### EXTENSION GRANTED TO NOVEMBER 17, 2014

## **Return of Organization Exempt From Income Tax**

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For the	2013 calendar year, or tax year beginning APR 1, 2013 and en	nding <u>M</u>	<u>IAR 31, 2014</u>			
В	Check if applicable	C Name of organization		D Employer identifi	cation number		
7	Addre	s KIDS NEED TO READ					
	Name chang	Data Dariana As		26-2	755631		
Ē	Initial		oom/suite	E Telephone numbe			
F	Termir	· · · · · · · · · · · · · · · · · · ·			<u>256-0115</u>		
F	ated Amend return			G Gross receipts \$	244,662.		
F	Applic			H(a) Is this a group re			
٠	pendir				? Yes X No		
		SAME AS ORGANIZATION		H(b) Are all subordinates in			
$\overline{}$	Tax-exe	empt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or	527	1	list. (see instructions)		
		e: WWW.KIDSNEEDTOREAD.ORG	<u> </u>	H(c) Group exemptio			
		organization; X Corporation	I Year o		State of legal domicile: AZ		
	art I	Summary	1 - 1 - 1		Totalo di logal dominino, 2222		
_	T.	Briefly describe the organization's mission or most significant activities: PROVII	DING	BOOKS TO C	HILDREN AND		
Governance	'	ORGANIZATIONS THAT SERVE CHILDREN, ESPECIA					
'n	2	Check this box  if the organization discontinued its operations or disposed					
Ş.	3			3	7		
õ	4	Number of independent voting members of the governing body (Part VI, line 1b)			7		
δ.		Total number of individuals employed in calendar year 2013 (Part V, line 2a)			3		
įţį	,	Total number of volunteers (estimate if necessary)			40		
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
⋖	1	Net unrelated business taxable income from Form 990-T, line 34			0.		
				Prior Year	Current Year		
Ð	8	Contributions and grants (Part VIII, line 1h)		270,763.	244,653.		
Ĭ	9	Program service revenue (Part VIII, line 2g)	1	0.	0.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		19.	9.		
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.		
	T .	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		270,782.	244,662		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		203,818.	158,922.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		88,273.	74,044.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
×	b d	Total fundraising expenses (Part IX, column (D), line 25)   33,647	<u>7.                                      </u>				
ΔÛ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		75,765.	107,146.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		367,856.	340,112.		
	19	Revenue less expenses. Subtract line 18 from line 12		<97,074.	<95,450.>		
Net Assets or Frind Balances	3		Beg	ginning of Current Year	End of Year		
Set	20	Total assets (Part X, line 16)		645,255.	546,428.		
A Pu	21	Total liabilities (Part X, line 26)		20,384.	17,007.		
		Net assets or fund balances. Subtract line 21 from line 20		624,871.	529,421.		
	art II	Signature Block					
	-	Ities of perjury, I declare that I have examined this return, including accompanying schedules a			y knowledge and belief, it is		
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	h preparer	has any knowledge.			
		Signa WORKSTATE PURPOSES ONLY		Date			
Sig				Date			
He	re	DENISE GARY, PRESIDENT Type or print name and title		·			
				Date / / Check	PTIN		
n		Print/Type preparer's name Preparer's annatura	ا	/ / it -	<b>一</b> ∣		
Pai	1	DENNIS M. HARE		self-employe			
	parer	Firm's name LOHMAN COMPANY, PLLC		Firm's EIN	86-0985325		
use	Only	Firm's address 1630 S. STAPLEY DR., SUITE 108		Dh	0 2EE 1100		
		MESA, AZ 85204		Phone no.48	0-355-1100		
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No		

Form	1990 (2013) KIDS NEED TO	READ	26-2755631	Page 2
Pa	rt III Statement of Program Service Ac	complishments		
	Check if Schedule O contains a response or	note to any line in this Part III		
1	Briefly describe the organization's mission:			
	KIDS NEED TO READ WORKS TO	O CREATE A CULTURE OF READING	FOR CHILDREN	BY
	PROVIDING INSPIRING BOOKS	TO UNDERFUNDED SCHOOLS, LIB	RARIES, AND	
		THE UNITED STATES, ESPECIALLY		<del></del>
	DISADVANTAGED CHILDREN.			
2		gram services during the year which were not listed on		
_		, , , , , , , , , , , , , , , , , , , ,	Ves	X No
	If "Yes," describe these new services on Schedule			110
3		gnificant changes in how it conducts, any program service	os? Vos	X No
•	If "Yes," describe these changes on Schedule O.	grillount changes in now it conducts, any program service	-3: L1e5 [	_ZZ_] 140
4		nplishments for each of its three largest program services	as massured by expenses	
-		equired to report the amount of grants and allocations to	• •	n.d
	revenue, if any, for each program service reported.	equired to report the amount of grants and allocations to t	others, the total expenses, al	riu
40		26. including grants of \$ 158, 922. ) (Re	evenue \$ 244,6	E 2 \
4a		O DISADVANTAGED CHILDREN THRO		
		TERACY PROGRAMS. THE PROGRAM		
	AND GRADUATION RATES AMON		SOFFORIS LITER	CACI
	AND GRADUATION RATES AMON	G OUR NATION S TOUTH.	· · · · · · · · · · · · · · · · · · ·	
			<del></del>	
			<del></del>	
				· · · · · · · · · · · · · · · · · · ·
4b	(Code:) (Expenses \$	including grants of \$ ) (Re	evenue \$	)
		······································		
			<del></del>	
4c	(Code:) (Expenses \$	including grants of \$) (Re	evenue \$	)
			<del></del>	
4d	Other program services (Describe in Schedule O.)		<del></del>	
	(Expenses \$ including gra			
<u>4e</u>	Total program service expenses ▶	245,526.		
			Form <b>99</b>	<b>0</b> (2013)

# Form 990 (2013) 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_	<u> </u>	
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_		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		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			77
_	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	1		ļ
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			х
40	If "Yes," complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		
10	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	10		
11	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	
ь	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		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	<u>-</u>	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	İ		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	İ		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	Į		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	44.		v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45		v
46	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		X
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	-10		-21
17	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			
.0	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		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			000	(0010)

### Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	į		
	government 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 or other assistance to individuals in the United States on Part IX,			1
	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			ŀ
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		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	25a		Х
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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	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):			
а	A current or former officer, director, trustee, or key employee? If "Yes, " complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	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	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		х
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		Х
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		Х
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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		 
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2013)

1

Pai	Check if Schedule O contains a response or note to any line in this Part V				$\mathbf{x}$
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	ta (	)	103	110
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b (	)		
С	State to the control of the control	portable gaming			
	(gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
		2a 3	3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
За	5.4.4.000		3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule C		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	•	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 A	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		5b		X
С	1		5c		
6a					
	any contributions that were not tax deductible as charitable contributions?	_	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution				
	were not tax deductible?		6b		1
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	vices provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		L
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	is required			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		X
9	If the organization received a contribution of qualified intellectual property, did the organization file For	rm 8899 as required?	<b>7</b> g		L
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did	the supporting			ĺ
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at a	iny time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?	***************************************	9a		<b>——</b>
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9 <u>b</u>		<b></b> -
10	Section 501(c)(7) organizations. Enter:	ſ			
а		10a			
b		10b			1
11	Section 501(c)(12) organizations. Enter:	1			
а		11a			l
b	Gross income from other sources (Do not net amounts due or paid to other sources against			ļ	ĺ
	/	11b	١ ا		Į
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1		12a		
	5 7	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?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				1
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
		13b	-		1
		13c	-		27
			14a	i	X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b	990	10045

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

	to line da, db, or 10b below, describe the circumstances, processes, or changes in ochequie of see instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management		<b></b>	
			Yes	No
ta	Enter the number of voting members of the governing body at the end of the tax year 1a 5	4		
	If there are material differences in voting rights among members of the governing body, or if the governing			ľ
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b		4	i	
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	ļ
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4_		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a				
_	more members of the governing body?	7 <u>a</u>		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	0 0 7	8a	X	
b	, , , , , , , , , , , , , , , , , , , ,	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			**
<u></u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	i	X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
4.0	Distance and allow he about the stance in such as a second of the stance		Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40.	~	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-	х	
40	in Schedule O how this was done	12c	Δ	х
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		
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?			
_	The organization's CEO, Executive Director, or top management official	150		X
a b		15a 15b		X
S	Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
, oa	taxable entity during the year?	16a		X
b		100		
~	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	100		
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) and 990-T (Section 501(c)(3)s only) are	availab	le	
.5	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, an	d finar	ncial	
ıJ	statements available to the public during the tax year.	u miai	viai	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion: 🕨	•	
20	THE COMPANY - 480-256-0115	.1011.		
	2450 WEST BROADWAY ROAD, STE 110, MESA, AZ 85202			
	2430 WEST BROADWAI ROAD, STE IIU, MESA, AZ 03202	Form	990	(2012)

00/21110 707571 1260

## KIDS NEED TO READ

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization	on nor any related	orga	niza	ation	CO	mpei	nsat	ed any current officer, of	director, or trustee.	
(A)				_ ((	C)			(D)	(E)	(F)
Name and Title	Average	(do	Position do not check more than one ox, unless person is both an officer and a director/trustee)				one	Reportable	Reportable	Estimated
	hours per	box				is bot	h an	compensation	compensation	amount of
	week	_			recu	or/trustee)		from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	0 t d	8			safed		organization	(W-2/1099-MISC)	from the
	related organizations	nstee	trust		, s	ubeu		(W-2/1099-MISC)		organization and related
	below	teat	tiona		lg o	yee	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) TYSON BREINHOLT	2.00		_							
CHAIRMAN		X		X				0.	0.	0.
(2) DIANE ELHARD	1.00									
DIRECTOR		X						0.	0.	0.
(3) DEBORAH WELLS O'NEILL	1.00			ĺ		'				
CHIEF FINANCIAL OFFICER		X		X				0.	0.	0.
(4) KAAVONIA HINTON-JOHNSON	1.00									
DIRECTOR		X	ļ		ļ			0.	0.	0.
(5) KRISTEN M. KLEIN	1.00		]							
SECRETARY		X	L	X				0.	0.	0.
(6) DENISE GARY	51.00									_
PRESIDENT		X	L	X	L			34,333.	0.	0.
(7) MARLINDA WHITE-KAULAITY	1.00			ŀ	1				_	_
DIRECTOR		X		L.				0.	0.	0.
(8) TERI S. LESESNE	1.00									
DIRECTOR		X	├—		-	<del> </del>	-	0.	0.	0.
		ł								i
		-	├─			+	_			<u> </u>
		1								
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		1			!					
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		[		ĺ					,	
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		<u> </u>	<u> </u>		ļ		l			
		<u> </u>	L							

Form 990 (2013)

Par	t VII Section A. Officers, Directors, Tre	ustees, Key Em	ploy	ees	, an	<u>d Hi</u>	ghe	st C	compensated Employe	es (continued)				
	(A)	(B)			(6	C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos		) than	one	Reportable	Reportable	J	Est	imate	d
		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensatio	n	amo	ount c	of
		week	<del></del>	Cer ai	lu a u	recto	or/trustee)		from	from related			ther	
		(list any hours for	lirectc						the	organization:		comp		
		related	0.0	tee	İ		sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	( (د		m the nizatio	
		organizations	Individual trustee or director	Institutional trustee		99	Highest compensated employee		(** 27 1033-141100)			_	relate	
		below	dual	ution	_	l od u	stco	 					nizatio	
		line)	Indivi	Instit	Officer	Key employee	E E	Former	-			3		
						_					$\neg$			
					!									
			_										<del></del> .	
			-	$\vdash$	-	-								
		+	_								$\overline{}$			
			_	<del> </del> -		-	-							
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		<del></del>			-	<del> </del>			-		+			
				_		-	-		<u> </u>					
				<u> </u>			1				1			
	•										j			
									ļ					
					Ĺ									
1b	Sub-total							<b>&gt;</b>	34,333.		0.			0.
С	Total from continuation sheets to Part	VII, Section A			<b>.</b> .			<b>&gt;</b>	0.		0.			0.
d	Total (add lines 1b and 1c)	<u></u>	<u></u>				<u>,</u>	<u> </u>	34,333.		0.			0.
2	Total number of individuals (including but	not limited to th	ose	liste	d at	oove	e) wh	o re	eceived more than \$100	,000 of reportable	е			
	compensation from the organization													0
											_		/es	No
3	Did the organization list any former office	er, director, or tru	stee	e, ke	y en	nplo	yee,	or I	highest compensated e	mployee on			1	
	line 1a? If "Yes," complete Schedule J for	such individual									L	3		X
4	For any individual listed on line 1a, is the	sum of reportabl												
	and related organizations greater than \$1									_		4		X
5	Did any person listed on line 1a receive o									dual for services	, <u>[</u>			
	rendered to the organization? If "Yes," co					_						5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest of	compensated inc	lepe	ende	nt c	ontr	acto	rs ti	hat received more than	\$100,000 of com	pensa	ition fro	m	
	the organization. Report compensation for													
	(A)								(B)			(C)		
	Name and busines	ss address	NO	ONE	2				Description of s	ervices	Co	ompens	sation	
								T						
								$\neg$						
								-		l				
								$\top$						
		<del></del>						$\dashv$						
								-						
								7						
								- 1						
	Total number of independent contractors	(including but a	ot lie	mito	d to	the	ما م	L	ahove) who received a	ore than				
2			UL III	i iii Ci		110	ડહ !!દ <b>ો</b>	, cu	above, will received if	oro triali				
	\$100,000 of compensation from the orga	I IIZALIOI I							<u> </u>	L	<u> </u>	orm <b>9</b>	<u> </u>	012)
												OIIII 3	JU (20	U 13)

		Check if Schedule O conta		or note to any lin	e in this Part VIII			
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a			2.5		
ar our	b	Membership dues	1b		AMAR .	1920     10.11		* - *
S, G	С	Fundraising events	1c	36,323.				
ar	d	Related organizations	1d					
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contribution	ons) <b>1e</b>					
	f	All other contributions, gifts, grants	s, and					
		similar amounts not included above	e 1f	208,330.		i e		
d Offi	g	Noncash contributions included in lines 1	a-1f: \$	137,628.				
Co	h	Total. Add lines 1a-1f		,	244,653.		_	
				<b>Business Code</b>		:		
9	2 a							
e Ķ	b							
Se	c							
eve	d	l						
Program Service Revenue	е	·						
Ą.	f	All other program service reven	ue					
	g	Total. Add lines 2a-2f						
	3	Investment income (including o						
		other similar amounts)		<b>&gt;</b>	9 <b>.</b>			9.
	4	Income from investment of tax-		-				
	5	Royalties		<b>&gt;</b>				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		<b>&gt;</b>				<del> </del>
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						}
		: Gain or (loss)						
		Net gain or (loss)						
ē	8 a	Gross income from fundraising						
en /en		including \$ 36,32						
Re		contributions reported on line 1	-					
Other Revenue		Part IV, line 18				1		
₫		Less: direct expenses			0.			
		Net income or (loss) from fundr		<b>&gt;</b>				
	9 a	Gross income from gaming act						
		Part IV, line 19						
		Less: direct expenses				j		
1		Gross sales of inventory, less re	_			-	·	<del> </del>
	10 a	and allowances						
	h	Less: cost of goods sold		i I				
		: Net income or (loss) from sales						
		Miscellaneous Revenue		Business Code	<del> </del>	lay)	- <del>-</del> :	<u> </u>
	11 2	Miscellarieous Fieveride						
	b							
i	6				<del></del>		-	
	d	All other revenue						
		Total. Add lines 11a-11d				<u></u>		
	12	Total revenue. See instructions.			244,662.	0.	0,	9.

# Form 990 (2013) KIDS NEED TO READ Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	158,922.	158,922.		<u> </u>
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the		İ		
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	60 555	40.440	00 650	
	trustees, and key employees	68,555.	43,143.	22,658.	2,754
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	E 400	2 400	1 704	210
10	Payroll taxes	5,489.	3,486.	1,784.	219.
11	Fees for services (non-employees):				
a					
b		29,627.		29,627.	
C		49,041.		29,021.	
d	, , , , , , , , , , , , , , , , , , , ,				
e	, –				
f	Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch O.)	44,800.	22,400.		22,400.
12	Advertising and promotion				
13	Office expenses				· · · — · · · · · · · · · · · · · · · ·
14	Information technology				
15	Royalties				·
16	Occupancy	12,838.	10,399.	1,284.	1,155.
17	Travel	98.	98.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	417.		417.	
23	Insurance	1,517.		1,517.	
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	CDDCTAT TITUEC	5,498.			5,498.
b	MISCELLANEOUS EXPENSE	3,305.	630.	1,245.	1,430.
С	SHIPPING EXPENSE	3,043.	3,001.	42.	
d	MATERIALS & SUPPLIES	1,951.	1,580.	195.	176.
е	All other expenses	4,052.	1,867.	2,170.	15.
25	Total functional expenses. Add lines 1 through 24e	340,112.	245,526.	60,939.	33,647.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined		j		
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)		<u> </u>		Form <b>990</b> (2013)

NO/21110 707571 1260

an	t X	Balance Sheet		· · · · · · · · · · · · · · · · · · ·					
		Check if Schedule O contains a response or no	te to an	line in this Part X					
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year		
	1	Cash - non-interest-bearing			771.	1	12,837		
	2	Savings and temporary cash investments				2			
	3	Pledges and grants receivable, net			390,821.	3	315,769		
-	4	Accounts receivable, net			4				
	5	Loans and other receivables from current and f		T'					
- }		trustees, key employees, and highest compens	ated en	oloyees. Complete					
		Part II of Schedule L		1		5			
	6	Loans and other receivables from other disqual							
	-	section 4958(f)(1)), persons described in section		` [					
		employers and sponsoring organizations of sec							
,		employees' beneficiary organizations (see instr)		6					
	7	Notes and loans receivable, net				7	<u> </u>		
!	8	Inventories for sale or use		251,942.	8	214,514			
	9	Prepaid expenses and deferred charges		L L	1,196.	9	3,200		
		Land, buildings, and equipment: cost or other	1						
	104	basis. Complete Part VI of Schedule D	10a	2,199.		·			
	h	Less: accumulated depreciation		2,091.	525.	10c	_ 108		
Ì	11	Investments - publicly traded securities				11			
	12	Investments - other securities. See Part IV, line		12	· · · · · · · · · · · · · · · · · · ·				
ļ	13	Investments - program-related. See Part IV, line		13	<del></del>				
- 1	14		Intangible assets						
	15	Other assets. See Part IV, line 11		<del></del>	14 15	· · · · · · · · · · · · · · · · · · ·			
	16	Total assets. Add lines 1 through 15 (must equ	645,255.	16	546,428				
$\top$	17	Accounts payable and accrued expenses			10,767.	17	15,611		
	18	Grants payable				18			
- 1	19	Deferred revenue		19	-				
- 1	20	Tax-exempt bond liabilities				20			
- 1	21	Escrow or custodial account liability. Complete			<del></del>	21	·		
ļ	22	Loans and other payables to current and forme			·····				
		key employees, highest compensated employe							
						22			
	23	Secured mortgages and notes payable to unrel				23			
	24	Unsecured notes and loans payable to unrelate				24			
	25	Other liabilities (including federal income tax, pa							
		parties, and other liabilities not included on line							
		Schedule D		•	9,617.	25	1,396		
	26	Total liabilities. Add lines 17 through 25			20,384.	26	17,007		
		Organizations that follow SFAS 117 (ASC 95							
,		complete lines 27 through 29, and lines 33 at							
	27	Unrestricted net assets				27			
	28	Temporarily restricted net assets				28			
1	29					29			
;		Organizations that do not follow SFAS 117 (A	ASC 958	, check here ▶X	·				
;		and complete lines 30 through 34.							
:	30	Capital stock or trust principal, or current funds	3		0.	30	0		
	31	Paid-in or capital surplus, or land, building, or e			0.	31	0		
[ ]	32	Retained earnings, endowment, accumulated in			624,871.	32	529,421		
:	33	Total net assets or fund balances			624,871.	33	529,421		
-									

Form **990** (2013)

Form	990 (2013) KIDS NEED TO READ	26-2755	631	Pa	ge <b>12</b>
Pai	rt XI Reconciliation of Net Assets	-			
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	·····	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	244	1,6	62.
2	Total expenses (must equal Part IX, column (A), line 25)	2	340	),1	12.
3	Revenue less expenses. Subtract line 2 from line 1	3	<95	5,4	<u>50.</u> :
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	624	l , 8	<u>71.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	529	, 4	<u>21.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	<u> </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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				1
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			1
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		Ш

332012 10-29-13 Form **990** (2013)

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** KIDS\_NEED\_TO\_READ 26-2755631 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4), An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a \_\_\_ Type I **b** \_\_\_\_ Type II c \_\_\_\_ Type III - Functionally integrated d \_\_\_\_ Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below. No the governing body of the supported organization? 11g(i) (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? Provide the following information about the supported organization(s). h (iv) Is the organization (v) Did you notify the (vi) Is the organization in col. (vii) Amount of monetary (iii) Type of organization (i) Name of supported (ii) EIN in col. (i) listed in your organization in col. (described on lines 1-9 (i) organized in the U.S.? organization support governing document? (i) of your support? above or IRC section (see instructions)) Yes Yes No Yes

332021 09-25-13 Schedule A (Form 990 or 990-EZ) 2013

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

# (Form 990 or 990-EZ) 2013 KIDS NEED TO READ 26-2755631 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						<u> </u>
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)		-		-		
	Public support. Subtract line 5 from line 4.		<u>l</u>	L	J	<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4	(a) 2003	(8) 2010	(0) 2011	(u) 2012	(e) 2013	(I) Total
8	Gross income from interest,					<del> </del>	
Ū	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business					1	
-	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.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruct	ions)			12	
13	First five years. If the Form 990 is for	the organization'	's first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	
	organization, check this box and stor						<u> </u>
	ction C. Computation of Publ				<del></del>		
	Public support percentage for 2013 (I		•			14	%
15	Public support percentage from 2012 33 1/3% support test - 2013. If the control o					15	<u>%</u>
162	•••	•					
	stop here. The organization qualifies 33 1/3% support test - 2012. If the o						
L	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
176	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
h	10% -facts-and-circumstances tes	-	•		-		
•	more, and if the organization meets the						
	organization meets the "facts-and-circ				-		
18	Private foundation. If the organization		-	•	•		
						edule A (Form 990	
						-	*

# Schedule A (Form 990 or 990-EZ) 2013 KIDS NEED TO READ 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 b	elow, please comp	olete Part II.)		·		
Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	236,649.	141,504.	310,118.	227,267.	208,330.	1,123,868,
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or 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	026 640	141 504	210 110	005 005	200 220	
	Total. Add lines 1 through 5	236,649.	141,504.	310,118.	227,267.	208,330.	1,123,868,
78	Amounts included on lines 1, 2, and					44 000	44 000
ı	3 received from disqualified persons					44,800.	44,800.
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0
	amount on line 13 for the year  Add lines 7a and 7b					44,800.	<u>0.</u> 44,800.
	Public support (Subtract line 7c from line 6.)					<del>44</del> ,000.	1 079 068.
	ction B. Total Support					<del></del>	1,079,008.
-	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6	236,649.		310,118.	227,267.	208,330.	1,123,868.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						1,123,000,
k	Unrelated business taxable income					·	
	(less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	8,781.	11,346.	6,985.	43,515.	36,332.	106,959.
	Total support. (Add lines 9, 10c, 11, and 12.)	245,430.	152,850.	317,103.		244,662.	1,230,827,
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiza	ation,
_	check this box and stop here				·····		<b>.</b>
	ction C. Computation of Publ						_ <del></del>
	Public support percentage for 2013 (		•	olumn (f))	•	15	87.67 %
	Public support percentage from 2012					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20					17	.00 %
	Investment income percentage from					18	<u>%</u>
	a 33 1/3% support tests - 2013. If the more than 33 1/3%, check this box a b 33 1/3% support tests - 2012. If the	nd <b>stop here.</b> The organization did n	organization quali ot check a box on	ifies as a publicly s line 14 or line 19a	supported organiza , and line 16 is mo	ation re than 33 1/3%, a	ınd ►X
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	on did not check a '	box on line 14, 19a	a, or 19b, check th	nis box and see ins	tructions	

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Schedule A (Form 990 or 990-EZ) 2013

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

#### **SCHEDULE D**

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

Pa	rt I Organizations Maintaining Donor Advised Funds or Other Sin	nilar Funds or A	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		
	(a) Donor advised fu	unds	(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 fur	nds
	are the organization's property, subject to the organization's exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant	funds can be used	only
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any of	other purpose confe	erring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" t	o Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).		
	Preservation of land for public use (e.g., recreation or education)	ation of an historica	ally important land area
	Protection of natural habitat Preserv	ation of a certified h	nistoric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution	on in the form of a c	onservation 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	The state of the s		2b
С	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 l	historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, extinguished, or terr		nization during the tax
	year ▶		
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		_
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation ease	ements during the ye	ear <b>▶</b> \$
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue		
	include, if applicable, the text of the footnote to the organization's financial statements the		
	conservation easements.		
Pa	rt III Organizations Maintaining Collections of Art, Historical Treas	sures, 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 r	evenue statement a	and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education, or resear	rch in furtherance of	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 rever	nue statement and l	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furt	herance of public se	ervice, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		<b>.</b> .
2	If the organization received or held works of art, historical treasures, or other similar asse		, provide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to the		
а	Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$

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

Schedule D (Form 990) 2013

1

Sche	dule D (Form 990) 2013 KIDS NE	ED TO REAL	)			26-27	<u>5563</u>	1 F	age 2				
Pa	rt III   Organizations Maintaining C	Collections of A	rt, Historical T	reasures, or	Other Simil	ar Asse	<b>ts</b> (conti	inued)					
3	Using the organization's acquisition, accessi	on, and other recor	ds, check any of the	e following that a	re a significant	use of its	collectio	n iten	าร				
	(check all that apply):												
а	Public exhibition			change program									
b													
С	•												
4	Provide a description of the organization's co	ollections and expla	in how they further	the organization	's exempt purpe	ose in Par	t XIII.						
5	During the year, did the organization solicit of						_		_				
	to be sold to raise funds rather than to be ma						Yes		No				
Pai	t IV Escrow and Custodial Arran		lete if the organizati	on answered "Ye	es" to Form 990	), Part IV, I	ine 9, or						
	reported an amount on Form 990, Pa												
1a	Is the organization an agent, trustee, custod		-				_		_				
	on Form 990, Part X?						」Yes		」No				
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing table:		<del></del>								
						••	Amoun	t					
	Beginning balance												
	Additions during the year				1 [		·						
е	Distributions during the year				1 1								
f	Ending balance						<del></del>		_				
	Did the organization include an amount on F					🖵	Yes	<u> </u>	No				
	If "Yes," explain the arrangement in Part XIII.												
Pai	T V Endowment Funds. Complete i		T										
		(a) Current year	(b) Prior year	(c) Two years b	ack (d) Three y	ears back	(e) Fou	r years	Dack				
1a	Beginning of year balance												
b	Contributions		<del></del>	<del> </del>									
С	Net investment earnings, gains, and losses												
	• • • • • • • • • • • • • • • • • • • •	<del></del> _	<del> </del>	<del> </del>									
е	Other expenditures for facilities												
	and programs			<del> </del>									
f	Administrative expenses												
g	End of year balance	<u></u>											
2	Provide the estimated percentage of the curr			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 sh	•											
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are held a	and administered	for the organiz	zation	1						
	by:							Yes	No				
	(i) unrelated organizations						3a(i)						
	(ii) related organizations												
	If "Yes" to 3a(ii), are the related organizations						3b						
Par	t VI Land, Buildings, and Equipm		owinent funds.		<del></del>								
rai			Dart IV line 11a 9	See Form 900 P	art Y line 10								
	Complete if the organization answere Description of property	(a) Cost or o		t or other	(c) Accumulate	2d	(d) Boo	k valu					
	bescription of property	basis (invest	1 ,	(other)	depreciation		(0) 000	n valu	•				
12	Land		,	` '									
	Buildings												
	Leasehold improvements												
	Equipment			2,199.	2,0	91.		1	08.				
	Other			-,,-	2,0				<del></del>				
	Add lines 1a through 1e (Column (d) must e		t X column (R) line	10(c))			<del></del>	1	08.				

Schedule D (Form 990) 2013

**NR/21110 707571 1260** 

(a) Description of equirity or extensive	(b) Book value	e 11b. See Form 990, Part X, line	12. Ost or end-of-year market value
(a) Description of security or category (including name of security)	(b) book value	(c) Method of Valuation: C	ost or end-or-year market value
Financial derivatives			····
Closely-held equity interests			
Other			
(A)			
(B)		<del></del>	
(C) (D)			<del></del>
(E)			
(F)			
(G)			
(H)	<del></del>		······
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.	<u></u>		·,
Complete if the organization answered "Yes" to	o Form 990, Part IV, line	e 11c. See Form 990, Part X. line	13.
(a) Description of investment	(b) Book value		ost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" to		e 11d. See Form 990, Part X, line	
<del></del>	escription		(b) Book value
(1)			
(2)			
(3)			
(3)			· <del></del>
(4)			
(4) (5)			
(4) (5) (6)			
(4) (5) (6) (7)			
(4) (5) (6) (7) (8)			
(4) (5) (6) (7) (8) (9)	15.)		
(4) (5) (6) (7) (8) (9)  otal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
(4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.		e 11e or 11f. See Form 990. Part	X. line 25.
(4) (5) (6) (7) (8) (9)  vtal. (Column (b) must equal Form 990, Part X, col. (B) line		e 11e or 11f. See Form 990, Part (b) Book value	X, line 25.
(4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability			X, line 25.
(4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to			
(4) (5) (6) (7) (8) (9) Mal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" to (a) Description of liability  (1) Federal income taxes (2) PAYROLL TAX LIABILITY		(b) Book value	
(4) (5) (6) (7) (8) (9) Intal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes		(b) Book value	X, line 25.
(4) (5) (6) (7) (8) (9)  Mal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2) PAYROLL TAX LIABILITY (3)		(b) Book value	X, line 25.
(4) (5) (6) (7) (8) (9)  Matal. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" to  (a) Description of liability  (1) Federal income taxes (2) PAYROLL TAX LIABILITY (3) (4) (5)		(b) Book value	
(4) (5) (6) (7) (8) (9)  Mal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2) PAYROLL TAX LIABILITY (3) (4)		(b) Book value	
(4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" to (a) Description of liability  (1) Federal income taxes (2) PAYROLL TAX LIABILITY (3) (4) (5) (6)		(b) Book value	
(4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2) PAYROLL TAX LIABILITY (3) (4) (5) (6)		(b) Book value	X, line 25.

332053 09-25-13

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2013

	ule D (Form 990) 2013 KIDS NEED TO READ	<del></del>	26-2755631 Page 4
Part	• • • • • • • • • • • • • • • • • • •		nue per Return.
	Complete if the organization answered "Yes" to Form 990, Part IV, line		
	Total revenue, gains, and other support per audited financial statements		
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	
	Net unrealized gains on investments		
	Donated services and use of facilities	I I	
	Recoveries of prior year grants		「特別
	Other (Describe in Part XIII.)		
	Add lines 2a through 2d		
	Subtract line 2e from line 1	• • • • • • • • • • • • • • • • • • • •	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	
	nvestment expenses not included on Form 990, Part VIII, line 7b		<del></del>
	Other (Describe in Part XIII.)	4b	
-	Add lines 4a and 4b		
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Раπ	Reconciliation of Expenses per Audited Financial Sta	-	enses per Heturn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line		
	Total expenses and losses per audited financial statements		1
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1	
	Donated services and use of facilities	l l	
	Prior year adjustments		
_	Other losses		
	Other (Describe in Part XIII.)		
	Add lines 2a through 2d		
	Subtract line 2e from line 1		3
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
	nvestment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIII.)	4b	
_	Add lines 4a and 4b		
	otal expenses. Add lines 3 and 4c, (This must equal Form 990, Part I, line 18.	<u>)                                    </u>	5
	XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	<del></del>	
ines 20	d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	, additional information.	
	·		

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990. Inspection

OMB No. 1545-0047

Open To Public Inspection

Name of the organization					1	Employer ide	ntification number
KIDS NEI	ED TO READ					26-2755	631
Part I Fundraising Activities. required to complete this part.	Complete if the organization answ	vered "\	es" to	Form 990, Part IV, I	ine 17	'. Form 990-EZ	filers are not
1 Indicate whether the organization raise	ed funds through any of the follow	ing acti	vities.	Check all that apply		-	
a Mail solicitations	e Solicita	ation of	non-g	overnment grants			
<b>b</b> Internet and email solicitations	f Solicita	ation of	gover	nment grants			
c Phone solicitations	g Specia	al fundra	aising	events			
d In-person solicitations							
2 a Did the organization have a written or	oral agreement with any individua	al (inclu	ding o	fficers, directors, trus	stees	or	
key employees listed in Form 990, Pa				·		L Yes	
<b>b</b> If "Yes," list the ten highest paid indiv		suant to	o agre	ements under which	the fu	ındraiser is to	be
compensated at least \$5,000 by the	organization.						
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) funda have co or con contrib	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	to (o	Amount paid r retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
						·	
		-					
							- · · · · · · · · · · · · · · · · · · ·
Total		<u> </u>					
List all states in which the organization or licensing.	n is registered or licensed to solicit		utions	s or has been notified	l it is e	exempt from re	egistration
or incertaing.							· · · - · · · · · · · · · · · · · · · ·
				<del> </del>			
		**					

332081 09-12-13 Schedule G (Form 990 or 990-EZ) 2013

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

Schedule G (Form 990 or 990-EZ) 2013 KIDS NEED TO READ	26-2755631 Page 3
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	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity operated in:	
a The organization's facility	
<b>b</b> An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco	
Name ▶	
Address >	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the am	ount
of gaming revenue retained by the third party > \$	Cant
c If "Yes," enter name and address of the third party:	
Name N	
Name	
Address	
16 Gaming manager information:	
Name ►	
Gaming manager compensation ▶ \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	in the
organization's own exempt activities during the tax year > \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and	Part III, lines 9, 9b, 10b, 15b,
15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instruc	tions).

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#### SCHEDULE I (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Employer identification number

KIDS NEED							26-2755631
Part I General Information on Grants a					- <u>-</u>		
1 Does the organization maintain records							
criteria used to award the grants or assi	stance?						X Yes No
2 Describe in Part IV the organization's pro							<del> </del>
Part II Grants and Other Assistance to		-			janization answered "	Yes" to Form 990, Part	IV, line 21, for any
recipient that received more than	T	1			(f) Method of	T	Ţ
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	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							READING RESOURCES
BETTER TO GIVE	1						PROVIDED TO UNDERFUNDED
122 W MORTEN AVE							LITERACY PROGRAMS TO
PHOENIX, AZ 85021	27-3204236	501(C)(3)	0.	8,424.	FMV	BOOKS	INCREASE READING
	,						READING RESOURCES
CHILDREN FIRST ACADEMY -							PROVIDED TO UNDERFUNDED
PHOENIX/TEMPE - 1648 S 16TH ST -							LITERACY PROGRAMS TO
PHOENIX AZ 85034	20-2744050	501(C)(3)	0.	15,225,	FMV	BOOKS	INCREASE READING
	}						READING RESOURCES
JB SUTTON ELEMENTARY SCHOOL							PROVIDED TO UNDERFUNDED
1001 N 31ST AVE							LITERACY PROGRAMS TO
PHOENIX AZ 85009	86-6000483	170(C)(1)	0.	5,434.	, FMV_	BOOKS	INCREASE READING
							READING RESOURCES
COMMUNITY ADVOCATING FOR							PROVIDED TO UNDERFUNDED
PROSPERITY AND OPPORTUNITY - 6307							LITERACY PROGRAMS TO
SEAFORD RD - ARLINGTON, TX 76001	90-0377990	501(C)(3)	0.	29,225,	FMV	BOOKS	INCREASE READING
	1						READING RESOURCES
TARGETING OUR PEOPLE'S PRIORITIES							PROVIDED TO UNDERFUNDED
WITH SERVICE - 1000 TOWNSEND DR -							LITERACY PROGRAMS TO
PINE BLUFF, AR 71601	74-3041819	501(C)(3)	0.	12,417,	FMV	BOOKS	INCREASE READING
	ì						READING RESOURCES
CHEROKEE RIDGE ELEMENTARY SCHOOL							PROVIDED TO UNDERFUNDED
2423 JOHNSON RD							LITERACY PROGRAMS TO
CHICAMAUGA, GA 30707	58-6000338		0,	7,343,	FMV	BOOKS	INCREASE READING
2 Enter total number of section 501(c)(3) a	and government o	rganizations listed in t	he line 1 table				<b>&gt;</b>
3 Enter total number of other organization	s <u>listed in the line</u>	1 table		······			<u></u>

(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
HE ACADEMY SCHOOLS							READING RESOURCES PROVIDED TO UNDERFUNDED
00 AGNEW RD							LITERACY PROGRAMS TO
ITTSBURGH, PA 15227	25-1413040	501(C)(3)	0.	6,785.	FMV	BOOKS	INCREASE READING
EAR RIVER HEAD START							READING RESOURCES PROVIDED TO UNDERFUNDED
5 W 100 S							LITERACY PROGRAMS TO
OGAN, UT 84321	87-0272159	501(C)(3)	0,	5,605,	FMV	BOOKS	INCREASE READING
		!					
				1			1

Part III	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					
-											
			i								
Part IV	Supplemental Information. Provide the information	required in Part I, lir	ne 2, Part III, colum	n (b), and any other a	dditional information.						
PART	II, LINE 1, COLUMN (H):	- <u>-</u>	- <del>-</del>								
NAME	OF ORGANIZATION OR GOVERNMEN	NT: BETTER	TO GIVE								
<u>(H)</u> E	URPOSE OF GRANT OR ASSISTAN	CE: READIN	G RESOURC	ES PROVIDED	TO						
UNDEF	FUNDED LITERACY PROGRAMS TO	INCREASE	READING P	ROFICIENCY	LEVELS						
AMONO	DISADVANTAGED CHILDREN.										
NAME	OF ORGANIZATION OR GOVERNMEN	NT:									
CHILI	REN FIRST ACADEMY - PHOENIX	/TEMPE									
	PURPOSE OF GRANT OR ASSISTANCE		G RESOURC	ES PROVIDED	TO						
					<del></del>						

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Schedule I (Form 990) KIDS NEED TO READ	<u> 26-2755631</u>	Page 2
Part IV   Supplemental Information		
AMONG DISADVANTAGED CHILDREN.		
		· · · · · · · · · · · · · · · · · · ·
NAME OF ORGANIZATION OR GOVERNMENT: BEAR RIVER HEAD START		
MANS OF ORGANIZATION OR GOVERNMENT. DEAR RIVER MEAD START		
(H) PURPOSE OF GRANT OR ASSISTANCE: READING RESOURCES PROVID	DED TO	
UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING PROFICIENCE	~V T.D77DT.C	
ONDERFUNDED BITERACT FROGRAMS TO INCREASE READING FROFICIENT	CI DEAEDS	
AMONG DISADVANTAGED CHILDREN.		
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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 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

2013

Open to Public Inspection

Name of the organization

**Employer identification number** 

	KIDS NEED TO	READ					26-2755	631	
Pa	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash co amounts rep Form 990, Par	ntribution ported on		(d) od of determir contribution a		s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications	X		73	3,378.	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  Real estate · Residential								
15									
16	Real estate - Commercial	ļ <del>-</del> -							
17	Real estate - Other						<del>-</del>		
18	Collectibles								
19 20	Food inventory  Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts			<u> </u>					
25	Other (LEGAL & ACCOU)	X	0	6.4	,250.	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		l			
	for which the organization completed Form 82		• .		29				
	<b>G</b> .		•					Yes	No
30a	During the year, did the organization receive b	y contribution	on any property rep	orted in Part I,	lines 1 - 28, 1	hat it must ho	ld for		
	at least three years from the date of the initial	contribution	, and which is not	required to be υ	sed for exen	npt purposes f	or		
	the entire holding period?						30a		X
b	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-stan	dard contrib	utions?	31		X
	a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash								
	contributions?						32a		X
	If "Yes," describe in Part II.		£		l	l			
33	If the organization did not report an amount in describe in Part II.	column (c)	tor a type of proper	rty for which co	iumn (a) is cr	ieckea,			
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.		Sche	dule M (Form	990) (	(2013)

Schedule M	(Form 990) (2013)	KIDS N	EED TO	READ				<u> 26-2</u>	<u>755631</u>	Page 2
Part II	Supplemental is reporting in Part this part for any ac	I Information (b) Information (b) Information (b)	<b>on.</b> Provide , the number mation.	the informati of contributi	ion required l ions, the num	by Part I, line nber of items	s 30b, 32b, an received, or a	d 33, and whet combination of	her the organiz both. Also con	ation nplete
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### **SCHEDULE 0**

(Form 990 or 990-EZ)

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

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

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

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

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

1

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