			EXTENDED TO FEBRUARY 16, 2		OMP No. 1545.0047		
	QC	חג	Return of Organization Exempt From		OMB No. 1545-0047		
Forr							
Depa	rtment of I	the Treasury	Do not enter social security numbers on this form as it m		Open to Public		
	al Revenu		► Go to www.irs.gov/Form990 for instructions and the la lar year, or tax year beginning APR 1, 2019 and ending	MAR 31, 2020	Inspection		
		- r	lar year, or tax year beginning APR 1, 2019 and ending for and ending for a second second second second second s	D Employer identif			
	heck if pplicable;		i organization	D Employer Identin			
	Address change	KIDS	NEED TO READ				
	Name change		usiness as	26-27556	531		
	Initial Room/suite E Telephone number						
	Final return/ termin-		WEST BROADWAY ROAD; SUITE 110	480-256-			
·	ated Amende		own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	808,741.		
	return]Applica-		AZ 85202	H(a) Is this a group			
	tion pending	F Name a	nd address of principal officer: TYSON BREINHOLT	for subordinate			
			AS C ABOVE	H(b) Are all subordinates			
			X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or KIDSNEEDTOREAD.ORG		a list. (see instructions)		
				H(c) Group exemption	M State of legal domicile; AZ		
		Summary			W Otate of legal dominie. 212		
L			be the organization's mission or most significant activities: PROVIDIN	IG BOOKS TO CH	ITLDREN AND		
Activities & Governance			ATIONS THAT SERVE CHILDREN, ESPECIALI				
nar			x if the organization discontinued its operations or disposed of the organization discontinued its operations or disposed of the organization discontinued its operations or disposed of the operations of the operation discontinued its operations or disposed of the operations of				
ver					10		
ဗီ							
s S			of individuals employed in calendar year 2019 (Part V, line 2a)	······			
itie			of volunteers (estimate if necessary)				
ctiv			d business revenue from Part VIII, column (C), line 12				
٩			business taxable income from Form 990-T, line 39				
				Prior Year	Current Year		
ø	8 C	Contributions	and grants (Part VIII, line 1h)	1,859,272	. 807,604.		
Revenue	9 P	Program servi	ice revenue (Part VIII, line 2g)	0.	. 0.		
eve	10 Ir	nvestment in	come (Part VIII, column (A), lines 3, 4, and 7d)	1,263	. 1,137.		
£	11 C	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.			
	12 T	otal revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,860,535			
	13 🤆	Grants and si	milar amounts paid (Part IX, column (A), lines 1-3)	622,277			
	14 B	Benefits paid	to or for members (Part IX, column (A), line 4)	0.			
se	1		r compensation, employee benefits (Part IX, column (A), lines 5-10)	100,740	-		
Expenses	16a P	Professional f	undraising fees (Part IX, column (A), line 11e)	0.	• 0.		
ğ			ing expenses (Part IX, column (D), line 25) 28,252.		0.1		
ш	1		es (Part IX, column (A), lines 11a-11d, 11f-24e)	98,763			
		-	es. Add lines 13-17 (must equal Part IX, column (A), line 25)	821,780			
- 0		Revenue less	expenses. Subtract line 18 from line 12	1,038,755			
Net Assets or Fund Balances				Beginning of Current Year			
Ssei	20 T	•	Part X, line 16)	3,026,248			
et A ind I	21 T		s (Part X, line 26)	7,936			
and a second second			fund balances. Subtract line 21 from line 20	3,018,312	2,761,191.		
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Signatur		intermente and to the bast of	my knowledge and heliof it is		
			I declare that I have examined this return, including accompanying schedules and s Declaration of preparer (other than officer) is based on all information of which pre		my knowledge and belief, it is		
true,	, correct,	, and complete	. Declaration of preparer (other than oncer) is based on all information of which pre	parer has any knowledge.	· · · · · · · · · · · · · · · · · · ·		
		•		1			

Sign	Signature of officer	······································	Date					
Here	DENISE GARY, EXECUTIV	E DIRECTOR						
	Print/Type preparer's name	Preparer's signature Date	Check PTIN					
Paid	DENNIS M. HARE	Dm 10/29	30 self-employed P01241957					
Preparer	Firm's name <b>LOHMAN</b> COMPANY,	PLLC	Firm's EIN 86-0985325					
Use Only	Firm's address 1630 S. STAPLEY	DR., SUITE 108						
	MESA, AZ 85204		Phone no. 480 - 355 - 1100					
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)							
932001 01-2			Form <b>990</b> (2019)					

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form 8868	Application for Automatic Extension of Time To File an	
(Rev. January 2020)	Exempt Organization Return	OMB No. 1545-0
	Eile a constrate application for each return	

Department of the Treasury
Internal Revenue Service

File a separate application for each return. ► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instru	Taxpayer identification number (TIN)				
print	KIDS NEED TO READ	26-2755631				
File by the due date fo filing your return. See	the for Number, street, and room or suite no. If a P.O. box, see instructions.					
instructions	City, town or post office, state, and ZIP code. For a for MESA, AZ 85202	oreign add	lress, see instructions.			
Enter the	e Return Code for the return that this application is for (fil	e a separa	te application for each return)			01
Applicat	ion	Return	Application			Return
is For			Is For			Code
Form 990 or Form 990-EZ			Form 990-T (corporation)			07
Form 99	0-BL	02	Form 1041-A			08
Form 47	20 (individual)	03	Form 4720 (other than individual)			09
Form 990-PF			Form 5227			10
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	0-T (trust other than above) THE COMPANY	06	Form 8870			12
Telep If the If this box 1 Ire the 2 If t	nooks are in the care of ▶       2450       WEST BROAL         hone No. ▶       480-256-0115         organization does not have an office or place of business         is for a Group Return, enter the organization's four digit         .       If it is for part of the group, check this box ▶         equest an automatic 6-month extension of time until         e organization named above. The extension is for the org          calendar year or          APR 1, 2019         he tax year entered in line 1 is for less than 12 months, c          Change in accounting period	s in the Ur Group Exe and atta FEBRI anization's , an check reas	Fax No. ▶         nited States, check this box         emption Number (GEN)	f this is fo all memb	r the whole gr eers the exten npt organizatio	oup, check this sion is for.
	y nonrefundable credits. See instructions.	, or 6069,	enter the tentative tax, less	3a	\$	0.
	his application is for Forms 990-PF, 990-T, 4720, or 6069	enter an	v refundable credits and		<b>↓</b> •	
	timated tax payments made. Include any prior year over	· ·	•	Зb	\$	0.
-	lance due. Subtract line 3b from line 3a. Include your pa					
	ing EFTPS (Electronic Federal Tax Payment System). See	-		3c	\$	0.
instructio				453-EO ai		
LHA I	For Privacy Act and Paperwork Reduction Act Notice,	see instr	uctions.		Form 88	368 (Rev. 1-2020)

	1 990 (2019) KIDS NEED TO READ	26-2755631	Page 2
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	KIDS NEED TO READ WORKS TO CREATE A CULTURE OF READING		BY
	PROVIDING INSPIRING BOOKS TO UNDERFUNDED SCHOOLS, LIBR		· · · · · · · · · · · · · · · · · · ·
	LITERACY PROGRAMS ACROSS THE UNITED STATES, ESPECIALLY	THOSE SERVING	
	DISADVANTAGED CHILDREN.	••••••••••••••••••••••••••••••••••••••	
2	Did the organization undertake any significant program services during the year which were not listed on the		<b>TT</b>
	prior Form 990 or 990-EZ?	Yes	X No
~	If "Yes," describe these new services on Schedule O.		XNo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	s?Yes	LAINO
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to c		
		iners, the total expenses, a	lina
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$974,156. including grants of \$855,061.) (Re	evenue \$ 808, 1	7/1
40	(Code:) (Expenses \$974,156. including grants of \$855,061.) (Re GRANTS TO PROVIDE BOOKS TO DISADVANTAGED CHILDREN THRO		
	SCHOOLS, LIBRARIES AND LITERACY PROGRAMS. THE PROGRAM		
	AND GRADUATION RATES AMONG OUR NATION'S YOUTH.	DOLLOWID TITT	
	AND GRADOATION RATED ARONG OUR MATION D TOUTH.	<u></u>	
4b	(Code:) (Expenses \$ including grants of \$) (Re	evenue \$	)
		······································	
4c	(Code:) (Expenses \$) (Re	venue \$	)
4d		,	
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
<u>4e</u>	Total program service expenses ► 974,156.		<b>90</b> (2019)
		Form 9	<b>30</b> (2019)
93200	)2 01-20-20 <b>2</b>		
	4		

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 Form 990 (2019)
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 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>X</u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<u> </u>
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			37
-	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	_		v
~	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			v
7		6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-,		x
8	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	7		<u> </u>
0		8		x
9	Schedule D, Part III	<u> </u>		<u> </u>
3	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 donor-restricted endowments			
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
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	x	
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		x
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		Х
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			ĺ
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	Ĺ
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?			
	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		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			v
	foreign organization? 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 other assistance to	10		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17		47		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	ł
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		**	
19	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
zua b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
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 Form 990 (2019)
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 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	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	24c		1
Ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			<u> </u>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
2	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	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	-		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	. 28b		X_
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV		v	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	00		v
~ 1	contributions? If "Yes," complete Schedule M			X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	. 31		
32		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	. 02		
33	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			<u> </u>
01	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
	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		X
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		X
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 Statements Regarding Other IRS Filings and Tax Compliance	. 38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	····		
		1	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	0		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		
С	(gambling) winnings to prize winners?	. 1c	X	
02000	(ganbling) winnings to prize winners :			(2019)
99200	4 01-20-20 <b>4</b>			,,

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Form	<u>990 (2019) KIDS NEED TO READ 26-2755</u>	631	Р	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	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 2a6	<u>i</u>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	2001-07-02020
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (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" to line 3b, provide an explanation on Schedule O	<u>3b</u>		Ļ
4a	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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5</u> a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u>x</u>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		I	
	any contributions that were not tax deductible as charitable contributions?	6a		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).	_		v
a	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?			<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			v
	to file Form 8282?	<u>7c</u>		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7.		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			-
g b	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h	• • •	
h o	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
8	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Construction of the second second
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	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			
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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 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.			
b	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			
с	Enter the amount of reserves on hand13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		<u>X</u>
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.	-	000	
		Form	990	(2019)

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Form 990	(201	9)
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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 on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI	 
ection A. Governing Body and Management	

X

			Yes	No
1a		L 0		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	9		
	Enter the number of voting members included on line 1a, above, who are independent 1b	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	2	X	400
~	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision		~	
3	of officers, directors, trustees, or key employees to a management company or other person?	3		X
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
4 5	Did the organization have any significant changes to its governing documents since the provision of the organization's assets?			X
6	Did the organization become aware during the year of a significant diversion of the organization's associated associated and the organization have members or stockholders?			ž
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
10	more members of the governing body?	7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		-	
5	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:			
-	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
-	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Σ
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	N
0a	Did the organization have local chapters, branches, or affiliates?	. 10a		
	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		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	. 12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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	X	
4	Did the organization have a written document retention and destruction policy?	. 14		2
5	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		X	
b	Other officers or key employees of the organization	<b>15b</b>		2
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
6a	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		2
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		
	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ CA		· · ·	
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c	c)(3)s only	) avail	aD
	for public inspection. Indicate how you made these available. Check all that apply.			
_	X Own website Another's website X Upon request Other ( <i>explain on Schedule O</i> )	مصطلاب		
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,	and finar	icial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	<u>THE COMPANY - 480-256-0115</u> 2450 WEST BROADWAY ROAD, STE 110, MESA, AZ 85202			
		Form	990	120
2000	s 01-20-20 6	i UII	, 550	120
	029 797571 1362 2019.04030 KIDS NEED TO READ	136	52	

Form 990 (2019)	KIDS NEED TO READ	26-2755631 Page 7
Part VII Compen	sation of Officers, Directors, Trustees, Key Employ	ees, Highest Compensated
Employe	es, and Independent Contractors	
Check if Sc	chedule O contains a response or note to any line in this Part VII	
Section A. Officers, I	Directors, Trustees, Key Employees, and Highest Compensated	Employees
1a Complete this table	for all persons required to be listed. Report compensation for the c	alendar year ending with or within the organization's tax year.
<ul> <li>List all of the orga</li> </ul>	anization's current officers, directors, trustees (whether individuals of	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.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	Name and title Average Position (do not check more than one hours per box, unless person is both an		h an	(D) Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of				
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) TYSON BREINHOLT CHAIRMAN	2.00	x		x				0.	0.	0.
(2) DIANE ELHARD DIRECTOR	1.00	x						0.	0.	0.
(3) KIM OBRIEN DIRECTOR	1.00	x						0.	0.	0.
(4) DENISE GARY EXECUTIVE DIRECTOR	47.00	x		x				52,910.	0.	0.
(5) BRUCE MATSUNAGA, PH.D. SECRETARY	2.00	x		x				0.	0.	0.
(6) GARY MLODZIK DIRECTOR	10.00	x						0.	0.	0.
(7) CHRIS INGERSOLL TREASURER	2.00	x		x				0.	0.	0.
(8) JESSICA PAYNE DIRECTOR	4.00	x						0.	0.	0.
(9) TINA MLODZIK DIRECTOR	5.00	x						0.	0.	0.
(10) HEATHER MILLER DIRECTOR	2.00	x						0.	0.	0.
										·
										· · · · · · · · · · · · · · · · · · · ·

Form 990 (2019) KIDS NEE	D TO REA	AD							26-27	5563	1 Page 8		
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	<u>, an</u>	d Hi	ghe	st C						
(A) Name and title	nours per b		box, unless person is both			Average Position ours per (do not check more than one box, unless person is both an			h an		(E) Reportable compensation		(F) Estimated amount of
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC	C) or a	other mpensation from the ganization nd related ganizations		
		-								-			
	· · · · · · · · · · · · · · · · · · ·												
		-											
									· · · · · · · · · · · · · · · · · · ·		<u></u>		
											·		
1b Subtotal								52,910.		0.	0.		
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	I, Section A			•••••				<u> </u>		0.	0.		
2 Total number of individuals (including but n							no re			<u> </u>	_		
compensation from the organization											0 Yes No		
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s				•			-	phest compensated emp	loyee on	3	x		
4 For any individual listed on line 1a, is the su and related organizations greater than \$150									the organization	4	x		
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	ccrue comper	nsati	on f	rom	any	unr	elat	ed organization or indivi		5	x		
Section B. Independent Contractors													
1 Complete this table for your five highest con the organization. Report compensation for t										ensation			
(A) Name and business	address	NC	ONE	3				(B) Description of s	ervices	Comp	( <b>C)</b> ensation		
2 Total number of independent contractors (in \$100,000 of compensation from the organiz	-	ot lir	nite	d to	thos (	-	sted	l above) who received m	ore than				
									I	Form	990 (2019)		

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							READ			26-2755	631 Page 9
Part VIII         Statement of Revenue           Check if Schedule O contains a response or note to any line in this Part VIII											
			Check if Schedule O	cor	ntains	a respons	se or note to any li				
								(A) Total revenue	(B) Related or exempt	(C) Unrelated	<b>(D)</b> Revenue excluded
								10ta rotonao		business revenue	from tax under
sυ											sections 512 - 514
Grants nounts			Federated campaigns				· · · ·	-			
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues Fundraising events				35,897.	-			
ifts ar A			Related organizations					-			
s, G mila		e	Government grants (cont				<u> </u>				
rsion		f	All other contributions, gifts,								
the	similar amounts not included above 1f			771,707.			Sec. Sec.				
dutri		g	Noncash contributions included ir	n line	es 1a-1	f 1g \$	637,208.				
ano		h	Total. Add lines 1a-1f					807,604.			
							Business Code				
e	2	а					-			·	
ervi		b									
n S /en		С					-				
graı Rev		d	<u> </u>				-				
Program Service Revenue		e ,					-				
-		f ~	All other program service Total. Add lines 2a-2f								
	3	<u>y</u>	Investment income (includ								
	Ŭ		other similar amounts)		-			636.			636.
	4		Income from investment of								
	5		Royalties								
						(i) Real	(ii) Personal				
	6	а	Gross rents	6	а					1	
		b	Less: rental expenses $\dots$	6	b						
		С	Rental income or (loss)	6	c						
			Net rental income or (loss				<b>&gt;</b>				
	7	а	Gross amount from sales of			Securities					
			assets other than inventory	7	a	501	•		1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -		
Ð		b	Less: cost or other basis			0					
venue		~	and sales expenses	7		501		-			
			Net gain or (loss)	_				501.			501.
Other Re			Gross income from fundraisi					5011			
đ	•	-	including \$ 35								
			contributions reported on								
			Part IV, line 18				a 0.				1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.
		b	Less: direct expenses				ib 0.				
			Net income or (loss) from			- <b>-</b>	<u> </u>	0.			
	9	а	Gross income from gamin	-							
			Part IV, line 19								
			Less: direct expenses				b				
			Net income or (loss) from	-	-		<b>&gt;</b>				
	10	а	Gross sales of inventory, and allowances				Da				
		h	Less: cost of goods sold				Db				
			Net income or (loss) from								222222006, 7 olda (* 1977) <b>2011 (1010) (1010)</b>
~							Business Code				
e sou	11	а									
enu		b									
Miscellaneous Revenue		с									
Mis			All other revenue								
		e	Total. Add lines 11a-11d					000 741	0	0	1 1 2 7
	<u>12</u>		Total revenue. See instructio	ons		<u></u>	P	808,741.	0.	0.	1,137. Form 990 (2019)
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 Form 990 (2019)
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 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 respons	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
	irants and other assistance to domestic organizations	955 961	055 061		
	nd domestic governments. See Part IV, line 21	855,061.	855,061.		
	arants and other assistance to domestic				
	ndividuals. See Part IV, line 22				
	arants and other assistance to foreign			3.4	
	rganizations, foreign governments, and foreign				
	ndividuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,		20 042	14 001	14 001
	rustees, and key employees	56,084.	28,042.	14,021.	14,021
	ompensation not included above to disqualified				
	ersons (as defined under section 4958(f)(1)) and	48,885.	20 205	4,191.	6,309
	ersons described in section 4958(c)(3)(B)	40,003.	38,385.	4,191.	0,309
	)ther salaries and wages				·
	ension plan accruals and contributions (include				
	ection 401(k) and 403(b) employer contributions)				
	other employee benefits	8,640.	5,450.	1,509.	1,681
		0,040.	5,450.	1,509.	1,001
	ees for services (nonemployees):				
	lanagement				
		10,324.		10,324.	
	ccounting	10,324.		10,524.	
	obbying			19.1 ¹	
		812.		812.	
	hvestment management fees	012.			
•	olumn (A) amount, list line 11g expenses on Sch O.)				
		19.	19.		
	dvertising and promotion	10,679.		9,128.	1,551
	Office expenses	10,073.			<u>_</u>
	1				
		28,435.	24,667.	2,057.	1,711
		20,433.	24,007.	2,057.	
17 T	ravel				
	or any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	nterest				
	Payments to affiliates				
	Depreciation, depletion, and amortization	8,347.	3,836.	4,511.	
	nsurance	4,867.		4,867.	
	ther expenses. Itemize expenses not covered			=1==1	
a	bove (List miscellaneous expenses on line 24e. If 👘 🔅		(1974) 1974 - 1974 - 1974 - 1974 - 1974 - 1974 - 1974 - 1974 - 1974 - 1974 - 1974 - 1974 - 1974 - 1974 - 1974 - 1974 -		
lii	ne 24e amount exceeds 10% of line 25, column (A) mount, list line 24e expenses on Schedule 0.)				
	SHIPPING	11,151.	10,405.	129.	617
	DBSOLETE INVENTORY	8,603.		8,603.	· · · · · · · · · · · · · · · · · · ·
	ATERIALS AND SUPPLIES	8,193.	7,381.	238.	574
	SPECIAL EVENT	2,648.	910.		1,738
	VI other expenses	631.		581.	50
	otal functional expenses. Add lines 1 through 24e	1,063,379.	974,156.	60,971.	28,252
	oint costs. Complete this line only if the organization				
	eported in column (B) joint costs from a combined				
	ducational campaign and fundraising solicitation.				
	Check here Finite if following SOP 98-2 (ASC 958-720)				

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(	Contract Service	Check if Schedule O contains a response or not	te to any	line in this Part X			
					<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			32,817.	1	27,998.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			96,739.	3	52,033.
	4					4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes	se persoi	ns		5	
	6	Loans and other receivables from other disquali	fied pers				
		under section 4958(f)(1)), and persons described			•••••••••••••••••••••••••••••••••••••••	6	
۲ ۲	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			2,834,525.	8	2,650,942.
Ä	9				4,646.	9	4,137.
	10a	Land, buildings, and equipment: cost or other					-
		basis. Complete Part VI of Schedule D	10a	49,108.			
	b			32,896.	24,558.	10c	16,212.
	11	Investments - publicly traded securities			· · · · · · · · · · · · · · · · · · ·	11	
	12	Investments - other securities. See Part IV, line 1			30,022.	12	27,864.
	13	Investments program-related. See Part IV, line				13	
	14	Intangible assets		i		14	
	15	Other assets. See Part IV, line 11			2,941.	15	2,941.
	16	Total assets. Add lines 1 through 15 (must equa			3,026,248.	16	2,782,127.
	17	Accounts payable and accrued expenses			7,936.	17	20,936.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
S	22	Loans and other payables to any current or form			A		
Liabilities		trustee, key employee, creator or founder, subst					
abil		controlled entity or family member of any of thes			***************************************	22	
Ξ.	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, page		ſ			
		parties, and other liabilities not included on lines	-				
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			7,936.	26	20,936.
		Organizations that follow FASB ASC 958, che					
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			2,891,552.	27	2,668,648.
Ba	28	Net assets with donor restrictions	126,760.	28	92,543.		
Fund Balances		Organizations that do not follow FASB ASC 9					
ц		and complete lines 29 through 33.					
s o	29	Capital stock or trust principal, or current funds				29	
Net Assets or	30	Paid-in or capital surplus, or land, building, or eq		ſ		30	
As	31	Retained earnings, endowment, accumulated in				31	
Net	32	Total net assets or fund balances			3,018,312.	32	2,761,191.
	33	Total liabilities and net assets/fund balances			3,026,248.	33	2,782,127.
							Form <b>990</b> (2019)

Form	990 (2019) KIDS NEED TO READ	26-27	<u>55631</u>	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,741.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,379.
3	Revenue less expenses. Subtract line 2 from line 1	3		,638.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,018	,312.
5	Net unrealized gains (losses) on investments	5	-2	<u>,483.</u>
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 on Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))	10	2,761	<u>,191.</u>
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>
				Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.		
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	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	te basis,		
	consolidated basis, or both:			
	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	ie 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 on Sch	hedule O.		
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		
	Act and OMB Circular A-133?		<u>3a</u>	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			
				000 (004 0)

Form **990** (2019)

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Department of the Treasury

Internal Revenue Service

4	Form	990	or	990-	EZ)
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# 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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public
 Inspection

Name of the	organization
-------------	--------------

Nam	ne of	the organization							identification number
		KIDS	NEED TO R	EAD				2	<u>6-2755631</u>
Pa	nt I	Reason for Public (	Charity Status (A	All organizations must c	omplete th	is part.) Se	e instructions	3.	
The	organ	ization is not a private found			-	-			
1		A church, convention of ch	urches, or associatio	on of churches describe	d in sectio	on 170(b)(1	)(A)(i).		
2		A school described in secti	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (For	m 990 or 9	90-EZ).)			
3		A hospital or a cooperative	hospital service orga	anization described in <b>s</b>	ection 170	)(b)(1)(A)(iii	i).		
4		A medical research organiz	ation operated in co	njunction with a hospita	al described	d in sectior	1 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a go	vernmental u	init describ	bed in
		section 170(b)(1)(A)(iv). (C	omplete Part II.)						
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)(	v).		
7		An organization that norma						he general	public described in
•		section 170(b)(1)(A)(vi). (C							
8		A community trust describe		1)(A)(vi) (Complete Pa	rt II )				
9		An agricultural research org				ad in coniu	nction with a	land-grant	college
Ŭ	L.,	or university or a non-land-c							
		university:	franc bonogo or agrio			namo, ony	, and oldlo of	the coneg	0.01
10	X	An organization that norma	lly racaivee: (1) mara	than 33 1/3% of its out	nnort from	contributio	ne momboro	hin foco o	nd gross receipte from
10	لحف	activities related to its exem						-	
									-
		income and unrelated busin		(less section 511 tax) i	UNI DUSINE	sses acqui	red by the or	yamzanon	alter June 30, 1975.
		See section 509(a)(2). (Cor		walk to toot for public o	ofativ Caa		0(-)(4)		
11		An organization organized a	-		•				
12		An organization organized a		-	•			•	
		more publicly supported or							JIECK THE DOX III
_		lines 12a through 12d that							·
а	L	J Type I. A supporting orga	-					••••••	
		the supported organization			a majority	or the airec	tors of truste	es or the s	upporting
	r	organization. You must c	•						
b	L	<b>Type II.</b> A supporting org							
		control or management o			same perso	ons that co	ntrol or mana	ge the sup	ported
	r—	organization(s). You mus	•					. <b>.</b>	
С		J Type III functionally inte	• • •					ly integrate	ed with,
		its supported organization							
d		Type III non-functionally	-						
		that is not functionally int			-			d an attent	iveness
		requirement (see instructi		•					
е	-	Check this box if the orga					Type I, Type	II, Type III	
		functionally integrated, or		nally integrated suppor	ting organi:	zation.			
f		er the number of supported o	•					••••••	
g		vide the following information	about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) is the oroa	inization listed	(v) Amount of	monotany	(vi) Amount of other
	,	<ul> <li>i) Name of supported organization</li> </ul>	(11) EIN	(described on lines 1-10		inization listed ing document?	support (see in		support (see instructions)
				above (see instructions))	Yes	No			
									1
					1				
Tota	əl				1.0				1

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019

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 Schedule A (Form 990 or 990-EZ) 2019 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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(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						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly	1038					
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)					10.000	
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	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							
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10					44222	
12	Gross receipts from related activities	, etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is fo	r the organization's	s first, second, thi	rd, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and sto	phere					►
Se	ction C. Computation of Pub	lic Support Pe	rcentage			,	
14	Public support percentage for 2019 (	(line 6, column (f) d	ivided by line 11,	column (f))		14	%
15	Public support percentage from 2018					15	%
16a	a 33 1/3% support test - 2019. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this bo>	and
	stop here. The organization qualifies						
k	33 1/3% support test - 2018. If the						
	and stop here. The organization qua						
17a	a 10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances'						
k	o 10% -facts-and-circumstances tes						0% or
	more, and if the organization meets t						
	organization meets the "facts-and-cir						
18	Private foundation. If the organization	on did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box a		

Schedule A (Form 990 or 990-EZ) 2019

# Schedule A (Form 990 or 990 EZ) 2019 KIDS NEED TO READ Part III Support Schedule for Organizations Described in Section 509(a)(2)

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(Complete only if you checked the box on line 10 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.)

Sec	tion A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	448,036.	1,713,384.	1,022,814.	1,818,467.	771,707.	5,774,408.
	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						
	The value of services or facilities	· · · · · · · · · · · · · · · · · · ·					
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5	448,036.	1,713,384.	1,022,814.	1,818,467.	771,707.	5,774,408.
7a.	Amounts included on lines 1, 2, and 3 received from disqualified persons		1,713,304.	1,022,014.	1,010,407.	,,_,,,,,,	0.
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						0.
	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.) tion B. Total Support						5,774,408.
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	448,036.	1,713,384.	1,022,814.	1,818,467.	771,707.	5,774,408.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	60.	3,280.	1,949.	1,263.	1,137.	7,689.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	60.	3,280.	1,949.	1,263.	1,137.	7,689.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			····· · · · · · · · · · · · · · · · ·	<b>F</b>	•	
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	43,659.	71,614.	73,976.	40,805.	35,897.	265,951.
	Total support. (Add lines 9, 10c, 11, and 12.)	491,755.	1,788,278.	1,098,739.	1,860,535.	808,741.	6,048,048.
	First five years. If the Form 990 is for			d, fourth, or fifth ta		n 501(c)(3) organiz	ation,
	check this box and stop here						
Sec	tion C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2019 (	line 8, column (f), d	ivided by line 13, o	column (f))		15	95.48 %
16	Public support percentage from 2018	Schedule A, Part	III, line 15			16	95.08 %
Sec	tion D. Computation of Inve	stment Income	e Percentage			· · · ·	
17	Investment income percentage for 20	<b>)19</b> (line 10c, colum	nn (f), divided by lir	ne 13, column (f))		17	.13 %
	Investment income percentage from					18	.12 %
	33 1/3% support tests - 2019. If the						
	more than 33 1/3%, check this box a						
	33 1/3% support tests - 2018. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a l	box on line 14, 19a	a, or 19b, check th			
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9b

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Yes

No

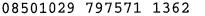
### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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20			F	·····
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		er de la Calendaria	
	below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
		28333333	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	10		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	and a second		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	structions	5).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	- consider 12 STIT 9 St	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			20.1
-	of the organization's supported organization(s) would have been engaged in? If 'Yes, " explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		engeradan 2000
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a				

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* **Part VI**.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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Schedule A (Form 990 or 990-EZ) 2019

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Schedule A	(Form 990	or 990-EZ) 2	2019 KIDS	5 NEED	TO	READ		
Part V	Type III	Non-Fun	nctionally	Integrate	d 50	9(a)(3) S	upporting	Organizations

1

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		ections A through E (A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			and the second sec
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	-	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	347	
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	v integra	ted Type III supporting org	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2019

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	IT V Type III Non-Functionally Integrated 509			6-2755631 Page
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exit			
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	าร	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	the organization is responsiv	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
с	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
 C		and the second second second		
d				
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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#### Schedule A (Form 990 or 990-EZ) 2019 KIDS NEED TO READ

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

#### SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

FUNDRAISING EV 2015 AMOUNT: \$						
2016 AMOUNT: \$						
2017 AMOUNT: \$	73,976.					
2018 AMOUNT: \$	40,805.					
2019 AMOUNT: \$	35,897.					
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SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Nam	e of the organization KIDS NEED TO READ			Employer identification number
Pa	rt I Organizations Maintaining Donor Advise	d Funds or Othe	er Similar Fund	
<u>.</u> u	organization answered "Yes" on Form 990, Part IV, lir			s of Accounts. Complete if the
	organization answered Tes on Tonn 350, Partiv, in	(a) Donor adv	vised funds	(b) Funds and other accounts
4	Total number at and of year	(a) Bonor au		
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)		-	
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	-		
_	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 of			
6	impermissible private benefit?			
	rt II Conservation Easements. Complete if the org			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		r	
	Preservation of land for public use (for example, recrea	tion or education)		f a historically important land area
	Protection of natural habitat		Preservation of	f a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation con	tribution 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			<u>2a</u>
b				
С	Number of conservation easements on a certified historic str	ucture included in (a)		2c
d				
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	leased, extinguished,	or terminated by th	e organization during the tax
	year ►			
4	Number of states where property subject to conservation ea	sement is located 🕨		
5	Does the organization have a written policy regarding the per	riodic monitoring, insp	pection, handling of	
	violations, and enforcement of the conservation easements i	t holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations	s, and enforcing con	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	I enforcing conserva	ation easements during the year
	►\$			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirer	nents of section 170	0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			YesNo
9	In Part XIII, describe how the organization reports conservati	on easements in its r	evenue and expense	e statement and
	balance sheet, and include, if applicable, the text of the footr	note to the organization	on's financial statem	ents that describes the
	organization's accounting for conservation easements.			
Pa	rt III Organizations Maintaining Collections o	f Art, Historical	Treasures, or C	other Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its	revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for put	olic exhibition, educat	tion, or research in f	urtherance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that	describes these iter	ns.
b	If the organization elected, as permitted under FASB ASC 95	i8, to report in its reve	enue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education	n, or research in furt	herance of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			> \$
2	If the organization received or held works of art, historical tre			
	the following amounts required to be reported under FASB A			
а	Revenue included on Form 990, Part VIII, line 1			• •
	Assets included in Form 990, Part X			•
	For Paperwork Reduction Act Notice, see the Instruction			Schedule D (Form 990) 2019

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 10-02-19

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29 2019.04030 KIDS NEED TO READ

		ED TO READ					26-27			age <b>2</b>
Par	t III Organizations Maintaining C	ollections of A	rt, Historical Tr	easures, oi	r Othe	r Simil	ar Asse	ts(contin	iued)	
3	Using the organization's acquisition, accessi									
	collection items (check all that apply):									
а	Public exhibition	d	I 🔲 Loan or exc	hange program	n					
b	Scholarly research	е								
с	Preservation for future generations			· · · · ·						
4	Provide a description of the organization's co	ollections and explain	n how they further t	he organizatio	n's exer	npt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma						Ľ	Yes		No
Par	t IV Escrow and Custodial Arran									
	reported an amount on Form 990, Pa		-							
1a	Is the organization an agent, trustee, custodi	ian or other intermed	liary for contributior	ns or other ass	ets not i	included				
	on Form 990, Part X?							Yes		] No
b	If "Yes," explain the arrangement in Part XIII									
								Amount	[	
С	Beginning balance					. 1c				
	Additions during the year									
	Distributions during the year									
f	Ending balance				••••••	. 1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escrow or c	ustodial accou	ınt liabili	ty?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.						<u></u>			]
Par	t V Endowment Funds. Complete it	f the organization an	swered "Yes" on Fo	orm 990, Part I	V, line 1	0.				
		(a) Current year	(b) Prior year	(c) Two years	back (	d) Three y	/ears back	(e) Four	years	back
	Beginning of year balance	30,022.	28,038,	. 26	,115.		-			
b	Contributions		2,375.	,			25,000.			
С	Net investment earnings, gains, and losses	-1,346.	425.	. 2	,475.		1,396.			
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses	812.	816.	,	552.		281.			
g	End of year balance	27,864.	30,022.	. 28	.038.		26,115.			
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, column (a	a)) held as:						
а	Board designated or quasi-endowment	.00	_%							
b	Permanent endowment	%								
с	Term endowment  .00	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	and administere	ed for th	ie organi:	zation	-		
	by:								Yes	No
	(i) Unrelated organizations	,						. 3a(i)	Х	
	(ii) Related organizations									X
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	red on Schedule R?					. 3b		I
	Describe in Part XIII the intended uses of the		wment funds.							
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered									
	Description of property	(a) Cost or o		t or other	• •	cumulate		(d) Bool	< value	е
		basis (investr	nent) basis	(other)		reciation				
	Land									
	Buildings			0.00-						70
	Leasehold improvements			2,625.		1,8				<u>78.</u>
d	Equipment			9,633.		14,7	4/.		$\frac{4}{2}, \frac{8}{5}$	
	Other			6,850.		16,3	02.	****	<u>0,5</u>	
<u>Total</u>	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line	10c.)					6,2	
							Schedule	e D (Form	ı 990)	2019

on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(b) Book value	(c) Method of valuation: Cost or end-of-year market value
on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(b) Book value	(c) Method of valuation: Cost or end-of-year market value
	(b) Book value

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

#### Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	•

#### Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value <u>1.</u> (1) Federal income taxes (2) (3) (4) (5) (6) (7)(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► .....

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.... X

	dule D (Form 990) 2019 KIDS NEED TO READ		<u>26-2755631 Page 4</u>
Pa	t XI Reconciliation of Revenue per Audited Financial State	ements With Reve	nue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
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		
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Stat	•	enses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
1	Total expenses and losses per audited financial statements		
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		
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
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		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
Pa	t XIII Supplemental Information.		

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.

PART V, LINE 4:

THE ORGANIZATION HAS ADOPTED INVESTMENT POLICIES FOR ENDOWMENT ASSETS IN

WHICH FUNDS ARE INVESTED IN A MANNER INTENDED TO EMPHASIZE LONG-TERM

CAPITAL GROWTH. IN THE FUTURE, THE EARNINGS WILL START BEING UTILIZED

TOWARD EXPENSES ON A PERMANENT BASIS.

PART X, LINE 2:

THE ORGANIZATION HAS RECEIVED FROM THE INTERNAL REVENUE SERVICE AN

EXEMPTION FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE

INTERNAL REVENUE CODE. IT HAS BEEN CLASSIFIED AS A PUBLIC CHARITY UNDER

SECTION 509(A)(2). A PROVISION IS MADE IN THE FINANCIAL STATEMENTS FOR

INCOME TAX	ES ON	UNRELATED	TRADE	OR	BUSINESS	INCOME	EARNED,	WHEN

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Schedule D (Form 990) 2019

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Part XIII Supplemental Information (continued)

APPLICABLE. NO SIGNIFICANT TIMING OR OTHER DIFFERENCE THAT WOULD RESULT IN

A MATERIAL DEFERRED INCOME TAX LIABILITY EXISTS.

MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT

THE ORGANIZATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE

ADJUSTMENT TO THE ACCOMPANYING FINANCIAL STATEMENTS TO COMPLY WITH THE

PROVISIONS OF THIS GUIDANCE.

Schedule D (Form 990) 2019

932055 10-02-19

Name of the organization       Employer identification number 26-2755631         Part I       Fundraising Activities. Complete if the organization answered "Yes' on Form 990, Part IV, Ine 17. Form 990-EZ filers are not required to complete this part.         1       Indicate whether the organization raised funds through any of the following activities. Check all that apply.         a       All solicitations         b       Internet and omail solicitations         c       Phone solicitations         g       Solicitation of on-government grants         b       Bottom of oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?       Ves       No         b       If ************************************	SCHEDULE G	Suppleme	ntal Information Regarding	g Fun	drais	ing or Gaming	Acti	vities	OM	18 No. 1545-0047
	(Form 990 or 990-EZ)						or 19	, or if the		2019
Comparison dense server     Comparison dense server     Comparison dense server     Comparison dense server dense d		0							- 	
Name of the organization       Employee identification number 26 - 2755631         Part IF       Fundarising Activities. Complete if the organization answord 'Yes' on Form 990. Part IV, ine 17. Form 990 EZ filers are not required to complete iths part.         1       Indicate whether the organization raised funds through any of the following activities. Check all that apply.         a       Mail solicitations       e         b       Determinent grants         c       Phone solicitations       g         c       Determinent grants       g         c       Phone solicitations       g         c       Phone solicitations       g         c       Phone solicitations       g         23       Did the organization have a written or oral agreement with any individual (including officers, directors, trustes, cr leve molyce listed in form 300 Part Vily or entity in connection with professional fundinging services?       Yes       No         b       Mress field in Complex think organization.       (ii) Activity       (iii) Complex think organization are organization.       (iii) Complex think organization are organization.         (i) Nume an address of Individual       (iii) Activity       (iii) Complex think organization are organization are organization.       (iii) Complex think organization are organization are organization.         (i) Nume an address of Individual       (iii) Activity       Yes <td< td=""><td>Department of the Treasury Internal Revenue Service</td><td>► Go</td><td>•</td><td></td><td></td><td>-</td><td>ion.</td><td></td><td></td><td></td></td<>	Department of the Treasury Internal Revenue Service	► Go	•			-	ion.			
Entrify       Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990EZ filers are not indicated to complete the part.         1       Indicate whether the organization raised funds through any of the following activities. Check all that apply.         a       Mail solcitations	Name of the organization							Employer	identi	fication number
required to complete the part.      Indicate whether the organization raised funds through any of the following activities. Check all that apply.     I had socktations     I had socktations     I solicitation of one government grants     I solicitation of government grants     I solicitation solicitations     I solicitation of government grants     I solicitations     I solicitation of government grants     I solicitations     I solicitations     I solicitations     I solicitation     I organization have a written or oral agreement with any individual finducling officers, directors, trustees, or     key employees listed in form 800, Part VII) or entity in connection with professional fundralising services?     I first, list the 10 highest paid individuals or onities (lundraliser) pursuant to agreements under which the fundraliser is to be     compensated at least 55.000 by the organization     I (I) Activity     If the solicitation     I I I I I I I I I I I I I I I I I										
A Mail solicitations     A Addition of the solicitation of th	required to c	omplete this part	i.					7. Form 99	0-EZ fil	ers are not
c       Phone solicitations         2       Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional hundraising services?       Ves       No         b II **se, "list the 10 highest particle (turdraisers) pursuant to agreements under which the funders is to be compensated at least \$5,000 by the organization.       (ii) Organization for retained (turdraisers) pursuant to agreements under which the funders is to be compensated at least \$5,000 by the organization.       (iii) Organization       (iv) Organization for retained (to for retained by organization)       (iv) Amount paid to for retained by organization by organization         (i) Name and address of individual or entity (fundraiser)       (iv) Activity       Ves       No       Ivo         Ves       No       Ivo       Ivo <td></td> <td>-</td> <td></td> <td>-</td> <td></td> <td></td> <td>•</td> <td></td> <td></td> <td></td>		-		-			•			
d In person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, rustees, or key employees listed in Form 990, Part VII) or ontity in connection with professional fundritating services?					-	-				
2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustoes, or hey employees listed in Form 950, Part VII) or entity in connection with professional fundralising services?       Image: hey			g [] Specia	l fundra	lising	events				
key employees listed in Form 990, Part VID or entity in connection with professional fundratising services?       Yes       No         b if "Yes," list the 10 highest paid individuals or entities (fundratisers) pursuant to agreements under which the fundrater is to be compensated at least \$5,000 by the organization.       (ii) Activity       (iii) Activity       (iv) Amount paid to (or retained by) form activity       (v) Amount paid to (or retained by) forganization         (iv) Armount paid       (iv) Activity       Yes       No       Image: Activity       (v) Amount paid to (or retained by) forganization         (v) Armount paid       (v) Activity       Yes       No       Image: Activity       (v) Amount paid to (or retained by) forganization         (v) Armount paid       (v) Activity       Yes       No       Image: Activity       (v) Amount paid to (or retained by) forganization         (v) Armount paid       (v) Activity       Yes       No       Image: Activity       (v) Amount paid to (or retained by) forganization         (v) Armount paid       (v) Activity       Yes       No       Image: Activity       (v) Activity         (v) Armount paid       (v) Activity       V       V       No       (v) Activity			r oral agreement with any individua	ıl (inclu	dina o	fficers, directors, tru	stees	s. or		
compensated at least \$5,000 by the organization.  (i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Activity (iii					-				Yes	No No
(i) Name and address of individual or entity (fundraiser)       (ii) Activity       (iii) Activity       (iv) Gross receipts from activity from activity       (v) Amount paid to (or related by organization)         Ves       No       Image:				uant to	agree	ments under which t	the fu	undraiser is	to be	
Internation       Internation <thinternation< th=""> <thinternation< th=""></thinternation<></thinternation<>				(iii)	Did		(v)	Amount pa	id (	vi) Amount paid
Image: Second			(ii) Activity	have c or cor	ustody trol of			fundraiser	tc	o (or retained by)
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.	<u> </u>			Yes	No					
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.										
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.			<u> </u>	_						
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.										· · ·
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.										
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3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.										
List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration     or licensing.	<u></u>									
List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration     or licensing.										
List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration     or licensing.			· · · · · · · · · · · · · · · · · · ·							<u> </u>
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.	<u> </u>									<u> </u>
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.										
or licensing.	Total									
		h the organizatio	n is registered or licensed to solicit	contrib	utions	s or has been notified	d it is	exempt fro	m regis	stration
HA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule G (Form 990 or 990-EZ) 2019	or neerising.									· · · · · · · · · · · · · · · · · · ·
HA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule G (Form 990 or 990-EZ) 2019										
HA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule G (Form 990 or 990-EZ) 2019										
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HA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule G (Form 990 or 990-EZ) 2019						· · · · · · · · · · · · · · · · · · ·				
HA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule G (Form 990 or 990-EZ) 2019										
	LHA For Paperwork Red	duction Act Noti	ce, see the Instructions for Form	990 or	990-E	EZ. S	Sche	dule G (For	m 990	or 990-EZ) 2019

#### Schedule G (Form 990 or 990-EZ) 2019 KIDS NEED TO READ

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990, FZ, lines 1 and 6b, List events with gross receipts greater than \$5,000

		of fundraising event contributions and gr	oss income on Form 990	HEZ, lines I and bb. List	events with gross receip	ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			PHOENIX FAN			(add col. (a) through
			FUSION		1	col. (c))
-			(event type)	(event type)	(total number)	COI. (C))
Revenue						
эле	1	Gross receipts	14,033.		21,864.	35,897.
ď						
	2	Less: Contributions	14,033.		21,864.	35,897.
	-					
	2	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	-		·····			
	5	Noncash prizes				
ŝ	5	Noncash phizes				
Direct Expenses		Pant/facility costs				
x be	6	Rent/facility costs				
Ξ	_					
irec	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses			<u> </u>	
	10	, , ,				
De		Net income summary. Subtract line 10 from I <b>Gaming.</b> Complete if the organization				1
				10 00 Part IV line 10 or	reported more than	
FC	<u> </u>		answered Yes on Form	1 990, Part IV, line 19, or	reported more than	
<b>–</b>		\$15,000 on Form 990-EZ, line 6a.	1	• • • • • • • • • • • • • • • • • • •		(d) Total gaming (add
			(a) Bingo	990, Part IV, line 19, or (b) Pull tabs/instant bingo/progressive bingo	reported more than (c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
			1	(b) Pull tabs/instant		
Bevenue		\$15,000 on Form 990-EZ, line 6a.	1	(b) Pull tabs/instant		
			1	(b) Pull tabs/instant		
Revenue	1	\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant		
Revenue	1	\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant		
Revenue	1	\$15,000 on Form 990-EZ, line 6a. Gross revenue	(a) Bingo	(b) Pull tabs/instant		
Revenue	1	\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant		
Revenue	1 2 3	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes	(a) Bingo	(b) Pull tabs/instant		
	1	\$15,000 on Form 990-EZ, line 6a. Gross revenue	(a) Bingo	(b) Pull tabs/instant		
Revenue	1 2 3 4	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	(a) Bingo	(b) Pull tabs/instant		
Revenue	1 2 3	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
Revenue	1 2 3 4 5	\$15,000 on Form 990-EZ, line 6a.  Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
Revenue	1 2 3 4	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
Revenue	1 2 3 4 5 6	\$15,000 on Form 990-EZ, line 6a.  Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Volunteer labor	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
Revenue	1 2 3 4 5	\$15,000 on Form 990-EZ, line 6a.  Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
Revenue	1 2 3 4 5 6 7	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
Revenue	1 2 3 4 5 6	\$15,000 on Form 990-EZ, line 6a.  Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Volunteer labor	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
Direct Expenses Revenue	1 2 3 4 5 6 7 8	\$15,000 on Form 990-EZ, line 6a.  Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
Direct Expenses Revenue	1 2 3 4 5 6 7 8 En	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization cond	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Direct Expenses Revenue	1 2 3 4 5 6 7 8 En a ls	\$15,000 on Form 990-EZ, line 6a. Gross revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Direct Expenses Revenue	1 2 3 4 5 6 7 8 En a ls	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization cond	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))

932082 09-11-19

Schedule G (Form 990 or 990-EZ) 2019

35 2019.04030 KIDS NEED TO READ

Sch	edule G (Form 990 or 990-EZ) 2019 KIDS NEED TO READ	<u>26-2</u>	<u>755</u>	<u>631</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?			Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?			Yes	No
13	Indicate the percentage of gaming activity conducted in:		L)	163	
	The organization's facility		13a		%
	An outside facility		13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and record			1.	
	Name				
	Address ►				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?			Yes	No No
b	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue received	unt			
	of gaming revenue retained by the third party <b>&gt;</b> \$				
C	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				
17	Mandatory distributions:				
	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?			Yes	🗌 No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent i	n the			
	organization's own exempt activities during the tax year 🕨 \$				
Pa	<b>rt IV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	and Parl	t 111, <b>l</b> ii	nes 9,	9b, 10b,
	150, 150, 10, and 17b, as applicable. Also provide any additional mornation, see instructions.				
<u> </u>					
- <del></del>					
·					
9320	83 09-11-19 Schedule	G (Form	990 (	or 990	-EZ) 2019
	36				n 4

32084 04-01-19	37	
		Schedule G (Form 990 or 990-E
<u> </u>		

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service		Go	Grants and Oth overnments, ar lete if the organizatio	nd Individua	<b>ls in the Ŭn</b> ' on Form 990, Pa m 990.	ited States art IV, line 21 or 22.		<b>20</b> Open t	to Public ection
Name of the organization	on						···	Employer identificat	
<b>.</b>	KIDS NEED	TO READ							755631
Part I General In	formation on Grants a	nd Assistance							
1 Does the organiz	ation maintain records	to substantiate th	e amount of the grants	or assistance, the	grantees' eligibili	ty for the grants or as	sistance, and the seled		
criteria used to a	ward the grants or assis	stance?						X Yes	🔛 No
	V the organization's pro								
Part II Grants and	d Other Assistance to	Domestic Organ	izations and Domesti	<b>c Governments.</b> C	omplete if the org	anization answered "	Yes" on Form 990, Par	t IV, line 21, for any	
recipient th	at received more than	\$5,000. Part II car	n be duplicated if addit	ional space is need	ded.				
	dress of organization ernment	<b>(b)</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 noncash assistance	(h) Purpose of or assistan	
								READING RESOURCE	S
SURPRISE AND KING	SWOOD ELEMENTARY						DONATION OF	PROVIDED TO UNDE	RFUNDED
SCHOOLS - 12907 W	EST GREENWAY ROAD						1,700 READING	LITERACY PROGRAM	S TO
- EL MIRAGE, AZ 8	5335	86-6000520	170(C)(1)	0.	11,798.	.FMV	RESOURCES	INCREASE READING	r
								READING RESOURCE	S
INDIAN OASIS ELEM	ENTARY, PRIMARY						DONATION OF	PROVIDED TO UNDE	RFUNDED
AND INTERMEDIATE	CAMPUSES - 111						5,551 READING	LITERACY PROGRAM	S TO
MAIN STREET - SEL	LS, AZ 85634	86-0718016	170(C)(1)	0.	39,295,	FMV	RESOURCES	INCREASE READING	
								READING RESOURCE	S
FAITH CHRISTIAN C	ENTER						DONATION OF	PROVIDED TO UNDE	RFUNDED
2640 EAST MCDOWEL	L ROAD						875 READING	LITERACY PROGRAM	S TO
PHOENIX, AZ 85008	· · · · · · · · · · · · · · · · · · ·	73-1688319	501(C)(3)	0.	6,273,	FMV	RESOURCES	INCREASE READING	
								READING RESOURCE	S
GOOD NEIGHBORS CO	MMUNITY OUTREACH	:					DONATION OF	PROVIDED TO UNDE	RFUNDED
AGENCY - 3356 SEY	MOUR AVENUE -						1,876 READING	LITERACY PROGRAM	S TO
BRONX, NY 10469		26-0068695	501(C)(3)	0.	13,531,	FMV	RESOURCES	INCREASE READING	
								READING RESOURCE	S
SHOW LOW PUBLIC L	IBRARY						DONATION OF	PROVIDED TO UNDE	RFUNDED
181 NORTH 9TH STR	EET						909 READING	LITERACY PROGRAM	S TO
SHOW LOW, AZ 8590	1	86-6002836	170(C)(1)	0.	8,335,	FMV	RESOURCES	INCREASE READING	
								READING RESOURCE	s
FAYETTE COUNTY SC	HOOLS						DONATION OF	PROVIDED TO UNDE	RFUNDED
900 SPARTAN DRIVE							1,665 READING	LITERACY PROGRAM	S TO
CONNERSVILLE, IN	47331	35-1099057	170(C)(1)	0.	8,308,	FMV	RESOURCES	INCREASE READING	
2 Enter total numb	er of section 501(c)(3) a	and government o	rganizations listed in th	e line 1 table				<b>&gt;</b>	
3 Enter total numb	er of other organization	s listed in the line	1 table					<b>.</b>	
LHA For Paperwork	<b>Reduction Act Notice</b>	, see the Instruc	tions for Form 990.					Schedule I (Form	1990) (2019)

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

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(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							READING RESOURCES
THE FREE BOOK BUS						DONATION OF	PROVIDED TO UNDERFUNDED
430 NOB HILL CIRCLE						1,120 READING	LITERACY PROGRAMS TO
CHARLOTTESVILLE, VA 22903	83-2436210	501(C)(3)	0.	10,192.	FMV	RESOURCES	INCREASE READING
							READING RESOURCES
CACTUS WREN ELEMENTARY SCHOOL HEAD						DONATION OF	PROVIDED TO UNDERFUNDED
START - 9650 NORTH 39TH AVENUE -						765 READING	LITERACY PROGRAMS TO
PHOENIX, AZ 85051	86-6000484	170(C)(1)	0.	5,713.	FMV	RESOURCES	INCREASE READING
							READING RESOURCES
MESA PUBLIC LIBRARY						DONATION OF	PROVIDED TO UNDERFUNDED
64 EAST 1ST STREET						1,200 READING	LITERACY PROGRAMS TO
MESA, AZ 85201	86-6000252	170(C)(1)	0.	5,541.	FMV	RESOURCES	INCREASE READING
							READING RESOURCES
MARTIN LUTHER KING, JR. SCHOOL						DONATION OF	PROVIDED TO UNDERFUNDED
4615 SOUTH 22ND STREET						1,207 READING	LITERACY PROGRAMS TO
PHOENIX, AZ 85040	86-6000509	170(C)(1)	0.	9,325.	FMV	RESOURCES	INCREASE READING
							READING RESOURCES
EAGLE PATHWAY						DONATION OF	PROVIDED TO UNDERFUNDED
1720 EAST 8TH AVENUE						4,893 READING	LITERACY PROGRAMS TO
MESA, AZ 85204	47-5047173	501(C)(3)	0.	29,708.	FMV	RESOURCES	INCREASE READING
· · · · · · · · · · · · · · · · · · ·							READING RESOURCES
MOUNTAIN VIEW SCHOOL						DONATION OF	PROVIDED TO UNDERFUNDED
801 WEST PEORIA AVENUE						7,369 READING	LITERACY PROGRAMS TO
PHOENIX AZ 85029	86-6000484	170(C)(1)	0.	54,538.	FMV	RESOURCES	INCREASE READING
							READING RESOURCES
ASSISTANCE LEAGUE OF PHOENIX						DONATION OF	PROVIDED TO UNDERFUNDED
9224 NORTH FIFTH STREET						2,983 READING	LITERACY PROGRAMS TO
PHOENIX, AZ 85020	86-0193883	501(C)(3)	0.	16,316.	- VMT	RESOURCES	INCREASE READING
	30 0193003		<b>,</b>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>		READING RESOURCES
SHADOW HILLS HIGH SCHOOL/OLIPHANT						DONATION OF	PROVIDED TO UNDERFUNDED
ELEMENTARY SCHOOL - 39225						1,807 READING	LITERACY PROGRAMS TO
JEFFERSON STREET - INDIO, CA 92203	27-3071/10	170(0)(1)	0.	14,459.	EMV.	RESOURCES	INCREASE READING
SEFFERSON STREET - INDIO, CA 92203	21-3511419		· · · ·	14,409.	т. 141 A	NESOURCES	READING RESOURCES
						DOMNITON OF	
EISENHOWER CENTER FOR INNOVATION						DONATION OF	PROVIDED TO UNDERFUNDED
848 NORTH MESA DRIVE		10000000				1,587 READING	LITERACY PROGRAMS TO
MESA, AZ 85201	86-6000481	<u>µ/0(С)(1)</u>	0.	9,395.	F.WA	RESOURCES	INCREASE READING

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

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							READING RESOURCES
SAN GABRIEL EDUCATIONAL FOUNDATION						DONATION OF	PROVIDED TO UNDERFUNDED
408 JUNIPERO SERRA DRIVE						7,069 READING	LITERACY PROGRAMS TO
SAN GABRIEL, CA 91776	95-4023144	501(C)(3)	0.	12,748,	FMV	RESOURCES	INCREASE READING
							READING RESOURCES
V. H. LASSEN SCHOOL K8						DONATION OF	PROVIDED TO UNDERFUNDED
909 WEST VINEYARD ROAD						601 READING	LITERACY PROGRAMS TO
PHOENIX, AZ 85041	86-6000509	170(C)(1)	0.	5,269,	FMV	RESOURCES	INCREASE READING
							READING RESOURCES
INDIAN WELLS ELEMENTARY SCHOOL						DONATION OF	PROVIDED TO UNDERFUNDED
1000 NORTH 8TH AVENUE						2,396 READING	LITERACY PROGRAMS TO
HOLBROOK AZ 86025	86-6007505	170(C)(1)	0.	15,238,	FMV	RESOURCES	INCREASE READING
							READING RESOURCES
JONES MEMORIAL UNITED METHODIST						DONATION OF	PROVIDED TO UNDERFUNDED
CHURCH - 2504 ALMEDA GENOA ROAD -						1,319 READING	LITERACY PROGRAMS TO
HOUSTON, TX 77047	76-0076537	501(C)(3)	0.	6,901.	FMV	RESOURCES	INCREASE READING
							READING RESOURCES
NEVITT ELEMENTARY SCHOOL						DONATION OF	PROVIDED TO UNDERFUNDED
4525 EAST SAINT ANNE AVENUE						4,184 READING	LITERACY PROGRAMS TO
PHOENIX, AZ 85042	86-6000480	170(C)(1)	0.	34,973,	FMV	RESOURCES	INCREASE READING
							READING RESOURCES
CAMARENA MEMORIAL LIBRARY						DONATION OF	PROVIDED TO UNDERFUNDED
850 ENCINAS AVENUE						454 READING	LITERACY PROGRAMS TO
CALEXICO, CA 92231	95-6000684	170(C)(1)	0.	5,425,	FMV	RESOURCES	INCREASE READING
							READING RESOURCES
FOOTHILLS FOOD BANK						DONATION OF	PROVIDED TO UNDERFUNDED
6038 EAST HIDDEN VALLEY DRIVE						1034 READING	LITERACY PROGRAMS TO
CAVE CREEK, AZ 85331	86-0701504	501(C)(3)	0.	6.161	FMV	RESOURCES	INCREASE READING
							READING RESOURCES
PALOMINO PRIMARY SCHOOL						DONATION OF	PROVIDED TO UNDERFUNDED
15833 NORTH 29TH STREET						1,896 READING	LITERACY PROGRAMS TO
PHOENIX, AZ 85032	86-6005162	170(C)(1)	0.	12,116,	FMV	RESOURCES	INCREASE READING
A			· · · ·				READING RESOURCES
J.B. SUTTON ELEMENTARY SCHOOL						DONATION OF	PROVIDED TO UNDERFUNDED
1001 NORTH 31ST AVENUE						1,321 READING	LITERACY PROGRAMS TO
PHOENIX, AZ 85009	86-6000483	170(C)(1)	0.	8,367	FMV	RESOURCES	INCREASE READING
THORATY, ND 00000	1 30 0000403		<b>V</b> .	0,001	. p		

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

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(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							READING RESOURCES
LOWELL ELEMENTARY SCHOOL						DONATION OF	PROVIDED TO UNDERFUNDED
20 EAST BROADWAY ROAD						1,605 READING	LITERACY PROGRAMS TO
1ESA, AZ 85204	86-6000481	170(C)(1)	0,	9,649.	FMV	RESOURCES	INCREASE READING
							READING RESOURCES
GUERRERO ELEMENTARY SCHOOL						DONATION OF	PROVIDED TO UNDERFUNDED
163 SOUTH ALMA SCHOOL ROAD						781 READING	LITERACY PROGRAMS TO
1ESA, AZ 85210	86-6000481	170(C)(1)	0.	5,096.	FMV	RESOURCES	INCREASE READING
							READING RESOURCES
EDISON ELEMENTARY SCHOOL						DONATION OF	PROVIDED TO UNDERFUNDED
545 NORTH HORNE AVENUE						5,084 READING	LITERACY PROGRAMS TO
IESA, AZ 85203	86-6000481	170(C)(1)	0.	41,348.	FMV	RESOURCES	INCREASE READING
							READING RESOURCES
MIGHTY CHANGE OF HEART						DONATION OF	PROVIDED TO UNDERFUNDED
.8128 WEST DESERT LANE						4,243 READING	LITERACY PROGRAMS TO
SURPRISE, AZ 85388	81-3155104	501(C)(3)	0.	25,629.	FMV	RESOURCES	INCREASE READING
							READING RESOURCES
MESA UNITED WAY						DONATION OF	PROVIDED TO UNDERFUNDED
303 NORTH CENTENNIAL WAY, SUITE 1						1,236 READING	LITERACY PROGRAMS TO
MESA, AZ 85201	86-0198599	501(C)(3)	0.	5,429.	FMV	RESOURCES	INCREASE READING
			v.				READING RESOURCES
ARIZONA MUSEUM OF NATURAL HISTORY						DONATION OF	PROVIDED TO UNDERFUNDED
3 NORTH MACDONALD						1,486 READING	LITERACY PROGRAMS TO
MESA, AZ 85201	86-6000252	170(C)(1)	0.	10,349.	EMV	RESOURCES	INCREASE READING
ESR, A2 03201	00 0000252	1/0(0/(1/	· · ·	10,545.			READING RESOURCES
EMPE PUBLIC LIBRARY						DONATION OF	PROVIDED TO UNDERFUNDED
STOD SOUTH RURAL ROAD		170/01/11	0.	0.005		1,070 READING	LITERACY PROGRAMS TO
EMPE, AZ 85282	86-6000262	170(C)(1)	<u>.</u>	8,005.	FMV	RESOURCES	INCREASE READING
							READING RESOURCES
PENDERGAST ELEMENTARY SCHOOL						DONATION OF	PROVIDED TO UNDERFUNDED
DISTRICT - 3841 NORTH 91ST AVENUE						3,370 READING	LITERACY PROGRAMS TO
PHOENIX, AZ 85307	86-6000522	170(C)(1)	0.	18,981.	FMV	RESOURCES	INCREASE READING
							READING RESOURCES
PAT DISKIN ELEMENTARY SCHOOL						DONATION OF	PROVIDED TO UNDERFUNDED
4220 RAVENWOOD DRIVE						1,271 READING	LITERACY PROGRAMS TO
LAS VEGAS, NV 89147	88-6000030	170(C)(1)	0.	6,390.	FMV	RESOURCES	INCREASE READING

Schedul	e I (Form 990)	KIDS	NEED	то	READ	
Part II	Continuation	of Grants an	nd Other A	Assista	ance to G	overnment

26-2755631

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							READING RESOURCES
ARIZONA HELPING HANDS						DONATION OF	PROVIDED TO UNDERFUNDED
110 EAST THUNDERBIRD ROAD, SUITE 1						786 READING	LITERACY PROGRAMS TO
PHOENIX, AZ 85032	86-0935988	501(C)(3)	0.	6,816.	FMV	RESOURCES	INCREASE READING
							READING RESOURCES
ORTER ELEMENTARY SCHOOL				2		DONATION OF	PROVIDED TO UNDERFUNDED
350 SOUTH LINDSAY ROAD						1,892 READING	LITERACY PROGRAMS TO
ESA, AZ 85204	41-2254897	170(C)(1)	0.	12,433.	FMV	RESOURCES	INCREASE READING
							READING RESOURCES
RUNSON-LEE ELEMENTARY SCHOOL						DONATION OF	PROVIDED TO UNDERFUNDED
350 NORTH 48TH STREET						1,733 READING	LITERACY PROGRAMS TO
HOENIX, AZ 85008	86-6000495	170(C)(1)	0.	15,845.	FMV	RESOURCES	INCREASE READING
							READING RESOURCES
OPPER QUEEN LIBRARY						DONATION OF	PROVIDED TO UNDERFUNDED
MAIN STREET						703 READING	LITERACY PROGRAMS TO
SISBEE, AZ 85603	86-6000235	170(C)(1)	0.	7,398.	FMV	RESOURCES	INCREASE READING
							READING RESOURCES
KY VIEW ELEMENTARY SCHOOL						DONATION OF	PROVIDED TO UNDERFUNDED
624 WEST SWEETWATER AVENUE						857 READING	LITERACY PROGRAMS TO
PEORIA, AZ 85381	86-6000488	170(C)(1)	0.	7,942.	FMV	RESOURCES	INCREASE READING
							READING RESOURCES
EMPE ELEMENTARY SCHOOL DISTRICT						DONATION OF	PROVIDED TO UNDERFUNDED
O, 3 - 3205 SOUTH RURAL ROAD -						3150 READING	LITERACY PROGRAMS TO
EMPE, AZ 85282	86-6000480	170(C)(1)	0.	17,653.	FMV	RESOURCES	INCREASE READING
							READING RESOURCES
OPPER VALLEY COMMUNITY LIBRARY						DONATION OF	PROVIDED TO UNDERFUNDE
ILE 186 GLENN HIGHWAY, PO BOX 173						653 READING	LITERACY PROGRAMS TO
LENNALLEN, AK 99588	92-6010355	170(C)(1)	0.	7,138,	FMV	RESOURCES	INCREASE READING
							READING RESOURCES
OK COMMUNITY LIBRARY ASSOCIATION						DONATION OF	PROVIDED TO UNDERFUNDE
ILE 1314 ALASKA HIGHWAY, PO BOX 22						657 READING	LITERACY PROGRAMS TO
OK. AK 99780	23-7209521	170(C)(1)	0.	6,911.	FMV	RESOURCES	INCREASE READING
			<b>.</b>	<u> </u>	<u>. * ** *</u>		READING RESOURCES
MAGINE SCHOOLS AVONDALE						DONATION OF	PROVIDED TO UNDERFUNDE
50 NORTH ELISEO FELIX JR WAY						910 READING	LITERACY PROGRAMS TO
VONDALE, AZ 85323	45-2528346	170(0)(1)	0.	5,121.	ENMS7	RESOURCES	INCREASE READING

Schedule I (Form 990)

Page 1

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

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(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							READING RESOURCES
SOUSA ELEMENTARY SCHOOL						DONATION OF	PROVIDED TO UNDERFUNDED
16 NORTH MOUNTAIN ROAD						1,080 READING	LITERACY PROGRAMS TO
IESA, AZ 85207	86-1026267	170(C)(1)	0.	6,129,	FMV	RESOURCES	INCREASE READING
							READING RESOURCES
BRINTON ELEMENTARY SCHOOL						DONATION OF	PROVIDED TO UNDERFUNDED
1455 EAST SUNLAND AVENUE						1,199 READING	LITERACY PROGRAMS TO
1ESA, AZ 85208	86-6000481	170(C)(1)	0.	6,775,	TWA	RESOURCES	INCREASE READING
125A, A2 05200	00 000401	1/0(0/(1/		0,110,			READING RESOURCES
WACTHE DEED CHEDDICE						DONATION OF	PROVIDED TO UNDERFUNDED
IMAGINE PREP SURPRISE						1,080 READING	
14850 NORTH 156TH AVENUE				c			LITERACY PROGRAMS TO
SURPRISE, AZ 85379	20-4931199	170(C)(1)	0.	6,070,	.FMV	RESOURCES	INCREASE READING
							READING RESOURCES
WHITMAN ELEMENTARY SCHOOL						DONATION OF	PROVIDED TO UNDERFUNDED
1829 NORTH GRAND						1,000 READING	LITERACY PROGRAMS TO
MESA, AZ 85201	86-6000481	170(C)(1)	0.	5,515,	FMV	RESOURCES	INCREASE READING
··· · · · · · · · · · · · · · · · · ·							
							· · · · · · · · · · · · · · · · · · ·
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Schedule I (Form 990) (2019)

KIDS NEED TO READ

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Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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 noncash assistance
		-			

Part IV Supplemental Information. 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:

SURPRISE AND KINGSWOOD ELEMENTARY SCHOOLS

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

UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING PROFICIENCY LEVELS

AMONG DISADVANTAGED CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT:

## INDIAN OASIS ELEMENTARY, PRIMARY AND INTERMEDIATE CAMPUSES

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

UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING PROFICIENCY LEVELS

AMONG DISADVANTAGED CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: FAITH CHRISTIAN CENTER

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

UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING PROFICIENCY LEVELS

AMONG DISADVANTAGED CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT:

GOOD NEIGHBORS COMMUNITY OUTREACH AGENCY

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

UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING PROFICIENCY LEVELS

AMONG DISADVANTAGED CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: SHOW LOW PUBLIC LIBRARY

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

UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING PROFICIENCY LEVELS

AMONG DISADVANTAGED CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: FAYETTE COUNTY SCHOOLS

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

UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING PROFICIENCY LEVELS

AMONG DISADVANTAGED CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: THE FREE BOOK BUS

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

UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING PROFICIENCY LEVELS

932291 04-01-19 Schedule I (Form 990)

AMONG DISADVANTAGED CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT:

CACTUS WREN ELEMENTARY SCHOOL HEAD START

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

UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING PROFICIENCY LEVELS

AMONG DISADVANTAGED CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: MESA PUBLIC LIBRARY

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

UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING PROFICIENCY LEVELS

AMONG DISADVANTAGED CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: MARTIN LUTHER KING, JR. SCHOOL

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

UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING PROFICIENCY LEVELS

AMONG DISADVANTAGED CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: EAGLE PATHWAY

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

UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING PROFICIENCY LEVELS

AMONG DISADVANTAGED CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: MOUNTAIN VIEW SCHOOL

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

UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING PROFICIENCY LEVELS

AMONG DISADVANTAGED CHILDREN.

932291 04-01-19

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Schedule I (Form 990)

Schedule I (Form 990) Part IV Supplemental Information NAME OF ORGANIZATION OR GOVERNMENT: ASSISTANCE LEAGUE OF PHOENIX (H) PURPOSE OF GRANT OR ASSISTANCE: READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING PROFICIENCY LEVELS

AMONG DISADVANTAGED CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT:

SHADOW HILLS HIGH SCHOOL/OLIPHANT ELEMENTARY SCHOOL

KIDS NEED TO READ

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

UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING PROFICIENCY LEVELS

AMONG DISADVANTAGED CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: EISENHOWER CENTER FOR INNOVATION (H) PURPOSE OF GRANT OR ASSISTANCE: READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING PROFICIENCY LEVELS AMONG DISADVANTAGED CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: SAN GABRIEL EDUCATIONAL FOUNDATION (H) PURPOSE OF GRANT OR ASSISTANCE: READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING PROFICIENCY LEVELS AMONG DISADVANTAGED CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: V. H. LASSEN SCHOOL K8

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

UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING PROFICIENCY LEVELS

AMONG DISADVANTAGED CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: INDIAN WELLS ELEMENTARY SCHOOL

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

Schedule I (Form 990)

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UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING PROFICIENCY LEVELS

AMONG DISADVANTAGED CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT:

JONES MEMORIAL UNITED METHODIST CHURCH

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

UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING PROFICIENCY LEVELS

AMONG DISADVANTAGED CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: NEVITT ELEMENTARY SCHOOL

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

UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING PROFICIENCY LEVELS

AMONG DISADVANTAGED CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: CAMARENA MEMORIAL LIBRARY

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

UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING PROFICIENCY LEVELS

AMONG DISADVANTAGED CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: FOOTHILLS FOOD BANK

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

UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING PROFICIENCY LEVELS

AMONG DISADVANTAGED CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: PALOMINO PRIMARY SCHOOL

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

UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING PROFICIENCY LEVELS

AMONG DISADVANTAGED CHILDREN.

932291 04-01-19 NAME OF ORGANIZATION OR GOVERNMENT: J.B. SUTTON ELEMENTARY SCHOOL (H) PURPOSE OF GRANT OR ASSISTANCE: READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING PROFICIENCY LEVELS AMONG DISADVANTAGED CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: LOWELL ELEMENTARY SCHOOL (H) PURPOSE OF GRANT OR ASSISTANCE: READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING PROFICIENCY LEVELS AMONG DISADVANTAGED CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: GUERRERO ELEMENTARY SCHOOL (H) PURPOSE OF GRANT OR ASSISTANCE: READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING PROFICIENCY LEVELS AMONG DISADVANTAGED CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: EDISON ELEMENTARY SCHOOL (H) PURPOSE OF GRANT OR ASSISTANCE: READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING PROFICIENCY LEVELS AMONG DISADVANTAGED CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: A MIGHTY CHANGE OF HEART

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

UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING PROFICIENCY LEVELS

AMONG DISADVANTAGED CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: MESA UNITED WAY

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

Schedule I (Form 990)

932291 04-01-19

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UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING PROFICIENCY LEVELS

AMONG DISADVANTAGED CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: ARIZONA MUSEUM OF NATURAL HISTORY (H) PURPOSE OF GRANT OR ASSISTANCE: READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING PROFICIENCY LEVELS AMONG DISADVANTAGED CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: TEMPE PUBLIC LIBRARY

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

UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING PROFICIENCY LEVELS

AMONG DISADVANTAGED CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: PENDERGAST ELEMENTARY SCHOOL DISTRICT (H) PURPOSE OF GRANT OR ASSISTANCE: READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING PROFICIENCY LEVELS AMONG DISADVANTAGED CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: PAT DISKIN ELEMENTARY SCHOOL (H) PURPOSE OF GRANT OR ASSISTANCE: READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING PROFICIENCY LEVELS AMONG DISADVANTAGED CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: ARIZONA HELPING HANDS

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

UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING PROFICIENCY LEVELS

AMONG DISADVANTAGED CHILDREN.

Schedule I (Form 990)

932291 04-01-19 KIDS NEED TO READ

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: PORTER ELEMENTARY SCHOOL

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

UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING PROFICIENCY LEVELS

AMONG DISADVANTAGED CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: BRUNSON-LEE ELEMENTARY SCHOOL

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

UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING PROFICIENCY LEVELS

AMONG DISADVANTAGED CHILDREN

NAME OF ORGANIZATION OR GOVERNMENT: COPPER QUEEN LIBRARY

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

UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING PROFICIENCY LEVELS

AMONG DISADVANTAGED CHILDREN

NAME OF ORGANIZATION OR GOVERNMENT: SKY VIEW ELEMENTARY SCHOOL

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

UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING PROFICIENCY LEVELS

AMONG DISADVANTAGED CHILDREN

NAME OF ORGANIZATION OR GOVERNMENT:

TEMPE ELEMENTARY SCHOOL DISTRICT NO. 3

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

UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING PROFICIENCY LEVELS

AMONG DISADVANTAGED CHILDREN

NAME OF ORGANIZATION OR GOVERNMENT: COPPER VALLEY COMMUNITY LIBRARY

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

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Schedule I (Form 990)

UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING PROFICIENCY LEVELS

AMONG DISADVANTAGED CHILDREN

NAME OF ORGANIZATION OR GOVERNMENT: TOK COMMUNITY LIBRARY ASSOCIATION (H) PURPOSE OF GRANT OR ASSISTANCE: READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING PROFICIENCY LEVELS AMONG DISADVANTAGED CHILDREN

NAME OF ORGANIZATION OR GOVERNMENT: IMAGINE SCHOOLS AVONDALE (H) PURPOSE OF GRANT OR ASSISTANCE: READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING PROFICIENCY LEVELS AMONG DISADVANTAGED CHILDREN

NAME OF ORGANIZATION OR GOVERNMENT: SOUSA ELEMENTARY SCHOOL

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

UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING PROFICIENCY LEVELS

AMONG DISADVANTAGED CHILDREN

NAME OF ORGANIZATION OR GOVERNMENT: BRINTON ELEMENTARY SCHOOL

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

UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING PROFICIENCY LEVELS

AMONG DISADVANTAGED CHILDREN

NAME OF ORGANIZATION OR GOVERNMENT: IMAGINE PREP SURPRISE

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

UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING PROFICIENCY LEVELS

AMONG DISADVANTAGED CHILDREN

93229**1** 04-01-19

932291 04-01-19				53			Schedule I (Form
		· · · · · · · · · · · · · · · · · · ·					
	<u> </u>		······				
AMONG DISADV	ANTAGED	CHILDRI					
INDERFUNDED				NCREASE R	EADING PRO	OFICIENCY	LEVELS
						07707010	
AME OF ORGA					RESOURCES	<u>S PROVIDE</u>	D TO
Part IV Supplen	NIZATION	N OR GOV	VERNMENT			RY SCHOOL S PROVIDE	

## SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury	
Internal Revenue Service	

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

Open to Public Inspection

Name	of the	organizatior
------	--------	--------------

► Go to www.irs.gov/Form990 for instructions and the latest information.

TTDD 1	NEED	тU	READ		

Employe	er ide	ntifica	tion	numb	er
	26-	275	563	31	

Pa	rt I Types of Property						
		(a)	(b) Number of	(c)	(d)		
		Check if applicable	contributions or	Noncash contribution amounts reported on	Method of dei noncash contribu	÷	e
		applicable	items contributed	Form 990, Part VIII, line 1g	noncash contribu		
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications	X		637,208.	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						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ► ()						
26	Other ► ()						
27	Other  ( )						
28	Other ► ( )						
29	Number of Forms 8283 received by the organiz	zation durin	g the tax year for c	ontributions			
	for which the organization completed Form 828					0	
						Yes	No
30a	During the year, did the organization receive by	y contributio	on any property rep	oorted in Part I, lines 1 throu	gh 28, that it		
	must hold for at least three years from the date	e of the initia	al contribution, and	l which isn't required to be ι	ised for		
	exempt purposes for the entire holding period?					30a	Х
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance p	oolicy that re	equires the review	of any nonstandard contribu	utions?	31	Х
32a	Does the organization hire or use third parties				ſ		
- /	contributions?		0	<i>i i</i>		32a	х
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,		
	describe in Part II.			- ```			
LHA		the Instruc	tions for Form 99	0.	Schedule M	(Form 990)	2019

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Schedule M (Form 990) 2	019 KIDS	NEED I	O READ	26-2755631	Pag
is reporting		n (b), the num		tion required by Part I, lines 30b, 32b, and 33, and whether the organiz tions, the number of items received, or a combination of both. Also con	

Schedule M (Form 95

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.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 2019 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 VI, SECTION A, LINE 2:

ROBERT GARY, THE CREATIVE DIRECTOR, IS DENISE GARY'S SON.

FORM 990, PART VI, SECTION B, LINE 11B:

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.

FORM 990, PART VI, SECTION B, LINE 15A:

THE MEMBERS OF THE KIDS NEED TO READ BOARD OF DIRECTORS CONDUCTED AN

INDEPENDENT REVIEW AND APPROVAL OF THE EXECUTIVE DIRECTOR SALARY. SEVERAL

MEETINGS WERE HELD IN RELATION TO THE APPROVAL PROCESS, IN WHICH

COMPARATIVE DATA WAS REVIEWED FROM SEVERAL SOURCES. DOCUMENTATION HAS BEEN

RETAINED REGARDING THE DELIBERATION AND DECISION RESULTING FROM THE

INDEPENDENT REVIEW.

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.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019) 932211 09-06-19

Form	4562
	ment of the Treasury Revenue Service (99)

## **Depreciation and Amortization**

(Including Information on Listed Property)

990

OMB No. 1545-0172

Sequence No. 179

l

Attachment

g

Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information. Business or activity to which this form relates

Name	s) shown on return			Busi	ness or a	ctivity to w	hich this form relate	s	Identifying number
	DS NEED TO READ		0. No. 10				PAGE 10		26-2755631
Pa		perty Under Section 1/	9 Note: If yo	u have any l	isted p	roperty,	complete Part		
	Maximum amount (see instructions)								1,020,000.
	Total cost of section 179 property pla								
	Threshold cost of section 179 proper							····   · · · · ·	2,550,000.
	Reduction in limitation. Subtract line								
<u>5</u> (	Dollar limitation for tax year. Subtract line 4 from (a) Description of		0 It married till	(b) Cost (bus			(c) Elected		
0				(2) 0001 (200		- Chingy	(0) 2100100		
		<u> </u>						•	
7	Listed property. Enter the amount fro	om line 29	ł.			7			
	Fotal elected cost of section 179 pro					<u> </u>		8	and a second
	Fentative deduction. Enter the small								
	Carryover of disallowed deduction fro								
	Business income limitation. Enter the								
	Section 179 expense deduction. Add								
	Carryover of disallowed deduction to					13			
Note	: Don't use Part II or Part III below for	or listed property. Ins	tead, use Pa	art V.					
Pa	rt II Special Depreciation Allow	vance and Other De	preciation (	(Don't inclue	de liste	d prope	rty. <b>)</b>		
14 \$	Special depreciation allowance for qu	ualified property (othe	er than listed	d property) p	blaced i	n servic	e during		
t	he tax year							14	
15 F	Property subject to section 168(f)(1)	election						15	
	Other depreciation (including ACRS)							16	8,347.
Pa	rt III MACRS Depreciation (Dor	n't include listed prop							
				ction A					
	MACRS deductions for assets place							17	
<u>18</u>	you are electing to group any assets placed in s								
	Section B - Asse	ts Placed in Service (b) Month and		depreciation				ation Syst	em
	(a) Classification of property	year placed in service	(business/in	vestment use instructions)		Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property								
b	5-year property								
C	7-year property								
d	10-year property								
e	15-year property		,						
f	20-year property								
g	25-year property				2	5 yrs.		S/L	
h	Residential rental property	/				7.5 yrs.	MM	S/L	
		/			27	7.5 yrs.	MM	S/L	
i	Nonresidential real property	/			3	9 yrs.	MM	S/L	
	· · · ·	/						S/L	
		s Placed in Service I	Juring 2019	lax Year L	Jsing t	he Alter	rnative Depred	1	stem
<u>20a</u>	Class life				-	0		S/L	
b	12-year				-	2 yrs.		S/L	
	30-year					0 yrs. 0 yrs.	MM MM	S/L S/L	· · · · · · · · · · · · · · · · · · ·
d Do	40-year <b>rt IV</b> Summary (See instructions	<u> </u>				0 yis.	IVIIVI		<u> </u>
2000		in e 00						01	
	Listed property. Enter amount from li <b> Total.</b> Add amounts from line 12, line						••••••	21	
	Enter here and on the appropriate lin	-						22	8,347.
	For assets shown above and placed	-					<u></u>	<b>E</b>	
	portion of the basis attributable to se	•	-			23			7.20 
	1 12-12-19 LHA For Paperwork Re				ons.				Form <b>4562</b> (2019)

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Form 4562 (2019)	KID	S NEED	TO R	EAD							26-	2755	631	Page 2
Part V Listed	Property (Include au			er vehic	es, cer	tain airc	raft, an	d propert	y used fo	or				
	ainment, recreation, o For any vehicle for w		,	standar	n milea	ne rate c	vr dedu	ucting leas	e exnen	se com	nlete on	lv 24a		
24b, c	olumns (a) through (c	c) of Section A	, all of Se	ection B,	and S	ection C	if appl	licable.						
Sec	ction A - Depreciation	on and Other	Informa	tion (Ca	ution: 🗧	See the i	nstruc	tions for li	mits for p	basseng	ger autor	nobiles.	)	
24a Do you have evid	dence to support the bu	siness/investme	ent use cla	aimed?	<u> </u>	′es 🗌	No	24b If "Y	es," is th	ie evide	nce writt	ten?	Yes [	No
(a)	(b)	_ (c)		(d)		(e)		(f)	(	g)	(	h)		(i)
Type of proper		Business/ investment		Cost or		sis for depr Isiness/inve		Recovery		hod/		ciation		cted on 179
(list vehicles firs	st) service	use percentag		her basis		use only		period	Conv	ention	ueut	uction	1	ost
25 Special depreci	ation allowance for q	ualified listed	property	placed i	n servi	ce durin	g the ta	ax year an	d					
used more than	50% in a qualified b	usiness use					-			25				
	more than 50% in a q													
	: :	9	6											
		9	6											
···· · · · · · · · · · ·			6			· · · -								
27 Property used 5	50% or less in a quali	· · · · · · · · · · · · · · · · · · ·						I	l				I	
		1	<u>430.</u> 6						S/L -		1			
			6						S/L·					
			<u>~</u>						S/L -				-	
	<u> </u>							I		00			-	
	n column (h), lines 25										I		-	
29 Add amounts in	n column (i), line 26. E											. 29	l	
		-		3 - Infori										
-	on for vehicles used	-												s
to your employees,	first answer the ques	stions in Section	on C to s	see if you	meet	an excep	otion to	o completi	ng this s	ection f	or those	vehicle	s.	
							1		r					
			(a	a)	(	(b)		(c)	(0	d)	(	e)	(	f)
30 Total business/inv	vestment miles driven d	uring the	Veh	icle	Ve	hicle	V V	/ehicle	Veh	icle	Ver	nicle	Veh	nicle
year ( <b>don't</b> includ	e commuting miles)													
31 Total commutin	g miles driven during	the year												
32 Total other pers	onal (noncommuting	) miles												
driven														
33 Total miles drive														
	rough 32													
	e available for person		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	hours?				100	1 10	100		100		100		100	
	e used primarily by a									· · · · · · · · · · · · · · · · · · ·				
	or rolated person?													
	•					·   · · · · ·						·		
	cle available for perso													
<u>use?</u>	- ··					1	· ·				I			1
		- Questions f	-	-					-					
-	tions to determine if y		xception	i to comp	bleting	Section	B for v	ehicles us	ed by en	nployee	s who ai	ren't		
	ers or related persons													1
37 Do you maintair	n a written policy stat	tement that pr	ohibits a	II person	al use	of vehicl	es, inc	luding cor	nmuting,	by you	r		Yes	No
•	n a written policy stat		-											
employees? Se	e the instructions for	vehicles used	l by corp	orate off	icers, c	directors	, or 1%	6 or more	owners					
39 Do you treat all	use of vehicles by er	nployees as p	ersonal (	⊿se?										
40 Do you provide	more than five vehic	les to your em	ployees,	obtain i	nforma	tion from	n your (	employee	s about					
the use of the v	ehicles, and retain th	e information	received	l?										
	e requirements conc													
•	swer to 37, 38, 39, 4													
Part VI Amortiz		·												
	(a)		(b)		(c)			(d)		(e)			(f)	
De	escription of costs		amortization begins		Amortiza	ble it		Code section		Amortiza period or per		A fe	mortization or this year	
42 Amortization of	costs that begins du	······································		ı ar:			!		I					
	- Joto at Dogino du													
	· · · ·		<u> </u>											
12 Amortization of	costs that began be	fore your 2010	tax yoo	r			1		l	· · · ·	43			
	-										44			
	ounts in column (f). Se		IUNS IOF	where to	report		<u></u>		<u></u>				orm 456	<b>2</b> (2010)
916252 12-12-19						58						ſ	0001 400	× (2013)

08501029 797571 1362

58 2019.04030 KIDS NEED TO READ

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