

Lohman Company, PLLC  
Stapley Center  
1630 S 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 are the original and one copy of the 2023 Exempt Organization returns, as follows...

2023 Form 990

2023 California Form 199

2023 California Form RRF-1

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.

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Please review the return for completeness and accuracy.

We 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.

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

Very truly yours,

Lohman Company, PLLC

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

March 31, 2024

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**Prepared For:**

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

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**Prepared By:**

Lohman Company, PLLC  
1630 S. Stapley Dr., Suite 108  
Mesa, AZ 85204

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**Amount Due or Refund:**

Not applicable

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**Make Check Payable To:**

Not applicable

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**Mail Tax Return and Check (if applicable) To:**

Not applicable

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**Return Must be Mailed On or Before:**

Not applicable

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**Special Instructions:**

This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

PUBLIC DISCLOSURE COPY

Form **8868**  
(Rev. January 2024)

**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

File a separate application for each return.  
Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

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.

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.

**Part I - Identification**

<b>Type or Print</b>	Name of exempt organization, employer, or other filer, see instructions. <b>KIDS NEED TO READ</b>	Taxpayer identification number (TIN) <b>26-2755631</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>2450 WEST BROADWAY ROAD, SUITE 110</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>MESA, AZ 85202</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
Plan Number \_\_\_\_\_  
Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of **THE COMPANY**  
**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 18**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 \_\_\_\_ or  
 tax year beginning **APR 1**, 20 **23**, and ending **MAR 31**, 20 **24**

**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

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>0.</b>
<b>b</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.	<b>3b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0.</b>

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

Form **8868** (Rev. 1-2024)

PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. N/A  
**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Form **990**

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](http://www.irs.gov/Form990) for instructions and the latest information.

**2023**

Open to Public Inspection

**A** For the 2023 calendar year, or tax year beginning **APR 1, 2023** and ending **MAR 31, 2024**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>KIDS NEED TO READ</b>		<b>D</b> Employer identification number <b>26-2755631</b>
	Doing business as		<b>E</b> Telephone number <b>480-256-0115</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>2450 WEST BROADWAY ROAD, SUITE 110</b>		<b>G</b> Gross receipts \$ <b>719,326.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>MESA, AZ 85202</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
<b>F</b> Name and address of principal officer: <b>TYSON BREINHOLT</b> <b>SAME AS C ABOVE</b>		<b>H(c)</b> Group exemption number	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: <b>WWW.KIDSNEEDTOREAD.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L</b> Year of formation: <b>2008</b> <b>M</b> State of legal domicile: <b>AZ</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>PROVIDING BOOKS TO CHILDREN AND ORGANIZATIONS THAT SERVE CHILDREN, ESPECIALLY DISADVANTAGED</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>11</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>10</b>
	<b>5</b> Total number of individuals employed in calendar year 2023 (Part V, line 2a)	<b>5</b>	<b>5</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>10</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>1,208,803.</b>	<b>718,813.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>0.</b>	<b>0.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>1,167.</b>	<b>132.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VII, column (A), line 12)	<b>1,209,970.</b>	<b>718,945.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>1,074,699.</b>	<b>1,238,839.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>85,320.</b>	<b>91,627.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>15,673.</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>120,291.</b>	<b>76,315.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>1,280,310.</b>	<b>1,406,781.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-70,340.</b>	<b>-687,836.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>1,718,495.</b>	<b>1,026,169.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>7,401.</b>	<b>2,393.</b>
		<b>1,711,094.</b>	<b>1,023,776.</b>

**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.

<b>Sign Here</b>	Signature of officer		Date		
	<b>JESSICA PAYNE, EXECUTIVE DIRECTOR</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>DENNIS M. HARE</b>	<b>DENNIS M. HARE</b>	<b>01/29/25</b>	<input type="checkbox"/>	<b>P01241957</b>
Firm's name <b>LOHMAN COMPANY, PLLC</b>			Firm's EIN <b>86-0985325</b>		
Firm's address <b>1630 S. STAPLEY DR., SUITE 108</b> <b>MESA, AZ 85204</b>			Phone no. <b>480-355-1100</b>		

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

Part III Statement of Program Service Accomplishments

Check 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 [X] 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 [X] 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 \$ 1,351,276. including grants of \$ 1,238,839. ) (Revenue \$ 718,022. )
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 1,351,276.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21, with sub-questions a-f. 'X' marks indicate 'Yes' responses for questions 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, 12b, 13, 14a, 14b, 15, 16, 17, 18, 19, 20a, 20b, and 21.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and non-cash contributions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee reporting, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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 [X]

Section A. Governing Body and Management

Table with columns for line numbers (1a, 1b, 2-9), Yes, and No. Includes questions about voting members, family relationships, management delegation, and documentation.

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

Table with columns for line numbers (10a-16b), Yes, and No. Includes questions about local chapters, written policies, conflict of interest, whistleblower, and document retention.

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.
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

**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

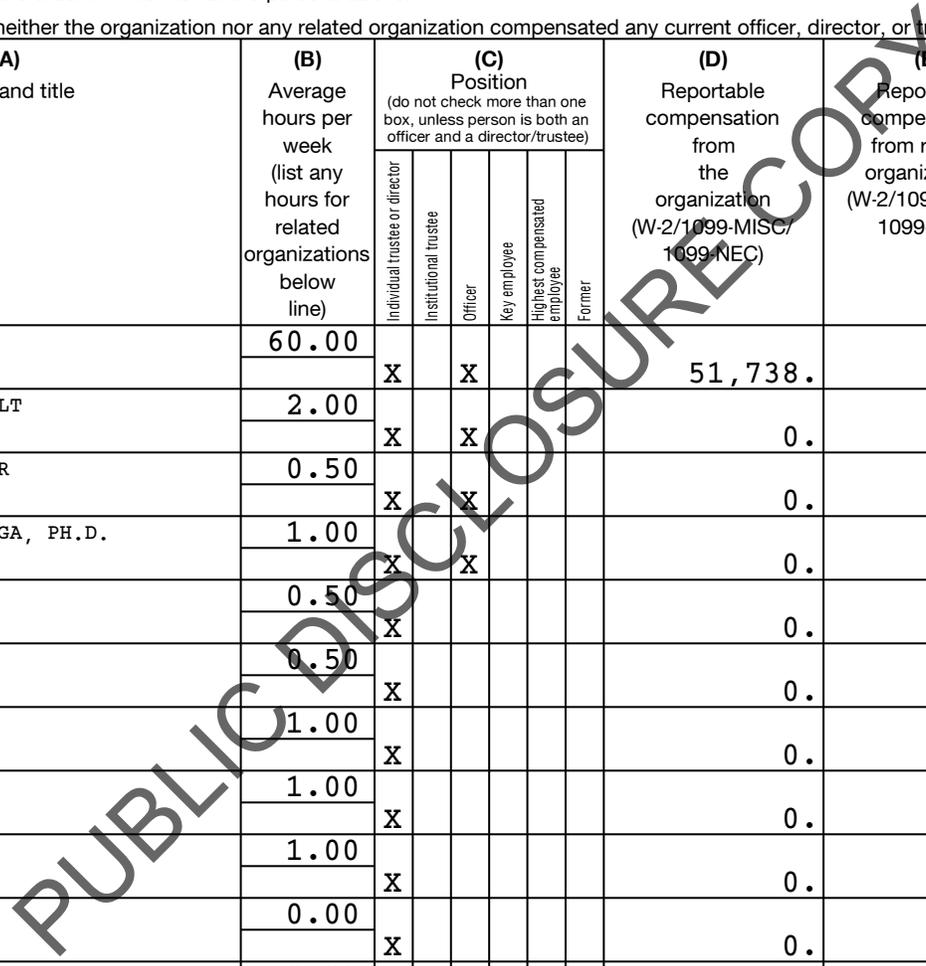
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**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, box 6 of 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.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JESSICA PAYNE EXECUTIVE DIRECTOR	60.00	X		X			51,738.	0.	0.	
(2) TYSON BREINHOLT CHAIRMAN	2.00	X		X			0.	0.	0.	
(3) HEATHER MILLER TREASURER	0.50	X		X			0.	0.	0.	
(4) BRUCE MATSUNAGA, PH.D. SECRETARY	1.00	X		X			0.	0.	0.	
(5) DIANE ELHARD DIRECTOR	0.50	X					0.	0.	0.	
(6) KIM OBRIEN DIRECTOR	0.50	X					0.	0.	0.	
(7) GARY MLODZIK DIRECTOR	1.00	X					0.	0.	0.	
(8) TINA MLODZIK DIRECTOR	1.00	X					0.	0.	0.	
(9) JOE BOUDRIE DIRECTOR	1.00	X					0.	0.	0.	
(10) DENISE GARY DIRECTOR	0.00	X					0.	0.	0.	
(11) TIFFANY ELLINGTON DIRECTOR	2.00	X					0.	0.	0.	





**Part VIII Statement of Revenue**

Check 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	<b>1 a</b> Federated campaigns .....	<b>1a</b>				
	<b>b</b> Membership dues .....	<b>1b</b>				
	<b>c</b> Fundraising events .....	<b>1c</b>	23,461.			
	<b>d</b> Related organizations .....	<b>1d</b>				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	695,352.			
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 527,472.			
	<b>h Total.</b> Add lines 1a-1f .....		718,813.			
Program Service Revenue	<b>2 a</b> _____	<b>Business Code</b>				
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue .....					
	<b>g Total.</b> Add lines 2a-2f .....					
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		513.			513.
	<b>4</b> Income from investment of tax-exempt bond proceeds .....					
	<b>5</b> Royalties .....					
	<b>6 a</b> Gross rents .....	<b>6a</b>				
	<b>b</b> Less: rental expenses ...	<b>6b</b>				
	<b>c</b> Rental income or (loss) .....	<b>6c</b>				
	<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	381.			
	<b>c</b> Gain or (loss) .....	<b>7c</b>	-381.			
	<b>d</b> Net gain or (loss) .....		-381.			-381.
	<b>8 a</b> Gross income from fundraising events (not including \$ 23,461. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>	0.			
	<b>b</b> Less: direct expenses .....	<b>8b</b>	0.			
	<b>c</b> Net income or (loss) from fundraising events .....		0.			
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>					
<b>b</b> Less: direct expenses .....	<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>					
<b>b</b> Less: cost of goods sold .....	<b>10b</b>					
<b>c</b> Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue	<b>11 a</b> _____	<b>Business Code</b>				
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> All other revenue .....					
	<b>e Total.</b> Add lines 11a-11d .....					
<b>12 Total revenue.</b> See instructions .....		718,945.	0.	0.	132.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	1,238,839.	1,238,839.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	51,738.	36,216.	7,761.	7,761.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	33,328.	26,443.	3,264.	3,621.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits .....				
<b>10</b> Payroll taxes .....	6,561.	4,827.	881.	853.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	1,150.		1,150.	
<b>c</b> Accounting .....	9,276.		9,276.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	778.		778.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
<b>12</b> Advertising and promotion .....				
<b>13</b> Office expenses .....	5,975.		5,796.	179.
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	36,416.	32,386.	2,145.	1,885.
<b>17</b> Travel .....	419.			419.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....				
<b>20</b> Interest .....	923.		923.	
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....				
<b>23</b> Insurance .....	6,480.		6,480.	
<b>24</b> 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.)				
<b>a MATERIALS AND SUPPLIES</b>	8,213.	7,151.	980.	82.
<b>b SHIPPING</b>	4,981.	4,839.	4.	138.
<b>c SPECIAL EVENT</b>	1,150.	575.		575.
<b>d OTHER EXPENSES</b>	488.		394.	94.
<b>e All other expenses</b> _____	66.			66.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	1,406,781.	1,351,276.	39,832.	15,673.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	39,145.	<b>1</b>	65,331.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	507.	<b>3</b>	871.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	1,639,081.	<b>8</b>	958,067.
	<b>9</b> Prepaid expenses and deferred charges .....	2,451.	<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 29,350.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 29,350.	<b>10c</b>	0.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	34,370.	<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	2,941.	<b>15</b>	1,900.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	1,718,495.	<b>16</b>	1,026,169.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	7,401.	<b>17</b>	2,393.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	7,401.	<b>26</b>	2,393.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	1,676,724.	<b>27</b>	1,023,776.
	<b>28</b> Net assets with donor restrictions .....	34,370.	<b>28</b>	0.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	1,711,094.	<b>32</b>	1,023,776.
	<b>33</b> Total liabilities and net assets/fund balances .....	1,718,495.	<b>33</b>	1,026,169.

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**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	718,945.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,406,781.
3	Revenue less expenses. Subtract line 2 from line 1	3	-687,836.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,711,094.
5	Net unrealized gains (losses) on investments	5	518.
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	1,023,776.

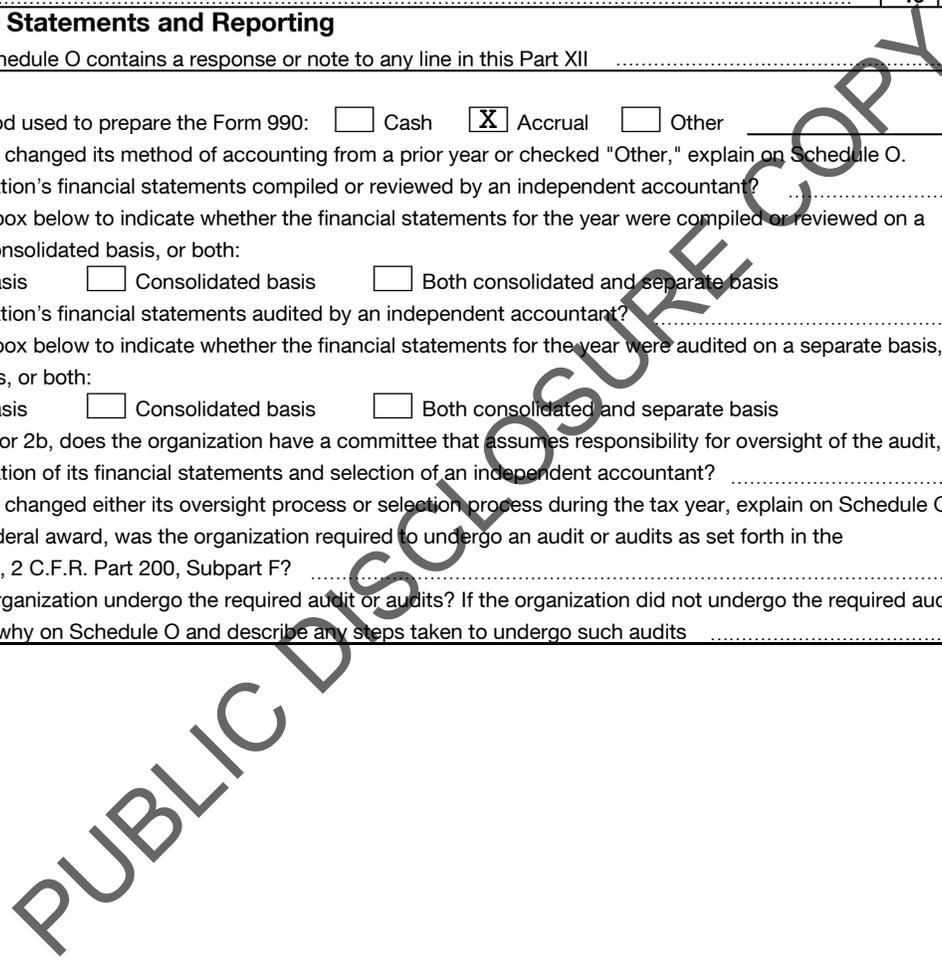
**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the 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.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- 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

	Yes	No
2a	X	
2b		X
2c		X
3a		X
3b		

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 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

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 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); 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.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2022 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2023. 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; b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10% -facts-and-circumstances test - 2023. 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; b 10% -facts-and-circumstances test - 2022. 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; 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.

**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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	771,707.	1111264.	591,408.	1187404.	677,352.	4339135.
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	771,707.	1111264.	591,408.	1187404.	677,352.	4339135.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
<b>b</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.
<b>c</b> Add lines 7a and 7b						0.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						4339135.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6	771,707.	1111264.	591,408.	1187404.	677,352.	4339135.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,137.	2,756.	2,612.	1,167.	132.	7,804.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	1,137.	2,756.	2,612.	1,167.	132.	7,804.
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	35,897.	4,727.	14,774.	21,399.	23,461.	100,258.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	808,741.	1118747.	608,794.	1209970.	700,945.	4447197.

**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**

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	97.57 %
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15	<b>16</b>	97.74 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	.18 %
<b>18</b> Investment income percentage from 2022 Schedule A, Part III, line 17	<b>18</b>	.16 %

**19a 33 1/3% support tests - 2023.** 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 - 2022.** 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 on line 12 of 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> 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).		

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	<b>5</b>
<b>6</b>	Other distributions (describe in Part VI). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2023 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2023</b>	<b>(iii) Distributable Amount for 2023</b>
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018			
<b>b</b> From 2019			
<b>c</b> From 2020			
<b>d</b> From 2021			
<b>e</b> From 2022			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
<b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019			
<b>b</b> Excess from 2020			
<b>c</b> Excess from 2021			
<b>d</b> Excess from 2022			
<b>e</b> Excess from 2023			

**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

2019 AMOUNT: \$ 35,897.

2020 AMOUNT: \$ 4,727.

2021 AMOUNT: \$ 14,774.

2022 AMOUNT: \$ 21,399.

2023 AMOUNT: \$ 23,461.

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**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization  <b>KIDS NEED TO READ</b>	Employer identification number  <b>26-2755631</b>
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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
1	 <hr/> <hr/> <hr/>	\$ <u>5,320.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>24,640.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>7,415.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>9,010.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

PUBLIC DISCLOSURE COPY

Name of organization <b>KIDS NEED TO READ</b>	Employer identification number <b>26-2755631</b>
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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
7	 <hr/> <hr/> <hr/>	\$ <u>7,334.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	 <hr/> <hr/> <hr/>	\$ <u>9,408.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	 <hr/> <hr/> <hr/>	\$ <u>16,849.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	 <hr/> <hr/> <hr/>	\$ <u>10,300.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	 <hr/> <hr/> <hr/>	\$ <u>14,389.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

PUBLIC DISCLOSURE COPY

Name of organization <b>KIDS NEED TO READ</b>	Employer identification number <b>26-2755631</b>
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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	 <hr/> <hr/> <hr/>	\$ 11,052.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
14	 <hr/> <hr/> <hr/>	\$ 15,200.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
15	 <hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	 <hr/> <hr/> <hr/>	\$ 79,049.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
17	 <hr/> <hr/> <hr/>	\$ 10,787.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
18	 <hr/> <hr/> <hr/>	\$ 16,119.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

PUBLIC DISCLOSURE COPY

Name of organization  <b>KIDS NEED TO READ</b>	Employer identification number  <b>26-2755631</b>
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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
19	 <hr/> <hr/> <hr/>	\$ <u>11,535.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
20	 <hr/> <hr/> <hr/>	\$ <u>9,150.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	 <hr/> <hr/> <hr/>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	 <hr/> <hr/> <hr/>	\$ <u>10,848.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
24	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

PUBLIC DISCLOSURE COPY

Name of organization <b>KIDS NEED TO READ</b>	Employer identification number <b>26-2755631</b>
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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
25	<hr/> <hr/> <hr/>	\$ 12,710.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
26	<hr/> <hr/> <hr/>	\$ 5,600.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
27	<hr/> <hr/> <hr/>	\$ 9,600.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
28	<hr/> <hr/> <hr/>	\$ 14,243.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
29	<hr/> <hr/> <hr/>	\$ 21,840.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
30	<hr/> <hr/> <hr/>	\$ 12,596.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

PUBLIC DISCLOSURE COPY

Name of organization  <b>KIDS NEED TO READ</b>	Employer identification number  <b>26-2755631</b>
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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
31	<hr/> <hr/> <hr/>	\$ <u>5,444.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

PUBLIC DISCLOSURE COPY

Name of organization <b>KIDS NEED TO READ</b>	Employer identification number <b>26-2755631</b>
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**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	BOOKS _____ _____ _____	\$ <u>5,320.</u>	<u>04/08/23</u>
4	BOOKS _____ _____ _____	\$ <u>24,640.</u>	<u>05/18/23</u>
5	BOOKS _____ _____ _____	\$ <u>7,415.</u>	<u>06/01/23</u>
6	BOOKS _____ _____ _____	\$ <u>9,010.</u>	<u>06/05/23</u>
7	BOOKS _____ _____ _____	\$ <u>7,334.</u>	<u>06/06/23</u>
8	BOOKS _____ _____ _____	\$ <u>9,408.</u>	<u>06/12/23</u>

PUBLIC DISCLOSURE COPY

Name of organization <b>KIDS NEED TO READ</b>	Employer identification number <b>26-2755631</b>
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**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
9	BOOKS _____ _____ _____	\$ <u>16,849.</u>	<u>06/13/23</u>
10	BOOKS _____ _____ _____	\$ <u>10,300.</u>	<u>06/20/23</u>
13	BOOKS _____ _____ _____	\$ <u>11,052.</u>	<u>08/03/23</u>
14	BOOKS _____ _____ _____	\$ <u>15,200.</u>	<u>09/15/23</u>
16	BOOKS _____ _____ _____	\$ <u>79,049.</u>	<u>10/17/23</u>
17	READING BUDDIES _____ _____ _____	\$ <u>10,787.</u>	<u>10/22/23</u>

PUBLIC DISCLOSURE COPY

Name of organization <b>KIDS NEED TO READ</b>	Employer identification number <b>26-2755631</b>
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**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
18	BOOKS _____ _____ _____	\$ <u>16,119.</u>	<u>11/14/23</u>
19	BOOKS _____ _____ _____	\$ <u>11,535.</u>	<u>11/21/23</u>
23	BOOKS _____ _____ _____	\$ <u>10,848.</u>	<u>01/12/24</u>
25	BOOKS _____ _____ _____	\$ <u>12,710.</u>	<u>01/26/24</u>
26	BOOKS _____ _____ _____	\$ <u>5,600.</u>	<u>02/01/24</u>
27	BOOKS _____ _____ _____	\$ <u>9,600.</u>	<u>02/13/24</u>

PUBLIC DISCLOSURE COPY

Name of organization <b>KIDS NEED TO READ</b>	Employer identification number <b>26-2755631</b>
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**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
28	BOOKS _____ _____ _____	\$ <u>14,243.</u>	<u>02/15/24</u>
29	BOOKS _____ _____ _____	\$ <u>21,840.</u>	<u>02/27/24</u>
30	BOOKS _____ _____ _____	\$ <u>12,596.</u>	<u>03/02/24</u>
31	BOOKS _____ _____ _____	\$ <u>5,444.</u>	<u>03/12/24</u>
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

PUBLIC DISCLOSURE COPY

Name of organization <b>KIDS NEED TO READ</b>	Employer identification number <b>26-2755631</b>
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**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	

PUBLIC DISCLOSURE COPY

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

2023

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring expenses.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures, and amounts for revenue and assets.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

**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 in 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	34,370.	36,202.	34,424.	27,864.	30,022.
b Contributions					
c Net investment earnings, gains, and losses	408.	1,003.	2,607.	7,377.	-1,346.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	778.	829.	829.	817.	812.
g End of year balance		34,370.	36,202.	34,424.	27,864.

- 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 %
  - 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:
- |  | Yes | No |
|--|-----|----|
| (i) Unrelated organizations?   | X   |    |
| (ii) Related organizations?  |     | X  |
| 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				
d Equipment		2,500.	2,500.	0.
e Other		26,850.	26,850.	0.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				0.

**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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

**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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

**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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	

**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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	

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 ...

**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.

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

**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.

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

**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.

PUBLIC DISCLOSURE COPY



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		PHOENIX FAN FUSION		1	(add col. (a) through col. (c))
	Revenue	(event type)	(event type)	(total number)	
1	Gross receipts .....	14,212.		9,249.	23,461.
2	Less: Contributions .....	14,212.		9,249.	23,461.
3	Gross income (line 1 minus line 2) .....				
4	Direct Expenses	Cash prizes .....			
		5 Noncash prizes .....			
		6 Rent/facility costs .....			
		7 Food and beverages .....			
		8 Entertainment .....			
		9 Other direct expenses .....			
10	Direct expense summary. Add lines 4 through 9 in column (d) .....				
11	Net income summary. Subtract line 10 from line 3, column (d) .....				

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1	Gross revenue .....				
2	Direct Expenses	Cash prizes .....			
		3 Noncash prizes .....			
		4 Rent/facility costs .....			
		5 Other direct expenses .....			
		6	Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d) .....				
8	Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_





**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

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
CATHOLIC CHARITIES 5151 N. 19TH AVENUE PHOENIX, AZ 85015	86-0223999	501(C)(3)	0.	7,899.		1082 BOOKS AND READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
FIELD ELEMENTARY 2325 E ADOBE ST MESA, AZ 85213	86-6000481	170(C)(1)	0.	6,071.		628 BOOKS AND READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
GILBERT ELEMENTARY SCHOOL 175 W ELLIOT RD GILBERT, AZ 85233	86-6000530	170(C)(1)	0.	6,595.		816 BOOKS AND READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
BURK ELEMENTARY 545 N BURK ST GILBERT, AZ 85234	86-6000530	170(C)(1)	0.	5,084.		641 BOOKS AND READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
PORTER ELEMENTARY 1350S LINDSAY RD MESA, AZ 85204	86-6000484	170(C)(1)	0.	8,778.		1514 BOOKS AND READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
MILITARY SUPPORT FOUNDATION 5636 E MCDOWELL RD PNOENIX, AZ 85008	82-4906891	501(C)(3)	0.	31,737.		4716 BOOKS AND 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 **21.**

3 Enter total number of other organizations listed in the line 1 table **38.**

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

Schedule I (Form 990) 2023

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
JOSEPH ZITO SCHOOL 4525 W ENCANTO BLVD PHOENIX, AZ 85035	86-6000483	170(C)(1)	0.	6,045.		738 BOOKS AND 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.	31,473.		3596 BOOKS AND READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
MOUNTAIN VIEW SCHOOL 801 W PEORIA AVE PHOENIX, AZ 85029	86-6000484	170(C)(1)	0.	24,989.		2504 BOOKS AND READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
MESA PUBLIC SCHOOLS 945 W RIO SALADO PKWY MESA, AZ 85201	86-6000481	170(C)(1)	0.	94,297.		13445 BOOKS AND READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
CACTUS WREN ELEMENTARY 9650 N 39TH AVE PHOENIX, AZ 85051	86-6000484	170(C)(1)	0.	5,409.		542 BOOKS AND READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
OFFICE OF PINAL COUNTY ATTORNEY 30 N FLORENCE ST. BUILDING D FLORENCE, AZ 85132	86-6000556	170(C)(1)	0.	12,158.		1079 BOOKS AND READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
NATIVE AMERICAN FATHERHOOD AND FAMILIES ASSOCIATION - 525 W SOUTHERN AVE STE 100 - MESA, AZ 85210	56-2327781	501(C)(3)	0.	5,674.		876 BOOKS AND READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
OCOTILLO ELEMENTARY SCHOOL 3225 W OCOTILLO RD PHOENIX, AZ 85017	86-6000484	170(C)(1)	0.	5,357.		885 BOOKS AND READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
ROOSEVELT ELEMENTARY SCHOOL 828 S VALENCIA MESA, AZ 85202	86-6000481	170(C)(1)	0.	6,583.		600 BOOKS AND 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
WORKPLACE EDUCATION AND LITERACY COALITION OF MOHAVE COUNTY: KINGMAN - PO BOX 4013 - KINGMAN, AZ 86402	86-0882164	501(C)(3)	0.	16,589.		2400 BOOKS AND READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
BRUNSON LEE ELEMENTARY 1350 N 48TH ST PHOENIX, AZ 85008	86-6000495	170(C)(1)	0.	6,619.		926 BOOKS AND READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
FOOTHILLS FOODBANK 6038 E. HIDDEN VALLEY DR. CAVE CREEK, AZ 85331	86-0619725	501(C)(3)	0.	20,224.		3956 BOOKS AND READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
WHITTIER ELEMENTARY SCHOOL 2000 N 16TH ST PHOENIX, AZ 85006	86-6000481	170(C)(1)	0.	5,511.		847 BOOKS AND READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
FAITH CHRISTIAN CHURCH 2640 E MCDOWELL RD PHOENIX, AZ 85008	73-1688319	501(C)(3)	0.	9,326.		954 BOOKS AND READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
CHILD AND FAMILY RESOURCES 115 E FLORENCE BLVD STE M CASA GRANDE, AZ 85122	86-0251984	170(C)(1)	0.	9,033.		1644 BOOKS AND 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.	9,812.		1287 BOOKS AND READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
INDIAN OASIS PRIMARY 111 MAIN STREET SELLS, AZ 86534	86-0718016	170(C)(1)	0.	13,418.		1852 BOOKS AND READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
STREETS OF JOY 451 E 4TH PL MESA, AZ 85203	86-0820405	501(C)(3)	0.	5,214.		448 BOOKS AND 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
STREETS OF JOY 451 E 4TH PLACE MESA, AZ 85203	86-0820405	501(C)(3)	0.	9,828.		905 BOOKS AND READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
BASIS PHOENIX SOUTH 5700 S. 19TH AVE PHOENIX, AZ 85041	82-3200418	170(C)(1)	0.	12,736.		1014 BOOKS AND READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
UNITED WAY OF PINAL COUNTY 1269 N. PROMENADE PKWY STE 104 CASA GRANDE, AZ 85194	86-0411691	501(C)(3)	0.	12,965.		1525 BOOKS AND READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
LITERACY CONNECTS 200 E. YAVAPAI RD TUCSON, AZ 84705	23-7047508	501(C)(3)	0.	44,197.		4416 BOOKS AND READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
SUN VALLEY ACADEMY 1515 N. 117TH AVE AVONDALE, AZ 85392	27-0243106	170(C)(1)	0.	6,774.		472 BOOKS AND READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
CAMARENA MEMORIAL LIBRARY 850 ENCINAS AVE CALEXICO, CA 92231	95-6000684	170(C)(1)	0.	14,964.		1923 BOOKS AND READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
CALEXICO SCHOOL DISTRICT 824 BLAIR AVE CALEXICO, CA 92231	95-6000428	170(C)(1)	0.	10,501.		858 BOOKS AND READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
YUMA SCHOOL DISTRICT #1 400 W 5TH ST YUMA, AZ 85364	01-0920614	170(C)(1)	0.	18,500.		1532 BOOKS AND READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
UNITED WAY OF TUCSON 330 COMMETCE PARK LOOP STE 200 TUCSON, AZ 85745	86-0098932	501(C)(3)	0.	32,411.		4896 BOOKS AND 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
PI BTA PHI ARIZONA ALPHA 1035 N MOUNTAIN AVE TUCSON, AZ 85719	86-0047525	501(C)(3)	0.	62,694.		4793 BOOKS AND READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
PAGE PUBLIC LIBRARY LAKE POWELL S 479 BLVD PAGE, AZ 86040	86-0295443	170(C)(1)	0.	13,994.		1578 BOOKS AND READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
NOXUBEE COUNTY HIGH SCHOOL 16640 HWY 45 NORTH MACON, MS 39341	64-6000920	170(C)(1)	0.	7,521.		667 BOOKS AND READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
EAGLE PATHWAY 1720 E 8TH AVE MESA, AZ 85204	47-5047173	170(C)(1)	0.	10,560.		1178 BOOKS AND READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
LEHI ELEMENTARY 2555 N STAPLEY DR MESA, AZ 85203	86-6000481	170(C)(1)	0.	5,097.		480 BOOKS AND READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
SUPERSTITION FOOD BANK 575 N IDAHO RD STE 701 APACHE JUNCTION, AZ 85119	86-0454767	501(C)(3)	0.	13,661.		978 BOOKS AND READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
THE LITERACY LAB 225 E MAIN ST MESA, AZ 85201	27-1777117	501(C)(3)	0.	5,119.		503 BOOKS AND READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
COCININO HEALTH AND HUMAN SERVICES 2625 N KING ST FLAGSTAFF, AZ 86004	51-0204513	170(C)(1)	0.	36,864.		2587 BOOKS AND READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
THE LITERACY CENTER 2500 N ROSE ST STE 102 FLAGSTAFF, AZ 86004	86-0716673	501(C)(3)	0.	18,192.		1393 BOOKS AND 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
NATIVE HEALTH [ NATIVE AMERICAN COMMUNITY HEALTH CENTER INC] - 4041 N CENTRAL AVE BLDG C - PHOENIX, AZ 85012	94-2540194	170(C)(1)	0.	39,932.		3749 BOOKS AND READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
VISTA COLLEGE PREPARATORY 4510 W MCDOWELL RD PHOENIX, AZ 85035	45-4825961	170(C)(1)	0.	12,825.		1050 BOOKS AND READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
CAESAR CHAVEZ HIGH SCHOOL 3921 W BASELINE RD LAWEEN, AZ 85339	86-6000534	170(C)(1)	0.	14,145.		1362 BOOKS AND READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
MESA UNITED WAY 137 E UNIVERSITY DR MESA, AZ 85201	86-0198599	501(C)(3)	0.	57,351.		4768 BOOKS AND READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
IRVING ELEMENTARY 322 E PUEBLO ACE MESA, AZ 85204	86-6000481	170(C)(1)	0.	7,166.		781 BOOKS AND READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
TOYS FOR TOTS 13712 W BELL RD SURPRISE, AZ 85274	20-3021444	501(C)(3)	0.	17,627.		1300 BOOKS AND READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
ECHO MOUNTAIN ELEMENTARY 1811 EAST MICHIGAN AVENUE PHOENIX, AZ 85022	30-0698717	170(C)(1)	0.	14,401.		1280 BOOKS AND READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
AMELIA EARHART ELEMENTARY SCHOOL 45-250 DUNE PALMS RD INDIO, CA 92201	27-3981419	170(C)(1)	0.	8,617.		980 BOOKS AND 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.	8,803.		979 BOOKS AND 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
SAN GABRIEL EDUCATION FOUNDATION 408 S JUNIPERO SERRA DR SAN GABRIEL, CA 91776	95-4023144	501(C)(3)	0.	10,845.		1287 BOOKS AND READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
LA PALOMA ACADEMY 8140 E GOLF LINKS RD TUCSON, AZ 85730	04-3617951	170(C)(1)	0.	12,522.		1411 BOOKS AND READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
A MIGHTY CHANGE OF HEART 18128 W DESERT LN SURPRISE, AZ 85388	81-3155104	501(C)(3)	0.	7,396.		693 BOOKS AND READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
ARIZONA MUSEUM OF NATURAL HISTORY 53 N MACDONALD MESA, AZ 85201	86-6000252	170(C)(1)	0.	6,189.		834 BOOKS AND 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.	7,936.		1168 BOOKS AND READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
DOS RIOS ELEMENTARY SCHOOL 2150 S 87TH AVE TOLLESON, AZ 85353	86-6000506	170(C)(1)	0.	10,309.		1436 BOOKS AND READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
FRANKLIN WEST ELEMENTARY 236 S SIRRINE MESA, AZ 85210	86-6000481	170(C)(1)	0.	7,085.		777 BOOKS AND READING RESOURCES	READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING
GATHERING HUMANITY 726 N GREENFIELD RD STE 120 GILBERT, AZ 85234	82-3417555	501(C)(3)	0.	42,275.		4324 BOOKS AND 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: CATHOLIC CHARITIES

(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: FIELD ELEMENTARY

(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: GILBERT 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: BURK 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: PORTER 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: MILITARY SUPPORT FOUNDATION

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

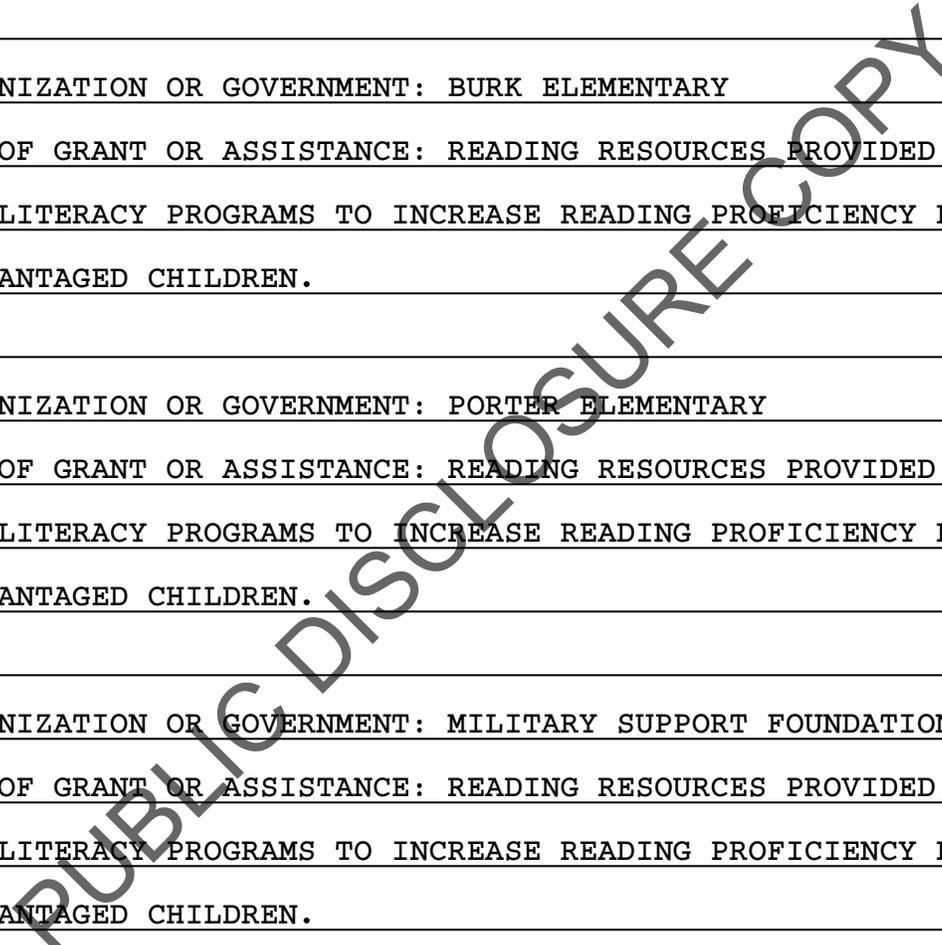
AMONG DISADVANTAGED CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: JOSEPH ZITO 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: MESA 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: MOUNTAIN VIEW 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: MESA PUBLIC SCHOOLS

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

NAME OF ORGANIZATION OR GOVERNMENT: CACTUS WREN 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: OFFICE OF PINAL COUNTY ATTORNEY

(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 AMERICAN FATHERHOOD AND FAMILIES ASSOCIATION

(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: OCOTILLO 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: 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:

WORKPLACE EDUCATION AND LITERACY COALITION OF MOHAVE COUNTY: KINGMAN

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

AMONG DISADVANTAGED CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: BRUNSON LEE ELEMENTARY

(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 FOODBANK

(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: WHITTIER 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: FAITH CHRISTIAN CHURCH

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

NAME OF ORGANIZATION OR GOVERNMENT: 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: 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: 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: STREETS OF JOY

(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: STREETS OF JOY

(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: BASIS PHOENIX SOUTH

(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: UNITED WAY OF PINAL COUNTY

(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: LITERACY CONNECTS

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

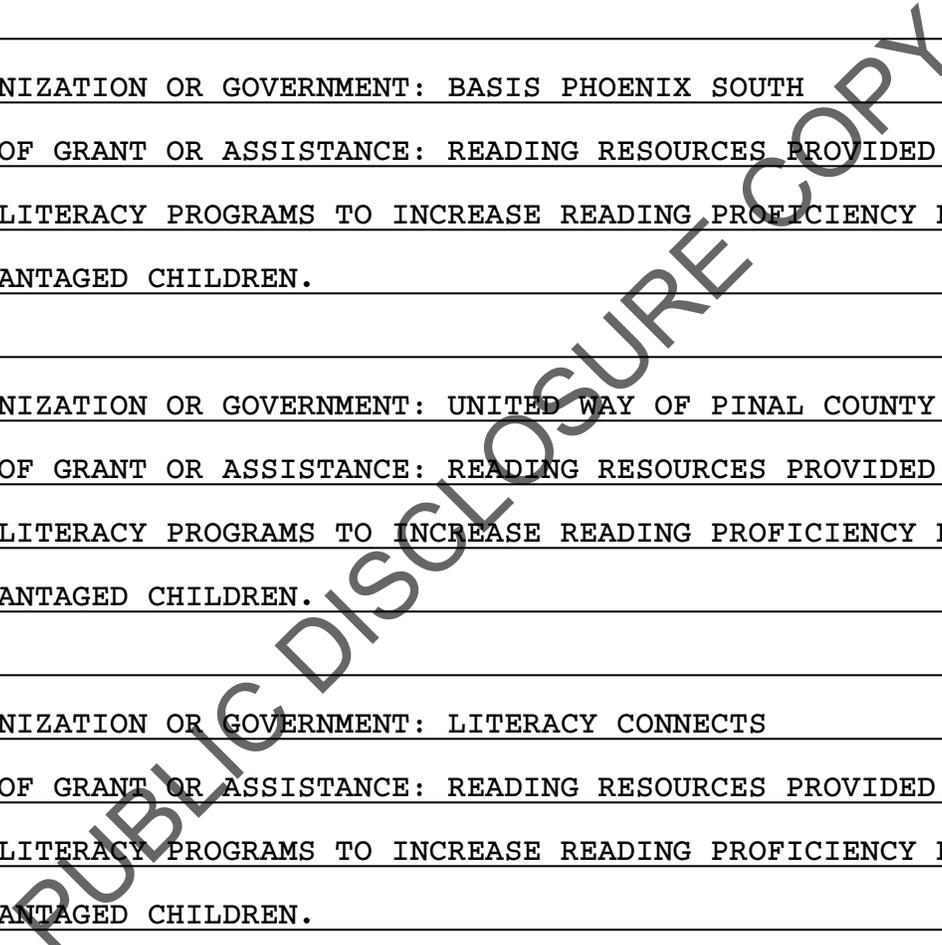
AMONG DISADVANTAGED CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: SUN VALLEY 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: CAMARENA MEMORIAL 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: CALEXICO SCHOOL DISTRICT

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

NAME OF ORGANIZATION OR GOVERNMENT: YUMA SCHOOL DISTRICT #1

(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: UNITED WAY OF TUCSON

(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: PI BTA PHI ARIZONA ALPHA

(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: PAGE PUBLIC LIBRARY LAKE POWELL

(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: NOXUBEE COUNTY 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: EAGLE PATHWAY

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

NAME OF ORGANIZATION OR GOVERNMENT: LEHI 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: SUPERSTITION FOOD BANK

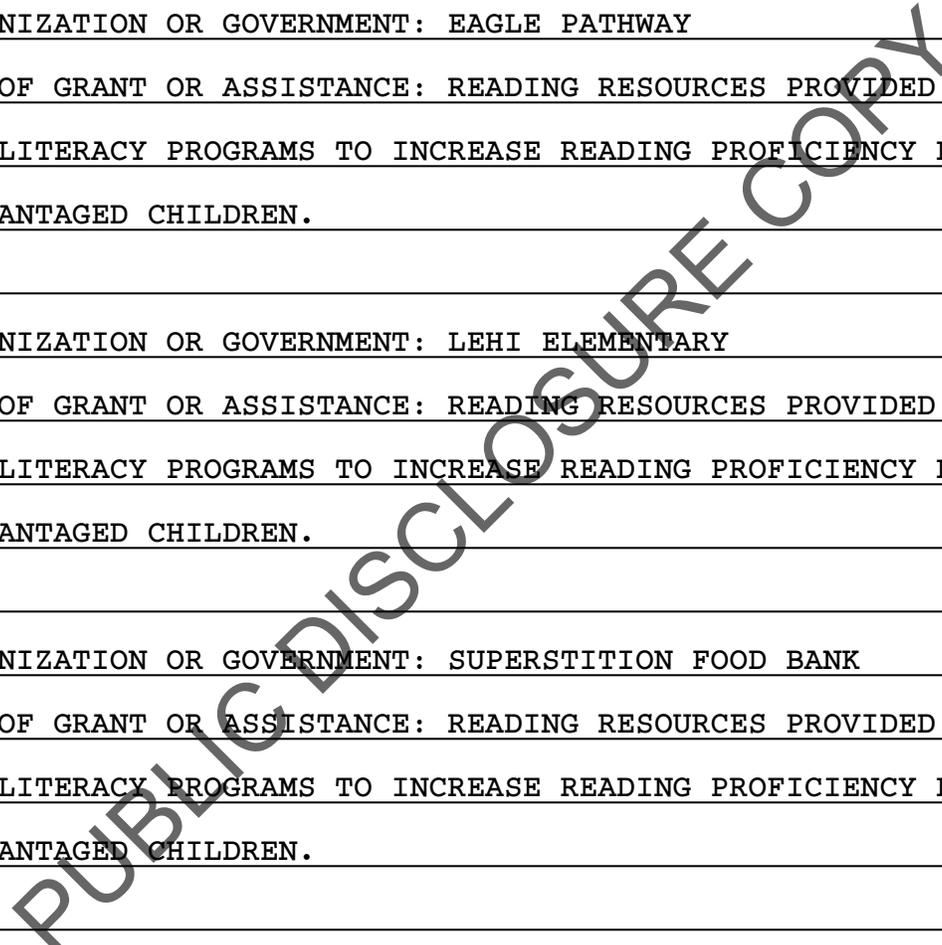
(H) PURPOSE OF GRANT OR ASSISTANCE: READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING PROFICIENCY LEVELS AMONG DISADVANTAGED CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: THE LITERACY LAB

(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: COCININO HEALTH AND HUMAN SERVICES

(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: THE LITERACY CENTER

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

NAME OF ORGANIZATION OR GOVERNMENT:

NATIVE HEALTH [ NATIVE AMERICAN COMMUNITY HEALTH CENTER 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: VISTA COLLEGE PREPARATORY

(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: CAESAR CHAVEZ 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: MESA UNITED WAY

(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: IRVING 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: 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: ECHO MOUNTAIN 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: AMELIA EARHART ELEMENTARY SCHOOL

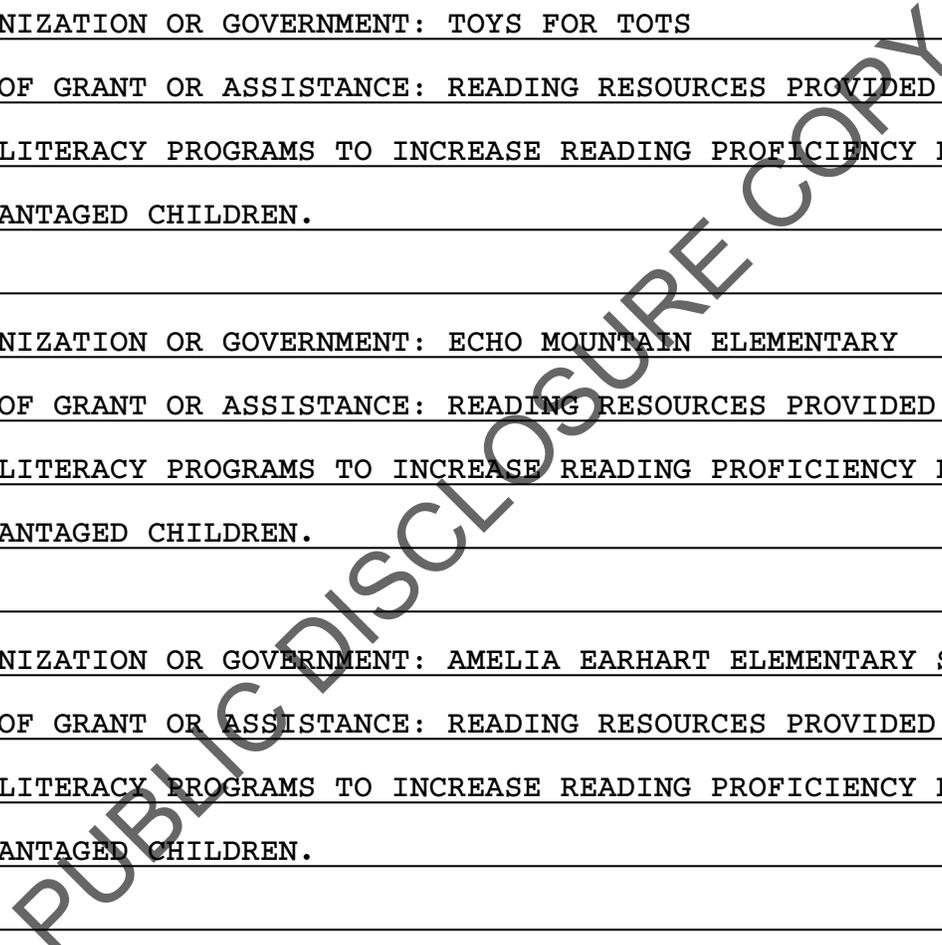
(H) PURPOSE OF GRANT OR ASSISTANCE: READING RESOURCES PROVIDED TO UNDERFUNDED LITERACY PROGRAMS TO INCREASE READING PROFICIENCY LEVELS AMONG DISADVANTAGED CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: 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: SAN GABRIEL EDUCATION FOUNDATION

(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: LA PALOMA 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: 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: ARIZONA MUSEUM OF NATURAL HISTORY

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

NAME OF ORGANIZATION OR GOVERNMENT: 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: DOS RIOS ELEMENTARY 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: FRANKLIN WEST 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: GATHERING HUMANITY

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

PUBLIC DISCLOSURE COPY

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2023**

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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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		527,472.	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 ( )				

PUBLIC DISCLOSURE COPY

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**

	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 3 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.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2023

**Part II** **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.

Horizontal lines for supplemental information input.

PUBLIC DISCLOSURE COPY

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

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 B, LINE 11B:

THE BOARD MEMBERS RECEIVE A COPY OF THE DRAFT RETURN TO OVERVIEW BEFORE THE  
RETURN IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORED AND ENFORCED  
COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY BY REVIEWING POSSIBLE  
CONFLICTS DURING BOARD MEETINGS.

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

THE MEMBERS OF THE KIDS NEED TO READ BOARD OF DIRECTORS CONDUCTED AN  
INDEPENDENT REVIEW AND APPROVAL OF THE EXECUTIVE DIRECTOR SALARY. SEVERAL  
MEETINGS WERE HELD IN RELATION TO THE APPROVAL PROCESS, IN WHICH  
COMPARATIVE DATA WAS REVIEWED FROM SEVERAL SOURCES. DOCUMENTATION HAS BEEN  
RETAINED REGARDING THE DELIBERATION AND DECISION RESULTING FROM THE  
INDEPENDENT REVIEW.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE  
AVAILABLE UPON REQUEST. THE FINANCIAL STATEMENTS ARE ON ITS WEBSITE.

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23



Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form4562 for instructions and the latest information.

Attach to your tax return.

Name(s) shown on return

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.

Table with 5 columns: Line number, Description, Amount, and two empty columns. Rows 1-13 include items like 'Maximum amount', 'Total cost of section 179 property', and 'Listed property'.

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.)

Table with 3 columns: Line number, Description, and Amount. Rows 14-16 include 'Special depreciation allowance', 'Property subject to section 168(f)(1) election', and 'Other depreciation'.

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

Section A

Table with 3 columns: Line number, Description, and Amount. Rows 17-18 include 'MACRS deductions for assets placed in service in tax years beginning before 2023' and 'If you are electing to group any assets...'.

Section B - Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 19a-i include property types like 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year, Residential rental, and Nonresidential real property.

Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Class life, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 20a-d include class life options: 12-year, 30-year, 40-year.

Part IV Summary (See instructions.)

Table with 3 columns: Line number, Description, and Amount. Rows 21-23 include 'Listed property', 'Total', and 'For assets shown above and placed in service during the current year...'.

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

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (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: Table with 9 columns for property details and percentages.

27 Property used 50% or less in a qualified business use: Table with 9 columns for property details and percentages.

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.

Table for Section B with 6 columns (a-f) for Vehicle 1-6 and rows 30-36 for mileage and availability questions.

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.

Table for Section C with 2 columns (Yes/No) and rows 37-41 for employer policy and use questions.

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

Table for Section C with 6 columns: (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 2023 tax year:

43 Amortization of costs that began before your 2023 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44

# TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

March 31, 2024

---

**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
Less: payments and credits	\$	0
Plus: other amount	\$	0
Plus: interest and penalties	\$	0
No payment is required	\$	0

---

**Overpayment:**

Credited to your estimated tax	\$	0
Other amount	\$	0
Refunded to you	\$	0

---

**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:**

# TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

March 31, 2024

---

**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 of Tax:**

Balance due of \$100

---

**Make Check Payable To:**

Department of Justice

---

**Mail Tax Return To:**

Registry of Charities and Fundraisers  
P.O. Box 903447  
Sacramento, CA 94203-4470

---

**Return must be mailed on or before:**

February 18, 2025

---

**Special Instructions:**

The report should be signed and dated by an 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.

PUBLIC DISCLOSURE COPY

# California Exempt Organization Annual Information Return

Calendar Year 2023 or fiscal year beginning (mm/dd/yyyy) **04/01/2023**, and ending (mm/dd/yyyy) **03/31/2024**

Corporation/Organization name **KIDS NEED TO READ** California corporation number **3101976**

Additional information. See instructions. 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  Yes  No  
**B** Amended return  Yes  No  
**C** IRC Section 4947(a)(1) trust  Yes  No  
**D** Final information return?  
 Dissolved  Surrendered (Withdrawn)  Merged/Reorganized  
 Enter date: (mm/dd/yyyy)  
**E** Check accounting method: (1)  Cash (2)  Accrual (3)  Other  
**F** Federal return filed? (1)  990T (2)  990PF (3)  Sch H (990) (4)  Other 990 series  
**G** Is this a group filing? See instructions  Yes  No  
**H** Is this organization in a group exemption  Yes  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  Yes  No  
**J** If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions.  Yes  No  
**K** Is the organization exempt under R&TC Section 23701g? If "Yes," enter the gross receipts from nonmember sources \$  Yes  No  
**L** Is the organization a limited liability company?  Yes  No  
**M** Did the organization file Form 100 or Form 109 to report taxable income?  Yes  No  
**N** Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No  
**O** Is federal Form 1023/1024 pending?  Yes  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	513	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received	3	718,813	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	719,326	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6	381	00
	7	Total costs. Add line 5 and line 6	7	381	00
	8	Total gross income. Subtract line 7 from line 4	8	718,945	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	1,406,781	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-687,836	00
Payments	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

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 **EXECUTIVE DIRE** Title Date **480-256-0115** Telephone

Preparer's signature **DENNIS M. HARE** Date **01/29/25** Check if self-employed  **P01241957** PTIN

Firm's name (or yours, if self-employed) and address **LOHMAN COMPANY, PLLC** Firm's FEIN **86-0985325**

**1630 S. STAPLEY DR., SUITE 108** Telephone **480-355-1100**

May the FTB discuss this return with the preparer shown above? See instructions  Yes  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.

328951 12-26-23

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	•	1		00	
	2	Interest	•	2	513	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	0	00
	7	Other income	•	7		00	
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		•	8	513	00
	9	Contributions, gifts, grants, and similar amounts paid	•	9	1,238,839	00	
<b>Expenses and Disbursements</b>	10	Disbursements to or for members	•	10		00	
	11	Compensation of officers, directors, and trustees	SEE STATEMENT 4	•	11	51,738	00
	12	Other salaries and wages	•	12	33,328	00	
	13	Interest	•	13	923	00	
	14	Taxes	•	14	6,561	00	
	15	Rents	•	15	36,416	00	
	16	Depreciation and depletion (See instructions)	•	16		00	
	17	Other expenses and disbursements	SEE STATEMENT 5	•	17	38,976	00
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		•	18	1,406,781	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash		39,145		65,331
2 Net accounts receivable				
3 Net notes receivable				
4 Inventories		1,639,081		958,067
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments	STMT 6	34,370		
10 a Depreciable assets	31,975		29,350	
b Less accumulated depreciation	31,975		29,350	
11 Land				
12 Other assets	STMT 7	5,899		2,771
13 <b>Total assets</b>		1,718,495		1,026,169
<b>Liabilities and net worth</b>				
14 Accounts payable		7,401		2,393
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities				
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		1,711,094		1,023,776
22 <b>Total liabilities and net worth</b>		1,718,495		1,026,169

**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	•	-687,836	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		-687,836
5 Expenses recorded on books this year not deducted in this return. Attach schedule	•				
6 Total. Add line 1 through line 5		-687,836			

CA 199

CASH CONTRIBUTIONS  
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
WALMART SPARK GRANTS	857 N DOBSON RD MESA, AZ 85201		6,000.
ELKES FOUNDATION III	55 W 39TH ST, FL 17 NEW YORK, NY 10018		10,000.
EMPLOYEES COMMUNITY FUND OF BOEING	5000 E MCDOWELL RD MESA, AZ 85215		10,000.
ARIZONA ALPHA CHAPTER OF PI BETA PHI	UNIVERSITY OF AZ, 1035 N MTN AVE TUCSON, AZ 85719		14,389.
COX CHARITIES	5159 FEDERAL BLVD SAN DIEGO, CA 92105		10,000.
YARDI SYSTEMS	9200 E PIMA CENTER PKWY #150 SCOTTSDALE, AZ 85258		9,150.
JANIS CHAPMAN MERRIL	4848 E CACTUS RD STE 505 PHOENIX, AZ 85085		5,000.
GARY AND TINA MLODZIK	8640 W MEADOW DR PEORIA, AZ 85382		6,000.
CLAVIN K KAZANJIAN FOUNDATION	7338 E SUNSET SKY CIR SCOTTSDALE, AZ 85266		5,000.
TOTAL INCLUDED ON LINE 3			<u>75,539.</u>

CA 199

NONCASH CONTRIBUTIONS  
INCLUDED ON PART I, LINE 3

STATEMENT 2

CONTRIBUTOR'S NAMECONTRIBUTOR'S ADDRESS

THE BOOKISH BOX

3191 N WASHINGTON ST, STE 2 & 3 CHANDLER,  
AZ 85225PROPERTY DESCRIPTIONDATE OF GIFTFMV OF GIFTTOTAL AMOUNT

BOOKS

04/08/23

5,320.

5,320.

CONTRIBUTOR'S NAMECONTRIBUTOR'S ADDRESS

THE DML FOUNDATION

PO BOX 2356 STUART, FL 34995

PROPERTY DESCRIPTIONDATE OF GIFTFMV OF GIFTTOTAL AMOUNT

BOOKS

05/18/23

24,640.

24,640.

CONTRIBUTOR'S NAMECONTRIBUTOR'S ADDRESS

TOWNE MEADOWS ELEMENTARY SCHOOL

1101 N RECKER RD GILBERT, AZ 85234

PROPERTY DESCRIPTIONDATE OF GIFTFMV OF GIFTTOTAL AMOUNT

BOOKS

06/01/23

7,415.

7,415.

CONTRIBUTOR'S NAMECONTRIBUTOR'S ADDRESS

ONE MONKEY BOOKS

156 DIAMOND ST SAN FRANCISCO, CA 94114

PROPERTY DESCRIPTIONDATE OF GIFTFMV OF GIFTTOTAL AMOUNT

BOOKS

06/05/23

9,010.

9,010.

CONTRIBUTOR'S NAMECONTRIBUTOR'S ADDRESS

BELLWETHER MEDIA

6012 BLUE CIRCLE DR MINNETONKA, MN 55343

PROPERTY DESCRIPTIONDATE OF GIFTFMV OF GIFTTOTAL AMOUNT

BOOKS

06/06/23

7,334.

7,334.

CONTRIBUTOR'S NAMECONTRIBUTOR'S ADDRESS

ARIZONA DIAMONDBACKS

401 E JEFFERSON ST PHOENIX, AZ 85004

PROPERTY DESCRIPTIONDATE OF GIFTFMV OF GIFTTOTAL AMOUNT

BOOKS

06/12/23

9,408.

9,408.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
INCORGNITO PUBLISHING PRESS	1651 DEVONSHIRE LN SARASOTA, FL 34236		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>TOTAL AMOUNT</u>
BOOKS	06/13/23	16,849.	16,849.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
ANIMAL WELFARE INSTITUTE	900 PENNSYLVANIA AVE SE WASHINGTON, DC 20003		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>TOTAL AMOUNT</u>
BOOKS	06/20/23	10,300	10,300.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
THE CREATIVE COMPANY	PO BOX 227 MANKATO, MN 56002		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>TOTAL AMOUNT</u>
BOOKS	08/03/23	11,052.	11,052.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
ROBIN REYNOLDS	9294 S STANLEY PL TEMPE, AZ 85284		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>TOTAL AMOUNT</u>
BOOKS	09/15/23	15,200.	15,200.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
THE MOTHER COMPANY	1505 4TH ST #216 SANTA MONICA, CA 90401		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>TOTAL AMOUNT</u>
BOOKS	10/17/23	79,049.	79,049.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
PETSMART	25372 N LAKE PLEASANT PKWY PEORIA, AZ 85383		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>TOTAL AMOUNT</u>
READING BUDDIES	10/22/23	10,787.	10,787.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
BARNES AND NOBLE	2501 W HAPPY VALLEY RD, STE 20 PHOENIX, AZ 85085		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>TOTAL AMOUNT</u>
BOOKS	11/14/23	16,119.	16,119.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
ANTHONY DELAUNEY	5130 COMMERCE PKWY, BLDG 19 SAN ANTONIO, TX 78218		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>TOTAL AMOUNT</u>
BOOKS	11/21/23	11,535.	11,535.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
SHANNON MESSENGER	27515 LOCK HAVEN CT FEMECULA, CA 92591		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>TOTAL AMOUNT</u>
BOOKS	01/12/24	10,848.	10,848.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
NATIONAL CHARITY LEAGUE: PHOENIX	7700 WINDROSE G 300 PLANO, TX 75024		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>TOTAL AMOUNT</u>
BOOKS	01/26/24	12,710.	12,710.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
HARVEY KLINGER INC	300 W 55TH ST, APT 11V NEW YORK, NY 10019		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>TOTAL AMOUNT</u>
BOOKS	02/01/24	5,600.	5,600.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
TEACHING STRATEGIES	4500 EAST WEST HIGHWAY, STE 300 BETHESDA, MD 20814		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>TOTAL AMOUNT</u>
BOOKS	02/13/24	9,600.	9,600.

CONTRIBUTOR'S NAMECONTRIBUTOR'S ADDRESS

BARBARA MELAND

12030 E LARKSPUR DR SCOTTSDALE, AZ 85259

PROPERTY DESCRIPTIONDATE OF GIFTFMV OF GIFTTOTAL AMOUNT

BOOKS

02/15/24

14,243.

14,243.

CONTRIBUTOR'S NAMECONTRIBUTOR'S ADDRESS

BROPHY COLLEGE PREP

4701 N CENTRAL AVE PHOENIX, AZ 85012

PROPERTY DESCRIPTIONDATE OF GIFTFMV OF GIFTTOTAL AMOUNT

BOOKS

02/27/24

21,840.

21,840.

CONTRIBUTOR'S NAMECONTRIBUTOR'S ADDRESS

ARIZONA RENAISSANCE FESTIVAL

12601 US-60 GOLD CANYON, AZ 85118

PROPERTY DESCRIPTIONDATE OF GIFTFMV OF GIFTTOTAL AMOUNT

BOOKS

03/02/24

12,596.

12,596.

CONTRIBUTOR'S NAMECONTRIBUTOR'S ADDRESS

PRIMROSE EMILY JONES

10120 E BELL RD SCOTTSDALE, AZ 85260

PROPERTY DESCRIPTIONDATE OF GIFTFMV OF GIFTTOTAL AMOUNT

BOOKS

03/12/24

5,444.

5,444.

TOTAL INCLUDED ON LINE 3

326,899.

326,899.

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CA 199

GROSS AMOUNT FROM SALE OF ASSETS

STATEMENT 3

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
			PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
PERMENANT ENDOWMENT	381.	0.	0.	0.
DISPOSAL OF ASSETS	2,625.	2,625.	0.	0.
TOTAL TO FORM 199, PAGE 2, LN 6	3,006.	2,625.	0.	0.

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 60.00	51,738.
TYSON BREINHOLT 2450 WEST BROADWAY ROAD, SUITE 110 MESA, AZ 85202	CHAIRMAN 2.00	0.
HEATHER MILLER 2450 WEST BROADWAY ROAD, SUITE 110 MESA, AZ 85202	TREASURER 0.50	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 0.50	0.

KIDS NEED TO READ

26-2755631

KIM OBRIEN 2450 WEST BROADWAY ROAD, SUITE 110 MESA, AZ 85202	DIRECTOR 0.50	0.
GARY MLODZIK 2450 WEST BROADWAY ROAD, SUITE 110 MESA, AZ 85202	DIRECTOR 1.00	0.
TINA MLODZIK 2450 WEST BROADWAY ROAD, SUITE 110 MESA, AZ 85202	DIRECTOR 1.00	0.
JOE BOUDRIE 2450 WEST BROADWAY ROAD, SUITE 110 MESA, AZ 85202	DIRECTOR 1.00	0.
DENISE GARY 2450 WEST BROADWAY ROAD, SUITE 110 MESA, AZ 85202	DIRECTOR 0.00	0.
TIFFANY ELLINGTON 2450 WEST BROADWAY ROAD, SUITE 110 MESA, AZ 85202	DIRECTOR 2.00	0.
TOTAL TO FORM 199, PART II, LINE 11		<u>51,738.</u>

CA 199	OTHER EXPENSES	STATEMENT 5
DESCRIPTION		AMOUNT
ROUNDING		0.
MATERIALS AND SUPPLIES		8,213.
SHIPPING		4,981.
SPECIAL EVENT		1,150.
OTHER EXPENSES		488.
LEGAL FEES		1,150.
ACCOUNTING FEES		9,276.
INVESTMENT MANAGEMENT FEES		778.
OFFICE EXPENSES		5,975.
TRAVEL		419.
INSURANCE		6,480.
ALL OTHER EXPENSES		66.
TOTAL TO FORM 199, PART II, LINE 17		<u>38,976.</u>

CA 199	OTHER INVESTMENTS	STATEMENT 6
DESCRIPTION	BEG. OF YEAR	END OF YEAR
INVESTMENTS HELD BY ARIZONA COMMUNITY FOUNDATION	34,370.	0.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	34,370.	0.

CA 199	OTHER ASSETS	STATEMENT 7
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	507.	871.
PREPAID EXPENSES AND DEFERRED CHARGES	2,451.	0.
SECURITY DEPOSIT	2,941.	1,900.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	5,899.	2,771.

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# Corporation Depreciation and Amortization

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 2024. 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 4 FASTRACK SHELVING	01/22/15	2,500	2,500	SL	7.00	0	
6 2014 FORD CARGO	01/08/16	26,850	26,850	SL	7.00	0	
8 IN KIND LEASEHOLD IMPROVEMENT	08/17/18	2,625	2,625	SL	2.25	0	
<b>TOTALS</b>		<b>31,975</b>	<b>31,975</b>				

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

### 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
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22	17
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

### 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

TAXABLE YEAR  
**2023**

# California e-file Return Authorization for Exempt Organizations

FORM  
**8453-EO**

Exempt Organization name <b>KIDS NEED TO READ</b>	Identifying number <b>26-2755631</b>
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**Part I Electronic Return Information** (whole dollars only)

1 Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5) .....	1	719,326
2 Total gross income or total tax (Form 199, line 8 or Form 109, line 14) .....	2	718,945
3 Total expenses and disbursements (Form 199, line 9) .....	3	1,406,781
4 Tax due (Form 109, line 23) .....	4	
5 Overpayment (Form 109, line 24) .....	5	

**Part II Settle Your Account Electronically for Taxable Year 2023**

6  Direct Deposit of refund (Form 109 only.)

7  Electronic funds withdrawal      **7a** Amount      **7b** Withdrawal date (mm/dd/yyyy)

**Part III Schedule of Estimated Tax Payments for Taxable Year 2024** (These are NOT installment payments for the current amount the exempt organization owes.)

	First Payment	Second Payment	Third Payment	Fourth Payment
8 Amount				
9 Withdrawal Date				

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

10 Routing number \_\_\_\_\_

11 Account number \_\_\_\_\_      12 Type of account:  Checking     Savings

**Part V Declaration of Officer**

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 6, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 7, I authorize an electronic funds withdrawal for the amount listed on line 7a and any estimated payment amounts listed on Part III, line 8 from the bank account specified in Part IV.

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 2023 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 tax liability, the exempt organization will remain liable for the tax 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 or the date when the refund was sent.**

**Sign Here**                **EXECUTIVE DIRECTOR**

**Part VI 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, 2023 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**           Date **01/29/25**      Check if also paid preparer       Check if self-employed       ERO's PTIN **P01241957**

**Must Sign**      Firm's name (or yours if self-employed) and address **LOHMAN COMPANY, PLLC**      Firm's FEIN **86-0985325**

**1630 S. STAPLEY DR., SUITE 108**      ZIP code **85204**

**MESA, AZ**

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**           Date \_\_\_\_\_      Check if self-employed       Paid preparer's PTIN \_\_\_\_\_

**Must Sign**      Firm's name (or yours if self-employed) and address \_\_\_\_\_      Firm's FEIN \_\_\_\_\_

\_\_\_\_\_      ZIP code \_\_\_\_\_

**ANNUAL REGISTRATION RENEWAL FEE REPORT  
TO ATTORNEY GENERAL OF CALIFORNIA**

**Sections 12586 and 12587, California Government Code  
11 Cal. Code Regs. sections 301-307, and 310**

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.

MAIL TO:  
Registry of Charities and Fundraisers  
P.O. Box 903447  
Sacramento, CA 94203-4470

STREET ADDRESS:  
1300 I Street  
Sacramento, CA 95814

WEBSITE ADDRESS:  
[www.oag.ca.gov/charities](http://www.oag.ca.gov/charities)

**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
- Organization requests email notifications

State Charity Registration Number **0148267**

Corporation or Organization No. **3101976**

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

**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, and 310)**

**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 **04/01/2023** ending **03/31/2024**) list:

Total Revenue (including noncash contributions) \$ **718,945** Noncash Contributions \$ **527,472** Total Assets \$ **1,026,169**  
 Program Expenses \$ **1,351,276** Total Expenses \$ **1,406,781**

**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?		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

EXPLANATION OF CHARITABLE RAFFLES  
PART B, LINE 6

STATEMENT 8

2 RAFFLES WERE HELD IN THIS PAST FISCAL YEAR 04/01/23 TO 3/31/24. THEY WERE ALL HELD IN THE STATE OF ARIZONA.

JUNE 4, 2023 PHOENIX FAN FUSION, PHOENIX, ARIZONA

SEPTEMBER 3, 2023 TUCSON COMIC CON, TUCSON, ARIZONA

PUBLIC DISCLOSURE COPY