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CLIENT'S COPY

Lohman Company, PLLC
Stapley Center
1630 South Stapley Drive, Suite 108
Mesa, Arizona 85204

Jessica Payne
Kids Need to Read
2450 West Broadway Road; Suite 110
Mesa, AZ 85202

Dear Jessica:

Enclosed is the organization's 2021 Exempt Organization return. The state Exempt Organization return and Annual Report are also enclosed.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by February 15, 2023.

CALIFORNIA FORM 199 RETURN:

The California Form 199 return has been prepared for electronic filing. If you wish to have it transmitted electronically to the FTB, please sign, date and return Form 8453-EO to our office. We will then submit the electronic return to the FTB. Do not mail the paper copy of the return to the FTB.

No payment is required.

CALIFORNIA FORM RRF-1:

The California Form RRF-1 should be mailed as soon as possible to:

Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

Enclose a check or money order for \$100.00, payable to

Department of Justice.

The report should be signed and dated by the authorized individual(s).

We have prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

Form 990 must be available for a 3-year period beginning with the date the return is required to be filed (including extensions) or is actually filed, whichever is later. The available document must be an exact copy of the return and schedules as filed with the IRS, except that the names and addresses of the contributors may be excluded. Should you receive a request for inspection, you may want to call for further details.

Please review the return for completeness and accuracy.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Copies of all the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

Very truly yours,

Lohman Company, PLLC

TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

March 31, 2022

Prepared for	Jessica Payne Kids Need to Read 2450 West Broadway Road; Suite 110 Mesa, AZ 85202
Prepared by	Lohman Company, PLLC 1630 S. Stapley Dr., Suite 108 Mesa, AZ 85204
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by February 15, 2023.

**IRS e-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

Form **8879-TE**For calendar year 2021, or fiscal year beginning APR 1, 2021, and ending MAR 31, 2022**2021**Department of the Treasury
Internal Revenue Service▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer

KIDS NEED TO READ

EIN or SSN

26-2755631Name and title of officer or person subject to tax **JESSICA PAYNE
EXECUTIVE DIRECTOR****Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>608,794.</u>
2a Form 990-EZ check here ...	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ...	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here ▶	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize LOHMAN COMPANY, PLLC to enter my PIN 12345
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶ ******* THIS IS NOT A FILEABLE COPY *******

Date ▶

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

86472985224

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

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

OMB No. 1545-0047

► **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 print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. KIDS NEED TO READ	Taxpayer identification number (TIN) 26-2755631
	Number, street, and room or suite no. If a P.O. box, see instructions. 2450 WEST BROADWAY ROAD; SUITE 110	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MESA, AZ 85202	

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

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

THE COMPANY
• The books are in the care of ► **2450 WEST BROADWAY ROAD, STE 110 - MESA, AZ 85202**

Telephone No. ► **480-256-0115**

Fax No. ► _____

- If the organization does not have an office or place of business in the United States, check this box ☐ **►** ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **FEBRUARY 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year _____ or
► ☒ tax year beginning **APR 1, 2021**, and ending **MAR 31, 2022**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.**2021**Open to Public
Inspection**A** For the **2021** calendar year, or tax year beginning **APR 1, 2021** and ending **MAR 31, 2022****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization**KIDS NEED TO READ**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

2450 WEST BROADWAY ROAD; SUITE 110

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

MESA, AZ 85202**F** Name and address of principal officer: **TYSON BREINHOLT**
SAME AS C ABOVE**D** Employer identification number**26-2755631****E** Telephone number**480-256-0115****G** Gross receipts \$ **608,794.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.KIDSNEEDTOREAD.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **2008** **M** State of legal domicile: **AZ****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: PROVIDING BOOKS TO CHILDREN AND ORGANIZATIONS THAT SERVE CHILDREN, ESPECIALLY DISADVANTAGED
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a) 11
	4	Number of independent voting members of the governing body (Part VI, line 1b) 10
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a) 6
	6	Total number of volunteers (estimate if necessary) 20
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 1,115,991.
	9	Program service revenue (Part VIII, line 2g) 0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) -1,476.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,114,515.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,132,078.
Expenses	14	Benefits paid to or for members (Part IX, column (A), line 4) 0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 102,848.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 0.
	b	Total fundraising expenses (Part IX, column (D), line 25) 22,880.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 101,102.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,336,028.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12 -221,513.
	20	Total assets (Part X, line 16) 2,590,466.
	21	Total liabilities (Part X, line 26) 46,167.
	22	Net assets or fund balances. Subtract line 21 from line 20 2,544,299.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	JESSICA PAYNE, EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name DENNIS M. HARE	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P01241957
	Firm's name ▶ LOHMAN COMPANY, PLLC	Firm's EIN ▶ 86-0985325	Phone no. 480-355-1100		
	Firm's address ▶ 1630 S. STAPLEY DR., SUITE 108 MESA, AZ 85204				

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:

KIDS NEED TO READ HELPS CHILDREN TO DISCOVER THE JOY OF READING AND THE POWER OF A LITERATE MIND BY PROVIDING INSPIRING BOOKS AND LITERACY PROGRAMS TO UNDERFUNDED SCHOOLS, LIBRARIES, AND COMMUNITY AGENCIES ACROSS THE UNITED STATES, ESPECIALLY THOSE SERVING DISADVANTAGED

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,309,232. including grants of \$ 1,207,196.) (Revenue \$ 609,002.)
 GRANTS TO PROVIDE BOOKS TO DISADVANTAGED CHILDREN THROUGH UNDERFUNDED SCHOOLS, LIBRARIES AND LITERACY PROGRAMS. THE PROGRAM SUPPORTS LITERACY AND GRADUATION RATES AMONG OUR NATION'S YOUTH.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **1,309,232.**Form **990** (2021)

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)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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 foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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 or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

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		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		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		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		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		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		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
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		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		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part 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	2a 6		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
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?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		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).			
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?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 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		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b 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.			
a 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	13b		
c Enter the amount of reserves on hand	13c		
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		X
If "Yes," see the 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.			
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
If "Yes," complete Form 6069.			

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

☒**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 11 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.		
b Enter the number of voting members included on line 1a, above, who are independent 1b 10		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4 X	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a X	
b Each committee with authority to act on behalf of the governing body?	8b X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a X	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c X	
13 Did the organization have a written whistleblower policy?	13 X	
14 Did the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a X	
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
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	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **CA**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 ►
THE COMPANY - 480-256-0115
2450 WEST BROADWAY ROAD, STE 110, MESA, AZ 85202

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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.

[illegible]

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	14,774.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	32,175.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	559,233.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 409,373.				
	h Total. Add lines 1a-1f						
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			640.			640.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real (ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses	7b	0.				
	c Gain or (loss)	7c	1,972.				
	d Net gain or (loss)			1,972.			1,972.
	8 a Gross income from fundraising events (not including \$ 14,774. of contributions reported on line 1c). See Part IV, line 18	8a	0.				
	b Less: direct expenses	8b	0.				
	c Net income or (loss) from fundraising events			0.			
	9 a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
	11 a						
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions				608,794.	0.	0.	2,612.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,207,196.	1,207,196.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	45,579.	27,347.	9,116.	9,116.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	25,665.	15,781.	3,132.	6,752.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	5,442.	3,314.	908.	1,220.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	8,133.		8,133.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	829.		829.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	39.	39.		
13 Office expenses	8,442.		5,293.	3,149.
14 Information technology				
15 Royalties				
16 Occupancy	34,111.	29,591.	2,468.	2,052.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,134.	3,836.	298.	
23 Insurance	5,309.		5,309.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a SHIPPING	14,404.	14,223.	39.	142.
b MATERIALS AND SUPPLIES	9,030.	7,905.	756.	369.
c OTHER EXPENSES	1,218.		1,138.	80.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,369,531.	1,309,232.	37,419.	22,880.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	108,968.	1	83,395.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	460.
	5 Loans and other receivables from 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	2,435,394.	8	1,664,750.
	9 Prepaid expenses and deferred charges	1,729.	9	1,904.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 34,173.		
	b Less: accumulated depreciation	10b 31,297.	10c	2,876.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	34,424.	12	36,202.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,941.	15	2,941.
16 Total assets. Add lines 1 through 15 (must equal line 33)	2,590,466.	16	1,792,528.	
Liabilities	17 Accounts payable and accrued expenses	8,992.	17	8,946.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	37,175.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	46,167.	26	8,946.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	2,509,875.	27	1,747,380.
	28 Net assets with donor restrictions	34,424.	28	36,202.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	2,544,299.	32	1,783,582.
	33 Total liabilities and net assets/fund balances	2,590,466.	33	1,792,528.

Form 990 (2021)

Part XI Reconciliation of Net AssetsCheck 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	608,794.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,369,531.
3	Revenue less expenses. Subtract line 2 from line 1	3	-760,737.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,544,299.
5	Net unrealized gains (losses) on investments	5	20.
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	1,783,582.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2021)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

KIDS NEED TO READ

Employer identification number

26-2755631

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)).....	14	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Schedule A (Form 990) 2021

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,022,814.	1,818,467.	771,707.	1,111,264.	591,408.	5,315,660.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	1,022,814.	1,818,467.	771,707.	1,111,264.	591,408.	5,315,660.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						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.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						5,315,660.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	1,022,814.	1,818,467.	771,707.	1,111,264.	591,408.	5,315,660.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,949.	1,263.	1,137.	2,756.	2,612.	9,717.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,949.	1,263.	1,137.	2,756.	2,612.	9,717.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	73,976.	40,805.	35,897.	4,727.	14,774.	170,179.
13 Total support. (Add lines 9, 10c, 11, and 12.)	1,098,739.	1,860,535.	808,741.	1,118,747.	608,794.	5,495,556.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	96.73 %
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	96.44 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	.18 %
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	.16 %

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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		

Section 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 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		

Section 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 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 on line 2, above, 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		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a 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			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
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? If "Yes" or "No" provide details in Part VI .			
3a			
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.			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting 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		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):			
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 0.015 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 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 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 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990) 2021

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

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 EVENTS**

2017 AMOUNT: \$ 73,976.

2018 AMOUNT: \$ 40,805.

2019 AMOUNT: \$ 35,897.

2020 AMOUNT: \$ 4,727.

2021 AMOUNT: \$ 14,774.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

KIDS NEED TO READ

Employer identification number

26-2755631

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

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

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

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization KIDS NEED TO READ	Employer identification number 26-2755631
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>32,949.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>5,992.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>8,894.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization KIDS NEED TO READ	Employer identification number 26-2755631
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>8</u>		\$ <u>5,567.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>9</u>		\$ <u>9,459.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>10</u>		\$ <u>21,197.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>11</u>		\$ <u>9,324.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>12</u>		\$ <u>60,679.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization KIDS NEED TO READ	Employer identification number 26-2755631
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 14,289.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 14,938.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17		\$ 20,332.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
18		\$ 16,029.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
KIDS NEED TO READ	26-2755631

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
KIDS NEED TO READ	26-2755631

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	3,347 BOOKS	\$ 32,949.	05/04/21
4	200 BOOKS	\$ 5,992.	06/01/21
5	1,236 BOOKS	\$ 8,894.	06/01/21
8	2,827 BOOKS	\$ 5,567.	09/01/21
9	549 BOOKS	\$ 9,459.	09/08/21
10	2,212 READING BUDDIES	\$ 21,197.	10/05/21

Name of organization KIDS NEED TO READ	Employer identification number 26-2755631
--	---

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
11	1,456 BOOKS	\$ 9,324.	11/18/21
12	10,757 BOOKS	\$ 60,679.	12/31/21
13	3,162 BOOKS	\$ 14,289.	12/31/21
14	4,723 BOOKS	\$ 14,938.	12/28/21
17	1,495 BOOKS	\$ 20,332.	02/08/22
18	3,037 BOOKS	\$ 16,029.	03/05/22

Name of organization KIDS NEED TO READ	Employer identification number 26-2755631
--	---

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ► \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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.**

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

KIDS NEED TO READ

Employer identification number

26-2755631

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or 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 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

▶ \$

(ii) Assets included in Form 990, Part X

▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

▶ \$

b Assets included in Form 990, Part X

▶ \$

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

Schedule D (Form 990) 2021

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange program
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	34,424.	27,864.	30,022.	28,038.	26,115.
b Contributions				2,375.	
c Net investment earnings, gains, and losses	2,607.	7,377.	-1,346.	425.	2,475.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	829.	817.	812.	816.	552.
g End of year balance	36,202.	34,424.	27,864.	30,022.	28,038.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ☐ .0000 %
 b Permanent endowment ☐ 100.0000 %
 c Term endowment ☐ .0000 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
 (ii) Related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		2,625.	2,625.	0.
d Equipment		4,698.	4,698.	0.
e Other		26,850.	23,974.	2,876.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,876.

Schedule D (Form 990) 2021

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(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.

1. (a) Description of liability	(b) Book value
(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... ☒

Schedule D (Form 990) 2021

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue 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		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part 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 TAXES ON UNRELATED TRADE OR BUSINESS INCOME EARNED, WHEN

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 I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

KIDS NEED TO READ

Employer identification number
26-2755631

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
A MIGHTY CHANGE OF HEART 18128 W DESERT LN SURPRISE, AZ 85388	81-3155104	501(C)(3)	0.	43,497.		8,829 READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
ADAMS ELEMENTARY SCHOOL 738 S LONGMORE MESA, AZ 85202	86-6000481	170(C)(1)	0.	8,350.		1,437 READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
ALPINE PUBLIC LIBRARY 17 CO RD 2037 ALPINE, TX 85920	74-1478092	170(C)(1)	0.	8,329.		1,009 READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
ARIZONA HELPING HANDS 10612 N 24TH PL PHOENIX, AZ 85028	86-0935988	501(C)(3)	0.	12,071.		854 READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
ASSISTANCE LEAGUE OF ARIZONA 2326 N ALMA SCHOOL RD PHOENIX, AZ 85224	86-0193883	501(C)(3)	0.	31,960.		4,624 READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
BOYS HOPE GIRLS HOPE OF ARIZONA 3443 N CENTRAL AVE # 7 PHOENIX, AZ 85012	86-2630295	501(C)(3)	0.	5,091.		479 READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **23.**
- 3** Enter total number of other organizations listed in the line 1 table **41.**

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

Schedule I (Form 990) 2021

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIGHT MINDS YOUTH DEVELOPMENT PROGRAM - 1849 E SAINT CHARLES AVE - PHOENIX, AZ 85042	85-3727579	501(C)(3)	0.	11,185.		913 READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
BROOKSVILLE PUBLIC LIBRARY 13826 E MAIN ST BROOKSVILLE, MS 39739	64-6011268	170(C)(1)	0.	5,651.		671 READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
CATHOLIC COMMUNITY SERVICES 466 S BELLVIEW MESA, AZ 85204	96-0223999	501(C)(3)	0.	30,408.		4,253 READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
CATHOLIC COMMUNITY SERVICES OF SOUTHERN ARIZONA, INC. - 140 W SPEEDWAY, STE 230 - TUSCON, AZ 85705	51-0192519	501(C)(3)	0.	9,429.		1,767 READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
CHILD AND FAMILY RESOURCES 1115 E FLORENCE BLVD STE M CASA GRANDE, AZ 85122	86-0251984	501(C)(3)	0.	14,138.		2,088 READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
CITY OF TEMPE: YOUTH PROGRAM 31 E 5TH ST # 2 TEMPE, AZ 85281	86-6000262	170(C)(1)	0.	7,318.		527 READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
COLLETON COUNTY MEMORIAL LIBRARY 600 HAMPTON ST WALTERBORO, SC 29488	57-0765263	170(C)(1)	0.	6,567.		600 READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
CRIMSON POINT ELEMENTARY 1941 N SHAYLA AVE KUNA, ID 83634	82-6001275	170(C)(1)	0.	6,714.		1,020 READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
CROCKETT ELEMENTARY SCHOOL 501 N 36TH ST PHOENIX, AZ 85008	86-6000495	170(C)(1)	0.	18,922.		2,331 READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAVID E NORMAN ELEMENTARY 1135 AVE C ELY, NV 89301	88-6000882	170(C)(1)	0.	14,406.		1,733 READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
DESOTO PARISH LIBRARY 109 CROSBY ST MANSFIELD, LA 71052	30-0241019	170(C)(1)	0.	5,541.		520 READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
ECHO MOUNTAIN ELEMENTARY BOOSTER CLUB - 1750 E GROVERS AVE - PHOENIX, AZ 85022	30-0698717	501(C)(3)	0.	22,821.		2,990 READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
EQUIPO ACADEMY 4131 E BONANZA RD LAS VEGAS, NV 89110	47-3706052	170(C)(1)	0.	23,095.		1,749 READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
ESSEX PUBLIC LIBRARY 110 NORTH CYPRESS ST ESSEX, MO 63846	51-0238359	170(C)(1)	0.	9,081.		926 READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
ESTANCIA PUBLIC LIBRARY 601 S 10TH ST ESTANCIA, NM 87016	85-6000126	170(C)(1)	0.	10,118.		1,115 READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
FIRST TEETH FIRST 1645 E ROOSEVELT ST PHOENIX, AZ 85006	86-6000472	170(C)(1)	0.	7,510.		1,665 READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
FLORENCE VIRTUAL ACADEMY 100 ORLANDO ST FLORENCE, AZ 85132	86-6000557	170(C)(1)	0.	6,253.		809 READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
FOOTHILLS FOOD BANK 6038 E HIDDEN VALLEY DR CAVE CREEK, AZ 85331	86-0619725	501(C)(3)	0.	56,906.		6,014 READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GALE ELEMENTARY SCHOOL 678 S GOLLOB RD TUCSON, AZ 85710	86-0667556	170(C)(1)	0.	14,738.		2,110 READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
HOMEWARD BOUND 2302 W COLTER ST PHOENIX, AZ 85015	86-0660875	501(C)(3)	0.	11,900.		1,766 READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
INDIAN OASIS PRIMARY 111 MAIN ST SELLS, AZ 85634	86-0718016	170(C)(1)	0.	24,486.		2,944 READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
IRVING ELEMENTARY SCHOOL 3220 E PUEBLO AVE MESA, AZ 85204	86-6000481	170(C)(1)	0.	11,435.		1,776 READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
JOHN J CURRY ELEMENTARY SCHOOL 1974 E MEADOW DR TEMPE, AZ 85282	86-6000480	170(C)(1)	0.	6,259.		971 READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
LUTHERAN SOCIAL SERVICES 612 S ELLSWORTH RD MESA, AZ 85208	86-0252302	501(C)(3)	0.	11,893.		2,116 READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
MALVERN HOT SPRINGS COUNTY LIBRARY 203 E 3RD ST MALVERN, AR 72104	83-0788486	170(C)(1)	0.	9,126.		911 READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
MARICOPA COUNTY SHERIFFS OFFICE 550 W JACKSON ST PHOENIX, AZ 85003	86-6000472	170(C)(1)	0.	22,507.		2,473 READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
MESA PUBLIC LIBRARY 64 E 1ST ST MESA, AZ 85201	86-6000252	170(C)(1)	0.	8,063.		1,263 READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MESA UNITED WAY 137 E UNIVERSITY DR MESA, AZ 85201	86-0198599	501(C)(3)	0.	5,198.		1,256 READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
MOUNTAIN VIEW SCHOOL 801 W PEORIA AVE PHOENIX, AZ 85209	86-6000484	170(C)(1)	0.	29,180.		3,320 READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
MUSKOGEE PUBLIC LIBRARY 801 W OKMULGEE ST MUSKOGEE, OK 74401	73-0793974	170(C)(1)	0.	9,244.		920 READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
NATIVE HEALTH BUILDING C, 4041 N CENTRAL AVE PHOENIX, AZ 85012	94-2540194	501(C)(3)	0.	19,736.		2,596 READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
NOXUBEE COUNTY LIBRARY 145 DR MARTIN LUTHER KING JR DR MACON, MS 39341	64-6011268	170(C)(1)	0.	6,035.		760 READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
OLIPHANT ELEMENTARY SCHOOL 41-633 GORE ST INDIO, CA 92203	27-3981419	170(C)(1)	0.	23,579.		2,356 READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
PASCUA YAQUI TRIBE 9405 S AVENIDA DAL YAQUI GUADALUPE, AZ 85283	86-0203228	170(C)(1)	0.	9,980.		2,000 READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
PINAL COUNTY LIBRARY 31505 N SCHNEPF RD SAN TAN VALLEY, AZ 85140	86-6000556	170(C)(1)	0.	6,779.		1,310 READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
POMEROY ELEMENTARY PTO 1507 W SHAWNEE DR CHANDLER, AZ 85224	20-1098166	501(C)(3)	0.	11,248.		1,861 READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PORTER ELEMENTARY SCHOOL 1350 S LINDSAY RD MESA, AZ 85204	41-2245897	170(C)(1)	0.	12,799.		1,821 READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
PRESCOTT VALLEY CHARTER SCHOOL 9500 E LORNA LN PRESCOTT VALLEY, AZ 86314	20-4595288	170(C)(1)	0.	10,737.		1,730 READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
ROOSEVELT ELEMENTARY SCHOOL 828 S VALENCIA MESA, AZ 85202	86-6004810	170(C)(1)	0.	9,371.		1,658 READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
ROSSVILLE PUBLIC LIBRARY 504 MCFARLAND AVE ROSSVILLE, GA 30741	58-6002376	170(C)(1)	0.	7,239.		748 READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
RUBY S THOMAS ELEMENTARY SCHOOL, 1560 CHEROKEE LN LAS VEGAS, NV 89169	88-6000030	170(C)(1)	0.	20,975.		2,904 READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
SAN GABRIEL EDUCATION FOUNDATION 408 S JUNIPERO SERRA DR SAN GABRIEL, CA 91776	95-4023144	501(C)(3)	0.	49,084.		5,330 READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
SCOTT LIBBY PTA 18701 W THOMAS RD LITCHFIELD PARK, AZ 85340	86-0101077	501(C)(3)	0.	8,000.		1,291 READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
ST. VINCENT DE PAUL 2213 N LINDSAY RD MESA, AZ 85213	86-0096789	501(C)(3)	0.	12,583.		2,161 READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
STARKVILLE PUBLIC LIBRARY 326 UNIVERSITY DR STARKVILLE, MS 39759	64-0409477	170(C)(1)	0.	10,350.		1,350 READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STONE COUNTY LIBRARY 242 2ND ST S WIGGINS, MS 39577	64-6011953	170(C)(1)	0.	5,554.		530 READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
SUPERSTITION COMMUNITY FOOD BANK 575 N IDAHO RD SUITE 701 APACHE JUNCTION, AZ 85119	86-0454767	501(C)(3)	0.	12,238.		1,728 READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
TEMPE PUBLIC LIBRARY 3500 S RURAL RD TEMPE, AZ 85282	86-6000262	170(C)(1)	0.	7,198.		1,337 READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
THE TOMMY TWO SHOES LITERACY PROJECT - 413 W GLACIER BAY DR - SAN TAN VALLEY, AZ 85140	82-2594749	501(C)(3)	0.	23,977.		3,179 READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
TOYS FOR TOTS 13712 W BELL RD PHOENIX, AZ 85374	20-3021444	501(C)(3)	0.	36,806.		3,362 READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
TUCSON UNITED WAY 330 N COMMERCE PARK LOOP STE 200 TUCSON, AZ 85745	86-0098932	501(C)(3)	0.	15,485.		2,535 READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
UNICOI COUNTY PUBLIC LIBRARY 201 NOLICHUCKY AVE ERWIN, TN 37650	62-6021010	170(C)(1)	0.	7,077.		650 READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
VALLEY OF THE SUN YMCA 350 N 1ST AVE PHOENIX, AZ 85003	86-0096799	501(C)(3)	0.	28,359.		4,121 READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
VH LASSEN SCHOOL 909 W VINEYARD RD A PHOENIX, AZ 85041	86-6000509	170(C)(1)	0.	5,938.		990 READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VILLA RICA HIGH SCHOOL 600 ROCKY BRANCH RD VILLA RICA, GA 30180	58-6000203	170(C)(1)	0.	5,240.		1,050 READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
WHITE PINE COUNTY LIBRARY 950 CAMPTON ST ELY, NV 89301	86-6000166	170(C)(1)	0.	9,181.		1,015 READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
WHITE PINE MIDDLE SCHOOL 844 E AULTMAN ST ELY, NV 89301	88-6000992	170(C)(1)	0.	6,079.		613 READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
WHITTER ELEMENTARY PHX 2000 N 16TH ST PHOENIX, AZ 85006	86-6000478	170(C)(1)	0.	9,751.		1,205 READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING

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: 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: ADAMS ELEMENTARY SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: READING RESOURCES PROVIDED TO
UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING PROFICIENCY LEVELS

Part IV Supplemental Information

AMONG DISADVANTAGED CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: ALPINE 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: ARIZONA HELPING HANDS

(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: ASSISTANCE LEAGUE OF ARIZONA

(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: BOYS HOPE GIRLS HOPE OF ARIZONA

(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:

BRIGHT MINDS YOUTH DEVELOPMENT PROGRAM

(H) PURPOSE OF GRANT OR ASSISTANCE: READING RESOURCES PROVIDED TO
UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING PROFICIENCY LEVELS
AMONG DISADVANTAGED CHILDREN.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: BROOKSVILLE 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: CATHOLIC COMMUNITY SERVICES

(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:

CATHOLIC COMMUNITY SERVICES OF SOUTHERN ARIZONA, INC.

(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: CHILD AND FAMILY RESOURCES

(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: CITY OF TEMPE: YOUTH PROGRAM

(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: COLLETON COUNTY MEMORIAL LIBRARY

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

Part IV Supplemental Information

UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING PROFICIENCY LEVELS
AMONG DISADVANTAGED CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: CRIMSON POINT ELEMENTARY

(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: CROCKETT 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: DAVID E NORMAN ELEMENTARY

(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: DESOTO PARISH 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: ECHO MOUNTAIN ELEMENTARY BOOSTER CLUB

(H) PURPOSE OF GRANT OR ASSISTANCE: READING RESOURCES PROVIDED TO
UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING PROFICIENCY LEVELS
AMONG DISADVANTAGED CHILDREN.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: EQUIPO ACADEMY

(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: ESSEX 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: ESTANCIA 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: FIRST TEETH FIRST

(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: FLORENCE VIRTUAL ACADEMY

(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

Part IV Supplemental Information

AMONG DISADVANTAGED CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: GALE 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: HOMEWARD BOUND

(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 PRIMARY

(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: IRVING 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: JOHN J CURRY 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: LUTHERAN SOCIAL SERVICES

Part IV Supplemental Information

(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: MALVERN HOT SPRINGS COUNTY 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: MARICOPA COUNTY SHERIFFS OFFICE

(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: MESA UNITED WAY

(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.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: MUSKOGEE 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: NATIVE HEALTH

(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: NOXUBEE COUNTY 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: OLIPHANT 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: PASCUA YAQUI TRIBE

(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: PINAL COUNTY LIBRARY

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

Part IV Supplemental Information

UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING PROFICIENCY LEVELS
AMONG DISADVANTAGED CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: POMEROY ELEMENTARY PTO

(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: 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: PRESCOTT VALLEY CHARTER 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: ROOSEVELT 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: ROSSVILLE PUBLIC LIBRARY

(H) PURPOSE OF GRANT OR ASSISTANCE: READING RESOURCES PROVIDED TO
UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING PROFICIENCY LEVELS
AMONG DISADVANTAGED CHILDREN.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: RUBY S THOMAS 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: SAN GABRIEL EDUCATION 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: SCOTT LIBBY PTA

(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: ST. VINCENT DE PAUL

(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: STARKVILLE 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: STONE COUNTY LIBRARY

(H) PURPOSE OF GRANT OR ASSISTANCE: READING RESOURCES PROVIDED TO
UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING PROFICIENCY LEVELS

Part IV Supplemental Information

AMONG DISADVANTAGED CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: SUPERSTITION COMMUNITY 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: 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: THE TOMMY TWO SHOES LITERACY PROJECT

(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: TOYS FOR TOTS

(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: TUCSON UNITED WAY

(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: UNICOI COUNTY PUBLIC LIBRARY

Part IV Supplemental Information

(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: VALLEY OF THE SUN YMCA

(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: VH LASSEN 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: VILLA RICA HIGH 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: WHITE PINE COUNTY 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: WHITE PINE MIDDLE SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: READING RESOURCES PROVIDED TO
UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING PROFICIENCY LEVELS
AMONG DISADVANTAGED CHILDREN.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: WHITTER ELEMENTARY PHX

(H) PURPOSE OF GRANT OR ASSISTANCE: READING RESOURCES PROVIDED TO
UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING PROFICIENCY LEVELS
AMONG DISADVANTAGED CHILDREN.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public
Inspection

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization

KIDS NEED TO READ

Employer identification number

26-2755631

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		409,373.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 organization during the tax year for contributions
for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2021

Supplemental Information.

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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 Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

KIDS NEED TO READ

Employer identification number
26-2755631

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

CHILDREN.

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

CHILDREN.

FORM 990, PART VI, SECTION A, LINE 4:

ON 04/27/2021, THE BYLAWS WERE AMENDED TO REMOVE THE "DESIGNATED DIRECTOR"
ROLE FROM THE BOARD OF DIRECTORS. PER THE CHANGES MADE, THE BOARD OF
DIRECTORS WILL NOW CONSIST OF ELECTED DIRECTORS ONLY.

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

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

Schedule O (Form 990) 2021

Name of the organization

KIDS NEED TO READ

Employer identification number

26-2755631

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.

FORM 990 PAGE 10

[illegible]

Depreciation and Amortization
 (Including Information on Listed Property) 990

OMB No. 1545-0172

2021
 Attachment
 Sequence No. **179**

▶ 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

Identifying number

KIDS NEED TO READ

FORM 990 PAGE 10

26-2755631

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,050,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,620,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	4,134.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) 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			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year	/		30 yrs.	MM	S/L	
d 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	4,134.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)****24a** Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	-------------------------------------	--	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use**25****26** Property used more than 50% in a qualified business use:

	:	:	%					
	:	:	%					
	:	:	%					

27 Property used 50% or less in a qualified business use:

	:	:	%			S/L -		
	:	:	%			S/L -		
	:	:	%			S/L -		

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1**28****29** Add amounts in column (i), line 26. Enter here and on line 7, page 1**29****Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
30 Total business/investment miles driven during the year (don't include commuting miles)						
31 Total commuting miles driven during the year ...						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
-----------------------------	------------------------------------	------------------------------	------------------------	---	--------------------------------------

42 Amortization of costs that begins during your 2021 tax year:

	:	:			
	:	:			

43 Amortization of costs that began before your 2021 tax year**43****44 Total.** Add amounts in column (f). See the instructions for where to report**44**

Statement for Revenue Procedure 2021-48

Taxpayer's Name KIDS NEED TO READ
Taxpayer's Address 2450 WEST BROADWAY ROAD; SUITE 110
MESA, AZ 85202
Taxpayer's SSN/EIN 26-2755631

The taxpayer is applying the following sections of Revenue Procedure 2021-48 of tax year 2021 :
SECTION 3.01(1)

Year of Loan	Description	Tax-Exempt Income	Was the loan forgiven as of the date of the return is filed?
2021	NATIONAL BANK OF AZ-PPP LOAN FORGIVENESS	17,175.	Y

2021 TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

March 31, 2022

Prepared for	Jessica Payne Kids Need to Read 2450 West Broadway Road; Suite 110 Mesa, AZ 85202
Prepared by	Lohman Company, PLLC 1630 S. Stapley Dr., Suite 108 Mesa, AZ 85204
To be signed and dated by	Not Applicable
Amount of tax	Total tax \$ 0.00 Less: payments and credits \$ 0.00 Plus: other amount \$ 0.00 Plus: interest and penalties \$ 0.00 No pmt required \$
Overpayment	Credited to your estimated tax \$ 0.00 Other amount \$ 0.00 Refunded to you \$ 0.00
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the FTB, please contact our office. We will then submit the electronic return to the FTB. Do not mail the paper copy of the return to the FTB.
Return must be mailed on or before	Not Applicable
Special Instructions	

2021

California Exempt Organization Annual Information Return

199

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) 04/01/2021, and ending (mm/dd/yyyy) 03/31/2022.

Corporation/Organization name California corporation number

KIDS NEED TO READ

Additional information. See instructions.

3101976

FEIN

26-2755631

Street address (suite or room)

2450 WEST BROADWAY ROAD; SUITE 110

PMB no.

City

MESA

State

AZ

ZIP code

85202

Foreign country name

Foreign province/state/county

Foreign postal code

A First return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No B Amended return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No D Final information return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) <input type="checkbox"/> E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other F Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990PF (3) <input type="checkbox"/> Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series G Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? _____	I Did the organization have any changes to its guidelines not reported to the FTB? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____ L Is the organization a limited liability company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No M Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No N Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No O Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date filed with IRS _____
--	--

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	2,612	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	606,182	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. STMT 2	4	608,794	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6		00
	7	Total costs. Add line 5 and line 6	7		00
	8	Total gross income. Subtract line 7 from line 4	8	608,794	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	1,369,531	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-760,737	00
Filing Fee	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Penalties and interest. See General Information J	15		00
	16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result	16		00
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	Signature of officer	Title EXECUTIVE DIRE	Date	Telephone 480-256-0115	
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P01241957	
	Firm's name (or yours, if self-employed) and address	Firm's FEIN 86-0985325			Telephone 480-355-1100
	May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

128951 01-19-22

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1		00
	2	Interest	•	2	640	00
	3	Dividends	•	3		00
	4	Gross rents	•	4		00
	5	Gross royalties	•	5		00
	6	Gross amount received from sale of assets (See instructions) STATEMENT 3	•	6	1,972	00
	7	Other income	•	7		00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	2,612	00
	9	Contributions, gifts, grants, and similar amounts paid	•	9	1,207,196	00
	10	Disbursements to or for members	•	10		00
	11	Compensation of officers, directors, and trustees SEE STATEMENT 4	•	11	45,579	00
	12	Other salaries and wages	•	12	25,665	00
	13	Interest	•	13		00
	14	Taxes	•	14	5,442	00
	15	Rents	•	15	34,111	00
	16	Depreciation and depletion (See instructions)	•	16	4,134	00
	17	Other expenses and disbursements SEE STATEMENT 5	•	17	47,404	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	1,369,531	00

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
Assets		(a)	(b)	(c)	(d)
1	Cash		108,968		• 83,395
2	Net accounts receivable				• 460
3	Net notes receivable				•
4	Inventories		2,435,394		• 1,664,750
5	Federal and state government obligations				•
6	Investments in other bonds				•
7	Investments in stock				•
8	Mortgage loans				•
9	Other investments STMT 6		34,424		• 36,202
10 a	Depreciable assets	34,173		34,173	
b	Less accumulated depreciation	(27,163)	7,010	(31,297)	2,876
11	Land				•
12	Other assets STMT 7		4,670		• 4,845
13	Total assets		2,590,466		1,792,528
Liabilities and net worth					
14	Accounts payable		8,992		• 8,946
15	Contributions, gifts, or grants payable				•
16	Bonds and notes payable				•
17	Mortgages payable				•
18	Other liabilities STMT 8		37,175		
19	Capital stock or principal fund				•
20	Paid-in or capital surplus. Attach reconciliation ...				•
21	Retained earnings or income fund		2,544,299		• 1,783,582
22	Total liabilities and net worth		2,590,466		1,792,528

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1 Net income per books	•	-760,737	7 Income recorded on books this year not included in this return. Attach schedule	•	
2 Federal income tax	•		8 Deductions in this return not charged against book income this year. Attach schedule	•	
3 Excess of capital losses over capital gains	•		9 Total. Add line 7 and line 8		
4 Income not recorded on books this year. Attach schedule	•		10 Net income per return. Subtract line 9 from line 6		-760,737
5 Expenses recorded on books this year not deducted in this return. Attach schedule	•				
6 Total. Add line 1 through line 5		-760,737			

CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	STATEMENT	1
--------	--	-----------	---

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
EMPLOYEES COMMUNITY FUND OF BOEING ARIZONA	5000 E MCDOWELL RD MC: M530-B223 MESA, AZ 85215	05/11/21	5,000.
THUNDERBIRD CHARITIES	7226 N 16TH ST SUITE 100 PHOENIX, AZ 85020	05/28/21	25,000.
WESTERN ALLIANCE BANK	1 E WASHINGTON ST SUITE 1950 PHOENIX, AZ 85004	06/28/21	7,500.
SUSAN AND MARTIAN SCHMITT/ 455 FOUNDATION	1291 WILL GEER RD TOPANGA, CA 90290	08/12/21	10,000.
FAITH CHRISTIAN CENTER	2640 E MCDOWELL RD PHOENIX, AZ 85008	01/04/22	5,000.
CARDINALS CHARITIES	PO BOX 888 PHOENIX, AZ 85001	02/22/22	5,000.
KATHY AND JERRY WOOD FOUNDATION	1160 SPA RD, SUITE 1A ANNAPOLIS, MD 21403	03/22/22	25,000.
SBAD TREASURY 310	409 3RD ST SW WASHINGTON, DC 20416	07/29/21	15,000.
TOTAL INCLUDED ON LINE 3			<hr/> 97,500. <hr/>

CA 199	NONCASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	STATEMENT	2
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CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS		
BUCKET FILLERS	8070 KENSINGTON CT BRIGHTON , MI 48116		
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	TOTAL AMOUNT
3,347 BOOKS	05/04/21	32,949.	32,949.

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS		
JULIE HEMMING SAVAGE	1914 GRACE CHURCH RD SILVER SPRING, MD 20910		
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	TOTAL AMOUNT
200 BOOKS	06/01/21	5,992.	5,992.

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS		
HOUGHTON MIFFLIN HARCOURT	9205 SOUTHPARK CENTER LOOP ORLANDO, FL 32819		
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	TOTAL AMOUNT
1,236 BOOKS	06/01/21	8,894.	8,894.

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS		
JACK BARNES ELEMENTARY SCHOOL	20750 S 214TH ST QUEEN CREEK, AZ 85142		
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	TOTAL AMOUNT
2,827 BOOKS	09/01/21	5,567.	5,567.

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS		
SMITH PUBLIC LIBRARY	300 COUNTRY CLUB DR BUILDING 300 WYLIE, TX 75098		
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	TOTAL AMOUNT
549 BOOKS	09/08/21	9,459.	9,459.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
AMERICAN GIRL	8400 FAIRWAY PL MIDDLETON, WI 53562		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>TOTAL AMOUNT</u>
2,212 READING BUDDIES	10/05/21	21,197.	21,197.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
SCOTT SUTTON	27544 W YUKON DR BUCKEYE, AZ 85396		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>TOTAL AMOUNT</u>
1,456 BOOKS	11/18/21	9,324.	9,324.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
BARNES AND NOBLE CHARITIES	7401 W BELL RD PEORIA, AZ 85382		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>TOTAL AMOUNT</u>
10,757 BOOKS	12/31/21	60,679.	60,679.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
PETSMART CHARITIES	9960 N 91ST AVE PEORIA, AZ 85345		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>TOTAL AMOUNT</u>
3,162 BOOKS	12/31/21	14,289.	14,289.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
ANIMAL WELFARE INSTITUTE	900 PENNSYLVANIA AVENUE SOUTH EAST WASHINGTON, DC 20003		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>TOTAL AMOUNT</u>
4,723 BOOKS	12/28/21	14,938.	14,938.

CONTRIBUTOR'S NAME

KRISTIN STRUBLE MD

CONTRIBUTOR'S ADDRESS3333 E CAMELBACK RD STE 175 PHOENIX, AZ
85018PROPERTY DESCRIPTION

1,495 BOOKS

DATE OF GIFT

02/08/22

FMV OF GIFT

20,332.

TOTAL AMOUNT

20,332.

CONTRIBUTOR'S NAME

ARIZONA RENISSANCE FESTIVAL

CONTRIBUTOR'S ADDRESS

12601 US-60 GOLD CANYON, AZ 85118

PROPERTY DESCRIPTION

3,037 BOOKS

DATE OF GIFT

03/05/22

FMV OF GIFT

16,029.

TOTAL AMOUNT

16,029.

TOTAL INCLUDED ON LINE 3

219,649.

219,649.

CA 199	GROSS AMOUNT FROM SALE OF ASSETS			STATEMENT	3
DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
PERMANENT ENDOWMENT	03/31/16	03/31/22	PURCHASED		
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE	
	0.	0.	0.	1,972.	
TOTAL TO FORM 199, PAGE 2, LN 6	0.	0.	0.	1,972.	

CA 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES		STATEMENT	4
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION		
JESSICA PAYNE 2450 WEST BROADWAY ROAD; SUITE 110 MESA, AZ 85202	EXECUTIVE DIRECTOR 50.00	45,579.		
TYSON BREINHOLT 2450 WEST BROADWAY ROAD; SUITE 110 MESA, AZ 85202	CHAIRMAN 1.00	0.		
HEATHER MILLER 2450 WEST BROADWAY ROAD; SUITE 110 MESA, AZ 85202	TREASURER 1.00	0.		
BRUCE MATSUNAGA, PH.D. 2450 WEST BROADWAY ROAD; SUITE 110 MESA, AZ 85202	SECRETARY 1.00	0.		
DIANE ELHARD 2450 WEST BROADWAY ROAD; SUITE 110 MESA, AZ 85202	DIRECTOR 1.00	0.		
KIM OBRIEN 2450 WEST BROADWAY ROAD; SUITE 110 MESA, AZ 85202	DIRECTOR 1.00	0.		
GARY MLODZIK 2450 WEST BROADWAY ROAD; SUITE 110 MESA, AZ 85202	DIRECTOR 5.00	0.		

KIDS NEED TO READ		26-2755631
TINA MLODZIK	DIRECTOR	0.
2450 WEST BROADWAY ROAD; SUITE 110	5.00	
MESA, AZ 85202		
JOE BOUDRIE	DIRECTOR	0.
2450 WEST BROADWAY ROAD; SUITE 110	1.00	
MESA, AZ 85202		
DENISE GARY	DIRECTOR	0.
2450 WEST BROADWAY ROAD; SUITE 110	1.00	
MESA, AZ 85202		
TIFFANY ELLINGTON	DIRECTOR	0.
2450 WEST BROADWAY ROAD; SUITE 110	3.00	
MESA, AZ 85202		
TOTAL TO FORM 199, PART II, LINE 11		45,579.

CA 199	OTHER EXPENSES	STATEMENT	5
DESCRIPTION	AMOUNT		
SHIPPING		14,404.	
MATERIALS AND SUPPLIES		9,030.	
OTHER EXPENSES		1,218.	
ACCOUNTING FEES		8,133.	
INVESTMENT MANAGEMENT FEES		829.	
ADVERTISING AND PROMOTION		39.	
OFFICE EXPENSES		8,442.	
INSURANCE		5,309.	
TOTAL TO FORM 199, PART II, LINE 17		47,404.	

CA 199	OTHER INVESTMENTS	STATEMENT	6
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
INVESTMENTS HELD BY ARIZONA COMMUNITY FOUNDATION	34,424.	36,202.	
TOTAL TO FORM 199, SCHEDULE L, LINE 9	34,424.	36,202.	

CA 199	OTHER ASSETS	STATEMENT	7
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PREPAID EXPENSES AND DEFERRED CHARGES	1,729.	1,904.	
SECURITY DEPOSIT	2,941.	2,941.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	4,670.	4,845.	

CA 199	OTHER LIABILITIES	STATEMENT	8
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
UNSECURED NOTES AND LOANS PAYABLE	37,175.	0.	
TOTAL TO FORM 199, SCHEDULE L, LINE 18	37,175.	0.	

2021

Corporation Depreciation
and Amortization

3885

Attach to Form 100 or Form 100W.

FORM 199

FEIN 26-2755631

Corporation name

California corporation number

KIDS NEED TO READ

3101976

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	\$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14							
SEE STATEMENT	9	34,174.	27,165.				
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)	15	4,134				

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	4,134
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	4,134
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	0

Part IV Amortization

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instructions)	(f) Period or percentage	(g) Amortization for this year
19						
20	Total. Add the amounts in column (g)	20				
21	Total amortization claimed for federal purposes from federal Form 4562, line 44	21				
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12	22				

CA 3885		DEPRECIATION				STATEMENT		9
ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS	
1 DELL LAPTOP - CE 3	02/01/10	550.	550.	SL	3.00	0.		
2 DELL LAPTOP - PH 3	09/01/10	680.	680.	SL	3.00	0.		
3 BUILDING SIGN	08/01/11	969.	969.	SL	3.00	0.		
4 FASTRACK SHELVING	01/22/15	2,500.	2,202.	SL	7.00	298.		
6 2014 FORD CARGO	01/08/16	26,850.	20,139.	SL	7.00	3,836.		
8 IN KIND LEASEHOLD IMPROVEMENT	08/17/18	2,625.	2,625.	SL	2.25	0.		
TOTAL TO FORM 3885		34,174.	27,165.			4,134.		

TAXABLE YEAR

2021**California e-file Return Authorization for
Exempt Organizations**

FORM

8453-EO

Exempt Organization name

Identifying number

KIDS NEED TO READ**26-2755631****Part I Electronic Return Information** (whole dollars only)

1	Total gross receipts (Form 199, line 4)	1	608,794
2	Total gross income (Form 199, line 8)	2	608,794
3	Total expenses and disbursements (Form 199, line 9)	3	1,369,531

Part II Settle Your Account Electronically for Taxable Year 2021

4 ☐ Electronic funds withdrawal **4a** Amount **4b** Withdrawal date (mm/dd/yyyy)

Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____ **7** Type of account: ☐ Checking ☐ Savings

6 Account number _____

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2021 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

**Sign
Here**

Signature of officer

Date

**EXECUTIVE DIRECTOR**

Title

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign	ERO's signature	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN P01241957
	Firm's name (or yours if self-employed) and address	LOHMAN COMPANY, PLLC 1630 S. STAPLEY DR., SUITE 108 MESA, AZ			Firm's FEIN 86-0985325
					ZIP code 85204

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign	Paid preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
	Firm's name (or yours if self-employed) and address			
		Firm's FEIN		
ZIP code				

FTB 8453-EO 2021

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

March 31, 2022

Prepared for	Jessica Payne Kids Need to Read 2450 West Broadway Road; Suite 110 Mesa, AZ 85202
Prepared by	Lohman Company, PLLC 1630 S. Stapley Dr., Suite 108 Mesa, AZ 85204
Amount due or refund	Balance due of \$100.00
Make check payable to	Department of Justice
Mail tax return and check (if applicable) to	Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470
Return must be mailed on or before	Please mail as soon as possible.
Special Instructions	The report should be signed and dated by the authorized individual(s). If you are paper filing, we recommend that you utilize certified mail with a request for return receipt. Please retain the receipt as proof of timely filing.

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
(916) 210-6400

WEBSITE ADDRESS:
www.oag.ca.gov/charities

**ANNUAL REGISTRATION RENEWAL FEE REPORT
TO ATTORNEY GENERAL OF CALIFORNIA**
Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

KIDS NEED TO READ

Name of Organization

List all DBAs and names the organization uses or has used

2450 WEST BROADWAY ROAD; SUITE 110

Address (Number and Street)

MESA, AZ 85202

City or Town, State, and ZIP Code

480-256-0115

Telephone Number

INFO@KIDSNEEDTOREAD.ORG

E-mail Address

Check if:

- ☐ Change of address
☐ Amended report

State Charity Registration Number **CT0148267**

Corporation or Organization No. **3101976**

Federal Employer ID No. **26-2755631**

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

PART A - ACTIVITIES

For your most recent full accounting period (beginning 04/01/2021 ending 03/31/2022) list:

Total Revenue (including noncash contributions) \$ 608,794 Noncash Contributions \$ 409,373 Total Assets \$ 1,792,528
Program Expenses \$ 1,309,232 Total Expenses \$ 1,369,531

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding? SEE STATEMENT 10	X	
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?		X
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

JESSICA PAYNE

EXECUTIVE DIRECTOR

Signature of Authorized Agent

Printed Name

Title

Date

CA RRF-1	INFORMATION REGARDING GOVERNMENTAL FUNDING	STATEMENT	10
	PART B, LINE 5		

FOR THE FISCAL YEAR ENDED 03/31/22, THE ORGANIZATION RECEIVED PPP LOAN FORGIVENESS OF \$17,175. THE ORGANIZATION ALSO RECEIVED A GOVERNMENT GRANT OF \$15,000. THERE WERE NO OTHER FORMS OF GOVERNMENT FUNDING.