Department of the Treasury

Internal Revenue Service

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

OMB No. 1545-0047

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

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

Open to Public Inspection

ΑI	For the	2014 calendar year, or tax year beginning $$ OCT 1 , 2014 $$ and ending	<u> </u>		
B	Check if applicable	C Name of organization	D Employer identifi	cation number	
	Addres	READ TO A CHILD, INC.			
	Name change		20-3	526239	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite E Telephone numbe	er	
	Final return/	20 WILLIAM STREET G25	781-	489-5910	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,099,635.	
Ļ	Amend	WEDDSDEI, MA 02401	H(a) Is this a group r		
	Applica tion pendin	F Name and address of principal officer: FAOL LAMOUNEON	for subordinates		
		20 WILLIAM STREET, G25, WELLESLEY, MA 024	81 H(b) Are all subordinates i		
		empt status: X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1) or e: ► READTOACHILD.ORG		list. (see instructions)	
		•	H(c) Group exemption	on number ► M State of legal domicile: MA	
		Summary	rear of formation: 2005	M State of legal domicile; MA	
_		Briefly describe the organization's mission or most significant activities: CHILDREN	'S LITERACY		
Governance	' '	briefly describe the organization's mission of most significant activities.	D DITLIMET		
naı	2	Check this box if the organization discontinued its operations or disposed of n	nore than 25% of its net a	ssets.	
ove.	1		3	12	
Ğ	1	Number of independent voting members of the governing body (Part VI, line 1b)		11	
es &		Total number of individuals employed in calendar year 2014 (Part V, line 2a)		66	
Ϋ́		Total number of volunteers (estimate if necessary)		1433	
Activities &	7 a -	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
_	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
			Prior Year	Current Year	
Revenue		Contributions and grants (Part VIII, line 1h)	922,550.	1,061,173.	
		Program service revenue (Part VIII, line 2g)	0. 600.	603.	
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-281.		
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	922,869.		
	_	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	922,009.	1,070,320.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	
10	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	741,057.	_	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0	
per	b.	Total fundraising expenses (Part IX, column (D), line 25) 113,102.			
Щ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	157,666.	122,681.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	898,723.	972,057.	
	19	Revenue less expenses. Subtract line 18 from line 12	24,146.	98,463.	
Net Assets or Fund Balances			Beginning of Current Year	End of Year	
sets	20	Total assets (Part X, line 16)	531,534.	613,905.	
t As	21	Total liabilities (Part X, line 26)	105,148.	89,626.	
	22	Net assets or fund balances. Subtract line 21 from line 20	426,386.	524,279.	
_		Signature Block			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and st		y knowledge and belief, it is	
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	larer has any knowledge.		
ei.	_	Signature of officer	I Date		
Sig Her		▶ PAUL LAMOUREUX, CHIEF EXECUTIVE OFFICER			
HE	٠	Type or print name and title			
		Print/Type preparer's name Preparer's signature	Date Check	PTIN	
Pai	d	JENNIFER L. FERRERA, CPA	if self-employ	P00714924	
Pre		Firm's name MURPHY, EDWARDS, GONCALVES & FERRER		76-0754060	
Use	Only	Firm's address 144 TURNPIKE ROAD, SUITE 340			
		SOUTHBORO, MA 01772	Phone no. 50	8-229-7900	
Ma	v the IF	RS discuss this return with the preparer shown above? (see instructions)		X Yes No	

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE MISSION IS TO PAIR AT-RISK ELEMENTARY SCHOOL CHILDREN WITH ADULT
	READING MENTORS IN ORDER TO FOSTER A LOVE OF READING AND TO IMPROVE STUDENT LITERACY SKILLS AND SELF-CONFIDENCE.
	STUDENT LITERACI SKILLS AND SELF-CONFIDENCE.
	Did the expenientian undertake any significant program consists during the year which were not listed an
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
	the prior Form 990 or 990-EZ? 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
3	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.
4	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 \$ 726,702 • including grants of \$) (Revenue \$)
·u	THE MISSION IS TO PAIR AT-RISK ELEMENTARY SCHOOL CHILDREN WITH ADULT
	READING MENTORS IN ORDER TO FOSTER A LOVE OF READING AND TO IMPROVE
	STUDENT LITERACY SKILLS AND SELF-CONFIDENCE.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	, (,
4c	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 726,702.

Form 990 (2014) READ TO A CHILD, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			٠,,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			.,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			٠,,
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			\
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	44.1		x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Α.
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446		x
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	100	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	21	
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	174		
J	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a		20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			000	

Form 990 (2014) READ TO A CHILD, INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	04		Х
00	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Λ
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	00		х
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22		21
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Only adults 1	23		х
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		- 21
2 -1 0	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		Х
h	Schedule K. If "No", go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
Ū	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			7.7
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			Х
27	If "Yes," complete Schedule R, Part V, line 2	36		Λ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		Х
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		21
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	х	
	Note. All Form 990 filers are required to complete Schedule O	38	22	

Form **990** (2014)

Form 990 (2014) READ TO A CHILD, INC. 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								
			1		Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1						
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and relative to the organization comply with backup withholding rules for reportable payments to vendors and relative to the organization comply with backup withholding rules for reportable payments to vendors and relative to the organization comply with backup withholding rules for reportable payments to vendors and relative to the organization comply with backup withholding rules for reportable payments to vendors and relative to the organization comply with backup withholding rules for reportable payments to vendors and relative to the organization comply with backup withholding rules for reportable payments to vendors and relative to the organization comply with backup withholding rules for reportable payments and relative to the organization comply with the organization comply				77				
	(gambling) winnings to prize winners?	 I	 I	1c	X				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		٠,						
	filed for the calendar year ending with or within the year covered by this return								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	X				
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction			_		v			
				3a		X			
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		-	4-		х			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a					
D	If "Yes," enter the name of the foreign country:	\	λ+ο (ΕΒΛΒ)						
5 0	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?			5a 5b		X			
b	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to			50					
oa	any contributions that were not tax deductible as charitable contributions?			6a		х			
b	If "Yes," did the organization include with every solicitation an express statement that such contribu			- Ou					
-	were not tax deductible?		-	6b					
7	Organizations that may receive deductible contributions under section 170(c).								
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices r	provided to the payor?	7a	Х				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w								
	to file Form 8282?			7c		Х			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contra	ct?	7e		Х			
f									
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 88	399 as required?	7g		Х			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation f	ile a Form 1098-C?	7h		Х			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained								
	sponsoring organization have excess business holdings at any time during the year?			8		Х			
9	Sponsoring organizations maintaining donor advised funds.								
а				9a		X			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? \dots			9b		Х			
10	Section 501(c)(7) organizations. Enter:	1	I						
	Initiation fees and capital contributions included on Part VIII, line 12	10a							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:	۔ د د	1						
	Gross income from members or shareholders	11a							
D	Gross income from other sources (Do not net amounts due or paid to other sources against	445							
100	amounts due or received from them.)	11b	<u> </u>	100					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 104 1	<u>'</u>	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	IZD							
13	Is the organization licensed to issue qualified health plans in more than one state?			13a					
а	Note. See the instructions for additional information the organization must report on Schedule O.			134					
h	Enter the amount of reserves the organization is required to maintain by the states in which the								
D	organization is licensed to issue qualified health plans	13b							
c	Enter the amount of reserves on hand								
			<u> </u>	14a		Х			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b					
~		. •							

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

_	Check if Schedule O contains a response or note to any line in this Part VI					X			
Sec	tion A. Governing Body and Management								
		1 1	4.0		Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12						
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent	1b	11						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other							
	officer, director, trustee, or key employee?		2	2		X			
3	Did the organization delegate control over management duties customarily performed by or under the								
	of officers, directors, or trustees, or key employees to a management company or other person? \dots		🗀	3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	4	١.		Х			
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?	5	5		Х			
6	Did the organization have members or stockholders?		6	<u> </u>		Х			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint one or							
	more members of the governing body?		7	а		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or							
	persons other than the governing body?		7	b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by the following:							
а	The governing body?		8	а	Х				
b	Each committee with authority to act on behalf of the governing body?		8	b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached at the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9)		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Code.)							
					Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?		10)a		X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such or	chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10)b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy before filing the form	1? 1 1	la	Х				
b									
12a									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conflicts?	12	2b	Х				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If $^{\shortparallel}$	Yes," describe							
	in Schedule O how this was done		12	2c	Х				
13	Did the organization have a written whistleblower policy?		<u> 1</u>	3	Х				
14	Did the organization have a written document retention and destruction policy?		<u> 1</u>	4	Х				
15	Did the process for determining compensation of the following persons include a review and approve	al by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?							
	The organization's CEO, Executive Director, or top management official		15	ā	Х				
b	Other officers or key employees of the organization		15	b	Х				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a							
	taxable entity during the year?		16	a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anization's							
	exempt status with respect to such arrangements?		16	òb					
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ►MA, CA, CT, FL, I								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Section 501(c)(3)s or	nly) avai	lable	Э				
	for public inspection. Indicate how you made these available. Check all that apply.								
		n in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest policy	, and fir	anc	ial				
	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 b	ooks and records:							
	PAUL LAMOUREUX - 781-489-5910								
	20 WILLIAM STREET, STE, G25, WELLESLEY, MA 02481								

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

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

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

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

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

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

(A)	(B)	l g	(C)		100.	(D)	(E)	(F)				
Name and Title	Average	Position (do not check more than one					one	Reportable	Reportable	Estimated		
	hours per	box	box, unless perso officer and a direct			is bot	h an	compensation	compensation	amount of		
	week (list any						Ĺ	from the	from related organizations	other compensation		
	hours for	r direc				pa		organization	(W-2/1099-MISC)	from the		
	related	stee or	ustee			ensat		(W-2/1099-MISC)		organization		
	organizations	al trus	onal tr		loyee	comp				and related		
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations		
(1) CHRIS THOMAS	2.00	=	-	0	~	Ξ =	Œ					
CHAIR		Х		х				0.	0.	0.		
(2) ASHIM MEHRA	2.00											
TREASURER		Х		Х				0.	0.	0.		
(3) JULIE SOLOMON	2.00											
SECRETARY		Х		Х				0.	0.	0.		
(4) DAVID BREWER	2.00											
DIRECTOR		Х						0.	0.	0.		
(5) PHIL HARRELL	2.00							_	_	_		
DIRECTOR		Х						0.	0.	0.		
(6) PAUL LAMOUREUX	40.00								_	_		
CEO (AS OF MAY 2015)		Х		Х				31,937.	0.	0.		
(7) TRACY PEARCE	2.00								•	•		
DIRECTOR		Х						0.	0.	0.		
(8) JOAN PIERRE	2.00	,,							0	0		
DIRECTOR	2 00	Х						0.	0.	0.		
(9) ARTHUR TANNENBAUM	2.00	X						0.	0	0		
EX-OFFICIO	2.00	Α						0.	0.	0.		
(10) MARK TARINI	2.00	Х		x				0.	0.	0.		
VICE CHAIR (11) BRETT BARFIELD	2.00	^		^				0.	0.	<u> </u>		
DIRECTOR	2.00	Х						0.	0.	0.		
(12) RUTH BRAMSON	2.00							0.	0.			
DIRECTOR		x						0.	0.	0.		
(13) PETER NECHELES	2.00											
DIRECTOR		x						0.	0.	0.		
(14) OLIVIA MATHEWS	40.00								•			
CEO (THROUGH MAY 2015)		Х		Х				68,108.	0.	0.		
		_										
	•	-			•	-		•				

Page 8

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	(do	not c	Pos heck ss pe	c) ition more erson		one th an	(D) Reportable compensation from	(E) Reportable compensation from related		am	(F) timate lount o	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	6	fro orga and	oensat om the anizati I relate nizatio	e on ed
						×	- 0							
С	Sub-total Total from continuation sheets to Part VI	I, Section A							100,045. 0. 100,045.		0. 0.			0. 0.
2	Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization),000 of reportable	-			0
3	Did the organization list any former officer,	director, or tru	uste	e, ke	ey er	nplo	oyee	, or	highest compensated e	mployee on			Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	ım of reportab	le c	omp	ensa	atior	n and	d ot	•	the organization		3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i>	accrue compe	nsat	ion 1	from	any	/ uni					5		X
Sec	tion B. Independent Contractors	piete deriedar	C 0 1	0/ 30	исп	per	3011					<u> </u>		
1	Complete this table for your five highest co the organization. Report compensation for	-	-								pens	ation fi	rom	
	(A) Name and business	address	N	INC	Ξ				(B) Description of s	ervices	C	(C comper		1
2	Total number of independent contractors (i \$100,000 of compensation from the organi	-	ot li	mite	d to		se li:	stec	d above) who received m	nore than				

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII ... (B) (**D**) Revenue excluded (C) Related or Unrelated Total revenue from tax under exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b 180,546. c Fundraising events d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 880,627. g Noncash contributions included in lines 1a-1f: \$ 1,061,173. h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 603. 603. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) ... 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$180,546. of contributions reported on line 1c). See 37,859 Part IV, line 18 a Other b Less: direct expenses _____ b 8,744. 8,744. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns and allowances _____a b Less: cost of goods sold _____ b c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a b d All other revenue e Total. Add lines 11a-11d 1,070,520. 0. **Total revenue.** See instructions.

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).

0001	Oh ali if Cabadula O austaina a rearran				
	Check if Schedule O contains a respons	se or note to any line in (A)	this Part IX	(C)	(D)
	not include amounts reported on lines 6b,	Total expenses	Program service	Management and	Fundráising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
3	-	100,045.	75,033.	15,007.	10,005.
•	trustees, and key employees	100,043.	73,033.	15,007.	10,003.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		455 454		
7	Other salaries and wages	628,266.	475,451.	72,379.	80,436.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	53,748.	42,609.	6,294.	4,845. 7,571.
10	Payroll taxes	67,317.	52,579.	7,167.	7,571.
11	Fees for services (non-employees):				_
	Management				
	Legal				_
		11,050.		11,050.	
	Accounting	11/0301		11,0301	
	Lobbying				_
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	,	14 660	11 404	F 7 0	2 506
	column (A) amount, list line 11g expenses on Sch 0.)	14,660.	11,494.	570.	2,596.
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	1,004.	1,004.		
17	Travel				_
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,696.	1,527.	875.	294.
20	Interest	,	•		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	13,743.	12,015.	948.	780.
	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	9,110.	2,973.	5,756.	381.
23	Other expenses. Itemize expenses not covered	J, 110 •	2,515.	3,730	301.
24	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	24 015	12 072	4 472	E 670
а	OFFICE AND TELECOMMUNIC	24,015.	13,873.	4,472.	5,670.
b	TRAVEL	21,820.	16,260.	5,128.	432.
С	PROGRAM BOOKS AND SUPPL	17,456.	17,456.		
d	MISCELLANEOUS	5,190.	4,428.	670.	92.
е	All other expenses	1,937.		1,937.	
25	Total functional expenses . Add lines 1 through 24e	972,057.	726,702.	132,253.	113,102.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
43201	11-07-14				Form 990 (2014)

Form 990 (2014) Part X Balance Sheet

Га	πχ	Balance Sneet					
		Check if Schedule O contains a response or not	te to an	y line in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			309,484.	_1_	411,192.
	2	Savings and temporary cash investments			152,773.	2	159,991.
	3	Pledges and grants receivable, net			19,571.	3	2,888.
	4	Accounts receivable, net			4		
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation					
		Part II of Schedule L		5			
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section		_			
		employers and sponsoring organizations of sec					
Assets		employees' beneficiary organizations (see instr).			6		
\SS(7	Notes and loans receivable, net				7	
1	8	Inventories for sale or use			4 546	8	0 417
	9	Prepaid expenses and deferred charges			4,546.	9	8,417.
	10a	Land, buildings, and equipment: cost or other		FC 0F0			
		basis. Complete Part VI of Schedule D		56,950.	45 160		21 417
		Less: accumulated depreciation		25,533.	45,160.	10c	31,417.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	531,534.	15	612 005		
	16	Total assets. Add lines 1 through 15 (must equ		33,898.	16	613,905. 40,626.	
	17	Accounts payable and accrued expenses			33,090.	17	40,020.
	18	Grants payable	71,250.	18	49,000.		
	19	Deferred revenue			11,230.	19	49,000.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Loans and other payables to current and former					
ij		key employees, highest compensated employee				00	
Lia	00	Complete Part II of Schedule L				22 23	
	23	Secured mortgages and notes payable to unrelate Unsecured notes and loans payable to unrelate		F		<u>23</u> 24	
	25	Other liabilities (including federal income tax, pa				24	
	23	parties, and other liabilities not included on lines	•				
		Schedule D		•		25	
	26	Total liabilities. Add lines 17 through 25			105,148.	26	89,626.
	20	Organizations that follow SFAS 117 (ASC 958					00/0201
S		complete lines 27 through 29, and lines 33 an					
၁င	27	Unrestricted net assets			350,386.	27	409,646.
Fund Balances	28	Temporarily restricted net assets			76,000.	28	114,633.
e B	29	Permanently restricted net assets		29			
ڃ		Organizations that do not follow SFAS 117 (A					
P		and complete lines 30 through 34.	,,,				
ts	30	Capital stock or trust principal, or current funds			30		
SSE	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or	32	Retained earnings, endowment, accumulated in				32	
ž	33	Total net assets or fund balances			426,386.	33	524,279.
	34	Total liabilities and net assets/fund balances			531,534.	34	613,905.

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,07					
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,0 8,4	57.			
3	3 Revenue less expenses. Subtract line 2 from line 1							
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4							
5	Net unrealized gains (losses) on investments	5		-5	70.			
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	52	4,2	79.			
Pa	rt XII Financial Statements and Reporting	•						
	Check if Schedule O contains a response or note to any line in this Part XII							
	· · · · · · · · · · · · · · · · · · ·			Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat							
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х				
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.								
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir							
_	Act and OMB Circular A-133?		3a		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

TNC PEAD TO A CHILD

Employer identification number 20-3526239

			IO A CIIID	•				0-3320233			
Pa	rt I	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) Se	ee instructions.				
he o	organ	ization is not a private found	ation because it is: (For lines 1 through 11,	check only	one box.)					
1		A church, convention of ch	urches, or associatio	on of churches describe	d in sectio	n 170(b)(1	I)(A)(i).				
2		A school described in secti	ion 170(b)(1)(A)(ii).	Attach Schedule E.)							
3		A hospital or a cooperative			ection 170)(b)(1)(A)(ii	ii).				
4		A medical research organiz					•	the hospital's name,			
		city, and state:	•	,				,			
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental unit describ	ned in			
•		section 170(b)(1)(A)(iv). (C		nego er armveren, omne	a o, opo.a						
6			· · · · · · · · · · · · · · · · · · ·	nental unit described in	section 1	70/6\/1\/٨\	(v)				
	X	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in									
′		· ·	•	iniai part or its support	iioiii a gov	emmema	unit of from the general	public described in			
		section 170(b)(1)(A)(vi). (C	-	(4)(A)(ci) (Camandata Dan	. 11 \						
8		A community trust describe									
9		An organization that norma	*	-	-						
		activities related to its exen	-	•				•			
		income and unrelated busin		(less section 511 tax) fr	om busine	esses acqu	ired by the organization	after June 30, 1975.			
		See section 509(a)(2). (Cor									
10		An organization organized a	•	•	-						
11		An organization organized a	•	•	•		•				
		more publicly supported or						Check the box in			
		lines 11a through 11d that	describes the type o	of supporting organization	n and con	nplete lines	s 11e, 11f, and 11g.				
а			nization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), typically by	giving giving			
		the supported organization	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or trustees of the s	supporting			
		organization. You must o	omplete Part IV, Se	ections A and B.							
b			anization supervised	I or controlled in connec	tion with it	ts supporte	ed organization(s), by ha	iving			
		control or management o	f the supporting orga	anization vested in the s	same perso	ons that co	ontrol or manage the sup	ported			
		organization(s). You mus	t complete Part IV,	Sections A and C.							
С		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functionally integrate	ed with,			
		its supported organization	n(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.				
d		Type III non-functionally	integrated. A supp	orting organization oper	rated in co	nnection v	vith its supported organi	zation(s)			
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and an attent	iveness			
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	s A and D	and Part	V.				
е		Check this box if the orga	•	· ·							
		functionally integrated, or					31 / 31 / 31				
f	Ente	er the number of supported o	* *	, 0 11	0 0						
а		vide the following information	•	ed organization(s).							
		i) Name of supported	(ii) EIN		(iv) Is the o		(v) Amount of monetary	(vi) Amount of			
		organization		(described on lines 1-9	aovernina	in your document?	support (see	other support (see			
				above or IRC section (see instructions))	Yes	No	Instructions)	Instructions)			
				(SSS III SE GOLIOTIO))							

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	82,823.	368,221.	936,265.	922,550.	1061173.	3371032.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	82,823.	368,221.	936,265.	922,550.	1061173.	3371032.
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)						396,203.
6	Public support. Subtract line 5 from line 4.						2974829.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011 368, 221.	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	82,823.	368,221.	936,265.	922,550.	1061173.	3371032.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	184.		21.	600.	603.	1,408.
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.)	567.		19,667.	-281.	8,744.	28,697.
11	Total support. Add lines 7 through 10						3401137.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)	
	organization, check this box and stop	here					<u></u> ▶□
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2014 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	87.47 %
	Public support percentage from 2013					15	80.60 %
16a	33 1/3% support test - 2014. If the o	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	nore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2013. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual						▶□
17a	10% -facts-and-circumstances tes	t - 2014. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Par	t VI how the organ	ization
	meets the "facts-and-circumstances"	~			•		
b	10% -facts-and-circumstances tes	t - 2013. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explain	in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization o	qualifies as a publi	cly supported orga	nization	▶∐
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	siow, picase com	proto r ure m.				
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and		, ,	. ,	, ,	, ,	,,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	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						
•	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support				,	i	
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6						
10	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
• • • • • • • • • • • • • • • • • • • •	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
10	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
40	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>	504()(0)	<u> </u>
14	First five years. If the Form 990 is for	· ·			•	. , . ,	
<u> </u>	check this box and stop here ction C. Computation of Publ						P
	Public support percentage for 2014 (I			acluma (fl)		15	
	Public support percentage from 2013					16	<u>%</u> %
	ction D. Computation of Inves					1 10 1	70
17						17	%
	Investment income percentage from 2					18	
	a 33 1/3% support tests - 2014. If the						
.50	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2013. If the						
•	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization			•		•	

Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
İ			
	2		
İ	_		
	За		
ļ	3b		
I	3c		
ŀ	4a		
ļ	4b		
	4c		
	5a		
	5b		
H	5с		
ļ	6		
	7		
Ī			
ļ	8		
	9a		
	9b		
Ì			
	9с		
	10a		
	.ou		
	10b		
n 99	90 or 99	0-EZ)	2014

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

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on I	Nov. 20, 1970. See instr	uctions. All
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ctions A through E.	
Cook	ion A. Adiusted Net Income		(A) Drier Veer	(B) Current Year
Seci	ion A - Adjusted Net Income		(A) Prior Year	(optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly-integrate	d Type III supporting org	ganization (see
	inetructions)	-	,	

Schedule A (Form 990 or 990-EZ) 2014

ıaı	Type in recir t anothericing integrated coe	(a)(s) Supporting Orga	(continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Soct	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
Jec 1	ion E - Distribution Anocations (see instructions)		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
С				
d	Excess from 2013			
е	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Schedule A	(Form 990 or 990-EZ) 2014 READ TO A CHILD, INC.	20-3526239 Page 8
Part VI	Supplemental Information. Provide the explanations required b	y Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.
	Also complete this part for any additional information. (See instructions).	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

READ TO A CHILD, INC.

Employer identification number 20-3526239

Pai	rt I	Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or A	ccounts. Complete if the
		organization answered "Yes" to Form 990, Part IV, line	e 6.		
			(a) Donor advised funds	(1	b) Funds and other accounts
1	Total	number at end of year			
2	Aggre	gate value of contributions to (during year)			
3	Aggre	gate value of grants from (during year)			
4	Aggre	gate value at end of year			
5	Did th	e organization inform all donors and donor advisors in	writing that the assets held in donor advi-	sed fun	ds
	are th	e organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did th	e organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	e used c	only
		aritable purposes and not for the benefit of the donor o			
	imper	missible private benefit?			Yes No
Pai	rt II	Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, I	Part IV,	line 7.
1	Purpo	se(s) of conservation easements held by the organizati	on (check all that apply).		
		Preservation of land for public use (e.g., recreation or e	education) Preservation of a hist	torically	important land area
		Protection of natural habitat	Preservation of a cer	tified his	storic structure
		Preservation of open space			
2	Comp	lete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a co	onservation easement on the last
	day o	f the tax year.			
					Held at the End of the Tax Year
а	Total	number of conservation easements			2a
b	Total	acreage restricted by conservation easements			2b
С	Numb	er of conservation easements on a certified historic str	ucture included in (a)		2c
d	Numb	er of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struct	ture	
	listed	in the National Register			2d
3		er of conservation easements modified, transferred, rel		e organ	ization during the tax
	year 🕽	-			
4	Numb	er of states where property subject to conservation ea	sement is located >		
5	Does	the organization have a written policy regarding the per	riodic monitoring, inspection, handling of		
	violati	ons, and enforcement of the conservation easements if	t holds?		Yes No
6	Staff	and volunteer hours devoted to monitoring, inspecting,			
7	Amou	nt of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	g the ye	ear ▶ \$
8	Does	each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	D(h)(4)(B	B)(i)
	and s	ection 170(h)(4)(B)(ii)?			Yes No
9	In Par	t XIII, describe how the organization reports conservati	on easements in its revenue and expens	e stater	nent, and balance sheet, and
	includ	e, if applicable, the text of the footnote to the organizat	tion's financial statements that describes	the org	ganization's accounting for
		rvation easements.			
Pai	rt III	Organizations Maintaining Collections of	f Art, Historical Treasures, or C	Other S	Similar Assets.
		Complete if the organization answered "Yes" to Form	990, Part IV, line 8.		
1a	If the	organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ment ar	nd balance sheet works of art,
	histor	ical treasures, or other similar assets held for public ext	nibition, education, or research in furthera	ance of	public service, provide, in Part XIII,
	the te	xt of the footnote to its financial statements that descri	bes these items.		
b	If the	organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemen	nt and b	alance sheet works of art, historical
	treasu	res, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	ublic ser	rvice, provide the following amounts
	relatir	g to these items:			
	(i) R	evenue included in Form 990, Part VIII, line 1			
					k 4
2	If the	organization received or held works of art, historical tre	asures, or other similar assets for financia	al gain,	provide
	the fo	llowing amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:		
а	Rever	nue included in Form 990, Part VIII, line 1			> \$
b		: 1 1 1: F 000 B 1 1			▶ \$

		A CHILD,		rical Tr		thor (0040/0045	
	t III Organizations Maintaining C								
3	Using the organization's acquisition, accessi	on, and other record	s, check a	any of the	following that are	a signi	ficant use of	its collection	ı items
	(check all that apply):								
а									
b	b Company research e Other								
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how the	y further tl	ne organization's	exemp ^r	t purpose in F	Part XIII.	
5	During the year, did the organization solicit of	or receive donations	of art, hist	orical trea	sures, or other sin	nilar as	sets		
	to be sold to raise funds rather than to be m	aintained as part of t	he organiz	zation's co	llection?			Yes	No_
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the o	rganizatio	n answered "Yes'	to For	m 990, Part I	V, line 9, or	
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for co	ontribution	s or other assets	not inc	luded		
	on Form 990, Part X?							Yes	└─ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing tal	ole:					
								Amount	
С	Beginning balance						1c		
d	Additions during the year						1d		
	Distributions during the year						1e		
f	Ending balance						1f		
2a	Did the organization include an amount on F						,	Yes	□ No
	If "Yes," explain the arrangement in Part XIII.					-			
Par									
	·	(a) Current year	(b) Prid		(c) Two years bac		Three years ba	ck (e) Four	years back
1a	Beginning of year balance	, ,	. ,		, ,	1,	•		<u>-</u>
	Contributions								
	Net investment earnings, gains, and losses								
	Grants or scholarships								
	Other expenditures for facilities								
·									
	Administrative expenses					+			
g	End of year balance		a (lina 1 a	oolumn (a)) bold oo:				
2	Provide the estimated percentage of the cur	rent year end baland		Column (a	ij) rieid as.				
a	Board designated or quasi-endowment	0/	_%						
	Permanent endowment	%							
С	Temporarily restricted endowment	%							
_	The percentages in lines 2a, 2b, and 2c should be a sh								
За	Are there endowment funds not in the posse	ession of the organiza	ation that	are held a	nd administered f	or the o	organization	г	
	by:								Yes No
	(i) unrelated organizations							3a(i)	
								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations							3b	
4	Describe in Part XIII the intended uses of the		wment fu	nds.					
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answere								
	Description of property	(a) Cost or o		(b) Cost		-	mulated	(d) Book	value
		basis (investn	nent)	basis	(other)	depre	ciation		
1a	Land								
	Buildings								
	Leasehold improvements								
d	Equipment				7,650.		5,883.		L,767.
	Other			3	9,300.	1	9,650.	19	9,650.
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column	(B), line 1	0c.)			31	L,417.

Schedule D (Form 990) 2014

(a) Descrip		o Form 990 Part IV	line 11b. See Form 990, Part X,	line 12
	tion of security or category (including name of security)	(b) Book value		n: Cost or end-of-year market value
1) Financi:	al derivatives	. ,		
	held equity interests			
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	b) must equal Form 990, Part X, col. (B) line 12.)			
	Investments - Program Related.			
· are viii	Complete if the organization answered "Yes" t	o Form 990 Part IV	line 11c See Form 900 Part V	lino 13
	(a) Description of investment	(b) Book value	(c) Method of valuatio	n: Cost or end-of-year market value
(1)	, , = =================================	,,, , , , , , , , , , , , , , ,	(-)	J. J. J. J. J. J. J. J. J. J. J
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	h) mount agual Farma 000 Dant V and (D) line 10 \			
Part IX	b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.			
raitix		o Form 000 Port IV	line 11d See Form 000 Port V	lino 15
	Complete if the organization answered "Yes" t	Description	ille 11d. See Form 990, Part X,	(b) Book value
(4)	(a) L	Description		(b) Book value
(1)				
(2)				
(3)				
(3)				
(3) (4) (5)				
(3) (4) (5) (6)				
(3) (4) (5) (6) (7)				
(3) (4) (5) (6) (7) (8)				
(3) (4) (5) (6) (7) (8) (9)				
(3) (4) (5) (6) (7) (8) (9) Fotal. (Colu	mn (b) must equal Form 990, Part X, col. (B) line	15.)		
(3) (4) (5) (6) (7) (8) (9)	Other Liabilities.			>
(3) (4) (5) (6) (7) (8) (9)	Other Liabilities. Complete if the organization answered "Yes" t			▶ Part X, line 25.
(3) (4) (5) (6) (7) (8) (9) Fotal. (Colu	Other Liabilities.		line 11e or 11f. See Form 990, F	Part X, line 25.
(3) (4) (5) (6) (7) (8) (9) Fotal. (Colu Part X	Other Liabilities. Complete if the organization answered "Yes" t			
(3) (4) (5) (6) (7) (8) (9) Fotal. (Colu Part X	Other Liabilities. Complete if the organization answered "Yes" t (a) Description of liability			
(3) (4) (5) (6) (7) (8) (9) Fotal. (Columber X) I. (1) Fed	Other Liabilities. Complete if the organization answered "Yes" t (a) Description of liability			
(3) (4) (5) (6) (7) (8) (9) Fotal. (Columna Part X 1. (1) Fed (2)	Other Liabilities. Complete if the organization answered "Yes" t (a) Description of liability			Part X, line 25.
(3) (4) (5) (6) (7) (8) (9) Fotal. (Columna Y X) 1. (1) Fed (2) (3)	Other Liabilities. Complete if the organization answered "Yes" t (a) Description of liability			Part X, line 25.
(3) (4) (5) (6) (7) (8) (9) Fotal. (Colument X) 1. (1) Feed (2) (3) (4)	Other Liabilities. Complete if the organization answered "Yes" t (a) Description of liability			Part X, line 25.
(3) (4) (5) (6) (7) (8) (9) Fotal. (Columna	Other Liabilities. Complete if the organization answered "Yes" t (a) Description of liability			Part X, line 25.
(3) (4) (5) (6) (7) (8) (9) Fotal. (Columbia) 1. (1) Fed (2) (3) (4) (5) (6)	Other Liabilities. Complete if the organization answered "Yes" t (a) Description of liability			Part X, line 25.
(3) (4) (5) (6) (7) (8) (9) Fotal. (Column of the column	Other Liabilities. Complete if the organization answered "Yes" t (a) Description of liability			Part X, line 25.

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization READ TO	A CHILD, INC.					Employer ide 20-3526	ntification number
	Complete if the organization answe	red "Y	'es" to	Form 990, Part IV, lii	ne 17	7. Form 990-EZ	filers are not
Indicate whether the organization rais a	sed funds through any of the following o	tion of tion of fundra (includerofess	non-g gover aising ding o ional t	overnment grants nment grants events fficers, directors, trus fundraising services?	stees	Yes Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contrib	ustodv	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total			•				
3 List all states in which the organization or licensing.	on is registered or licensed to solicit of	contrib	outions	s or has been notified	l it is	exempt from re	egistration

		II Fundraising Events. Complete if the				more than \$15.000
		of fundraising event contributions and gr				
			(a) Event #1	(b) Event #2 LOS ANGELES FOR LITERACY	(c) Other events	(d) Total events (add col. (a) through
© Direct Expenses Revenue Direct Expenses Revenue			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	122,533.	32,778.	63,094.	218,405.
	2	Less: Contributions	98,685.	28,882.	52,979.	180,546.
	3	Gross income (line 1 minus line 2)	23,848.	3,896.	10,115.	37,859.
		,				
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
xpens	6	Rent/facility costs				
Direct E	7	Food and beverages				
_	8	Entertainment				
	9	Other direct expenses	•	10,382.	5,763.	29,115.
	10	Direct expense summary. Add lines 4 throug				29,115. 8,744.
Pa	rt	Net income summary. Subtract line 10 from lill Gaming. Complete if the organization	answered "Yes" to Form	990 Part IV line 19 or r	eported more than	0,/44.
		\$15,000 on Form 990-EZ, line 6a.				
enne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Rev	1	Gross revenue				
ses	2	Cash prizes				
	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)		>	
a	Fn	ter the state(s) in which the organization cond	ucts gaming activities:			
		the organization licensed to conduct gaming a	_	states?		Yes No
		No," explain:				
10a	We	ere any of the organization's gaming licenses r	 evoked, suspended or te	rminated during the tax y	/ear?	Yes No
h	If "	Yes." explain:				

Sch	edule G (Form 990 or 990-EZ) 2014 READ TO A CHILD, INC.)-352	6239	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?	\square	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
a	The organization's facility	13	а	%
	o An outside facility	131	b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party >			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation \$			
	Description of services provided			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
	Mandatory distributions:			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to		7 v	□ Na
	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		∐ Yes	└── No
	organization's own exempt activities during the tax year > \$	ie		
Pa	Irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part	III. lines	9. 9b. 1	0b. 15b.
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	,	, ,	, ,

Schedule (G (Form 990 or 990-EZ)	READ TO	A CHILD,	INC.	20-3526239	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Infor	mation (continu	ıed)			
		,	,			
-						
_						
-						

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

READ TO A CHILD TNC Employer identification number 20-3526239

READ TO A CHILD, INC.	<u>20-3320233</u>
FORM 990, PART VI, SECTION B, LINE 11:	
A COPY OF THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECT	ORS. IT IS
REVIEWED AND APPROVED PRIOR TO THE FILING OF THE RETURN.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLIC	Y THAT HAS BEEN
REVIEWED AND ADOPTED BY THE BOARD OF DIRECTORS. NEW BOAR	D MEMBERS AND
EMPLOYEES ARE PROVIDED A COPY OF THE POLICY.	
FORM 990, PART VI, SECTION B, LINE 15:	
MEMBERS OF THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECT	ORS GATHER ALL
PERTINENT COMPENSATION INFORMATION, PERFORM AN ANNUAL REV	IEW AND AUTHORIZE
COMPENSATION AT THE EXECUTIVE LEVEL OF MANAGEMENT. THE C	OMPENSATION OF THE
CEO IS FURTHER REVIEWED AND APPROVED BY THE BOARD OF DIRE	CTORS.
FORM 990, PART VI, SECTION C, LINE 19:	
ALL REQUIRED DOCUMENTS THAT ARE TO BE MADE AVAILABLE TO T	HE GENERAL PUBLIC
ARE AVAILABLE UPON REQUEST.	

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
11	WEBSITE DEVELOPMENT	09301	BSL	5.00	16	39,300.			39,300.	11,790.		7,860.
12	VOLUNTEER DATABASE * TOTAL 990 PAGE 10	09301	4SL	3.00	16	17,650.			17,650.			5,883.
	* TOTAL 990 PAGE 10 DEPR					56,950.		0.	56,950.	11,790.	0.	13,743.