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

Department of the Treasury Internal Revenue Service

▶ 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

| <u>A</u> | רטו נווי | e 2015 calendar year, or tax year beginning OC1 1, 2015 and endi | ilig 5 | EP 30, 2010 | |
|--------------------------------|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------------------------------------------------|---------------------------------------------|
| В | Check if applicable | C Name of organization | | D Employer identifi | cation number |
| | Addre | | | | |
| | Name chang | Doing business as | | 20-3 | 526239 |
| | Initial return Final return | , | m/suite 5 | E Telephone numbe | r 489-5910 |
| | termir | | | | 1,162,570. |
| | ated Amen | City or town, state or province, country, and ZIP or foreign postal code WELLESLEY, MA 02481 | | G Gross receipts \$ H(a) Is this a group re | |
| F | return Applic tion | | | 1 | |
| | tion pendi | | 2/21 | for subordinates H(b) Are all subordinates in | |
| $\overline{}$ | T | empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or □ | 527 | 1 | |
| | | te: > READTOACHILD.ORG | 321 | 1 | list. (see instructions) |
| | | • | I Voor | H(c) Group exemption | n number ► ✓ State of legal domicile: MA |
| | art I | Summary | L TEAL (| or iorination. 2005 | A State of legal domicile, HA |
| | | Briefly describe the organization's mission or most significant activities: CHILDRI | יווים | T.TTTDACV S | MENTOD TNC |
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities: | DIA D | DITERACT & | MENTORING |
| nar | 2 | Check this box if the organization discontinued its operations or disposed of | of more | than 25% of its not as | cente |
| Ver | | | | | 11 |
| ၓၟ | | Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) | | | 10 |
| ళ | | Total number of individuals employed in calendar year 2015 (Part V, line 2a) | | | 60 |
| ij | 1 | | | | 1501 |
| Ę | | Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12 | | ····· | 0. |
| Ă | | Net unrelated business taxable income from Form 990-T, line 34 | | ····· | 0. |
| _ | + - | Net unrelated business taxable income nonn onn 990-1, line 54 | ···· | Prior Year | Current Year |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | | 1,061,173. | 1,093,351. |
| | 1 | | | 0. | 0. |
| | | Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 603. | 1,740. |
| æ | | Other revenue (Part VIII, column (A), lines 5, 4, and 70) | | 8,744. | 14,665. |
| | 1 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 1,070,520. | 1,109,756. |
| | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. |
| | 1 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. |
| w | I | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 849,376. | 937,776. |
| Expenses | 162 | | | 0. | 0. |
| per | h | Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 133,884 | . — | • | |
| Ж | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 122,681. | 139,722. |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 972,057. | |
| | | Revenue less expenses. Subtract line 18 from line 12 | | 98,463. | 32,258. |
| Or Sec | 3 | Torondo loso oxponosos. Gastrast into 10 from into 12 | | ginning of Current Year | End of Year |
| Net Assets or Find Balances | 20 | Total assets (Part X, line 16) | | 613,905. | 684,346. |
| ASS | 21 | Total liabilities (Part X, line 26) | | 89,626. | 127,809. |
| Net I | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | 524,279. | 556,537. |
| P | art II | Signature Block | | • | <u> </u> |
| Unc | der pena | lties of perjury, I declare that I have examined this return, including accompanying schedules and | stateme | ents, and to the best of m | y knowledge and belief, it is |
| true | , correc | et, and complete. Declaration of preparer (other than officer) is based on all information of which p | oreparer | has any knowledge. | |
| | | | | | |
| Sig | ın | Signature of officer | | Date | |
| He | re | PAUL LAMOUREUX, CHIEF EXECUTIVE OFFICER | | | |
| | | 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 | |
| Pre | parer | Firm's name ► MURPHY, EDWARDS, GONCALVES & FERRI | ERA, | PC Firm's EIN ▶ | 76-0754060 |
| Use | Only | Firm's address 144 TURNPIKE ROAD, SUITE 340 | | | |
| _ | | SOUTHBORO, MA 01772 | | Phone no.50 | 8-229-7900 |
| Ма | y the II | 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 MICCION OF DEAD TO A CHILD IC TO INCREASE CHILDREN'S SUCCESS IN |
| | THE MISSION OF READ TO A CHILD IS TO INCREASE CHILDREN'S SUCCESS IN |
| | READING AND IN LIFE BY INSPIRING ADULTS TO READ TO A CHILD REGULARLY. |
| | THE VISION OF READ TO A CHILD IS THAT ONE DAY EVERY CHILD WILL BE READ |
| | TO REGULARLY BY A CARING ADULT, IMPROVING THE CHILD'S LIKELIHOOD OF |
| 2 | Did the organization undertake any significant program services during the year which were not listed on |
| | 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 |
| | 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 \$ 799,099. including grants of \$) (Revenue \$) IN READ TO A CHILD'S LUNCHTIME READING PROGRAM, AN ADULT IS PARTNERED |
| | ONE-ON-ONE WITH AN AT-RISK ELEMENTARY SCHOOL STUDENT FOR A REWARDING |
| | READ ALOUD EXPERIENCE DURING THE CHILD'S LUNCH BREAK. THE RELATIONSHIP |
| | TYPICALLY LASTS FOR THE ENTIRE SCHOOL YEAR AND OFTEN EXTENDS FOR |
| | MULTIPLE YEARS THROUGH THE END OF FOURTH GRADE. THE SIMPLE ACT OF |
| | READING ALOUD TO A CHILD ONCE A WEEK, OVER TIME, CAN HAVE A PROFOUND |
| | IMPACT ON THE CHILD'S FUTURE. THE LUNCHTIME READING PROGRAM ALSO OFFERS |
| | THE ADULT A CONVENIENT, JOYFUL, AND MEANINGFUL WAY TO GIVE BACK. |
| | THE ADULT A CONVENTENT, DOTFOL, AND MEANINGFUL WAT TO GIVE BACK. |
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| | |
| 41- | |
| 4b | (Code:) (Expenses \$ |
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| 40 | |
| 4c | (Code:) (Expenses \$ |
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| | |
| 1 ~1 | Other program convices (Describe in Schedule O.) |
| 4d | Other program services (Describe in Schedule O.) |
| 4e | (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 799,099. |
| 40 | TOTAL PROGRAM SELVICE EXPENSES 🚩 TOTAL OF SELVICE EXPENSES TOTAL OF S |

Form 990 (2015) 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 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| 3 | public office? If "Yes," complete Schedule C, Part I | 3 | | Х |
| 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 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | Х |
| 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 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i> | 10 | | х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X | 10 | | |
| •• | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| ŭ | 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 | | Х |
| С | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | Х |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | X | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | ٦, |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | 441. | | Х |
| 4- | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | |
| 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 | 13 | | |
| 10 | 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 |

Form **990** (2015)

Form 990 (2015) READ TO A CHILD, INC. Part IV Checklist of Required Schedules (continued)

| Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 20a 20b 21 22 23 24a 24b | | X X X |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---|------------------|
| Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | 21 22 23 24a 24b | | х |
| domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | 22 23 24a 24b | | х |
| Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | 22 23 24a 24b | | х |
| Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | 23 24a 24b | | х |
| Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | 23 24a 24b | | х |
| and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | 24a 24b | | |
| Orbital to I | 24a 24b | | |
| Schedule J | 24a 24b | | |
| | 24b | | х |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | 24b | | х |
| last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | 24b | | _ <u> </u> |
| Schedule K. If "No", go to line 25a | | | • |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24c | | <u> </u> |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | 24c | | |
| any tax-exempt bonds? | | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | v |
| transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | x |
| Schedule L, Part I | 25b | | |
| 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," | | | x |
| complete Schedule L, Part II | 26 | | |
| 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 | 07 | | $ _{\mathbf{x}}$ |
| of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | |
| 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): | 28a | | x |
| a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | X |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | 200 | | |
| | 28c | | x |
| director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | | | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | 25 | | |
| contributions? If "Yes," complete Schedule M | 30 | | x |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? | 00 | | |
| 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 | J. | | |
| Schedule N, Part II | 32 | | х |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | <u> </u> | | |
| sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | Х |
| 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| Part V, line 1 | 34 | | х |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | | Х |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| If "Yes," complete Schedule R, Part V, line 2 | 36 | | Х |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | Х |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | | |
| Note. All Form 990 filers are required to complete Schedule O | 38 | Х | |

Form 990 (2015) 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 |
| | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 1 | | | |
| | 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 r | | | | 77 | |
| | (gambling) winnings to prize winners? | ······ | I | 1c | X | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | ر م | | | |
| | filed for the calendar year ending with or within the year covered by this return | | 60 | | v | |
| 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: | ١ | (FDAD) | | | |
| E | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A | | | En | | Х |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction. | | | 5a 5b | | X |
| | 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 | | | 30 | | |
| oa | any contributions that were not tax deductible as charitable contributions? | | | 6a | | х |
| h | 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). | | | 0.0 | | |
| а | 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 | contrac | ct? | 7e | | Х |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont | ract? | | 7f | | Х |
| g | If the organization received a contribution of qualified intellectual property, did the organization file F | orm 88 | 399 as required? | 7g | | X |
| 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. | | | | | |
| | | | | 9a | | X |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | 9b | | Х |
| | 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: Gross income from members or shareholders | 110 | 1 | | | |
| | Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against | 11a | | | | |
| D | amounts due or received from them.) | 11b | | | | |
| 1 2 2 | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | |) ? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | .za | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | 1 | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | | | 13a | | |
| - | Note. See the instructions for additional information the organization must report on Schedule O. | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | | |
| | organization is licensed to issue qualified health plans | 13b | | | | |
| С | Enter the amount of reserves on hand | | | | | |
| | | | | 14a | | Х |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul | le O | | 14b | | |
| | | | | | 000 | 10045 |

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

| | | | | | | Λ | | |
|-----|----------------------------------------------------------------------------------------------------------------------|----------------------------|---------|--------|------|----|--|--|
| Sec | tion A. Governing Body and Management | | | | | | | |
| | | 1.1 | 11[| | Yes | No | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 11 | | | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | 1 | | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1b | 10 | | | | | |
| 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 | | 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 | | X | | |
| 5 | 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | | | | | | | |
| 6 | Did the organization have members or stockholders? | | | 6 | | X | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or a | appoint one or | | | | | | |
| | more members of the governing body? | | | 7a | | X | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | stockholders, or | | | | | | |
| | persons other than the governing body? | | | 7b | | X | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | ear by the following: | | | | | | |
| а | The governing body? | | | 8a | X | | | |
| b | Each committee with authority to act on behalf of the governing body? | | | 8b | X | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be 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? | | | 10a | | Х | | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such of | chapters, affiliates, | | | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | | [| 10b | | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing boo | dy before filing the form | n? | 11a | Х | | | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | [| 12a | Х | | | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris | e to conflicts? | [| 12b | X | | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If " | Yes," describe | | | | | | |
| | in Schedule O how this was done | | [| 12c | Х | | | |
| 13 | Did the organization have a written whistleblower policy? | | | 13 | X | | | |
| 14 | Did the organization have a written document retention and destruction policy? | | | 14 | X | | | |
| 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 | | | 15a | X | | | |
| b | Other officers or key employees of the organization | | [| 15b | X | | | |
| | 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? | | [| 16a | | 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? | | | 16b | | | | |
| 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, | II | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990- | T (Section 501(c)(3)s o | only) a | vailab | le | | | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | | | | | |
| | X Own website X Another's website X Upon request Other (explain | 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 | y, and | finan | cial | | | |
| | 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 be | 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.

Leck 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) (C) | | ilout | (D) | (E) | (F) | | | | |
|---------------------------|------------------------|--------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|----------|-----------------|-------------------------------|------------------------------|
| Name and Title | Average | Position (do not check more than one box, unless person is both an | | | |) than | one | Reportable | Reportable | Estimated |
| | hours per | box | , unle | ss pe | rsoni | is bot or/trus | h an | compensation | compensation | amount of |
| | week (list any | | | | | | É | from the | from related organizations | other compensation |
| | hours for | r direc | | | | ted | | organization | (W-2/1099-MISC) | from the |
| | related | stee c | trustee | | as as | pensa | | (W-2/1099-MISC) | | organization |
| | organizations below | ual tru | ional | | ploye | st com | _ | | | and related organizations |
| | line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations |
| (1) MARK TARINI | 2.00 | | | | | | | | | |
| CHAIR | | Х | | Х | | | | 0. | 0. | 0. |
| (2) PETER NECHELES | 2.00 | | | | | | | | • | |
| TREASURER | | Х | | Х | | | | 0. | 0. | 0. |
| (3) JULIE SOLOMON | 2.00 | | | | | | | | 0 | • |
| SECRETARY | 2 00 | Х | | Х | | | | 0. | 0. | 0. |
| (4) DAVID BREWER DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (5) PHIL HARRELL | 2.00 | ^ | | | | | | 0. | 0. | <u> </u> |
| DIRECTOR | | x | | | | | | 0. | 0. | 0. |
| (6) PAUL LAMOUREUX | 40.00 | | | | | | | | 2.3 | |
| CEO | | Х | | х | | | | 95,800. | 0. | 7,855. |
| (7) TRACY PEARCE | 2.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (8) TECLA PALLI-SANDLER | 2.00 | | | | | | | | _ | _ |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (9) BRETT BARFIELD | 2.00 | | | | | | | | 0 | • |
| DIRECTOR | 2 00 | Х | | | | | | 0. | 0. | 0. |
| (10) RUTH BRAMSON | 2.00 | X | | | | | | 0. | 0. | 0. |
| C11) DESIREE IVEY | 2.00 | ^ | | | | | | 0. | 0. | 0. |
| DIRECTOR | 2.00 | Х | | | | | | 0. | 0. | 0. |
| DIRECTOR | | | | | | | | | • | |
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| Part VII Section A. Officers, Directors, T | rustees, Key Em | ploye | ees | , and | d Hi | ghe | st C | Compensated Employe | es (continued) | | | | |
|-------------------------------------------------------------------------------|------------------------|--------------------------------|-----------------------|---------|--------------|------------------------------|------------|--------------------------------|---------------------------|-------|---------------|----------------------|------|
| (A) | (B) | | | _ (C | • | | | (D) | (E) | | | (F) | |
| Name and title | Average | | not c | | more | than | | Reportable | Reportable | | | timate | |
| | hours per week | | | | | is bot or/trus | | compensation from | compensation from related | | I | nount (other | of |
| | (list any | tor | | | | | | the | organization | | | pensa | tion |
| | hours for | r direc | | | | ted | | organization | (W-2/1099-MI | | l | om the | |
| | related | istee o | trustee | | | bensa | | (W-2/1099-MISC) | | | _ | anizati | |
| | organizations below | ual tru | ional t | | ploye | t com | ١. | | | | I | d relate anizatio | |
| | line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Forme | | | | l | ıınzatı | 0113 |
| | | | _ | Ü | × | | _ | | | | | | |
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| | | - | | | | | | | | | | | |
| 1b Sub-total | | | | | <u> </u> | | ▶ | 95,800. | | 0. | | 7,8 | 55. |
| c Total from continuation sheets to Par | | | | | | | \ | 0. | | 0. | | | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 95,800. | | 0. | | 7,8 | 55. |
| 2 Total number of individuals (including be | | nose l | liste | ed at | bove | e) wł | no re | eceived more than \$100 | ,000 of reportab | ole | | | , |
| compensation from the organization | <u> </u> | | | | | | | | | | $\overline{}$ | Yes | No |
| 3 Did the organization list any former office | cer, director, or tr | ustee | e, ke | y en | nplo | yee. | , or l | highest compensated e | mployee on | ľ | | | 110 |
| line 1a? If "Yes," complete Schedule J f | | | | • | • | • | | • | | | 3 | | X |
| 4 For any individual listed on line 1a, is the | | | | | | | | | | | | | |
| and related organizations greater than \$ | | | | | | | | | | | 4 | | Х |
| 5 Did any person listed on line 1a receive | • | | | | , | | | ted organization or indiv | dual for services | S | | | Х |
| rendered to the organization? If "Yes," of Section B. Independent Contractors | ompiete Scriedui | e J 10 | or su | ich j | pers | SOII . | | | | | 5 | | 71 |
| 1 Complete this table for your five highest | | - | | | | | | | | npens | ation f | rom | |
| the organization. Report compensation | for the calendar y | ear e | endi | ng w | vith | or w | ithir I | | year. | | | <u> </u> | |
| (A) Name and busin | ess address | NO | NE | 3 | | | | (B) Description of s | ervices | С | (C Compe | | n |
| | | | | | | | | | | | , | | |
| | | | | | | | _ | | | | | | |
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| | | | | | | | _ | | | | | | |
| | | | | | | | | | | | | | |
| 2 Total number of independent contracto | | ot lin | nite | d to | tho | se lis | sted | d above) who received n | nore than | | | | |
| \$100,000 of compensation from the org | anization > | | | | | <u> </u> | | | | | Form ! | <u>aan //</u> | 2015 |

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 236,002. c Fundraising events d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 857,349. similar amounts not included above ____ | 1f g Noncash contributions included in lines 1a-1f: \$ 1,093,351. 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 605. 605. 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 8,767. assets other than inventory b Less: cost or other basis 7,632. and sales expenses 1,135. c Gain or (loss) 1,135. 1,135. d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ 236,002. of contributions reported on line 1c). See 59,847. Part IV, line 18 a Other 45,182. b Less: direct expenses b 14,665. 14,665. 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 **b** 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 ,109,756. 16,4050. Total revenue. See instructions.

Form 990 (2015) READ TO A CHILD, INC. Part IX Statement of Functional Expenses

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

| _ | Check if Schedule O contains a respons | (A) | (B) | (C) | (D) |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------|---------------------------------|----------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising 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, | | | | |
| • | trustees, and key employees | | | | |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | 103,655. | 77,741. | 15,548. | 10,366. |
| 7 | persons described in section 4958(c)(3)(B) | 709,149. | 529,376. | 82,111. | 97,662 |
| 7 8 | Other salaries and wages Pension plan accruals and contributions (include | , 0, , 149 • | 343,310• | 02,111. | 21,002 |
| 0 | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 52,621. | 41,033. | 7,125. | 4.463. |
| 10 | Payroll taxes | 72,351. | 53,813. | 8,737. | 4,463. 9,801. |
| 11 | Fees for services (non-employees): | . = , = = = | 23,0230 | | 2,001 |
| | Management | | | | |
| | Legal | | | | |
| | Accounting | 11,450. | | 11,450. | |
| | Lobbying | , | | , | |
| | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | | | | | |
| _ | column (A) amount, list line 11g expenses on Sch O.) | 19,413. | 16,955. | 1,069. | 1,389. |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | | | | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 932. | 616. | 316. | |
| 17 | Travel | 11,458. | 7,819. | 1,274. | 2,365. |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | 4 000 | 2 200 | | 410 |
| 19 | Conferences, conventions, and meetings | 4,292. | 3,308. | 566. | 418. |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | 13,743. | 11 047 | 0.4.0 | 0.40 |
| 22 | Depreciation, depletion, and amortization | 13,743. | 11,847. 3,783. | 948. 5,662. | 948. 588. |
| 23 | Insurance Other evenues ltemize evenues not severed | 10,033. | 3,103. | 5,004. | 300. |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) | | | | |
| а | OFFICE AND TELECOMMUNIC | 27,629. | 15,441. | 6,682. | 5,506. |
| b | PROGRAM BOOKS AND SUPPL | 23,328. | 23,328. | · · · | • |
| c | VOLUNTEER TRANSPORTATIO | 9,260. | 9,260. | 0. | 0. |
| d | MISCELLANEOUS | 6,209. | 4,779. | 1,052. | 378. |
| е | All other expenses | 1,975. | | 1,975. | |
| 25 | Total functional expenses. Add lines 1 through 24e | 1,077,498. | 799,099. | 144,515. | 133,884. |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | outstanding sumpaign and randration groundation | | | | |

Form 990 (2015) Part X Balance Sheet

| Ра | rt X | Balance Sheet | | | | | |
|---------------|------|------------------------------------------------------|------------|--------------------------|---------------------------------|-----|---------------------------|
| | | Check if Schedule O contains a response or not | te to any | line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 411,192. | 1 | 416,921. |
| | 2 | Savings and temporary cash investments | | | 159,991. | 2 | 161,730. |
| | 3 | Pledges and grants receivable, net | | | 2,888. | 3 | 79,036. |
| | 4 | Accounts receivable, net | Г | | 4 | | |
| | 5 | Loans and other receivables from current and for | | | | | |
| | | trustees, key employees, and highest compensation | ated emp | oloyees. Complete | | | |
| | | Part II of Schedule L | | | | 5 | |
| | 6 | Loans and other receivables from other disquali | | | | | |
| | | section 4958(f)(1)), persons described in section | 1 4958(c) | (3)(B), and contributing | | | |
| | | employers and sponsoring organizations of sec | tion 501(| c)(9) voluntary | | | |
| ţ | | employees' beneficiary organizations (see instr). | Comple | te Part II of Sch L | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | | | 7 | |
| ğ | 8 | Inventories for sale or use | | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | | 8,417. | 9 | 8,986. |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 56,950. | | | |
| | b | Less: accumulated depreciation | | 39,277. | 31,417. | 10c | 17,673. |
| | 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 | | 15 | | | |
| | 16 | Total assets. Add lines 1 through 15 (must equ | 613,905. | 16 | 684,346. | | |
| | 17 | Accounts payable and accrued expenses | 40,626. | 17 | 53,809. | | |
| | 18 | Grants payable | | | 18 | | |
| | 19 | Deferred revenue | | | 49,000. | 19 | 74,000. |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete | | | | 21 | |
| S | 22 | Loans and other payables to current and former | rofficers | , directors, trustees, | | | |
| Liabilities | | key employees, highest compensated employee | es, and d | isqualified persons. | | | |
| api | | Complete Part II of Schedule L | | | | 22 | |
| _ | 23 | Secured mortgages and notes payable to unrela | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelate | d third pa | arties | | 24 | |
| | 25 | Other liabilities (including federal income tax, pa | yables to | related third | | | |
| | | parties, and other liabilities not included on lines | 3 17-24). | Complete Part X of | | | |
| | | Schedule D | | | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 89,626. | 26 | 127,809. |
| | | Organizations that follow SFAS 117 (ASC 958 | 3), check | here ▶ X and | | | |
| es | | complete lines 27 through 29, and lines 33 an | | | 100 616 | | 400 040 |
| anc | 27 | Unrestricted net assets | | | 409,646. | 27 | 430,249. |
| Fund Balances | 28 | Temporarily restricted net assets | | | 114,633. | 28 | 126,288. |
| <u>P</u> | 29 | | | | | 29 | |
| | | Organizations that do not follow SFAS 117 (A | SC 958) | , check here | | | |
| ō | | and complete lines 30 through 34. | | | | | |
| ets | 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| Ass | 31 | Paid-in or capital surplus, or land, building, or ed | | | | 31 | |
| Net Assets | 32 | Retained earnings, endowment, accumulated in | | | F04 0=6 | 32 | |
| 2 | 33 | Total net assets or fund balances | | | 524,279. | 33 | 556,537. |
| | 34 | Total liabilities and net assets/fund balances | | | 613,905. | 34 | 684,346. |

| 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) | | 1,10 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,07 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 58. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 52 | 4,2 | 79. |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | | | | |
| | column (B)) | 10 | 55 | 6,5 | 37. |
| 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 | O. | | | |
| 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 | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat | e basis, | | | |
| | consolidated basis, or both: | | | | |
| | 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 | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sch | edule 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 | ngle Audit | | | |
| | 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 requ | ired audit | | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | | ĺ |

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

Employer identification number

Name of the organization

READ TO A CHILD, INC. 20-3526239 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your organization (described on lines 1-9 support (see other support (see governing document? above (see instructions)) instructions) instructions) Yes No

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.)

| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 368,221 936,265 922,550 1061173 1093351 4 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) 3 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 | (f) Total 4381560. 4381560. |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 | 381560. |
| include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 368,221. 936,265. 922,550. 1061173. 1093351. 4 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 | 381560. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 | 1381560. |
| ization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 | |
| or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) A 368,221. 936,265. 922,550. 1061173. 1093351. 4 | |
| The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 | |
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| the organization without charge 4 Total. Add lines 1 through 3 | |
| 4 Total. Add lines 1 through 3 368, 221. 936, 265. 922, 550. 1061173. 1093351. 4 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) 3 6 Public support. Subtract line 5 from line 4. 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 | |
| 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) 3 6 Public support. Subtract line 5 from line 4. 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 | 54,651. |
| governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 | 54,651. |
| supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 | 54,651. |
| on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 | 54,651. |
| amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 | 54,651. |
| column (f) 3 6 Public support. Subtract line 5 from line 4. 4 Section B. Total Support Calendar year (or fiscal year beginning in) ► (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 | 54,651. |
| 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 | 354,651. |
| Section B. Total Support Calendar year (or fiscal year beginning in) ► (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 | |
| Calendar year (or fiscal year beginning in) ▶ (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 | 026909. |
| | |
| 0.00 0.04 0.00 0.00 0.00 0.04 4 | (f) Total |
| 7 Amounts from line 4 368, 221. 936, 265. 922, 550. 1061173. 1093351. 4 | 381560. |
| 8 Gross income from interest, | |
| dividends, payments received on | |
| securities loans, rents, royalties | 0.064 |
| and income from similar sources 21. 600. 603. 1,740. | 2,964. |
| 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 | 12 001 |
| | 43,094. |
| Total support and an analysis | 44/010. |
| 12 Gross receipts from related activities, etc. (see instructions) | |
| 13 First five 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 | <u></u> |
| 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 9 | 0.95 % |
| | $\frac{90.95}{87.47}$ % |
| 16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ar | |
| stop here. The organization qualifies as a publicly supported organization | |
| b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this b | |
| and stop here. The organization qualifies as a publicly supported organization | N |
| 17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or n | 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 - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% | |
| more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the | U OI |
| 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 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 | olow, please com | proto r urt m.j | | | | |
|-----------|--------------------------------------------------------------------------------------|------------------|----------------------|------------------------|----------------------|----------------------|---------------|
| | endar year (or fiscal year beginning in) | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (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 | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | |
| <u>Se</u> | ction B. Total Support | | | | | | |
| | endar year (or fiscal year beginning in) | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
| | Amounts from line 6 | | | | | | |
| 10a | 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 | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, | | | | | | |
| | whether or not the business is | | | | | | |
| 40 | regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital | | | | 1 | | |
| | assets (Explain in Part VI.) | | | | ļ | | |
| | Total support. (Add lines 9, 10c, 11, and 12.) | | | | <u> </u> | | |
| 14 | First five years. If the Form 990 is for | the organization | s first, second, thi | d, fourth, or fifth to | ax year as a section | on 501(c)(3) organiz | zation, |
| <u></u> | check this box and stop here ction C. Computation of Publ | | | | | | P |
| | | | | l (f)) | | 15 | |
| | Public support percentage for 2015 (I Public support percentage from 2014 | | | | | 16 | <u>%</u> % |
| | ction D. Computation of Inves | | | | | 10 | 70 |
| 17 | | | | | | 17 | % |
| | Investment income percentage from 2 | | | | | 18 | |
| | a 33 1/3% support tests - 2015. If the | | | | | | |
| .50 | more than 33 1/3%, check this box a | | | | | | |
| ŀ | 33 1/3% support tests - 2014. 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 in line 11 on 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| 1 | | Yes | No |
|-----|----------|-------|------|
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| Par | t IV Supporting Organizations (continued) | | | <u> </u> |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----|----------|
| | (continued) | | 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 | | | |
| | <u> </u> | | 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 | | |
| <u>Sec</u> | tion D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |
| | 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 yea(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. | | | |
| C | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in | structions | | N |
| 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. | 20 | | |
| h | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | 2a | | |
| D | 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. <i>Answer (a) and (b) below.</i> | 20 | | |
| | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| а | trustees of each of the supported organizations? Provide details in <i>Part VI</i> . | За | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | Ja | | |
| | 5 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1. | | | |

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) Supportin | g Organ | izations | |
|-----|---------------------------------------------------------------------------------|--------------|---------------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying | g trust on N | Nov. 20, 1970. See instr | uctions. All |
| | other Type III non-functionally integrated supporting organizations must co | mplete Sed | ctions A through E. | |
| ect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3 | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | | |
| ect | 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 | | |
| ect | 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 | ly-integrate | d Type III supporting org | janization (see |
| | instructions) | - | - | |

Schedule A (Form 990 or 990-EZ) 2015

| | Type III Non-Functionally Integrated 509 | (a)(3) Supporting Orga | anizations _(continued) | |
|----------|----------------------------------------------------------------------|-------------------------------|-----------------------------------|----------------------------------|
| Sect | ion D - Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exe | mpt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | ot purposes of supported | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organization | s | |
| 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 |) | |
| | (provide details in Part VI). See instructions. | • | | |
| 9 | Distributable amount for 2015 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by Line 9 amount | | | |
| | - | (i) | (ii) | (iii) |
| Sect | ion E - Distribution Allocations (see instructions) | Excess Distributions | Underdistributions Pre-2015 | Distributable Amount for 2015 |
| | ` , , , | | | |
| 1_ | Distributable amount for 2015 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2015 | | | |
| | (reasonable cause required-see instructions) | | | |
| 3 | Excess distributions carryover, if any, to 2015: | | | |
| а | | | | |
| b | | | | |
| С | | | | |
| d | From 2013 | | | |
| | From 2014 | | | |
| f | Total of lines 3a through e | | | |
| | Applied to underdistributions of prior years | | | |
| h | Applied to 2015 distributable amount | | | |
| <u>i</u> | , | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2015 from Section D, | | | |
| | line 7: \$ | | | |
| | Applied to underdistributions of prior years | | | |
| b | Applied to 2015 distributable amount | | | |
| | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2015, if | | | |
| | any. Subtract lines 3g and 4a from line 2 (if amount | | | |
| | greater than zero, see instructions). | | | |
| 6 | Remaining underdistributions for 2015. Subtract lines 3h | | | |
| | and 4b from line 1 (if amount greater than zero, see | | | |
| | instructions). | | | |
| 7 | Excess distributions carryover to 2016. Add lines 3j | | | |
| | and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| а | | | | |
| b | | | | |
| С | Excess from 2013 | | | |
| | Excess from 2014 | | | |
| е | Excess from 2015 | | | |

Schedule A (Form 990 or 990-EZ) 2015

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.

▶ 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

| Pa | rt I Organizations Maintaining Donor Adviso | ed Funds or Other Similar Funds | or Accounts. Complete if the |
|----|----------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------|
| | organization answered "Yes" on Form 990, Part IV, li | ne 6. | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in | writing that the assets held in donor advis | ed funds |
| | are the organization's property, subject to the organization's | s exclusive legal control? | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor | | |
| | for charitable purposes and not for the benefit of the donor | | |
| | impermissible private benefit? | | Yes No |
| Pa | rt II Conservation Easements. Complete if the or | | |
| 1 | Purpose(s) of conservation easements held by the organization | tion (check all that apply). | |
| | Preservation of land for public use (e.g., recreation or | education) Preservation of a histo | orically important land area |
| | Protection of natural habitat | Preservation of a cert | ified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qual | ified conservation contribution in the form | of a conservation easement on the last |
| | day of the tax year. | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| b | | | |
| С | Number of conservation easements on a certified historic st | ructure included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired | after 8/17/06, and not on a historic structu | ure |
| | listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, re | | |
| | year ▶ | | |
| 4 | Number of states where property subject to conservation ea | asement is located > | |
| 5 | Does the organization have a written policy regarding the pe | eriodic monitoring, inspection, handling of | |
| | violations, and enforcement of the conservation easements | it holds? | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting | , handling of violations, and enforcing cons | servation easements during the year |
| | > | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, han | dling of violations, and enforcing conserva | tion easements during the year |
| | > \$ | | |
| 8 | Does each conservation easement reported on line 2(d) about | ve satisfy the requirements of section 170 | (h)(4)(B)(i) |
| | and section 170(h)(4)(B)(ii)? | | Yes No |
| 9 | In Part XIII, describe how the organization reports conservation | tion easements in its revenue and expense | statement, and balance sheet, and |
| | include, if applicable, the text of the footnote to the organization | ation's financial statements that describes | the organization's accounting for |
| | conservation easements. | | |
| Pa | rt III Organizations Maintaining Collections of | of Art, Historical Treasures, or O | ther Similar Assets. |
| | Complete if the organization answered "Yes" on Forr | n 990, Part IV, line 8. | |
| 1a | If the organization elected, as permitted under SFAS 116 (A | SC 958), not to report in its revenue staten | nent and balance sheet works of art, |
| | historical treasures, or other similar assets held for public ex | chibition, education, or research in furthera | nce of public service, provide, in Part XIII, |
| | the text of the footnote to its financial statements that descri | ribes these items. | |
| b | If the organization elected, as permitted under SFAS 116 (A | SC 958), to report in its revenue statement | and balance sheet works of art, historical |
| | treasures, or other similar assets held for public exhibition, e | education, or research in furtherance of pul | blic service, provide the following amounts |
| | relating to these items: | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | > \$ |
| | (ii) Assets included in Form 990, Part X | | > \$ |
| 2 | If the organization received or held works of art, historical tre | easures, or other similar assets for financia | I gain, provide |
| | the following amounts required to be reported under SFAS | 116 (ASC 958) relating to these items: | |
| а | Revenue included on Form 990, Part VIII, line 1 | | > \$ |
| h | Assets included in Form 990 Part Y | | |

| Pai | t III Organizations Maintaining C | ollections of A | rt, His | torical Tr | easures, | or Othe | r Similar A | Assets | (continu | ed) |
|-----|---------------------------------------------------|------------------------|------------|----------------|----------------|--------------|-----------------------|-----------|------------|--------------|
| 3 | Using the organization's acquisition, accession | on, and other record | ls, chec | k any of the | following that | at are a si | gnificant use | of its co | ollection | items |
| | (check all that apply): | | | | | | | | | |
| а | Public exhibition | d | | Loan or exc | hange progr | ams | | | | |
| b | Scholarly research | е | | Other | | | | | | |
| С | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's co | llections and explai | n how th | ney further t | he organizat | ion's exer | npt purpose i | n Part) | XIII. | |
| 5 | During the year, did the organization solicit or | r receive donations | of art, hi | storical trea | sures, or oth | er similar | assets | | | |
| | to be sold to raise funds rather than to be ma | aintained as part of t | the orga | nization's c | ollection? | | | | Yes | No_ |
| Pai | t IV Escrow and Custodial Arran | | | | | | | | ne 9, or | |
| | reported an amount on Form 990, Par | t X, line 21. | | | | | | | | |
| 1a | Is the organization an agent, trustee, custodi | an or other intermed | diary for | contribution | ns or other as | ssets not | included | | | |
| | on Form 990, Part X? | | | | | | | | Yes | ☐ No |
| b | If "Yes," explain the arrangement in Part XIII | | | | | | | | | |
| | | | | | | | | - | Amount | |
| С | Beginning balance | | | | | | 1c | | | |
| | Additions during the year | | | | | | | | | |
| | Distributions during the year | | | | | | | | | |
| f | Ending balance | | | | | | | | | |
| 2a | Did the organization include an amount on Fo | | | | | | | | Yes | ☐ No |
| b | If "Yes," explain the arrangement in Part XIII. | Check here if the ex | kplanatio | on has been | provided or | Part XIII | | <u></u> | | |
| Pai | t V Endowment Funds. Complete if | the organization an | swered | "Yes" on Fo | orm 990, Par | t IV, line 1 | 0. | | | |
| | | (a) Current year | (b) P | rior year | (c) Two yea | rs back (| d) Three years | back | (e) Four y | ears back |
| 1a | Beginning of year balance | | | | | | | | | |
| b | Contributions | | | | | | | | | |
| С | Net investment earnings, gains, and losses | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | |
| | Other expenditures for facilities | | | | | | | | | |
| | and programs | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | |
| | End of year balance | | | | | | | | | |
| 2 | Provide the estimated percentage of the curr | ent year end baland | e (line 1 | g, column (a | a)) held as: | | | | | |
| а | Board designated or quasi-endowment | | % | | | | | | | |
| b | Permanent endowment | % | | | | | | | | |
| С | Temporarily restricted endowment ▶ | | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c show | uld equal 100%. | | | | | | | | |
| 3a | Are there endowment funds not in the posse | ssion of the organiz | ation tha | at are held a | and administe | ered for th | e organizatio | n | | |
| | by: | | | | | | | | Y | es No |
| | (i) unrelated organizations | | | | | | | | 3a(i) | |
| | (ii) related organizations | | | | | | | | 3a(ii) | |
| b | If "Yes" on line 3a(ii), are the related organiza | tions listed as requi | red on S | Schedule R? | | | | | 3b | |
| 4 | Describe in Part XIII the intended uses of the | organization's endo | wment | funds. | | | | | | |
| Pai | t VI Land, Buildings, and Equipm | ent. | | | | | | | | |
| | Complete if the organization answered | d "Yes" on Form 990 |), Part I\ | /, line 11a. S | See Form 990 | 0, Part X, | line 10. | | | |
| | Description of property | (a) Cost or o | ther | (b) Cost | or other | (c) Ac | cumulated | (| d) Book v | value |
| | | basis (investr | nent) | basis | (other) | dep | reciation | | | |
| 1a | Land | | | | | | | | | |
| | Buildings | | | | | | | | | |
| | Leasehold improvements | | | | | | | | | |
| d | Equipment | | | | 7,650. | | 11,767 | | 5 | ,883. |
| e | Other | | | 3 | 9,300. | | 27,510 | • | 11 | <u>,790.</u> |
| | . Add lines 1a through 1e. (Column (d) must ed | | X, colur | nn (B), line | 10c.) | | > | | 17 | <u>,673.</u> |

Schedule D (Form 990) 2015

| Schedule D (Form 990) 2015 READ TO A C | HILD, INC. | | 20- | -3526239 Page |
|----------------------------------------------------------------------|----------------------|---------------------------|-------------------------|----------------------|
| Part VII Investments - Other Securities. | | | | J |
| Complete if the organization answered "Yes" | | | | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of v | valuation: Cost or end- | of-year market value |
| (1) Financial derivatives | | | | |
| (2) Closely-held equity interests | | | | |
| (3) Other | | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | | | |
| Part VIII Investments - Program Related. | | | | |
| Complete if the organization answered "Yes" | | line 11c. See Form 990, | Part X, line 13. | |
| (a) Description of investment | (b) Book value | (c) Method of v | aluation: Cost or end- | of-year market value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | | | |
| Part IX Other Assets. | | | | |
| Complete if the organization answered "Yes" | | , line 11d. See Form 990, | Part X, line 15. | (I) D |
| | Description | | | (b) Book value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line |) 15.) | | <u></u> ▶ | |
| Part X Other Liabilities. | | | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV | | n 990, Part X, line 25. | |
| 1. (a) Description of liability | | (b) Book value | | |
| (1) Federal income taxes | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |

(6) (7) (8) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

| Par | rt XI R | Reconciliation (| of Revenue | e per Aud | dited Fin | nancial | Stater | nents Wit | h Revenue per | Returr |). | |
|-----|-----------|-------------------------------------|-----------------|--------------|----------------|--------------|------------|----------------|---------------|----------|-----------|----|
| | С | complete if the orga | ınization answ | ered "Yes" | on Form 9 | 90, Part | IV, line 1 | 2a. | | | | _ |
| 1 | Total rev | enue, gains, and o | ther support p | er audited f | financial st | tatement | s | | | . 1 | 1,262,84 | 6. |
| 2 | Amounts | s included on line 1 | but not on Fo | rm 990, Par | rt VIII, line | 12: | | | | | | |
| а | | ealized gains (losses | | | | | | | | | | |
| b | Donated | services and use of | of facilities | | | | | 2b | 153,090 | <u> </u> | | |
| С | Recoveri | ies of prior year gra | ints | | | | | 2c | | | | |
| d | Other (De | escribe in Part XIII. |) | | | | | 2d | | | | |
| е | Add lines | s 2a through 2d . | | | | | | | | . 2e | 153,09 | |
| 3 | Subtract | t line 2e from line 1 | | | | | | | | . 3 | 1,109,75 | 6. |
| 4 | Amounts | s included on Form | 990, Part VIII, | line 12, but | t not on lin | ne 1: | | | | | | |
| а | Investme | ent expenses not ir | ncluded on For | m 990, Par | t VIII, line 7 | 7b | | 4a | | | | |
| b | Other (De | escribe in Part XIII. |) | | | | | 4b | | | | |
| С | Add lines | s 4a and 4b | | | | | | | | . 4c | | 0. |
| 5 | | | | | | | | | | | 1,109,75 | 6. |
| Pai | | | - | - | | | | | th Expenses p | er Retu | rn. | |
| | | complete if the orga | | | | | | | | | | _ |
| 1 | Total exp | penses and losses | per audited fin | ancial state | ements | | | | | . 1 | 1,230,58 | 8. |
| 2 | Amounts | s included on line 1 | but not on Fo | rm 990, Par | rt IX, line 2 | 25: | | | | | | |
| а | Donated | services and use of | of facilities | | | | | 2a | 153,090 | <u> </u> | | |
| b | Prior yea | ar adjustments | | | | | | 2b | | | | |
| С | | sses | | | | | | | | | | |
| d | | escribe in Part XIII. | | | | | | | | | | |
| е | Add lines | s 2a through 2d | | | | | | | | 2e | 153,09 | |
| 3 | Subtract | | | | | | | | | | 1,077,49 | 8. |
| 4 | | s included on Form | | | | | | | | | | |
| а | Investme | ent expenses not ir | ncluded on For | m 990, Parl | t VIII, line 7 | 7b | | 4a | | | | |
| b | Other (De | escribe in Part XIII. |) | | | | | 4b | | | | |
| С | Add lines | s 4a and 4b | | | | | | | | . 4c | | 0. |
| 5 | Total exp | oenses. Add lines 3 | and 4c. (This | must equal | Form 990 |), Part I, I | ine 18.) | | | . 5 | 1,077,49 | 8. |
| Pai | rt XIII S | Supplemental I | nformation | | | | | | | | | |
| | 20 anu 41 | b; and Part XII, lines | 5 20 and 40. A | iso comple | te ti iis pai | t to prov | iue arry a | uditional line | illiauon. | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

SCHEDULE G

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on 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/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

READ TO A CHILD, INC.

Employer identification number 20-3526239

| Part I Fundraising Activities required to complete this par | Complete if the organization answet. | ered "Y | 'es" oı | n Form 990, Part IV, | line 17. Form 990-E2 | Z filers are not |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------|
| Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the | e Solicitat f Solicitat g Special or oral agreement with any individual eart VII) or entity in connection with p ividuals or entities (fundraisers) purs | tion of tion of fundra (includerofess | non-g gover iising ding o ional f | overnment grants nment grants events fficers, directors, true fundraising services? | stees or Yes | |
| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | fundr have con contribu | trol of | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
| | | Yes | No | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Salar States in which the organization or licensing. | on is registered or licensed to solicit o | | outions | s or has been notified | d it is exempt from re | egistration |
| or necrosing. | | | | | | |
| | | | | | | |
| | | | | | | |
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Schedule G (Form 990 or 990-EZ) 2015 READ TO A CHILD, INC. 20-3526239 Page 2 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 DETROIT (add col. (a) through 5 EVENT BOSTON GALA col. (c)) (event type) (total number) (event type) Revenue 295,849. 44,686. 105,072. 146,091. 1 Gross receipts 84,726. 116,126. 35,150. 236,002. 2 Less: Contributions 29,965. 59,847. 9,536. 20,346. **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 20,310. 20,387. 4,485. 45,182. 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 14,665 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. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor 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? **b** If "No," explain:

b If "Yes," explain:

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

| Sch | edule G (Form 990 or 990-EZ) 2015 READ TO A CHILD, INC. | <u>3526</u> | 239 | Page 3 |
|-----|----------------------------------------------------------------------------------------------------------------------------|-------------|----------|----------|
| 11 | Does the organization conduct gaming activities with nonmembers? | | Yes | ☐ No |
| | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed | | | |
| | to administer charitable gaming? | | Yes | ☐ No |
| 12 | Indicate the percentage of gaming activity conducted in: | | | |
| | | 13a | 1 | 0/ |
| | The organization's facility | | 1 | % |
| | An outside facility | 13b | | % |
| 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 |
| b | If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount | | | |
| | of gaming revenue retained by the third party \(\bigs\) \(\bigs\) \(\bigs\). | | | |
| c | If "Yes," enter name and address of the third party: | | | |
| · | Too, onto hand address of the time party. | | | |
| | Name | | | |
| | Address ▶ | | | |
| 16 | Gaming manager information: | | | |
| 10 | Caning manager mornation. | | | |
| | Name | | | |
| | Gaming manager compensation ▶ \$ | | | |
| | Description of services provided | | | |
| | | | | |
| | | | | |
| | | | | |
| | ☐ Director/officer ☐ Employee ☐ Independent contractor | | | |
| | | | | |
| | Mandatory distributions: | | | |
| а | Is the organization required under state law to make charitable distributions from the gaming proceeds to | | | |
| | retain the state gaming license? | └── | Yes | └── No |
| b | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | | | |
| | organization's own exempt activities during the tax year ▶ \$ | | | |
| Pa | rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, | lines 9 | . 9b. 10 | Ob. 15b. |
| | 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions). | | ,, | ,, |
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| Schedule G | (Form 990 or 990-EZ) | READ TO | A CHILD, | INC. | 20-3526239 Pa | age 4 |
|------------|-------------------------------------------|-----------------|----------|------|---------------|-------|
| Part IV | G (Form 990 or 990-EZ) Supplemental Info | mation (continu | ed) | | | |
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SCHEDULE O

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Open to Public Inspection

OMB No. 1545-0047

Name of the organization

INC. READ TO A CHILD,

Employer identification number 20-3526239

| FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: |
|----------------------------------------------------------------------------|
| BECOMING A HEALTHY, PRODUCTIVE MEMBER OF SOCIETY. |
| |
| FORM 990, PART VI, SECTION B, LINE 11: |
| A COPY OF THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS. 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 POLICY THAT HAS BEEN |
| REVIEWED AND ADOPTED BY THE BOARD OF DIRECTORS. NEW BOARD MEMBERS ARE |
| PROVIDED A COPY OF THE POLICY. |
| |
| FORM 990, PART VI, SECTION B, LINE 15: |
| MEMBERS OF THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS GATHER ALL |
| PERTINENT COMPENSATION INFORMATION, PERFORM AN ANNUAL REVIEW AND AUTHORIZE |
| COMPENSATION AT THE EXECUTIVE LEVEL OF MANAGEMENT. THE COMPENSATION OF THE |
| CEO IS FURTHER REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS. |
| |
| FORM 990, PART VI, SECTION C, LINE 19: |
| ALL REQUIRED DOCUMENTS THAT ARE TO BE MADE AVAILABLE TO THE GENERAL PUBLIC |
| ARE AVAILABLE UPON REQUEST. |
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