
	the organization. Report compensation for (A) Name and business			ondi DNE		vith o	or wi	thin	n the organization's tax y (B) Description of s		((Compe	C) nsatio	n		
2	Total number of independent contractors (i	ncluding but no	ot lir	nite	d to	thos	se lis	sted	above) who received m	ore than					
	\$100,000 of compensation from the organi	zation 🕨			. 	()				Form	990 (2012)		

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		(2012) KIDS NEE	D TO	READ	<u> </u>		<u> 26-2755</u>	631 Page
Par	t VI	I Statement of Revenue						
		Check if Schedule O contains a	response	to any question i	n this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(Ĉ) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions)	1b 1c 1d 1e	43,496.				
Contribution and Other	g	All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f: \$ Total. Add lines_1a-1f	. <u>1f</u>	227,267. 166,360. ▶	270,763.			
e	2 a			Business Code				
Servic enue	b		<u> </u>					
Program Service Revenue	d e							
ב		All other program service revenue Total. Add lines 2a-2f						
	3 4	Investment income (including divide other similar amounts) Income from investment of tax-exem	nds, interent	est, and proceeds	19.			19
	5	• · · ·) Real	(ii) Personal				
	6 a b c	Less: rental expenses Rental income or (loss)						
		Net rental income or (loss) Gross amount from sales of (i) S assets other than inventory	ecurities	(ii) Other			<u> </u>	
	с	Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)						
Other Revenue		Gross income from fundraising even including \$43,496. contributions reported on line 1c). S	nts (not _ of See					
Other		Part IV, line 18 Less: direct expenses Net income or (loss) from fundraising	b		0.			
		Gross income from gaming activities Part IV, line 19 Less: direct expenses	а	· · · · · · · · · · · · · · · · · · ·				
	с	Net income or (loss) from gaming ac Gross sales of inventory, less return	stivities	······ •				
		and allowances Less: cost of goods sold Net income or (loss) from sales of in	b					
-		Miscellaneous Revenue		Business Code				
	11 a b							
	c d e	All other revenue Total. Add lines 11a-11d						
232009	12	Total revenue. See instructions.			270,782.	0.	0.	19 . Form 990 (2012

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Form 990 (KIDS		
Part IX	Statement of	Function	al Expe	nses

KIDS NEED TO READ

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respon- not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	se to any question in thi (A) Total expenses	s Part IX (B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	203,818.	203,818.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				la segunda de la composición de la comp Composición de la composición de la comp
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	82,000.	51,900.	26,800.	3,300.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	02,000.	51,500.	20,000.	
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	6,273.	3,970.	2,050.	253.
11	Fees for services (non-employees):				
а					
	Legal	10 554			
	Accounting	19,571.		19,571.	
d	, , , , , , , , , , , , , , , , , , ,				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	F F01			E E01
	column (A) amount, list line 11g expenses on Sch 0.)	5,501.			5,501.
12	Advertising and promotion	3,963.	3,210.	396.	357.
13	Office expenses	5,303.	5,210.		
14 15	Information technology				
15 16	Royalties	12,143.	9,836.	1,214.	1,093.
17	Occupancy Travel	2,082.	2,082.	<u> </u>	1,000.
18	Payments of travel or entertainment expenses	2,0021	2/0021		
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	446.		446.	
23		1,395.		1,395.	<u></u>
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	OBSOLETE INVENTORY	17,520.		17,520.	
b	MISCELLANEOUS EXPENSE	6,346.	4,217.	899.	1,230.
С	SPECIAL EVENTS	4,878.			4,878.
d	MATERIALS & SUPPLIES	1,920.		1,920.	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	367,856.	279,033.	72,211.	16,612.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here till if following SOP 98-2 (ASC 958-720)				600 (0010)

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Form 990		
Part X	Balance	Sheet

KIDS NEED TO READ

	Check if Schedule O contains a response to any	question in this	Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			674.	1	771.
2	Savings and temporary cash investments				2	
3	Pledges and grants receivable, net			0.	3	390,821.
4	Accounts receivable, net				4	•
5	Loans and other receivables from current and for					
	trustees, key employees, and highest compensat	ted employees.	Complete			
	Part II of Schedule L				5	
6	Loans and other receivables from other disqualifi	ied persons (as	defined under			
	section 4958(f)(1)), persons described in section	4958(c)(3)(B), a	nd contributing			
	employers and sponsoring organizations of section	on 501(c)(9) vol	untary			
	employees' beneficiary organizations (see instr).		-		6	
7 ets	Notes and loans receivable, net	-			7	· · · · ·
Assets	Inventories for sale or use			330,661.	8	251,942.
9	Prepaid expenses and deferred charges			2,505.	9	1,196.
10a						
	basis. Complete Part VI of Schedule D	10a	2,199.			
h	Less: accumulated depreciation		1 (972.	10c	525.
11	Investments - publicly traded securities				11	
12	Investments - other securities. See Part IV, line 1				12	· · · · · · · · · · · · · · · · · · ·
13	Investments - program-related. See Part IV, line 1				13	
14	Intangible assets			<u> </u>	14	······
15	Other assets. See Part IV, line 11				15	
16	Total assets. Add lines 1 through 15 (must equa			334,812.	16	645,255.
17	Accounts payable and accrued expenses			983.	17	10,767
18	Grants payable				18	
19	Deferred revenue				19	
20	Tax-exempt bond liabilities			· · · · · · · · · · · · · · · · · · ·	20	·····
	Escrow or custodial account liability. Complete P				21	
	Loans and other payables to current and former				<u> </u>	
	key employees, highest compensated employees					
21 22	Complete Part II of Schedule L				22	
00	Secured mortgages and notes payable to unrelat				23	
23	Unsecured notes and loans payable to unrelated	-			24	
24	Other liabilities (including federal income tax, pay				_27	·····
25	parties, and other liabilities not included on lines					
	•	-		3,050.	25	9,617.
00	Schedule D Total liabilities. Add lines 17 through 25			4,033.	26	20,384
26	Organizations that follow SFAS 117 (ASC 958)			<u> </u>	20	<u>2075</u> 0#
10	complete lines 27 through 29, and lines 33 and					
ů oz					27	
27	Unrestricted net assets				28	
e 28					29	·
	Organizations that do not follow SFAS 117 (AS	C 058) check			2.5	
		so sooj, check				
	and complete lines 30 through 34.			0.	30	0.
	Capital stock or trust principal, or current funds			0.	30	0.
% 31 ≰ 20	Paid-in or capital surplus, or land, building, or equ			330,779.	31	624,871.
Net Assets or Fund Balances 66 82 25 75 15 05 75 15 05 75 15 05 75 15 15 15 15 15 15 15 15 15 15 15 15 15	Retained earnings, endowment, accumulated inc			330,779.	32	624,871
33	Total net assets or fund balances			334,812.		645,255.
34	Total liabilities and net assets/fund balances	<u></u>		JJ4,014.	34	643,233 Form 990 (2012

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<u>Fo</u> rm	990 (2012) KIDS NEED TO READ	<u>26-2755</u>	531	Pag	<u>e 12</u>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	<u></u>	<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	270),7	82.
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,8	
3	Revenue less expenses. Subtract line 2 from line 1	3	<9'	7,0	74.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	33(),7	79.
5	Net unrealized gains (losses) on investments	5			_
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	393	1,1	66.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	624	1,8	<u>71.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII	<u></u>		<u></u>	
		F		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 C	D.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	ona		1	
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	F	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		<u>2c</u>		<u>X</u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			
	Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		<u>3b</u>		

Form 990 (2012)

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ļ	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. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. 2012 Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service	
Name of the organiza	itio

Department of the Treasury

Nar	ne of 1	the organization En	Employer identification number			mber
		KIDS NEED TO READ	26-2	27556	531	
Pa	art I	Reason for Public Charity Status (All organizations must complete this part.) See instructions.				
The	organ	ization is not a private foundation because it is: (For lines 1 through 11, check only one box.)				
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).				
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)				
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).				
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the h	ospital's	nam	ie,
		city, and state:				
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit	described in	1		
		section 170(b)(1)(A)(iv). (Complete Part II.)				
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).				
7	X	An organization that normally receives a substantial part of its support from a governmental unit or from the	general publi	c descrit	ii bəc	n
		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		An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership) fees, and gr	oss rece	ipts 1	from
		activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its	support from	gross in	vesti	ment
		income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organ	nization after	June 30	, 197	5.
		See section 509(a)(2). (Complete Part III.)				
10		An organization organized and operated exclusively to test for public safety. See section 509(a)(4).				
11		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry	out the purp	oses of	one d	or
		more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)	ı)(3). Check tl	he box tl	hat	
		describes the type of supporting organization and complete lines 11e through 11h.				
		a Type I b Type II c Type III · Functionally integrated d Type	e III - Non-fun	ctionally	integ	rated
е		By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disq	ualified perso	ons othe	r tha	n
		foundation managers and other than one or more publicly supported organizations described in section 509((a)(1) or secti	on 509(a	a)(2).	
f		If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III				
		supporting organization, check this box				
g	I	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following perso		Γ	····· ,	
		(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii	·		Yes	No
		the governing body of the supported organization?	r i	<u>11g(i)</u>		
		(ii) A family member of a person described in (i) above?		11g(ii)		
		(iii) A 35% controlled entity of a person described in (i) or (ii) above?	L	11g(iii)		<u> </u>
h	ŧ	Provide the following information about the supported organization(s).				
			41			

(i) Name of supported organization	(ii) EIN	(described on lines 1-9 above or IRC section	in col. (i) lis	 v) Is the organization (v) Did you notify the organization in col. (i) listed in your organization in col. (i) or your support? 		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support	
		(see instructions))	Yes	No	Yes	No	Yes	No	;
	···								
Total								:	

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

Schedule A (Form 990 or 990-EZ) 2012

232021 12-04-12

Schedule A (Form 990 or 990-EZ) 2012 KIDS NEED TO READ

Part II 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.)

(f) Total Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 1 Gifts, grants, contributions, and membership fees received. (Do not 17,061. 236,649. 141,504. 310,118. 227,267. 932,599. include any "unusual grants.") 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 141,504. 310,118. 17,061. 236,649. 227,267. 932,599. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 932,599. 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 17.061. 236,649. 141,504. 310,118. 227,267 932,599. 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 176 781 11.346 6.985 515 79,803. 8 43 **11** Total support. Add lines 7 through 10 1,012,402 Gross receipts from related activities, etc. (see instructions) 12 12 13 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) organization, check this box and stop here Section C. Computation of Public Support Percentage 92.12 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f) 14 % 15 Public support percentage from 2011 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and ►X stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

232022 12-04-12

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Section A. Public Support

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not						
include any "unusual grants.")				· · · · · ·		
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disgualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support			· · · · · · · · · · · · · · · · · · ·	T		r
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b					-	
 11 Net income from unrelated business activities not included 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.)						
14 First five years. If the Form 990 is for	the organization'	s first, second, thir	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) organi:	zation,
check this box and stop here			<u></u>		<u></u>	
Section C. Computation of Publi						
15 Public support percentage for 2012 (li					15	%
16 Public support percentage from 2011				<u></u>	16	%
Section D. Computation of Inves			12 column (f)	·	17	%
17 Investment income percentage for 2018 Investment income percentage from 2	2011 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2012. If the						
more than 33 1/3%, check this box a	•	• ·	• •	•••		
b 33 1/3% support tests - 2011. If the line 18 is not more than 33 1/3%, che	-					
20 Private foundation. If the organizatio		•				
232023 12-04-12					hedule A (Form 99	
			15			

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2012.04040 KIDS NEED TO READ

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements Complete if the organization answered "Yes," to Form 990,

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. See separate instructions.



Employer identification number

Name of the organization

	KIDS NEED TO READ		26-2755631
Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	
	organization answered "Yes" to Form 990, Part IV, line	96.	
		(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 Did the organization inform all donors and donor advisors in v	witing that the peaks held in dense eduiced i	
5	-	-	
~	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o	· · · · ·	
De	impermissible private benefit?		
Pa	I		IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e	r	
	Protection of natural habitat	Preservation of a certified	I historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the org	panization during the tax
	year 🕨		
4	Number of states where property subject to conservation eas	sement is located 🕨	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements during	g the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and e	enforcing conservation easements during the	year 🕨 \$
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4	l)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes the	organization's accounting for
	conservation easements.		
Pa	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	·
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statement	and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furtherance	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement and	d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ec	ducation, or research in furtherance of public	service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		🕨 \$
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
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	s for Form 990.	Schedule D (Form 990) 2012
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20 2012.04040 KIDS NEED TO READ

		ED TO READ				2	6-27	5563	1 Page 2
Pa	rt III Organizations Maintaining C								
3	Using the organization's acquisition, access	ion, and other record	ls, check any o	f the following tha	at are a si	ignificant u	se of its	collectio	n items
	(check all that apply):								
а	Public exhibition	d		r exchange progra					
b	Scholarly research	e	Other_						
С	Preservation for future generations								
4	Provide a description of the organization's ca	ollections and explai	n how they furt	her the organizati	ion's exer	mpt purpos	e in Par	t XIII.	
5	During the year, did the organization solicit of								
	to be sold to raise funds rather than to be m							Yes	No
Pa	t IV Escrow and Custodial Arran		ete if the organi	zation answered	"Yes" to	Form 990, I	Part IV, I	line 9, or	
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custod							-1	
	on Form 990, Part X?						L	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:			Г	<u> </u>		
								Amount	
с	Beginning balance								
d	Additions during the year								
е	Distributions during the year								
f	Ending balance					1 f			
	Did the organization include an amount on F						L	Yes	No
_	If "Yes," explain the arrangement in Part XIII.						<u></u>		
Pai	t V Endowment Funds. Complete i								
		(a) Current year	(b) Prior yea	ar (c) Two year	rs back	(d) Three yea	ars back	(e) Four	years back
	Beginning of year balance								
b	Contributions				· · · · · · · · · · · · · · · · · · ·	·			
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs		· · ·						
f	Administrative expenses	1 1							
g	End of year balance								
2	Provide the estimated percentage of the cur	-	e (line 1g, colu	mn (a)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С	Temporarily restricted endowment								
	The percentages in lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should								
3a	Are there endowment funds not in the posse	ession of the organization	ation that are h	eld and administe	ered for th	ne organiza	tion	г	
	by:								Yes No
	(i) unrelated organizations							<u>3a(i)</u>	
	(ii) related organizations						•••••	3a(ii)	
b	If "Yes" to 3a(ii), are the related organization							3b	
4	Describe in Part XIII the intended uses of the								
Pa	t VI Land, Buildings, and Equipm								
	Description of property	(a) Cost or o	1	Cost or other		cumulated		(d) Bool	k value
		basis (investr	hent) b	asis (other)	dep	preciation			
1a	Land	-							
b	Buildings								
С	Leasehold improvements					1 65			
	Equipment			2,199.		1,67	4.		525.
	Other					<u> </u>			E 0 E
<u>Tota</u>	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (B),	line 10(c).)	<u></u>				525.
						S	cnedule	D (Forn	n 990) 2012

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Schedule	D	Form	990)	2012
e en e quite			<i></i> ,	

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Part VII Investments - Other Securities. See				· · · · · · · · · · · · · · · · ·
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of val	uation: Cost or end-of-year I	market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
()				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related. See	Form 990, Part X, line			
(a) Description of investment type	(b) Book value	(c) Method of val	uation: Cost or end-of-year r	market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) 🕨			·	
Part IX Other Assets. See Form 990, Part X, line 1				
(a) D	escription		(b)	Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)			
Part X Other Liabilities. See Form 990, Part X, lir	ie 25.			
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) PAYROLL TAX LIABILITY		9,617.		
(3)				
(4)				
(5)		_		
(6)				
(7)				
(8)				
(9)				
(10)			an a	
(11)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	9,617.		
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text			tatements that reports the	organization's
liability for uncertain tax positions under FIN 48 (ASC 74				

Schedule D (Form 990) 2012

-	edule D (Form 990) 2012 KIDS NEED TO READ			<u>/55631 Page 4</u>
Ра	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Rever	nue per Return	
1	Total revenue, gains, and other support per audited financial statements		1	270,782.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities			
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	270,782.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) <u></u>		270,782.
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With Expe	nses per Return	
1	Total expenses and losses per audited financial statements			367,856.
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	0.
3	Subtract line 2e from line 1			<u>367,856.</u>
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	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b			0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 T XIII Supplemental Information	<u>B.)</u>		<u> 367,856.</u>

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

Schedule D (Form 990) 2012

SCHEDULE G (Form 990 or 990-EZ)	OMB No. 1545-0	
Department of the Treasury Internal Revenue Service	r 19, Open To Pub Inspection	
Name of the organization	Attach to Form 990 or Form 990-EZ. ► See separate instructions.	Employer identification n
	KIDS NEED TO READ	26-2755631
	ing Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 complete this part.	'. Form 990-EZ filers are not
1 Indicate whether the	e organization raised funds through any of the following activities. Check all that apply.	
a 🛄 Mail solicitati	ons e Solicitation of non-government grants	

Internet and email solicitations

Phone solicitations

In-person solicitations

b

с

dL

key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or

gl

Solicitation of government grants

Special fundraising events

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	outions	s or has been notified	d it is exempt from re	egistration
				· · · · · · · · · · · · · · · ·		
	·····					
						· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·					
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LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2012

232081 01-07-13

OMB No. 1545-0047

Open To Public

No

Employer identification number

Yes

2	of fundraising event contributions and g	(a) Event #1		(b) Event #2 THAN	(c) Other events	(d) Total events (add col. (a) through col. (c))
1	Gross receipts	25,37	5.	17,385.	736.	43,496.
2	Less: Contributions	25,37	5.	17,385.	736.	43,496
3	Gross income (line 1 minus line 2)					
4	Cash prizes					
5	Noncash prizes			······		
6	Rent/facility costs					
3 7	Food and beverages					· · · · · · · · · · · · · · · · · · ·
8 9 10	Entertainment Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Combine line 3, colur	gh 9 in column (d)				<u>(</u>
art I	Gaming. Complete if the organization	answered "Yes" to F	orm 990), Part IV, line 19, or	reported more than	<u> </u>
	\$15,000 on Form 990-EZ, line 6a.	(a) Bingo		b) Pull tabs/instant go/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1	Gross revenue			· · · · · · · · · · · · · · · · · · ·		
	Cash prizes					
3	Noncash prizes					
4	Rent/facility costs					
5	Other direct expenses		·····			
6	Volunteer labor	Yes No	%	_ Yes % _ No	Yes %	
7	Direct expense summary. Add lines 2 throug	gh 5 in column (d)			►	()
8	Net gaming income summary. Combine line	1, column d, and line	7	·····	>	
	ter the state(s) in which the organization oper the organization licensed to operate gaming a		-			Yes No

Schedule G (Form 990 or 990-EZ) 2012 KIDS NEED TO READ	26-27556	<u>31 Pag</u> e
11 Does the organization operate gaming activities with nonmembers?		
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	<u> </u>	
to administer charitable gaming?	Ye	s 🗔 I
3 Indicate the percentage of gaming activity operated in:		
a The organization's facility		
b An outside facility	13b	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and recor	rds:	
Name		
Address		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Ye	s 🗔 r
b If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amo	unt	
of gaming revenue retained by the third party $ ightarrow $ \$		
c If "Yes," enter name and address of the third party:		
Name		
Address -		
Address		
6 Gaming manager information:		
Name		
Gaming manager compensation 🕨 \$		
Director/officer Employee Independent contractor		
 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to 		
	Yes	; 🗔 N
retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent		· •
organization's own exempt activities during the tax year > \$		
Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, colu	imns (iii) and (v), a	nd Part III
lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional info		
	· · · · · · · · · · · · · · · · · · ·	
	·····	
	·	
	· · · · · · · · · · · · · · · · · · ·	
32083 01-07-13 Schedule	G (Form 990 or 9	90-EZ) 20
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61111 797571 1362 2012.04040 KIDS NEED TO READ	13	62

SCHEDULE I (Form 990)			d Other Assistance ts, and Individuals	-	•		OMB No. 1545-0047					
Department of the Treasury Internal Revenue Service	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.											
Name of the organization							Employer identification number					
	ED TO READ					·	26-2755631					
1 Does the organization maintain reco												
criteria used to award the grants or a Describe in Part IV the organization's		itoring the use of grap	t funds in the Unite	d Statos	••••••							
2 Describe in Part IV the organization's Part II Grants and Other Assistance					anization answered	"Vee" to Form 990. Por						
recipient that received more th		-			anization answered	Tes to Form 990, Par	try, line 21, for any					
1 (a) Name and address of organization		(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant					
or government		if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance						
			-				BOOKS GIVEN TO					
ASU PREPARATORY ACADEMY							UNDERFUNDED PROGRAMS					
735 E FILLMORE ST							SERVING DISADVANTAGED					
PHOENIX AZ 85006	26-0664313	501(C)(3)	0.	6,349.	FMV	BOOKS	CHILDREN TO PROMOTE					
							BOOKS GIVEN TO					
INDIAN HEALTH SERVICES							UNDERFUNDED PROGRAMS					
1515 LAWRIE TATUM RD							SERVING DISADVANTAGED					
LAWTON, OK 73507	82-0581689	501(C)(3)	0.	5,827.	FMV	BOOKS	CHILDREN TO PROMOTE					
							BOOKS GIVEN TO					
BETTER TO GIVE							UNDERFUNDED PROGRAMS					
122 W MORTEN AVE							SERVING DISADVANTAGED					
PHOENIX, AZ 85021	27-3204236	501(C)(3)	0.	7,792.	FMV	BOOKS	CHILDREN TO PROMOTE					
							BOOKS GIVEN TO					
CHILDREN FIRST ACADEMY - PHOENIX	K						UNDERFUNDED PROGRAMS					
1648 S 16TH ST					:		SERVING DISADVANTAGED					
PHOENIX, AZ 85034	20-2744050	501(C)(3)	0.	6,428,	FMV	BOOKS	CHILDREN TO PROMOTE					
							BOOKS GIVEN TO					
CHILDREN FIRST ACADEMY - TEMPE							UNDERFUNDED PROGRAMS					
1938 E APACHE BLVD							SERVING DISADVANTAGED					
TEMPE, AZ 85281	20-2744050	501(C)(3)	0.	5,703,	F <u>MV</u>	BOOKS	CHILDREN TO PROMOTE					
							BOOKS GIVEN TO					
FRIENDS OF THE PHOENIX PUBLIC							UNDERFUNDED PROGRAMS					
LIBRARY - 1221 N CENTRAL AVE -							SERVING DISADVANTAGED					
PHOENIX, AZ 85004	86-0337769		0.	62,804,	FMV	BOOKS	CHILDREN TO PROMOTE					
2 Enter total number of section 501(c)		-	he line 1 table	•••••••••••••••••••••••••••••••••••••••								
3 Enter total number of other organiza LHA For Paperwork Reduction Act No			<u></u>									

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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.)

(a) Name and address of organization or government	(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
							BOOKS GIVEN TO
ARTFORD SYLVIA ENCINAS ELEMENTARY							UNDERFUNDED PROGRAMS
CHOOL - 700 N HARTFORD ST -							SERVING DISADVANTAGED
HANDLER, AZ 85225	86-6000515	501(C)(3)	0,	9,453.	FWV	BOOKS	CHILDREN TO PROMOTE
							BOOKS GIVEN TO
LIONS INTERNATIONAL, MULTIPLE							UNDERFUNDED PROGRAMS
DISTRICT 21 ARIZONA - 1352 N SAN							SERVING DISADVANTAGED
NTONIO AVE - DOUGLAS, AZ 85607	86-0499740	501(C)(3)	0,	10,393.	FMV	BOOKS	CHILDREN TO PROMOTE
							BOOKS GIVEN TO
FAFT ELEMENTARY SCHOOL							UNDERFUNDED PROGRAMS
9800 E QUARTERLINE RD					}	}	SERVING DISADVANTAGED
MESA, AZ 85207	86-6000481	501(C)(3)	0.	6,344.	FMV	BOOKS	CHILDREN TO PROMOTE
			1				
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				1			

Schedule I (Form 990)

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26-2755631 Page 1

Schedule I (Form 990) (2012) ____KIDS NEED TO READ

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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ASU PREPARATORY ACADEMY

(H) PURPOSE OF GRANT OR ASSISTANCE: BOOKS GIVEN TO UNDERFUNDED PROGRAMS

SERVING DISADVANTAGED CHILDREN TO PROMOTE LITERACY.

NAME OF ORGANIZATION OR GOVERNMENT: INDIAN HEALTH SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: BOOKS GIVEN TO UNDERFUNDED PROGRAMS

SERVING DISADVANTAGED CHILDREN TO PROMOTE LITERACY.

Part III

Page 2

Schedule | (Form 990) KIDS NEED TO READ

(H) PURPOSE OF GRANT OR ASSISTANCE: BOOKS GIVEN TO UNDERFUNDED PROGRAMS

SERVING DISADVANTAGED CHILDREN TO PROMOTE LITERACY.

NAME OF ORGANIZATION OR GOVERNMENT: BETTER TO GIVE

NAME OF ORGANIZATION OR GOVERNMENT: CHILDREN FIRST ACADEMY - PHOENIX

(H) PURPOSE OF GRANT OR ASSISTANCE: BOOKS GIVEN TO UNDERFUNDED PROGRAMS

SERVING DISADVANTAGED CHILDREN TO PROMOTE LITERACY.

NAME_OF ORGANIZATION OR_GOVERNMENT: CHILDREN FIRST ACADEMY - TEMPE

(H) PURPOSE OF GRANT OR ASSISTANCE: BOOKS GIVEN TO UNDERFUNDED PROGRAMS

SERVING DISADVANTAGED CHILDREN TO PROMOTE LITERACY.

NAME OF ORGANIZATION OR GOVERNMENT: FRIENDS OF THE PHOENIX PUBLIC LIBRARY (H) PURPOSE OF GRANT OR ASSISTANCE: BOOKS GIVEN TO UNDERFUNDED PROGRAMS SERVING DISADVANTAGED CHILDREN TO PROMOTE LITERACY.

NAME OF ORGANIZATION OR GOVERNMENT:

HARTFORD SYLVIA ENCINAS ELEMENTARY SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: BOOKS GIVEN TO UNDERFUNDED PROGRAMS

SERVING DISADVANTAGED CHILDREN TO PROMOTE LITERACY.

NAME OF ORGANIZATION OR GOVERNMENT:

LIONS INTERNATIONAL, MULTIPLE DISTRICT 21 ARIZONA

(H) PURPOSE OF GRANT OR ASSISTANCE: BOOKS GIVEN TO UNDERFUNDED PROGRAMS

SERVING DISADVANTAGED CHILDREN TO PROMOTE LITERACY.

NAME OF ORGANIZATION OR GOVERNMENT: TAFT ELEMENTARY SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: BOOKS GIVEN TO UNDERFUNDED PROGRAMS 232291 05-01-12

07061111 797571 1362

SERVING	DISADVANTAGEI	CHILDREN TO	PROMOTE	LITERACY.	·	
		<u> </u>	· <u> </u>			
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						Schedule I (Form 990
92291 9-01-12						Schedule I (FUIII 990
61111 7	97571 1362	2012.	31 04040 KID	DS NEED TO 1	READ	13621

26-2755631 Page 2

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

20

Employer identification number 26-2755631

12

►	Complete if	the	orga	niz	at	ions	ansv	vered	"Yes"	on	Form

990, Part IV, lines 29 or 30. ► Attach to Form 990. Open to Public Inspection

Name of the organization

KIDS NEED TO READ

Pa	rt I Types of Property			· ····	· · ·				
		(a) Check if	(b) Number of	(c) Noncash cont	ribution		d) dotormin	ina	
		applicable	contributions or	amounts repo		Method of noncash contri			s
			items contributed	Form 990, Part V	/III, line 1g				
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications	X		149,	,710 .	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								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial				·			· · · ·	
17	Real estate - Other				·				
18	Collectibles								
19	Food inventory					F=			
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ► (LEGAL & ACCOU)	X	0	16,	650.	FMV			
26	Other ► ()				·······				
27	Other ► ()								
28	Other ► ()								
29	Number of Forms 8283 received by the organiz	zation during	a the tax year for c	ontributions		<u></u>			
	for which the organization completed Form 828				29				
	····	,, -				·······		Yes	No
30a	During the year, did the organization receive by	/ contributic	on any property rea	oorted in Part I. lir	nes 1-28 th	at it must hold for			
	at least three years from the date of the initial of								
	the entire holding period?						30a	1	х
ь	If "Yes," describe the arrangement in Part II.		••••••						
31	Does the organization have a gift acceptance p	policy that re	equires the review	of any non-standa	ard contrib	utions?	31		х
	Does the organization hire or use third parties of								
u	contributions?						32a		Х
h	If "Yes," describe in Part II.		••••••						
	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	necked,			

describe in Part II.

07061111 797571 1362

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

Schedule M (Form 990) (2012)

232141 12-20-12 SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

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



Employer identification number 26-2755631

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

KIDS NEED TO READ

CHILDREN.

FORM 990, PART V, LINE 3B: NO FILING REQUIRED. THE ORGANIZATION HAS NO

UNRELATED BUSINESS INCOME.

FORM 990, PART VI, SECTION A, LINE 2: ROBERT GARY, THE CREATIVE DIRECTOR

IS DENISE GARY'S SON.

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 WITH 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 XI, LINE 9, CHANGES IN NET ASSETS:

RECORD LONG-TERM UNCONDITIONAL PLEDGE, NET OF DISCOUNT OF

\$73,413

RECORD AMORT OF DISCOUNT RELATED TO 1ST PAYMENT ON LT

UNCONDITIONAL PLEDGE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2012)
232211
01-04-13

07061111 797571 1362

33 2012.04040 KIDS NEED TO READ 1362_ 1

10,681.

426,587.

Schedule O (Form 990 or 990 EZ) (2012) Name of the organization KIDS NEED TO READ		Page 2 Employer identification number 26~2755631
RECLASS NET ASSETS RELEASED FROM	1 TIME RESTRICTIONS	-50,000.
RECORD UNCONDITIONAL PROMISES TO	GIVE	4,530.
ADJUST FAIR VALUE OF CONTRIBUTE		-632.
TOTAL TO FORM 990, PART XI, LINE		
<u></u>		
	·	
·		
·		
		· · · · · · · · · · · · · · · · · · ·
232212 01-04-13	<u> </u>	Schedule O (Form 990 or 990-EZ) (2012)
061111 797571 1362 2012	34 .04040 KIDS NEED TO H	READ 13621

TAX RETURN FILING INSTRUCTIONS

ARIZONA FORM 99

FOR THE YEAR ENDING

March 31, 2013

Prepared for	Debora L. Brown Kids Need to Read 33 South Mesa Drive Mesa, AZ 85210
Prepared by	
	Lohman Company, PLLC 1630 S. Stapley Dr., Suite 108 Mesa, AZ 85204
Amount due or refund	No payment required
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Arizona Department of Revenue PO Box 52153 Phoenix, AZ 85072-2153
Return must be mailed on or before	November 15, 2013
Special Instructions	The return should be signed and dated by an authorized individual.
	We recommend you send your return via certified mail with request for return receipt. Keep your receipt as proof of timely filing.

ARIZONA FORMArizona Exempt Organization Annual Information Return99For the ______ calendar year 2012 or X fiscal year beginning 04/01/12 and ending 03/31/13 .

2012	2
------	---

	CHECK ONE: E Name nai X Amended C KIDS NEED TO READ			Employ	er identification number (EIN)	
Origi						
	Number and street or PO Box			26	-2755631	
1	ness telephone number		······	AZ trar	nsaction privilege tax num	ber
`						
480	<u>0-256-0115 📮 MESA, AZ 85210</u>			N/2	A	
	Check box if: This is a first return Name change Address	Returi	n filed under extensio	n.		
	Date Arizona operations began: 01/01/2010		100	-mos. I		ed
BN	Nature of Arizona activities: PROVIDING BOOKS TO KIDS		8	2 C X	82 F	
CF	ederal form filed: X 990 990-EZ Other (specify)		REVENUE USE ON	ILY. DO	NOT MARK IN THIS AREA	£
A	Attach a copy of the organization's federal return.					
Nonp	profit Medical Marijuana Dispensary (NMMD) only:					
D	NMMD Registry Identification Number:					
ΕV	Vhat type of entity is the dispensary?					
	🔄 Corporation 🔲 Limited Liability Company (LLC) 🔛 Partnership 🗌	🗌 S corpora	ation			
	Sole Proprietorship					
F it	f the dispensary is an LLC, what is the federal tax classification?					
	Corporation Disregarded Entity Dertnership S	corporation	81		66	
ł	f the dispensary is an LLC, a partnership or an S corporation, attach a schedul	e that lists o	wnership information i	ncludin	g name, address, TIN,	
а	and ownership percentage at the end of the tax year.					
	ederal form filed: 1040 1041 1065 1120		Other (specify)			
н	Check this box if you attached a copy of the dispensary's federal return to	its Arizona	Form 120S or Form 16	5 when	it was filed; do not att	ach
a	copy of the same return to this form. Otherwise, attach a copy of the dispen					
	rces of Income					_
1	Gross sales from business activities	1	00]		
2	Less: Cost of goods sold or of operations - attach itemized statement	2	00]		
3	Gross profit from business activities - subtract line 2 from line 1		00	1		
4	Interest		19 00	1		
5	Dividends		00	1		
6	Rents and royalties		00			
7	Gain or (loss) from sales of assets, excluding inventory items		00	1		
8	Dues, assessments, etc., from members		00	1		
9	Dues, assessments, etc., from affiliates		00	1		
10	Contributions, gifts, grants, etc., received		270,763 00	1		
11	Other income - attach itemized statement		00			
12	Total income - add lines 3 through 11			12	270,782	00
Adn	ninistrative Expenses			· · · · ·		
13	Compensation of officers, directors, trustees, etc.	13	30,100 00	1		
14	Salaries and wages - other than amounts included on line 2		00	1		
15	Interest		00]		
16	Taxes		2,303 00]		
17	Rent expense		2,307 00	1		
18	Depreciation - attach schedule		446 00	S'	PATEMENT 1	
19	Miscellaneous expenses - attach itemized statement		53,667 00	S	FATEMENT 2	
20	Total expenses - add lines 13 through 19			20	88,823	00
	pursements					_
21	Disbursements from current income for exempt purposes - from page 2, line A	6		21	279,0330	00
22	Disbursements from principal for exempt purposes - from page 2, line B6			22		00
23	Other disbursements not itemized on Schedule A or Schedule B - attach sche			23		00
	umulation of Income					-
	Accumulation of income in current year - line 12 less the sum of lines 20, 21, 2	2, and 23		24	<97,074	90
25	Accumulation of income at beginning of year			25	330,779	
26	Accumulation of income at end of year - add lines 24 and 25			26	233,705	
Pen						1
	Penalty for late filing or incomplete filing. See instructions			27		00
	THE BUSINESS IS SUBJECT TO A PENALTY IF THIS RETURN IS F					<u> </u>
ADOR	10418 (12) 237971 10-16-12		and the second second second back of a		ontinued on page 2	ℱ
	2010/11/0-10-12					

Name (as shown on page 1) KIDS NEED TO READ	EIN 26-2755631
Name (as shown on page 1) KIDD NEED IO KEAD	

SCHEDULE A - Disbursements From Current Income for Exempt Purposes

A1	Dues, assessments, etc., to affiliates	A1	00	2		
A2	Contributions, gifts, grants, etc., paid	A2	203,818 00	<u>1</u>		
AЗ	Benefit payments to or for members or their dependents:					
	A3a Death, sickness, hospitalization, disability, or pension benefits	A3a	00	2		
	A3b Other benefits	A3b	00			
A4	Dividends and other distributions to members, shareholders, or depositors	A4	00	<u> </u>		
A5	Other	A5	<u>75,215</u> oc		TATEMENT 5	
A6	Total - add lines A1 through A5. Enter total here and on page 1, line 21	A6	279,033	00		
SCH	IEDULE B - Disbursements From Principal for Exempt Purpo	ses				
B1	Dues, assessments, etc., to affiliates	B1	00			
B2	Contributions, gifts, grants, etc., paid	B2	00			
B3	Benefit payments to or for members or their dependents:					
	B3a Death, sickness, hospitalization, disability, or pension benefits	B3a	00			
	B3b Other benefits	B3b	00			
B4	Dividends and other distributions to members, shareholders, or depositors	B4	00			
B5	Other	B5	00			
B 6	Total - add lines B1 through B5. Enter total here and on page 1, line 22	<u></u>		B6		00

SCHEDULE C - Balance Sheet

	OTE: Amounts used in attached schedules and in th	(a)			(b)				
ye	ear amounts. Assets	Beginning of Year	_		End of Year				
Ca	ash	674	00	C1	77	1 00			
C2a Ac	counts receivable	C2a		00					
C2	2b Less: allowance for doubtful accounts	C2b		00					_
C2	2c Line C2a less line C2b. Enter difference in colun	n <u>n (b)</u>			c	00	C2c		00
3a Ot	ther notes and loans receivable - attach schedule	C3a		00					
CB	3b Less: allowance for doubtful accounts	C3b		00			· /		
C3	3c Line C3a less line C3b. Enter difference in colur	nn (b)		L			СЗс		0
4 Inv	ventories			L	<u>330,661 c</u>	0	C4	251,94	2 0
	vestments (securities) - attach schedule				c	00	C5		0
	vestments (other) - attach schedule				C	0	C6		0
7a La	and, buildings, and equipment; basis	C7a	2,199	00					
C7	7b Less: accumulated depreciation - attach schedule	C7b	1,674	00					
C7	7c Line C7a less line C7b. Enter difference in colun	972 0			52	50			
8 Ot	ther assets - describeS	2,505 0	0	C8	392,01	7 0			
	otal assets - add lines C1 through C8	334,812 0	0	C9	645,25	50			
	Liabilities								
10 Ac	ccounts payable and accrued expenses			L	983 0	10	C10	10,76	70
11 Mo	ortgages and other notes payable - attach schedule			L		0	C11		0
12 Ot	ther liabilities - describe S	SEE	STATEMENT 4		3,050 c	0	C12	9,61	7 0
	otal liabilities - add lines C10 through C12				4,033 0	0	C13	20,38	4 o
	Net Assets								
14 Ca	apital stock or trust principal				C	0	C14		0
	aid-in or capital surplus				C	0	C15		0
	etained earnings or accumulated income				330,779 c	0	C16	624,87	10
	otal net assets - add lines C14 through C16				330,7790			624,87	
18 To	otal liabilities and net assets - add lines C13 and	C17			334,812		C18	645,25	5 0

PLEASE BE SURE TO SIGN THE RETURN ON PAGE 3.

Name (as shown on page 1) KIDS	NEED	то	READ	EIN 26-2755631
--------------------------------	------	----	------	----------------

Certification	n Under penalties of perjury, I declare that I have examined this return, inc to the best of my knowledge and belief, it is a true, correct and complete pursuant to the income tax laws of the State of Arizona.	•			
Please					
Sign Here			PRESIDENT		
	Officer's Signature	Date	Title		
Paid Preparer's Use Only	Preparer's Signature	<u>11/11/13</u> Date	P01241957 Preparer's PTIN		
	LOHMAN COMPANY, PLLC		86-0985325		
	Firm's Name (or Preparer's Name, if self-employed)		Firm's X EIN or SSN		
	1630 S. STAPLEY DR., SUITE 108 MESA, AZ	85204 ZIP Code	480-355-1100		

Mail to: Arizona Department of Revenue, PO Box 52153, Phoenix AZ 85072-2153



(Rev. January 2013) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Pater Glasta Islandifisher excelsion and fastered

File a separate application for each return.

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/sfile and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

All other corporations (Including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter hier's identifying number, see instructions
Type or	Name of exempt organization or other filer, see instructions.	Employer Identification number (EIN) or
print	Kids Need to Read	26-2755631
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
due date for	33 S Mesa Drive	
filing your return. See	City, town or post office, state, and ZIP code. For a foreign address, see instr	ructions.
instructions.	Mesa, AZ 85210	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of 🕨 The Company 33 S Mesa Drive, Mesa AZ 85210

Telephone No. 🕨	480-256-0115	FAX No. ►	
		business in the United States, check this box our digit Group Exemption Number (GEN)	
for the whole aroun		If it is for part of the group, check this box	► □ and attach

a list with the names and EINs of all members the extension is for.

I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time

until <u>November 15</u>, 20 13, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ □ calendar year 20 ____ or

	Itax year beginning	April 1	, 20	12	, and ending	March 31		, 20	13.	
2	If the tax year entered in line					eturn 📋 Final ret	um			
	Change in accounting pe	riod								
- 3a	If this application is for Form nonrefundable credits. See i		4720,	or 60	69, enter the tenta	ative tax, less any	3a	\$		0.
b	If this application is for For estimated tax payments man						3Ь	\$		0.
c	Balance due. Subtract line : EFTPS (Electronic Federal T					equired, by using	3c	\$		0.
Cautic	n. If you are going to make an ele	ectronic fund withdrawal with	this Fo	rm 88	68, see Form 8453-E	EO and Form 8879-E	O for	payment ir	structions	
For Pr	vacy Act and Paperwork Redu	ction Act Notice, see Instru	ctions.		Cat. No.	27916D	F	orm 8868	(Rev. 1-201	13)

KIDS NEED TO READ

26-2755631

AZ 99	DEPRECIATION/AMORTIZATION	I EXPENSE		STATEMENT	-
DESCRIPTION				AMOUNT	
DEPRECIATION/AMORTI	ZATION			44	46
TOTAL TO FORM 99, F	PAGE 1, LINE 18			4	46
AZ 99	MISC EXPENSES	<u></u>	<u></u>	STATEMENT	
DESCRIPTION				AMOUNT	
ACCOUNTING FEES OTHER PROFESSIONAL OFFICE EXPENSES INSURANCE OBSOLETE INVENTORY MISCELLANEOUS EXPEN SPECIAL EVENTS MATERIALS & SUPPLIE	ISE			19,5 5,50 75 1,39 17,52 2,12 4,8 1,92	01. 53. 95. 20. 29. 78.
TOTAL TO FORM 99, F	AGE 1, LINE 19			53,60	57.
AZ 99	OTHER ASSETS	<u></u>	<u> </u>	STATEMENT	
	······································	····			
DESCRIPTION		BEG OF 3	EAR	END OF YEAR	
DESCRIPTION PLEDGES AND GRANTS PREPAID EXPENSES AN	RECEIVABLE ND DEFERRED CHARGES	<u> </u>	0. 2,505.	END OF YEAR 390,82 1,19	R 21 -
PLEDGES AND GRANTS	ND DEFERRED CHARGES	2	0.		R 21 96
PLEDGES AND GRANTS PREPAID EXPENSES AN	ND DEFERRED CHARGES	2	0. 2,505.	390,82 1,19	R 21 96
PLEDGES AND GRANTS PREPAID EXPENSES AN TOTAL TO FORM 99, F AZ 99	ND DEFERRED CHARGES	2	0. 2,505. 2,505.	390,82 1,19 392,01	R 21 . 96 . 17 .
PLEDGES AND GRANTS PREPAID EXPENSES AN TOTAL TO FORM 99, F	ND DEFERRED CHARGES PAGE 2, LINE C8 OTHER LIABILITIES	BEG OF Y	0. 2,505. 2,505.	390,82 1,19 392,01 STATEMENT	R 21 . 96 . 17 . 4

KIDS NEED TO READ

26-2755631

AZ 99	OTHER	EXPENSES	STATEMENT 5
DESCRIPTION			AMOUNT
COMPENSATION OF OFFICERS, PAYROLL TAXES OFFICE EXPENSES OCCUPANCY TRAVEL MISCELLANEOUS EXPENSE	DIRECTORS,	TRUSTEES, ETC.	51,900. 3,970. 3,210. 9,836. 2,082. 4,217.
TOTAL TO FORM 99, PAGE 2,	SCHEDULE A	, LINE A5	75,215.

For	_ 9	90	Return of Org			-			OMB No. 1545-0047		
Dona		of the Treasury	Under section 501(c), 52		1) of the interr st or private fo		ie Code	e (except black lung	ZUIZ Open to Public		
		enue Service	The organization may have	ve to use a co		n to satisfy	state r	eporting requirements.	Inspection		
<u>A</u> F	or th	e 2012 calend	ar year, or tax year beginning	APR 1	2012	and end	ing <u>M</u>	AR 31, 2013	· · · · · · · · · · · · · · · · · · ·		
	Check if pplicab	e: C Name of	organization	*				D Employer identific	cation number		
	Addre	KIDS	NEED TO READ								
]Name]chan	ge Doing B	usiness As					26-2	755631		
	Initial returr	Number	and street (or P.O. box if mail is no	ot delivered to s	treet address)	Roo	m/suite	E Telephone number			
	_ Term ated ∃Amer	533	OUTH MESA DRIVE					480-256-0115			
	_ireturr]Appli		n, or post office, state, and ZIP	code				G Gross receipts \$	270,782.		
L.,	_ltion pend		<u>, AZ 85210</u> nd address of principal officer: T	VON DI		· ·	<u> </u>	H(a) Is this a group re for affiliates?	Yes X No		
			AS ORGANIZATION	120M DI	(ETNUODI.			H(b) Are all affiliates inc			
1 1	[ax-ex	empt status:) 🖌 (inser	t no.) 494	7(a)(1) or	527	1	list. (see instructions)		
			KIDSNEEDTOREAD.O			<u>, , u, , , , , , , , , , , , , , , , , </u>		H(c) Group exemption			
		f organization:		Association	Other 🕨		L Year		State of legal domicile: AZ		
	art I	Summary									
- e	.1	•	e the organization's mission or r	+					HILDREN AND		
Governance			ATIONS THAT SERV								
ern	2		x 🕨 🛄 if the organization di			disposed	of more		sets.		
30	3		ing members of the governing b	• •					7		
	4		ependent voting members of the								
Activities &	5		tal number of individuals employed in calendar year 2012 (Part V, line 2a)						<u> </u>		
ť	6		otal number of volunteers (estimate if necessary) otal unrelated business revenue from Part VIII, column (C), line 12						<u> </u>		
Ac			business taxable income from F						0.		
	<u>ц</u>	Net unrelated		0111 330-1, 101				Prior Year	Current Year		
4.	8	Contributions	and grants (Part VIII, line 1h)					54,088.	270,763.		
nue	9							0.	0.		
Revenue	10	0	come (Part VIII, column (A), lines					1.	19.		
æ	11		(Part VIII, column (A), lines 5, 60					0.	0.		
	12	Total revenue	- add lines 8 through 11 (must e	qual Part VIII,	column (A), lin	e 12)		54,089.	270,782.		
	13	Grants and sir	nilar amounts paid (Part IX, colu	mn (A), lines ⁻	I-3)			4,379.	203,818.		
	14		to or for members (Part IX, colun			•••••••••••••••••		0.	0.		
ses			other compensation, employee benefits (Part IX, column (A					21,268.	88,273.		
Expenses			undraising fees (Part IX, column	(A), line 11e)	1	C C10		0.	0.		
Exp			ng expenses (Part IX, column (D		▶1			12 740	75 765		
_			es (Part IX, column (A), lines 11a s. Add lines 13-17 (must equal F					<u> 13,748</u> . 39,395.	<u>75,765.</u> 367,856.		
	18 19		expenses. Subtract line 18 from					14,694.	<u>387,858.</u> <97,074.>		
es		neveriue less	expenses. Subtract line to nom					ginning of Current Year	End of Year		
Net Assets or Fund Balances	20	Total assets (F	Part X, line 16)					334,812.	645,255.		
Ass d Ba	21							4,033.	20,384.		
Fund	22		fund balances. Subtract line 21					330,779.	624,871.		
Pa	art li	Signature	Block								
			declare that I have examined this re						y knowledge and belief, it is		
true,	, corre	ct, and complete	Declaration of preparer (other than	officer) is base	d on all information	on of which p	preparer	has any knowledge.			
		Disast	FOR STATE PURPOS	DEO UNIL I	<u> </u>			Date			
Sig		, -	e of officer					Date			
Her	e		SE GARY, PRESIDE	TN.T.		/					
_				Diana		/	i ⊺	Date / Check	PTIN		
Paid	4	Print/Type pre	M. HARE	Pilepare	's signature	•	·	11/11/13 if self-employ			
	Darer		LOHMAN COMPANY	, PLLC	- VI	·	<u> </u>	Firm's EIN	86-0985325		
•	Only		▶ 1630 S. STAPLE		SUITE 1	08					
						Phone no. 4	80-355-1100				

		MES	SA, AZ	85204			Phone no.	480-355	<u> 0011-00</u>
	May the IRS dis	scuss this return w	ith the prep	arer shown above? (see ir	structions)			X Y	(es 🛄 No
232001 12-10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.						Fo	rm 990 (2012)		
	SEE	SCHEDULE	O FOR	ORGANIZATION	MISSION	STATEMENT	CONTINU	JATION	



(Rev. January 2013)

Application for Extension of Time To File an **Exempt Organization Return**

OMB No. 1545-1709

3c |\$

Cat. No. 27916D

O.

Form 8868 (Rev. 1-2013)

Department of the Treasury Internal Revenue Service

File a separate application for each return.

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box • If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filling of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Automatic 3-Month Extension of Time. Only submit original (no copies needed). Part I

A corporation required to file Form 990-T and requesting an automatic 6-month extension-check this box and complete All other corporations (Including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number, see instructions				
Type or	Name of exempt organization or other filer, see instructions.	Employer Identification number (EIN) or				
print	Kids Need to Read	26-2755631				
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)				
due date for	33 S Mesa Drive					
filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see Instructions.					
	Mesa, AZ 85210					

0 1 Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

The books are in the care of ► The Company 33 S Mesa Drive, Mesa AZ 85210

Telephone No. 480-256-0115 FAX No. >

. If the organization does not have an office or place of business in the Un	lited States, check this box \ldots \ldots \ldots \ldots \ldots						
. If this is for a Group Return, enter the organization's four digit Group Exe	emption Number (GEN) . If this is						
for the whole group, check this box \ldots .	e group, check this box						
a list with the names and EINs of all members the extension is for.							

I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time November 15 ..., 20 13 , to file the exempt organization return for the organization named above. The extension is until

for the organization's return for:

Calendar year 20 or

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

	► 🗹 tax year beginning April 1 , 20 12 , and ending March 31		. 20 13	•
2	If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final ret	 um		
	Change in accounting period			
3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
٤		34	↓	<u>U.</u>
6	If this application is for Form 930-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	зь	\$	0,
C	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	30	s	0

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Briefly G KIDS PROV LITE DISP 2 Did the the price If "Yes, 3 Did the If "Yes, 4 Describ Section revenue 4 (code:	A statement of Prog heck if Schedule O co describe the organizati NEED TO RE TDING INSPI RACY PROGRA DVANTAGED C organization undertak r Form 990 or 990-EZ? describe these new s organization cease co describe these chang e the organization's pr 50 (c)(3) and 501(c)(4 e, if any, for each progr) (Expenses \$ TS TO PROVI OLS, LIBRAR GRADUATION	ntains a respons on's mission: AD WORKS RING BOO MS ACROS HILDREN. e any significant e any significant a any service a for a service report 279 DE BOOKS LES AND	TO CREAT TO CREAT TO CREAT TO UNI S THE UNI program services dule O. ke significant char o. ccomplishments fare required to rep rted. 10 033. includi LITERACY	TE A CULT DERFUNDED TED STAT during the year during the year or each of its the port the amount or the amount DVANTAGED PROGRAMS	FURE OF D SCHOO TES, ESP which were r onducts, any p ree largest proof grants and 203 D CHILD 5. THE	READING LS, LIBRA ECIALLY 7 not listed on program services ogram services, a allocations to oth ,818.) (Reve REN THROL	FOR CHII ARIES, AI THOSE SEI ? as measured by hers, the total ex enue \$	DREN B ND VING Yes X Yes X expenses. penses, and 270, 76 FUNDED
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d Otherp	rogram services (Desc	ribe in Schedule	• O.)					
(Expense			ing grants of \$) (Reve	nue \$)
le Total p	rogram service exper		279,03	33.				
								Form 990 (
2002 - 10- 12								
				2 040 KIDS				

Form 990 (2012) KIDS NEED TO Part IV Checklist of Required Schedules KIDS NEED TO READ

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		<u>x</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			3.7
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	v	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
_	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a	x	
Ь	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		- 43	
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
~	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	1		
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	_20a		X
h	If "Yes" to line 20a, did the organization attach a conv of its audited financial statements to this return?	20h		

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 Part IV
 Checklist of Required Schedules (continued)

10000				
~			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	04	x	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	21	<u>A</u>	
22	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	26		
20	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 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) 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	<u>25</u> a		X
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	<u>25</u> b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
~-	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		v
00	of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		<u> </u>
28	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	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		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	,
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	<u>35</u> b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	00		v
27	If "Yes," complete Schedule R, Part V, line 2	36		X
37		37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			- 47
	Note All Form 990 filers are required to complete Schedule O	38	x	

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Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V	<u></u>	······	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	<u> </u>		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С		4939-6	(PRO)	
0.	(gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	10		
2a	filed for the calendar year ending with or within the year covered by this return 2a	2		
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	1.1.1.1
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	<u>~</u>		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Зa		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			+
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country:		+	†==-
~	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	-		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		1	X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		1
6a				
	any contributions that were not tax deductible as charitable contributions?	_ <u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	. 6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payer	or? 7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	. 7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		Ì	
	to file Form 8282?	<u>7c</u>		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			1
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	1	ļ	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	-	<u>N/</u>	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C	?? <mark>7h</mark>	<u>N/</u>	A
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A			
~	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0.		
a ⊾	Did the organization make any taxable distributions under section 4966? N/A Did the organization make a distribution to a donor, donor advisor, or related person? N/A	<u>9a</u> 9b		[
ь 10		90		
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 <u>N/A</u> 10a		1	1
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			1
a	Gross income from members or shareholders N/A			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
~	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the yearN/A 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?N/A	<u>13a</u>		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the		633	
	organization is licensed to issue qualified health plans			
¢	Enter the amount of reserves on hand			1
14a	Did the organization receive any payments for indoor tanning services during the tax year?			X
h	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		<u> </u>	(2012

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Form	990	<u>(20</u> 1	12

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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 to any question 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	7		
	If there are material differences in voting rights among members of the governing body, or if the governing			1
	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	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	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			r
	of officers, directors, or trustees, or key employees to a management company or other person?	3	ſ	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?	7a		x
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	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
Ũ	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
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
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	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	X	<u> </u>
b	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	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
-	in Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
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?			
а	The organization's CEO, Executive Director, or top management official	15a		x
	Other officers or key employees of the organization	15b		X
-	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		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	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		
Sec	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)	availat	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, ar	nd finar	ncial	
	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 organiza	ition: 🕨	•	
_	THE COMPANY - 480-256-0115			
	33 SOUTH MESA DRIVE, MESA, AZ 85210			
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Form 990 (2012) KIDS NEE			<u> </u>						26-2755	631 Page 7
Part VII Compensation of Officers,				es, I	Key	y Ei	npl	loyees, Highest Co	ompensated	
Employees, and Independe										ومنامع
Check if Schedule O contains a resp									<u></u>	·····
Section A. Officers, Directors, Trustees, Key										
1a Complete this table for all persons required to be li	isted. Report corr	pens	satior	n for	the	calen	dar y	year ending with or within t	the organization's tax yea	r.
 List all of the organization's current office. Enter -0- in columns (D), (E), and (F) if no comper List all of the organization's current key er List the organization's five current highest composition of the organization of the current highest composition. 	nsation was pai mployees, if any pensated employe	d. y. Se es (c	e in: other	stru thar	ction n an i	ns fo office	or de er, di	finition of "key employe rector, trustee, or key emp	ee." loyee) who received repo	
compensation (Box 5 of Form W-2 and/or Box 7 of For									-	0.000 - 1
 List all of the organization's former officer. reportable compensation from the organization a List all of the organization's former direct more than \$10,000 of reportable compensation 	and any related ors or trustees from the organi	orga tha zatic	aniza t rec on ar	atior eive nd a	ns. ed, ir ny r	n the elate	e cap ed o	pacity as a former direct rganizations.	tor or trustee of the or	ganization,
List persons in the following order: individual tru and former such persons.	stees or directo	ors; i	nstit	utio	nai t	trust	ees;	officers; key employee	s; highest compensate	ed employees;
Check this box if neither the organization	nor any related	oraa	iniza	tion	cor	npei	nsat	ed anv current officer. c	director, or trustee.	
(A)	(B)			(((D)	(E)	(F)
Name and Title	Average	/		Pos	ition	} than		Reportable	Reportable	Estimated
	hours per	box	, unle:	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		cer an	dad	recto	or/trus	tee)	from	from related	other
	(list any hours for	Individual trustee or director				[_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	stee			isated		(W-2/1099-MISC)	(1099-10150)	organization
	organizations	truste	al trus		yee	mper		(11 2) 1000 11100)		and related
	below	idual	Institutional trustee	H	Key employee	est co	er			organizations .
	line)	lađiv	Instit	Officer	Key e	Highest compensated employee	Former			_
(1) TYSON BREINHOLT	2.00									
CHAIRMAN		X		Х				0.	0.	0.
(2) DIANE ELHARD	1.00									
DIRECTOR		X						0.	0.	0.
(3) DEBORAH WELLS O'NEILL	1.00									
CHIEF FINANCIAL OFFICER		X		Х				0.	0.	0.
(4) KAAVONIA HINTON-JOHNSON	1.00	4				1				
DIRECTOR		X						0.	0.	0.
(5) KRISTEN M. KLEIN	1.00						1			
SECRETARY		X		Х				0.	0.	0.
(6) TERI S. LESESNE	1.00									_
DIRECTOR		X						0.	0.	0.
(7) DENISE GARY	46.00									
PRESIDENT		X		Х		<u> </u>		40,000.	0.	0.
(8) MARLINDA WHITE-KAULAITY	1.00									
DIRECTOR		X						0.	0.	0.
		-								
· · · · · · · · · · · · · · · · · · ·						-			L	
		-								
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Pa	rt VII Section A. Officers, Directors, Trus		ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)			
	(A) (B) Name and title Average hours per week (list any				Pos check	more Irson	than is bot pr/trus	h an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		(F) Estimated amount of other compensation	
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		(W-2/1099-MISC	5)	fror orgar and i	n the nization related izations
<u> </u>	······		-			 							
			-										
<u>_</u>							-						
	·							 					
										· 			<u> </u>
1b	Sub-total		1	<u> </u>	<u> </u>	L	•		40,000.		0.		0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								<u> </u>		<u>0.</u> 0.		0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	nose	liste	ed al	bove	e) wł	no re	eceived more than \$100	000 of reportable			0
3	Did the organization list any former officer,			e, ke	ey er	nplc	oyee,	, or I	highest compensated e	mpioyee on			es No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su and related organizations greater than \$150	im of reportab	le co	omp	ensa	atior	n and	d otł				3	X
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	accrue compe	nsat	ion f	from	any	/ unr	elate	ed organization or indivi			5	x
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest co the organization. Report compensation for	-									ens:	ation fro	m
	(A) Name and business	address	N	<u>DNI</u>	E				(B) Description of s	ervices	C	(C) ompens	ation
	·				.			_	<u></u>				
								_					
											···· ;		
2	Total number of independent contractors (i \$100,000 of compensation from the organi	-	IOT III				se li: 0		above) who received in	iore man		_	
23200 12-10	18 - 12											rom 9	90 (2012)

		IEED TO READ			26-2755	631 Page
art V			lion in this Dout VIII			
	Check if Schedule O contai	ns a response to any ques	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections 512, 513, or 514
	a Federated campaigns	<u>1a</u>				
3	b Membership dues	1b				
	c Fundraising events	1c 43,49	6.			1
	d Related organizations					
	e Government grants (contributio	ns) 1e				
3	f All other contributions, gifts, grants					
	similar amounts not included above		<u>7.</u>			
	g Noncash contributions included in lines 1					
<u>i</u>	h Total. Add lines 1a-1f		▶ 270,763.			
		Business C	ode			
2						
	b					
	c					
	d	1				
	e					<u> </u>
	f All other program service reven		▶			
	g Total. Add lines 2a-2f Investment income (including d					
3			▶ 19.			1
	Income from investment of tax-		19.			<u>+</u>
4					<u>,,, ,,,,,,,,,</u>	<u> </u>
5	Royalties				, ·	1
		(i) Real (ii) Persor				
6	- ·· · -					
	b Less: rental expenses					
	c Rental income or (loss)					
1	d Net rental income or (loss)			·····	<u>.</u>	
7:	a Gross amount from sales of	(i) Securities (ii) Othe				
	assets other than inventory					
	b Less: cost or other basis					
	and sales expenses	· · · · · · · · · · · · · · · · · · ·				
	c Gain or (loss)					
	d Net gain or (loss)			·		·
8	a Gross income from fundraising					
	including \$ 43,49					
-	contributions reported on line 1		0			
	Part IV, line 18		0.			
	b Less: direct expenses		0.			
	c Net income or (loss) from fundra		▶0.	·	·····	<u> </u>
9 8	a Gross income from gaming acti					!
	Part IV, line 19					
	b Less: direct expenses					
	c Net income or (loss) from gamir		▶			
10	a Gross sales of inventory, less re					1
1	and allowances					
[b Less: cost of goods sold					
<u> </u>	c Net income or (loss) from sales		P	<u> </u> -	·······	+
	Miscellaneous Revenue	Business C	ode			
11						<u> </u>
	b					
1	c					
1	d All other revenue			<u> </u>		
	e Total. Add lines 11a-11d					
	Total revenue, See instructions		▶ 270,782.	0.	0.	1

9 07061111 797571 1362 2012.04040 KIDS NEED TO READ KIDS NEED TO READ

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response to any question in this Part IX (D) Fundraising (B) (A) (C) Do not include amounts reported on lines 6b. Total expenses Program service Management and 7b, 8b, 9b, and 10b of Part VIII. *expenses* general expenses expenses Grants and other assistance to governments and 1 203,818. 203,818, organizations in the United States. See Part IV, line 21 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments, 3 organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members 4 Compensation of current officers, directors, 5 51,900. 26,800. trustees, and key employees 82,000. 3,300. 6 Compensation not included above, to disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) Other employee benefits 9 3,970. Payroll taxes 6,273. 2,050. 253. 10 Fees for services (non-employees): 11 a Management b Legal 19,571 19,571 Accounting С d Lobbying Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, a 5,501. column (A) amount, list line 11g expenses on Sch O.) 5,501. Advertising and promotion 12 3,963. 3,210. 357. 396. Office expenses 13 Information technology 14 15 Royalties 12,143. 9,836. 1,214 1,093. 16 Occupancy 2,082. 2,082. Travel 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 446. 446. Depreciation, depletion, and amortization 22 1,395. 1,395. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 17,520. 17,520. a OBSOLETE INVENTORY 4,217. 1,230. 899. 6,346. b MISCELLANEOUS EXPENSE 4,878. 4,878. c SPECIAL EVENTS 1,920 1,920. d MATERIALS & SUPPLIES e All other expenses 279,033. 72,211 367,856. 16,612. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here 🕨 if following SOP 98-2 (ASC 958-720)

232010 12-10-12

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10 2012.04040 KIDS NEED TO READ Form 990 (2012)

Form 990 (2012) Part X Balance Sheet

KIDS NEED TO READ

		Check if Schedule O contains a response to any		and the second	(A)	T	(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			674.	1	771.
	2	Savings and temporary cash investments			· · · · · · · · · · · · · · · · · · ·	2	
	3	Pledges and grants receivable, net				3	390,821.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensation					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section			Negative States and States		
		employers and sponsoring organizations of sect					
	i	employees' beneficiary organizations (see instr).				6	
ets	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			330,661.	8	251,942.
	9	Prepaid expenses and deferred charges			2,505.		1,196.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	2,199.		1	
	b	Less: accumulated depreciation	10b	1,674.	972.	10c	525.
	11	Investments - publicly traded securities				11	ļ
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			15		
i	_16	Total assets. Add lines 1 through 15 (must equa			334,812.	16	645,255.
	17	Accounts payable and accrued expenses			983.	17	10,767.
	18	Grants payable			18		
	19	Deferred revenue		19			
l	20	Tax-exempt bond liabilities				20	<u> </u>
ŝ	21	Escrow or custodial account liability. Complete F			L	21	
Liabilities	22	Loans and other payables to current and former	officer	s, directors, trustees,			
iabi		key employees, highest compensated employee	es, and	disqualified persons.		1	
		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated	d third	parties		24	
	25	Other liabilities (including federal income tax, page	yables	to related third	ļ		
}		parties, and other liabilities not included on lines	17-24)	. Complete Part X of			
		Schedule D			3,050.		9,617.
	26	Total liabilities. Add lines 17 through 25			4,033.	26	20,384.
		Organizations that follow SFAS 117 (ASC 958), chec	k here 🕨 📃 and			
se		complete lines 27 through 29, and lines 33 an				1	
and	27	Unrestricted net assets				27	
Bal	28	Temporarily restricted net assets	·····•	······································		_28	ļ
Pu	29					29	
L L		Organizations that do not follow SFAS 117 (A	SC 958	3), check here 🕨 🖾		12 ° j. 1	
٦ ٥		and complete lines 30 through 34.					
sets	30	Capital stock or trust principal, or current funds			0.		0.
As	31	Paid-in or capital surplus, or land, building, or ec			0.		0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			330,779.		624,871.
-	33	Total net assets or fund balances			330,779.		624,871.
	_34	Total liabilities and net assets/fund balances	<u></u>		334,812.	34	645,255. Form 990 (2012)

Form 990 (2012)

232011 12-10-12

11 2012.04040 KIDS NEED TO READ

Forn	n 990 (2012) KIDS NEED TO READ	26-275	<u>5631</u>	Pa	_{je} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI		<u></u>		X
		1 1		·	~ ~
1	Total revenue (must equal Part VIII, column (A), line 12)	1			82.
2	Total expenses (must equal Part IX, column (A), line 25)	2			56.
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>74.</u> >
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	33	0.7	<u>79.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	39:	1,1	66.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
_	column (B))	10	62	4,8	<u>71.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question 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				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u>2a</u>		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		<u>2b</u>	<u>X</u>	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c		<u>X</u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	•			
	Act and OMB Circular A-133?	· · · · · · · · · · · · · · · · · · ·	3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	. <u></u>	<u>3b</u>		
			Form	990 (2012)

232012 12-10-12

SCHEDULE A		Public Charity Status and Public Support	L	OMB No. 1	545-0047	.7
(Form 99	0 or 990-EZ)	Complete if the organization is a section 501(c)(3) organization or a section		20	12	
Department o	f the Treasury	4947(a)(1) nonexempt charitable trust.		Open to	Public	C
Internal Rever	nue Service	► Attach to Form 990 or Form 990-EZ. ► See separate instructions.		Inspe	ction	
Name of t	the organizati	on	Employer ide	entificatio	on num	nber
		KIDS NEED TO READ	26-	2755	631	
Part I	Reason	for Public Charity Status (All organizations must complete this part.) See instruction	S.			
The organ	ization is not a	private foundation because it is: (For lines 1 through 11, check only one box.)				
1 🗔	A church, co	nvention of churches, or association of churches described in section 170(b)(1)(A)(i).				
2	A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E.)				
3 🗔	A hospital or	a cooperative hospital service organization described in section 170(b)(1)(A)(iii).				
4 🗔	A medical res	earch organization operated in conjunction with a hospital described in section 170(b)(1)(A	(iii). Enter the	hospital'	s name	э,
	city, and stat	e:				
5 🗔	An organizati	on operated for the benefit of a college or university owned or operated by a governmental	unit described	in		
	section 170	(b)(1)(A)(iv). (Complete Part II.)				
6	A federal, sta	te, or local government or governmental unit described in section 170(b)(1)(A)(v).				
7 X	An organizati	on that normally receives a substantial part of its support from a governmental unit or from	the general pul	blic descr	ibed in	1
	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	An organizati	on that normally receives: (1) more than 33 1/3% of its support from contributions, member	ship fees, and	gross rec	eipts fr	rom
	activities rela	ted to its exempt functions \cdot subject to certain exceptions, and (2) no more than 33 1/3% of	its support fro	om gross i	investm	nent
	income and u	inrelated business taxable income (less section 511 tax) from businesses acquired by the o	rganization afte	er June 30	0, 1975	5.
	See section	509(a)(2). (Complete Part III.)				
10	An organizati	on organized and operated exclusively to test for public safety. See section 509(a)(4).				
11	-	on organized and operated exclusively for the benefit of, to perform the functions of, or to c		-		r
	more publicly	supported organizations described in section 509(a)(1) or section 509(a)(2). See section 50)9(a)(3). Check	the box	that	
		type of supporting organization and complete lines 11e through 11h.				
·	a 🔄 Type		ype III - Non-fu			
e	• -	this box, I certify that the organization is not controlled directly or indirectly by one or more o				1
		anagers and other than one or more publicly supported organizations described in section	509(a)(1) or sec	ction 509	(a)(2).	
f	If the organiz	ation received a written determination from the IRS that it is a Type I, Type II, or Type III				
		ganization, check this box			· · · · · · · · · · ·	
g	-	: 17, 2006, has the organization accepted any gift or contribution from any of the following p		r	<u> </u>	
		n who directly or indirectly controls, either alone or together with persons described in (ii) an			Yes	No
	-	erning body of the supported organization?		11g(i)		
		member of a person described in (i) above?		11g(ii)		
	(iii) A 35% (controlled entity of a person described in (i) or (ii) above?		11g(iii)	<u></u>	

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(described on lines 1-9 above or IRC section	in col. (i) listed in your		Is the organization (v) Did you notify the ol. (i) listed in your verning document? (i) of your support?		(vi) is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
		(see instructions))	Yes	Yes No Y		No	Yes	No	
						_			
Total									

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

Schedule A (Form 990 or 990-EZ) 2012

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Schedule A (Form 990 or 990-EZ) 2012 KIDS NEED TO READ

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 Part II
 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	17,061.	236,649.	141,504.	310,118.	227,267.	932,599.
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	17,061.	236,649.	141,504.	310,118.	227,267.	932,599.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						932,599.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	17,061.	236,649.	141,504.	310,118.	227,267.	<u>932,599.</u>
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)	9,176.	8,781.	11,346.	6,985.	43,515.	<u>79,803.</u>
11	Total support. Add lines 7 through 10						1,012,402.
12	Gross receipts from related activities,	etc. (see instructio	ons)	,		12	
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stor			·····	·····		
	ction C. Computation of Publ						
	Public support percentage for 2012 (I					14	92.12 %
	Public support percentage from 2011					15	%
16a	33 1/3% support test - 2012. If the c						
	stop here. The organization qualifies						
b	33 1/3% support test - 2011. If the c	•					F
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac			•	-	-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	-					
	more, and if the organization meets th						. []
	organization meets the "facts-and-cire		=				. —
18	Private foundation. If the organizatio	n did not check a	<u>box on line 13, 16</u>	<u>a, 16b, 17a, or 17t</u>	<u>o, check this box a</u>	ind see instruction	<u>s</u>

Schedule A (Form 990 or 990-EZ) 2012

232022 12-04-12

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						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,			1			ł
	merchandise sold or services per- formed, or facilities furnished in		1				
	any activity that is related to the						
	organization's tax-exempt purpose					<u> </u>	
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513	ļ	ļ				
4	Tax revenues levied for the organ-			1	1	1	
	ization's benefit and either paid to						
	or expended on its behalf					·····	
5	The value of services or facilities	}	}	1			
	furnished by a governmental unit to						
	the organization without charge		<u> </u>				
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and	1					
	3 received from disqualified persons			·			
Ľ	Amounts included on lines 2 and 3 received from other than disqualified persons that		1				
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year		· · · · · · · · · · · · · · · · · · ·				<u> </u>
	Add lines 7a and 7b	ļ		· · · · · · · · · · · · · · · · · · ·			
	Public support (Subtract line 7c from line 6.)	<u> </u>			1		
	ction B. Total Support	() 0000		() 0010	() 0011		
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6						
102	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources		}				
h	Unrelated business taxable income			·			
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b					·/	
	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						
13	assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.)		· · · · · · · · · · · · · · · · · · ·				
	First five years. If the Form 990 is for	r the organization'	s first, second, thi	rd. fourth. or fifth t	tax vear as a secti	on 501(c)(3) or	ganization.
	check this box and stop here	-			-		·
Se	ction C. Computation of Publ						
	Public support percentage for 2012 (column (f))		15	%
16	Public support percentage from 201					16	%
See	ction D. Computation of Inve						
17	Investment income percentage for 20)12 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2011 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2012. If the					33 1/3% , and	line 17 is not
	more than 33 1/3%, check this box a	nd stop here. The	e organization qua	lifies as a publicly	supported organi	zation	
k	33 1/3% support tests - 2011. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/	3% , and
	line 18 is not more than 33 1/3%, che	eck this box and s	top here. The org	anization qualifies	as a publicly sup	ported organiza	ation ►
20	Private foundation. If the organization	on did n <u>ot check a</u>	box on line 14, 19	a, or 19b, check t	his box and see in	structions	
2320	23 12-04-12				Sc	hedule A (For	n 990 or 990- EZ) 2 012
				15			

Schee	dule	B
(Form 990). 990-	EZ.

or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2012

Employer identification number

26-2755631

Name of the organization

Κ	IDS	NEED	TO	READ

Organization	type (check	one):
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Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization

Page **2**

KIDS NEED TO READ

Employer identification number

26-2755631

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AUTOMATIC PICTURES 5225 WILSHIRE BLVD STE 525 LOS ANGELES, CA 90036	\$68,710.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	BARNES & NOBLE 3111 W CHANDLER BLVD STE 2054 CHANDLER, AZ 85226	\$26,675.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	HIGHLIGHTS FOR CHILDREN, INC. 1800 WATERMARK DR, PO BOX 269 COLUMBUS, OH 43216	\$11,128.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	CARUS PUBLISHING COMPANY 30 GROVE ST STE C PETERBOROUGH, NH 03458	\$27,458.	Person Payroli Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	LOHMAN COMPANY, PLLC 1630 S STAPLEY DR STE 108 MESA, AZ 85204	\$13,349.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	<u>SQUARE EGG ENTERTAINMENT</u> <u>4310 E GRAYTHORN AVE</u> PHOENIX, AZ 85044	\$10,688.	Person X Payroli Noncash (Complete Part II if there is a noncash contribution.)
223452 12-2	1-12	Schedule B (Form	990, 990-EZ, or 990-PF) (2012)

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17 2012.04040 KIDS NEED TO READ

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Employer identification number

26-2755631

KIDS NEED TO READ

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

n) o. om rtl	(b) Description of noncash property given	(c) MV (or estimate) see instructions)	(d) Date received
1 BOOK	S		
		\$ 68,710.	VARIOUS
n) D. m rt I	(b) Description of noncash property given	(c) MV (or estimate) see instructions)	(d) Date received
<u>BOOK</u>	S		
		\$ 26,675.	VARIOUS
) m t j	(b) Description of noncash property given	(c) MV (or estimate) see instructions)	(d) Date received
<u>MAGA</u>	ZINES		
		\$ 11,128.	VARIOUS
) 5. m t I	(b) Description of noncash property given	(c) MV (or estimate) see instructions)	(d) Date received
<u>BOOK</u>	5		
		\$ 27,458.	VARIOUS
) n t l	(b) Description of noncash property given	(c) MV (or estimate) see instructions)	(d) Date received
<u>ACCO</u>	UNTING AND REVIEW SERVICES		
		\$ 13,349.	VARIOUS
) b. m t l	(b) Description of noncash property given	(c) MV (or estimate) see instructions)	(d) Date received
-			
		\$ 	

07061111 797571 1362

18 2012.04040 KIDS NEED TO READ

Name of orga	nization		Employer identification number
KIDS N	EED TO READ		26-2755631
Part III	Exclusively religious, charitable, etc., indi year. Complete columns (a) through (e) and t the total of exclusively religious, charitable, et Use duplicate copies of Part III if addition	vidual contributions to section 501(c)(7), he following line entry. For organizations c c., contributions of \$1,000 or less for the nal space is needed.	(8), or (10) organizations that total more than \$1,000 for the completing Part III, enter year. (Enter this information once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
223454 12-21-1	2		Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

223454 12-21-12

07061111 797571 1362

19 2012.04040 KIDS NEED TO READ

1362___1

SCHED	UL	E.	D
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(Form	990)
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Department of the Treasury Internal Revenue Service

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. ▶ See separate instructions.

OMB No. 1545-0047
2012
Open to Public Inspection

Name of th	e organization		
		KIDS	NEEI
Part	Organizatio	ns Main	taining

Employer identification number 26 - 2755631

	KIDS NEED TO READ	26-2755631
Pa	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	
		(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 writing that the assets held in donor advised ful	nds
Ŭ	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
Ū	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	
	impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·
Par		
1	Purpose(s) of conservation easements held by the organization (check all that apply).	, 110 7.
1	Preservation of land for public use (e.g., recreation or education)	Illy important land area
	Protection of natural habitat	
	Preservation of open space	
~		anony stion account on the last
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a c	onservation easement on the last
	day of the tax year.	Heid 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 structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	
ũ	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the orga	······
•	vear >	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during	the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the y	ear 🕨 \$
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	YesNo
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	
	include, if applicable, the text of the footnote to the organization's financial statements that describes the or	rganization's accounting for
	conservation easements.	
Par	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a	
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance o	f public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and	
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se	ervice, provide the following amounts
	relating to these items:	x
	(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 treasures, or other similar assets for financial gain	, provide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a	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. 232051 12-10-12

Schedule D (Form 990) 2012

		<u>ED TO READ</u>			<u> </u>				1 Page 2		
Pa	t III Organizations Maintaining C										
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following that	t are a si	ignificant use of	its collection	on items		
	(check all that apply):		·1								
а	Public exhibition	c			change progra						
b	Scholarly research	e		Other				·			
С	Preservation for future generations										
4											
5	During the year, did the organization solicit of							<u>-</u> -			
	to be sold to raise funds rather than to be many							Yes	NoNo		
Pa	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	e organizatio	on answered "	'Yes" to	Form 990, Part I	V, line 9, o	r		
-1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other as	sets not	included				
	on Form 990, Part X?							Yes	No		
b	If "Yes," explain the arrangement in Part XIII										
		·	-					Amour	nt		
с	Beginning balance						1c		·····		
d	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F	orm 990, Part X, line	21?				··· L L	Yes	No		
	If "Yes," explain the arrangement in Part XIII.										
	t V Endowment Funds. Complete i										
	·········	(a) Current year	T	Prior year			(d) Three years ba	ack (e) Fou	ir years back		
1a	Beginning of year balance										
b	Contributions										
c	Net investment earnings, gains, and losses										
ď	Grants or scholarships		1								
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance			···	1		··				
2	Provide the estimated percentage of the cur	rent vear end balance	e (line 1	a. column (;	a)) held as:						
_ a	Board designated or guasi-endowment	-	%	9,	.,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
b	Permanent endowment	%									
	Temporarily restricted endowment										
Ŭ	The percentages in lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should										
30	Are there endowment funds not in the posse		ation th	at are held a	and administe	red for t	he organization				
Ja	by:		acion				ne organization		Yes No		
	•							3a(i)	1-1		
L	(ii) related organizations If "Yes" to 3a(ii), are the related organization:	listed as required a		 dula D2	•••••••••••••••••••••••••••••••••••••••	•••••		<u>3a(ii)</u>	<u>├</u>		
U A	Describe in Part XIII the intended uses of the				••••••	•••••			<u> </u>		
Par	t VI Land, Buildings, and Equipm										
[Description of property	(a) Cost or c		······	t or other	(0) (0)	ccumulated	(d) Bo(ok value		
	Description of property	basis (investi			(other)	• •	oreciation	(u) Dot	on value		
	Land							···			
	Land							······			
	Buildings					······					
	Leasehold improvements				2,199.		1,674.	···	525.		
	Equipment			<u> </u>	4,177.		1,0/4.		545.		
	Other		V c-l		10(-))				525.		
lota	. Add lines 1a through 1e. (Column (d) must e	iyuai Form 990, Part	л, colui	nn (B), line	<u>1.0(C).)</u>	·····					
							Sched	ule D (FOř	m 990) 2012		

232052 12-10-12

Part VII Investments - Other Securities. See			
a) Description of security or category'(including name of security)	(b) Book value	(c) Method of valuation: C	ost or end-of-year market value
Financial derivatives			
Closely-held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(1)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	······		
art VIII Investments - Program Related. See	Form 990, Part X, line	3.	
(a) Description of investment type	(b) Book value	(c) Method of valuation: C	ost or end-of-year market value
(1)			· · · · · · · · · · · · · · · · · · ·
(2)			
(3)			
(4)			
(5)			
(6)			
(7)		· · · · · · · · · · · · · · · · · · ·	
(8)			
(9)			
10)	······································		
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	<u>_</u>		
art IX Other Assets. See Form 990, Part X, line 1	5.		
	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)	·		
(6)			
(7)			
(8)	······································		
(9)		· · · · · · · · · · · · · · · · · · ·	
10) al. (Column (b) must equal Form 990, Part X, col. (B) line	15)		N
art X Other Liabilities. See Form 990, Part X, III		······································	
(a) Description of liability	16 2.0.	(b) Book value	
		9,617.	
(2) PAYROLL TAX LIABILITY		9,01/.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
10)			
11)			
	25.) 🕨	9,617.	

Sche	dule D (Form 990) 2012 KIDS NEED TO READ	26-275563	31 Page 4	
Pa	t XI Reconciliation of Revenue per Audited Financial Staten	nents With Reve		
1	Total revenue, gains, and other support per audited financial statements		1 2'	70,782.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities			
c	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3 21	70,782.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
с	Add lines 4a and 4b	4c	0.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		70,782.	
Pa	t XII Reconciliation of Expenses per Audited Financial State	ments With Exp	enses per Return	
1	Total expenses and losses per audited financial statements		1 36	<u>57,856.</u>
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		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3 36	57,85 6.
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	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b	4c	0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			<u>57,856.</u>
Pa	t XIII Supplemental Information		·	
Com	plate this part to provide the descriptions required for Part II, lines 2, E, and Q. Par	t III lines 1s and 4; D	bort IV lines the and Ob; Bart V	line 1. Dert

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

Schedule D (Form 990) 2012

232054 12-10-12

SCHEDULE G Supplemental Information Regarding								
(Form 990 or 990-EZ)		Fundraising or Ga						2012
Department of the Treasury Internal Revenue Service	or if t	f the organization answered "Yes the organization entered more tha <u>Attach to Form 990 or Form 990-F</u>	n \$15,0	000 oi	n Form 990-EZ, line	6a.	or 19,	Open To Public Inspection
Name of the organization	n						1	dentification number
Fundrais		ED TO READ Complete if the organization answe	arod "V	(00" tr	Form 000 Port IV I	ino 1	26-275	
Part I Fundrals required to	complete this par	t.	ereu r	es it	5 FORT 990, Fart IV, I	me i	7. FORM 990-	
a 🛄 Mail solicitat	ions email solicitations tations		tion of tion of	non-g gover	overnment grants mment grants			
2 a Did the organization key employees list	on have a written c ed in Form 990, P n highest paid indi	or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) purs organization.	profess	ional f	fundraising services?	?	Y	es No o be
(i) Name and address of individual or entity (fundraiser)		(ii) Activity	(iii) fundr have cr or con contribu	aiser ustody itrol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)		
			Yes	No			**	
		· · · · · · · · · · · · · · · · · · ·		 				
		n is registered or licensed to solicit	contrib	. 🕨	s or has been notified	d it is	exempt from	registration
or licensing.				<u> </u>				
LHA Paperwork Reduc	ction Act Notice,	see the Instructions for Form 990	or 990)-E Z .			Schedule G (Fo	orm 990 or 990-EZ) 2012

232081 01-07-13

Schedule G (Form 990 or 990 EZ) 2012 KIDS NEED TO READ

P	art	Fundraising Events. Complete if the of fundraising event contributions and groups and	-			
				(b) Event #2 NATHAN	(c) Other events	(d) Total events (add col. (a) through
đ			COMIC CON 20 (event type)	BIRTHDAY FUN (event type)	(total number)	col. (c))
Revenue	1	Gross receipts	25,375.	17,385.	736.	43,496.
ш.	2	Less: Contributions	25,375.	17,385.	736.	43,496.
•	3	Gross income (line 1 minus line 2)	·			
	4	Cash prizes				
ŝ	5	Noncash prizes				
xpense	6	Rent/facility costs				·····
Direct Expenses	7	Food and beverages				·
Ц	8- 9	Entertainment Other direct expenses				
	10	Direct expense summary. Add lines 4 throug		/	`	()
	11	Net income summary. Combine line 3, colum				<u> </u>
Pa	irt i	Gaming. Complete if the organization	answered "Yes" to Form	990 Part IV line 19 or re	ported more than	I
		\$15,000 on Form 990-EZ, line 6a.				
				(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
	1	Gross revenue				
ses	2	Cash prizes	· · · · · · · · · · · · · · · · · · ·			
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	-		Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)	-)
	8	Net gaming income summary. Combine line	1, column d, and line 7			
	_					
		ter the state(s) in which the organization opera				
		the organization licensed to operate gaming ac No," explain:				Yes No
					······	
		ere any of the organization's gaming licenses r Yes," explain:		-	ear?	Yes . No
						· · ····
						·····
2320	82 0	1-07-13			Schedule G (Fo	rm 990 or 990-EZ) 2012

Sch	edule G (Form 990 or 990-EZ) 2012 KIDS NEED TO READ 26-	<u>2755</u>	<u>5631</u>	Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	🗌 No
12	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:			
é	The organization's facility	13a		%
	An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No No
t	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
c	of gaming revenue retained by the third party \blacktriangleright \$ If "Yes," enter name and address of the third party:			
	Name			
	Address ►			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
	Director/officer Employee Independent contractor			
	Mandatory distributions:			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	🖵	Yes	L No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
D	organization's own exempt activities during the tax year > \$			
Ра	Int IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (ii lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional informatic		•	
				
	·			
2320	83 01-07-13 Schedule G (For	 m 990	or 990	-EZ) 2012
	26			

SCHEDULE I			•					OMB No.	1545-0047	
(Form 990)				d Other Assistance ts, and Individuals	-	-		20	2012	
		0								
Department of the Treasury Internal Revenue Service		Comp	lete if the organization	Attach to For	•	irt IV, line 21 or 22.		•	o Public ection	
Name of the organization								Employer identificat		
	KIDS NEED	TO READ							755631	
Part I General Info	rmation on Grants a	nd Assistance								
 Does the organizat 	ion maintain records t	to substantiate th	e amount of the grant	s or assistance, the	grantees' eligibili	ty for the grants or as	sistance, and the selec			
criteria used to aw	ard the grants or assis	stance?						X Yes	No	
2 Describe in Part IV			toring the use of gran				····			
Part II Grants and	Other Assistance to	Governments an	d Organizations in th	e United States.	complete if the org	anization answered "	Yes" to Form 990, Parl	t IV, line 21, for any		
recipient tha	t received more than s	\$5,000. Part II car	be duplicated if addi	tional space is need	ded.	(D. Mathead of		- <u></u>		
1 (a) Name and add or gove	-	(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 or assistan		
								BOOKS GIVEN TO		
ASU PREPARATORY AC	DEMY							UNDERFUNDED PROG	RAMS	
735 E FILLMORE ST										
PHOENIX, AZ 85006		26-0664313	501(C)(3)	0.	6,349	FMV	BOOKS	CHILDREN TO PROM	OTE	
								BOOKS GIVEN TO		
INDIAN HEALTH SERV	ICES							UNDERFUNDED PROG	DED PROGRAMS	
1515 LAWRIE TATUM	RD							SERVING DISADVAN	TAGED	
LAWTON OK 73507		82-0581689	501(C)(3)	0.	5,827,	FMV	BOOKS	CHILDREN TO PROM	OTE	
								BOOKS GIVEN TO		
BETTER TO GIVE		1			1			UNDERFUNDED PROG	RAMS	
122 W MORTEN AVE								SERVING DISADVAN	TAGED	
PHOENIX, AZ 85021		27-3204236	501(C)(3)	0.	7,792,	FMV	BOOKS	CHILDREN TO PROM	OTE	
								BOOKS GIVEN TO		
CHILDREN FIRST ACA	DEMY - PHOENIX							UNDERFUNDED PROG	RAMS	
1648 S 16TH ST								SERVING DISADVAN	TAGED	
PHOENIX AZ 85034		20-2744050	501(C)(3)	0.	6,428,	FMV	BOOKS	CHILDREN TO PROM	OTE	
								BOOKS GIVEN TO		
CHILDREN FIRST ACA	DEMY - TEMPE							UNDERFUNDED PROG	RAMS	
1938 E APACHE BLVD								SERVING DISADVAN	TAGED	
TEMPE, AZ 85281		20-2744050	501(C)(3)	0.	5,703,	FMV	BOOKS	CHILDREN TO PROM	OTE	
		-						BOOKS GIVEN TO		
FRIENDS OF THE PHO	ENIX PUBLIC	j				ļ		UNDERFUNDED PROG	RAMS	
LIBRARY - 1221 N C	ENTRAL AVE -							SERVING DISADVAN	TAGED	
PHOENIX AZ 85004		86-0337769	509(A)(2)	0.	62,804,	FMV	BOOKS	CHILDREN TO PROM		
2 Enter total number	of section 501(c)(3) a	ind government o	ganizations listed in t	he line 1 table				>	9.	
3 Enter total number	of other organization	<u>s listed in the line</u>	1 table	<u></u>					9.	
LHA For Paperwork F	eduction Act Notice	, see the Instruct	tions for Form 990.				_	Schedule I (Form	n 990) (2012)	

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) KIDS NEED TO READ

26-2755631

Page 1

	(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
						BOOKS GIVEN TO
Y						UNDERFUNDED PROGRAMS
						SERVING DISADVANTAGED
86-6000515	501(C)(3)	0.	9,453,	FMV	BOOKS	CHILDREN TO PROMOTE
						BOOKS GIVEN TO
						UNDERFUNDED PROGRAMS
						SERVING DISADVANTAGED
86-0499740	501(C)(3)	0.	10,393.	FMV	BOOKS	CHILDREN TO PROMOTE
						BOOKS GIVEN TO
						UNDERFUNDED PROGRAMS
						SERVING DISADVANTAGED
86-6000481	501(C)(3)	0,	6,344.	FMV	BOOKS	CHILDREN TO PROMOTE
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Schedule I (Form 990)

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Schedule I (Form 990) (2012) KIDS NEE

KIDS NEED TO READ

Page 2

Part III 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.

(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. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ASU PREPARATORY ACADEMY

(H) PURPOSE OF GRANT OR ASSISTANCE: BOOKS GIVEN TO UNDERFUNDED PROGRAMS

SERVING DISADVANTAGED CHILDREN TO PROMOTE LITERACY.

NAME OF ORGANIZATION OR GOVERNMENT: INDIAN HEALTH SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: BOOKS GIVEN TO UNDERFUNDED PROGRAMS

SERVING DISADVANTAGED CHILDREN TO PROMOTE LITERACY.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: BETTER TO GIVE

(H) PURPOSE OF GRANT OR ASSISTANCE: BOOKS GIVEN TO UNDERFUNDED PROGRAMS

SERVING DISADVANTAGED CHILDREN TO PROMOTE LITERACY.

NAME OF ORGANIZATION OR GOVERNMENT: CHILDREN FIRST ACADEMY - PHOENIX

(H) PURPOSE OF GRANT OR ASSISTANCE: BOOKS GIVEN TO UNDERFUNDED PROGRAMS

SERVING DISADVANTAGED CHILDREN TO PROMOTE LITERACY.

NAME OF ORGANIZATION OR GOVERNMENT: CHILDREN FIRST ACADEMY - TEMPE

(H) PURPOSE OF GRANT OR ASSISTANCE: BOOKS GIVEN TO UNDERFUNDED PROGRAMS

SERVING DISADVANTAGED CHILDREN TO PROMOTE LITERACY.

NAME OF ORGANIZATION OR GOVERNMENT: FRIENDS OF THE PHOENIX PUBLIC LIBRARY (H) PURPOSE OF GRANT OR ASSISTANCE: BOOKS GIVEN TO UNDERFUNDED PROGRAMS SERVING DISADVANTAGED CHILDREN TO PROMOTE LITERACY.

NAME OF ORGANIZATION OR GOVERNMENT:

HARTFORD SYLVIA ENCINAS ELEMENTARY SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: BOOKS GIVEN TO UNDERFUNDED PROGRAMS

SERVING DISADVANTAGED CHILDREN TO PROMOTE LITERACY.

NAME OF ORGANIZATION OR GOVERNMENT:

LIONS INTERNATIONAL, MULTIPLE DISTRICT 21 ARIZONA

(H) PURPOSE OF GRANT OR ASSISTANCE: BOOKS GIVEN TO UNDERFUNDED PROGRAMS

SERVING DISADVANTAGED CHILDREN TO PROMOTE LITERACY.

NAME OF ORGANIZATION OR GOVERNMENT: TAFT ELEMENTARY SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: BOOKS GIVEN TO UNDERFUNDED PROGRAMS 232291 05-01-12
Schedule I (Form 990)

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Schedule I (For Part IV S	m 990) upplemental	KII Informa	DS NEED TO tion	<u>) R</u>	EAD	······		<u>26-2755631</u>	Page
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32291								Schedule I (F	orm 99

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SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form

OMB No. 1545-0047 **2012** Open to Public Inspection

Name of the organization

KIDS NEED TO READ

990, Part IV, lines 29 or 30. ► Attach to Form 990.

Employer identification number 26-2755631

Pa	rt I Types of Property								
<u> </u>		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash cont amounts repo Form 990, Part V	rted on	(c Method of c noncash contri	determin		s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications	X		149	,710.	TMA MA		·	
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes			· · · · · · · · · · · · · · · · · · ·					
8	Intellectual property	<u>-</u>						···	<u> </u>
9	Securities - Publicly traded		<u> </u>						
	Securities - Closely held stock			· · · · · ·					
10									
11	Securities - Partnership, LLC, or trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate · Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other 🕨 (LEGAL & ACCOU)	X	0	16,	,650.	FMV			
26	Other ► ()								
27	Other ► ()								
28	Other ► (
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for c	ontributions					
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement	29				
								Yes	No
30a	During the year, did the organization receive b	y contributio	on any property rep	oorted in Part I, lir	nes 1 -28 th	at it must hold for			
	at least three years from the date of the initial	contribution	, and which is not	required to be use	ed for exen	npt purposes for			É
	the entire holding period?						30a		X
ь	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance	policy that r	equires the review	of any non-standa	ard contrib	utions?	31		x
	Does the organization hire or use third parties								
	contributions?		-				32a		x
b	If "Yes," describe in Part II.								
33	If the organization did not report an amount in	column (c) t	for a type of prope	rty for which colu	mn (a) is cl	necked,			
	describe in Part II.	. ,	· · · ·						
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.		Schedule N	/ (Form	990) (2012)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. OMB No. 1545-0047 2012 Open to Public Inspection

KIDS NEED TO READ

Employer identification number 26-2755631

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

CHILDREN.

FORM 990, PART V, LINE 3B: NO FILING REQUIRED. THE ORGANIZATION HAS NO

UNRELATED BUSINESS INCOME.

FORM 990, PART VI, SECTION A, LINE 2: ROBERT GARY, THE CREATIVE DIRECTOR

IS DENISE GARY'S SON.

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 WITH 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 XI, LINE 9, CHANGES IN NET ASSETS:

RECORD LONG-TERM UNCONDITIONAL PLEDGE, NET OF DISCOUNT OF

<u>\$73,413</u>

RECORD AMORT OF DISCOUNT RELATED TO 1ST PAYMENT ON LT

UNCONDITIONAL PLEDGE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 01-04-13 <u>10,681.</u>

426,587.

Schedule O (Form 990 or 990-EZ) (2012)

Schedule O (Form 990 or 990 EZ) (2012) Name of the organization KIDS NEED TO READ	Page 2 Employer identification number 26 – 2755631
RECLASS NET ASSETS RELEASED FROM TIME RESTRICTIONS	-50,000.
RECORD UNCONDITIONAL PROMISES TO GIVE	4,530.
ADJUST FAIR VALUE OF CONTRIBUTED BOOKS INVENTORY	-632.
TOTAL TO FORM 990, PART XI, LINE 9	391,166.
232212 01-04-13	Schedule O (Form 990 or 990-EZ) (2012)
34 061111 797571 1362 2012.04040 KIDS NEED TO R	