(Rev. January 2020) Department of the Treasury Internal Revenue Service

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

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

<u>A</u>	For the	ne 2019 <u>calendar year, or tax year beginning</u> , and ending				
В	Check if	applicable: C Name of organization		D Employe	er identification number	
	Address	change FIRST BOOK				
П	Name ch	Doing business as		52-1	779606	
\equiv		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite			
L				202-	393-1222	
		ed I			. 05 650 050	
	Amende			G Gross red	ceipts 95,679,973	
\sqcap	Annlicati		H(a) Is this a gr	oup return for	subordinates Yes X No	
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31965-4365	THE SHALL MAKE THE		Year of formation: 1	992	M State of legal domicile: DC	
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Пa		* , , ,				
Ver		*	• • • • • • • • • • • • • • • • • • •		THEM.	
ဖိ		terminal -	n 25% of its net	assets.		
<u>مې</u>						
ties	4	Number of independent voting members of the governing body (Part VI, line 1b)		. 4		
Ę.						
Acı				🗀	1000	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12			0	
	b	Net unrelated business taxable income from Form 990-T, line 39				
	_	O 4 11 11 1 4 10 13 11 11 11 11 11 11 11 11 11 11 11 11				
пe						
/en						
₽,	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			6,398	
_						
			2,937	,375	1,178,700	
			= 00		0	
es			7,984	1,309	8,354,732	
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)			<u> </u>	
ă						
ш	1					
	1	***************************************				
- <u>- 47</u>	19	Revenue less expenses. Subtract line 18 from line 12				
its o	20	Total aggets (Part V. ling 16)				
Isse Bala	20	T 1 12 122 1 12 1 1 1 1 1 1 1 1 1 1 1 1				
nd/	21					
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		too, and congress, accountain or preparer (other than officer) to based on an information of which pre	parci nas any kit	wiedge.		
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De:	District applicable (C. P.P. Dist. Finals in oil deferred to literal accompany) Company Co					
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		And the second s	PI	one no.		
For	Paper	vork Reduction Act Notice, see the separate instructions.			Form 990 (2019)	

orm s	990 (2019) FIRST BOOK	52-1779606	Page 2
Par		n Service Accomplishments ontains a response or note to any line in this Part III	X
l F	Briefly describe the organization's miss		
PF	ROVIDING NEEDY CHILI	Y PURPOSE IS REMOVING BARRIERS TO ED DREN AND THEIR EDUCATORS NEW, AGE AF HAT THEY WOULD NOT OTHERWISE HAVE AV	PPROPRIATE BOOKS A
		nificant program services during the year which were not listed on the	
	orior Form 990 or 990-EZ? f "Yes," describe these new services o	on Schedule O.	Yes X No
		or make significant changes in how it conducts, any program	Yes X No
lt	f "Yes," describe these changes on Sc		
е		ervice accomplishments for each of its three largest program services, as ()(4) organizations are required to report the amount of grants and allocation, for each program service reported.	
FI ED LI TH	RST BOOK HAS DISTR DUCATIONALLY AT-RISK TERACY PROGRAMS IN IREE NATIONAL OUTRE	7,353,527 including grants of 1,178,700) (Reversible Triangle) (Reversible) (Reversible Triangle) (Reversible) (Reversible Triangle) (Reversible Triangl	INCOME AND AND COMMUNITY BAS DE. FIRST BOOK HA
	Code: \ /Evnenses \$	including grants of\$) (Reve	onue \$
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	artive 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	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-197 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			
٠	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	and a manage and a support of the su	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
•	VII, VIII, IX, or X as applicable.			
а				
u		11a	х	
b				
,	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	- 110		
C	of the database and the Dark V. Burn 400 If IIV and accomplete Calendaria D. Dark VIIII	11c		х
d		1,0		-41
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
e f		116	-	
'	the organization's separate of consolidated limitation statements for the tax year include a lootifole that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
420		-'''		
12a		12a	х	
1.	Schedule D, Parts XI and XII	124	Λ.	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If	12b		v
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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	المدا	v	
4 5	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4.	v	
40	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	ا ا		7.7
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	ا ا		
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	_	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	ا ـ ا		7.5
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	ا ۔۔ ا		7.
	If "Yes," complete Schedule G, Part III	19		<u> </u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
DAA		Form	990	(2019)

	art iv Checklist of Required Schedules (Continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	04.		
_	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		х
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	200		
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If IIV and a new late Only adula I. Don't I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions):	10000	100000	
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	l		
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		х
	"Yes," complete Schedule L, Part IV	28c 29	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	_25	- 1	
30	and the state of t	30		x
31	conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
-	complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			₹.
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		х
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		
38	19? Note: All Form 990 filers are required to complete Schedule O.	38	х	
P	art V Statements Regarding Other IRS Filings and Tax Compliance	1 00		L
- 1 - 0	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 40	TANK TO SERVICE THE PROPERTY OF THE PROPERTY O		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	13/5		
	reportable gaming (gambling) winnings to prize winners?	1c	X	<u> </u>
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Pa	irt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
20	Enter the number of ampleuses reported on Form W.2. Transmittal of Wage and Tay	Marie	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 105			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
IJ	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule</i> O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country ▶			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	·	x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		Will	
	and services provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	100 No.		Year
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	1000	1000	35 (A)
•	sponsoring organization have excess business holdings at any time during the year?	8		х
9	Sponsoring organizations maintaining donor advised funds.		West.	1000
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		х
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter:	1		
a	Constituting from mambars as shareholders	150150		
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
_	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	1000		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			40.0
	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.			100
b	Enter the amount of reserves the organization is required to maintain by the states in which			
-	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.	9,55	655	1805
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
-	If "Yes," complete Form 4720, Schedule O.		40.55	ANA

9) FIRST BOOK 52-1779606 Page 6
Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Governing Body, and Management

360	tion A. Governing Body and Management			T	Yes	No
1-2	Enter the number of voting members of the governing body at the end of the tay year	ادر	9	B. S. S. S.	162	INU
ıd		10				
	,					
b	·	1h	8			
2		115				
2				,		х
3				<u> </u>		<u> </u>
J				3		х
4	•			-		X
5				-		X
6				_		X
7a	Did the organization have members stockholders or other persons who had the power to elect or appoint			Ť		
ı a				_{7a}		х
b						
,				7b		х
8		e vear	by the follow			All Sign
а					X	
b					х	
9						
ŭ				9		х
Sec	Itel the number of voting members of the governing body at the end of the tax year there are material differences in voting rights among members of the governing body, or the governing body delegated broad authority to an executive committee or similar mmrittee, explain on Schedule O. Liter the number of voting members included on line 1a, above, who are independent of any officer, director, trustee, or key employee have a family relationship or a business relationship with y other officer, director, trustee, or key employees or a management duries of the organization delegate control over management duties customarily performed by or under the direct pervision of officers, directors, trustees, or key employees to a management organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization bace members or stockholders? If the organization have members or stockholders? If the organization have members or stockholders? If the organization have members or stockholders, or other persons who had the power to elect or appoint or or more members of the governing body? If a my governance decisions of the organization reserved to (or subject to approval by) members, ockholders, or persons other than the governing body? If the organization contemporaneously document the meetings held or written actions undertaken during the year by the foliowing: e governing body? If the organization document the meetings held or written actions undertaken during the year by the foliowing: e governing body? If the organization was one of the governing body? If the organization is mailing address? If "Yes," provide the names and addresses on Schedule O. If the organization have local chapters, branches, or affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? If the organization have a written policies and procedures governing the activities of such chapters, liable scribe in		ode.)			
					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 chapters,					
				10b	X	
11a				11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				WW.	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	<u> </u>
b				12b	Х	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
				12c	X	L
13	Did the apprincipation have a quitter which below malique.			13	X	
14	Did the organization have a written document retention and destruction policy?			14	<u> </u>	
15	Did the process for determining compensation of the following persons include a review and approval by					
				433.33		33334
а	The organization's CEO, Executive Director, or top management official			15a	_X	
b	Other officers or key employees of the organization			15b	X	<u> </u>
	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 arrangement			48089		453
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
				45430		3,000
	organization's exempt status with respect to such arrangements?			16b		L
Sec	tion C. Disclosure		73 TT 1/0	T237	- 3	
17	List the states with which a copy of this Form 990 is required to be filed ▶ AK, AL, AR, AZ, CA, CO, CT,	Б Т.(±A,⊥L,KS	KY /	ĿA	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990	·ı (Se	cuon 501(c)			
	(3)s only) available 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 on Schedule O)		_40 -			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	intere	st policy, and	i		
	financial statements available to the public during the tax year.		ı. k			
20	State the name, address, and telephone number of the person who possesses the organization's books and	record	is 🏲			
	IRST BOOK 1319 F STREET, N.W.	. 4	202	-30	2_1	222
W2	ASHINGTON DC 2000	14	202	<u>-39</u>	<u>1-c</u>	<u> </u>

Part VII	Compensation of Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Contractors								_
	01 1 7 0 1 1 1 0 1 1 1 1			4		D \ \ / II			1 1

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

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

Check this box if neither the or	rganization nor	any i	relat	ed o	rgar	nizatio	on c	compensated any current	officer, director, or trustee	
(A) Name and title	(B) Average hours per week (list any hours for	box	(C) Position do not check more than one lox, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			related organizations
(1) KYLE ZIMMER	1.00									
CEO/DIRECTOR	0.00	x		x				218,463	0	41,129
(2) DANIEL STOKES	40.00									
CAO ADMINISTRATIVE	0.00			х				218,894	0	34,473
(3) CHRIS STINE	40.00									
SVP	0.00					x		206,343	0	21,775
(4) CAREY PALMQUIST										
SVP	40.00					x		184,638	o	22,027
(5) BECKI LAST										
SVP	40.00					x		184,035	0	22,419
(6) BRYAN STRAATHOF										
SVP	40.00					x		156,116	o	12,741
(7) GEORGIA GILLETT	E									
VP	40.00					x		137,173	0	19,634
(8) CHANDLER ARNOLD		T								
GOO	40.00			x				139,725	0	11,712
(9) JANE ROBINSON	0.00		-	Λ				139,123		**//**
	40.00							06 270		22 063
CFO (10) DR. MARTHA BERN	0.00	\vdash	\vdash	Х	-			96,379	0	32,063
	1.00	_								
ACTING CHAIR (11) CHRISTOPHER CER	0.00	X		-	 			0	0	0
(II) CHRIBIOFHER CER	1.00									
DIRECTOR	0.00	X			<u> </u>			0	0	Form 990 (2019)
										rom 330 (2019)

Part VII Section A. Officer	s, Directors, T	rust	ees,	Key	En	ıploy	ees	, and Highest Compens	ated Employees (continu	ued)			
(A) Name and title	(B) Average hours per week (list any	off	cerai	Pos heck ss pe	more rson i directo	than os both	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	α	(F) imated of oth ompens from ti	amount er ation he	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(V-2) 1039-1013C)	(VVZ) 1030 MISO)			inizations	
	1.00												^
(13) KATHY FRANKL	IN	X						0	<u> </u>				
DIRECTOR	0.00	x						0	0				0
,	1.00	v						0					^
								0					
	1.00												_
DIRECTOR			ļ					0	0				0
(16) KAREN KEHELA		עו											
DIRECTOR	0.00	х						0	0				0
(17) PAUL WHETSEL													
DIRECTOR	0.00	x						0	0				0
,													
1h Subtotal		L						1.541.766			21	7,9	73
c Total from continuation she	ets to Part VII	, Se	ctior	A,			•						
d Total (add lines 1b and 1c) 2 Total number of individuals (i	ncluding but not	lim	ted	to th	ose	liste	≱ dab	ove) who received more	than \$100,000 of	L		. , , ,	/ 5
reportable compensation from	n the organizati	on 🕨	17						. ,			Voc I	No
3 Did the organization list any t	ormer officer, o	lirec	tor, t	ruste	ee, l	кеу с	lqme	loyee, or highest compens	sated	ſ	6334	169	445
employee on line 1a? If "Yes,	" complete Sch	edul	e J f	or s	uch	indiv	idua	al			3		<u> </u>
4 For any individual listed on lii organization and related orga	ne 1a, is the sui anizations greate	m oi er th	rep an \$	วกลเ 3150	,000	omp ? <i>If</i> '	ensa "Yes	alion and other compensa s," complete Schedule J fo	or such				
individual											4	X	1000
5 Did any person listed on line for services rendered to the	organization? If	"Yes	s," cc	mpl	ete :	Sche	dule	J for such person			5		X
Section B. Independent Contrac	tors												
Complete this table for your incompensation from the organization.	five highest com	npen com	sate	d ind	depe n for	nder	nt co cale	ontractors that received mendar vear ending with or	ore than \$100,000 of within the organization's	tax vear			
		00111	, , , , , , , , , , , , , , , , , , , 			uio		Descrip	(B)		Со	(C) mpensati	on
M&M F STREET DC LLC				2	26	HAI	RBC		- Additional Control of the Control				
PORT WASHINGTON		1	<u>10</u>				_					306,	645
		2	ഹ		гот	2 1						299	323
			00		127	3 1							
DELRAY BEACH		3	34									200,	000
COASTACLOUD LLC		_	01		l F	IAM			7 STE 200				20-
PALM COAST	FL	3	21		71	MO						1/6,	367
	ил	0	70									160,	<u>1</u> 25
2 Total number of independent	contractors (inc	ludir	na bi	ut no	ot lin	nited	to t	hose listed above) who					
received more than \$100,000	of compensation	on fr	om	the o	orga	nizat	ion l	<u> </u>	6		Fom	990	(2019)
W/ U I	23 LIBBY DOGGETT												

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated business revenue (D)
Revenue excluded
from tax under
sections 512-514 (A) Total revenue (B) Related or exempt function revenue 1a Federated campaigns 1a 1b b Membership dues c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 83,822,752 69,729,357 g Noncash contributions included in lines 1a-1f ... 1g \$ 83,822,752 h Total. Add lines 1a-1f Business Cod 11,648,198 11,648,198 Service FIRST BOOK MARKETPLACE SALES f All other program service revenue 11,648,198 g Total. Add lines 2a-2f . 3 Investment income (including dividends, interest, and 7,160 7,160 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6a 6a Gross rents b Less: rental expenses 6b C Rental inc. or (loss) 6C d Net rental income or (loss) Gross amount from (i) Securities (ii) Other sales of assets 194,561 other than inventory b Less: cost or other 195,323 basis and sales exps. -762 c Gain or (loss) 7c -762 -762 d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a b Less: direct expenses 8b c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 9a 9b b Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a 10b b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code 7,302 7,302 CURRENCY EXCHANGE 11a d All other revenue 7,302 e Total. Add lines 11a-11d . 7,160 95,484,650 11,654,738 12 Total revenue. See instructions

Form 990 (2019) FIRST BOOK

Part IX Statement of Functional Expenses

	ponse or note to any line i	II tillo I talt IX		
not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	31,000	31,000		
individuals. See Part IV, line 22				
Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
	1,147,700	1,147,700		
Benefits paid to or for members				
Compensation of current officers, directors,				4.00.00=
trustees, and key employees	673,461	148,162	356,934	168,365
Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				
Other salaries and wages	6,173,729	4,594,212	864,524	714,993
Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	347,837		62,611	45,219
Other employee benefits	676,431			87,936
D 3.1	483,274	333,459	86,989	62,826
Fees for services (nonemployees):				
Management				
	60,734	15,183	45,551	
Lobbying				
	7			
	1,729,467	1,473,847	183,157	72,463
	812,056	608,330	194,205	9,521
Information technology	561,231		101,127	72,331
	, , , , , , , , , , , , , , , , , , ,			
*	759,079	506,770	146,419	105,890
Travel				31,864
Payments of travel or entertainment expense				
•				
	75.516	52,280	13,484	9,752
·				
Payments to affiliates				3
Depreciation depletion and amortization	47.482		47.482	
		15.845		
·				
•				
• • • • • • • • • • • • • • • • • • • •	70 506 740	70.506.740		
	2 456 809		8.245	8,245
			0,230	5,230
All other expenses	101 137 707		2 394 775	1,389,405
	101,101,101	31,000,021	2,332,113	1,000,100
organization reported in column (B) joint costs				
from a combined educational campaign and				
fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)				
	and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) Advertising and promotion Office expenses Information technology Royalties Occupancy Travel Payments of travel or entertainment expense for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) PRG EXP — DONATED BOOKS PRG EXP — BOOKS PRG EXP — BOOKS PRG EXP — SHIPPING PRG EXP — WAREHOUSING All other expenses Total functional expenses. Add lines 1 through 24e Jorganization reported in column (B) joint costs from a combined educational campaign and	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(p(f(1)) and persons described in 4958(p(f(1)) and persons (as defined under section 4958(p(f(1)) and persons and under section 4958(p(f(1)) and persons and under section 4958(p(f(1)) and persons and under section 4958(p(f(1)) and 4958(p(f(1	20, sp., and 10b of Part VIII. Carnots and other assistance to domestic operations and domestic operations. See Part IV, Ine 21 31,000 31,0	10, 8b, and 10b of Part VIII.

P	art :	X Balance Sheet Check if Schedule O contains a response or	note to any lir	ne in this Part X			П
			,		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			7,655,268	1	3,040,229
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			1,947,522	4	2,192,837
	5	Loans and other receivables from any current or f					
		trustee, key employee, creator or founder, substar	itial contributo	r, or 35%			
		controlled entity or family member of any of these	persons			5	
	6	Loans and other receivables from other disqualifie				3333	
2		under section 4958(f)(1)), and persons described	8(c)(3)(B)		6		
Assets	7	Notes and loans receivable, net				7	
۲	8	Inventories for sale or use		37,866,038	8	37,130,978	
	9	Prepaid expenses and deferred charges			201,321	9	236,274
- 1	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	269,308			
	b	Less: accumulated depreciation	10b	128,565	100,227	10c	140,743
	11	Investments—publicly traded securities		41,550	11	25,851	
	12	Investments-other securities. See Part IV, line 11			12		
	13	Investments-program-related. See Part IV, line 1	,		13		
- 1	14	Intangible assets		11,936	14	16,667	
	15	Other assets. See Part IV, line 11				15	
_	16	Total assets. Add lines 1 through 15 (must equal		47,823,862	16	42,783,579	
		Accounts payable and accrued expenses		2,687,519	17	3,820,415	
	18	Grants payable		18	***		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		· <u> </u>		20	
- 1		Escrow or custodial account liability. Complete Par				21	
ies	22	, ,					
制		trustee, key employee, creator or founder, substan				935000	
Liabilities		controlled entity or family member of any of these			956,703	22	420,973
				· · · · · · · · · · · · · · · · · · ·	930,103	23	420,913
- 1		Unsecured notes and loans payable to unrelated to Other liabilities (including federal income tax, paya		L third		24	
	25	parties, and other liabilities not included on lines 1		1			
		of Schedule D		1	467,776	25	480,664
ı	26	Total liabilities. Add lines 17 through 25			4,111,998	26	4,722,052
T	20	Organizations that follow FASB ASC 958, check				-0	
or Fund Balances		and complete lines 27, 28, 32, and 33.	[==]				
a a	27				37,422,733	27	35,925,473
8		Net assets with donor restrictions			6,289,131	28	2,136,054
밀		Organizations that do not follow FASB ASC 950	3, check here	M		1000	
로		and complete lines 29 through 33.			William		
٥	29	Capital stock or trust principal, or current funds			29		
Sets		Paid-in or capital surplus, or land, building, or equi				30	
Ϋ́		Retained earnings, endowment, accumulated incor				31	
Net Assets				43,711,864	32	38,061,527	
~		Total liabilities and net assets/fund balances			47,823,862	33	42,783,579

Form 990 (2	019) FIRST	BOOK			52-177960	6			Pa	ige 12
Part XI	Reconcili	ation of Net As	sets							
	Check if Se	chedule O contain	s a response or note	to any line in	this Part XI					
1 Total re	evenue (must e	qual Part VIII, colun	nn (A), line 12)				1	95,4		
2 Total e	xpenses (must	equal Part IX, colum	nn (A), line 25)				2	101,1		
3 Revenu	ue less expens	es. Subtract line 2 fr	om line 1				3	<u>-5,6</u>		
4 Net ass	sets or fund ba	lances at beginning	of year (must equal Par	rt X, line 32, colu	umn (A))		4	43,		
5 Net un	realized gains	(losses) on investme	nts				5		2,	<u>720</u>
6 Donate	d services and	use of facilities					6			
	nent expenses						7			
8 Prior p	eriod adjustme		,,				8			
9 Other o	changes in net	assets or fund balar	ces (explain on Schedu	ule O)			9			
			r. Combine lines 3 throu							
	umn (B))						10	38,0)61,	527
Part XII	Financial	Statements an	d Reporting							
	Check if So	chedule O contain	s a response or note	to any line in	this Part XII					<u>. LL</u>
									Yes	No
1 Accoun	iting method us	sed to prepare the F	orm 990: Cash	X Accrual	Other					
			accounting from a prior	year or checker	d "Other," explain in					
Schedu	-							197		
2a Were t	he organization	's financial statemer	its compiled or reviewe	ed by an indeper	ndent accountant?			2	a	X
			ether the financial state			ŗ				
		te basis, consolidate								
-		Consolidated I		olidated and sep	parate basis					
b Were t	he organization	ے، s financial statemer!	nts audited by an indep	endent account	ant?			2	b X	
If "Yes.	" check a box	below to indicate wh	ether the financial state	ements for the ye	ear were audited on	а				
		lidated basis, or bot								
'	parate basis	Consolidated t		olidated and ser	parate basis			133	35 A.S.	
			ation have a committee			sight of				1
			ncial statements and se					2	c X	
			sight process or selection					141		
Schedu	-	ingoa omioi no orio			, , ,			130		
		al award was the or	ganization required to u	ındergo an audit	or audits as set fort	n in the				
		OMB Circular A-133	_					3	a	x
			required audit or audits	? If the organiza	ation did not undergo	the				
require	d audit or audit	s explain why on S	chedule O and describe	e anv steps take	n to undergo such a	udits		з	ь	
require	a addit of dudit	-,p.a, on o		,					om 99	0 (2019

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 **2019**

Open to Public Inspection

Name of the organization Employer identification number FIRST BOOK 52-1779606 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (ii) EIN (i) Name of supported (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of organization (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) Yes No (A) (B) (C) (D) (E)

Page 2

Schedule A (Form 990 or 990-EZ) 2019

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

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

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	130,262,047	130,822,916	100,621,383	88,470,542	83,822,752	533,999,640
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 5	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	130,262,047	130,822,916	100,621,383	88,470,542	83,822,752	533,999,640
	shown on line 11, column (f)						296,106,467
6	Public support. Subtract line 5 from line 4.						237,893,173
	tion B. Total Support	4.3.0045	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2015	130,822,916	100,621,383	88,470,542	83,822,752	533,999,640
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,377	2,095	1,182	2,590	7,160	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	7,173	27,556	6,347	31,452		72,528
11	Total support. Add lines 7 through 10					12	534,087,572 25,791,617
12	Gross receipts from related activities, etc First five years. If the Form 990 is for the	c. (see instruction	S)	fourth or fifth to	v vear as a sectio		25,791,017
13	organization, check this box and stop he		iiist, second, tiiid	, lourer, or mer tax	x year as a section	00 1(0)(0)	▶□
Sec	tion C. Computation of Public	Support Perce	entage				
14	Public support percentage for 2019 (line	6. column (f) divid	ded by line 11, co	olumn (f))		14	44.54%
15	Public support percentage from 2018 Sc	hedule A. Part II.	line 14			15	34.44%
16a	33 1/3% support test-2019. If the orga	anization did not c	heck the box on I	ine 13, and line 1	4 is 33 1/3% or m	ore, check this	▶ X
b	box and stop here. The organization qu 33 1/3% support test—2018. If the organization	anization did not c	heck a box on lin	e 13 or 16a, and I	line 15 is 33 1/3%	or more, check	▶□
17a	this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization Explain in Part VI how the organization	on meets the "fac meets the "facts-a	ts-and-circumstan and-circumstances	ces" test, check to s" test. The organ	his box and stop ization qualifies a	here. s a publicly	▶ □
18	supported organization Private foundation. If the organization	did not check a bo	ox on line 13, 16a	i, 16b, 17a, or 17b	o, check this box a	and see	
	instructions						

Page 3

Schedule A (Form 990 or 990-EZ) 2019 FIRST BOOK 52-1779606 Page :

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")		ļ				
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the		1				
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support	() 00/5	T			r	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	,			man and a second a		
С	Add lines 10a and 10b					***************************************	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the	ne organization's f	first, second third	fourth, or fifth tax	vear as a section	n 501(c)(3)	
	organization, check this box and stop he				•	(/ (/	▶ □
Sec	tion C. Computation of Public S						
15	Public support percentage for 2019 (line			olumn (fl)		15	%
6	Public support percentage from 2018 Sch					16	%
_	tion D. Computation of Investm						
7	Investment income percentage for 2019			e 13, column (f))		17	%
8	Investment income percentage from 201					مد ا	%
	33 1/3% support tests-2019. If the org						
	17 is not more than 33 1/3%, check this I	box and stop her	e. The organization	on qualifies as a p	oublicly supported	organization	▶ 🗌
b	33 1/3% support tests—2018. If the org	anization did not	check a box on lir	ne 14 or line 19a,	and line 16 is mo	re than 33 1/3%,	and
	line 18 is not more than 33 1/3%, check t	this box and stop	here. The organ	ization qualifies as	a publicly suppo	orted organization	ı ▶
0.	Private foundation. If the organization d	id not check a bo	x on line 14, 19a,	, or 19b, check thi	s box and see ins	structions	▶ 🗌

Page 4

Supporting Organizations

Section A. All Supporting Organizations

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

			Yes	No
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	19.00	484503	SAME.
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1_1_	1111 - 11112 1111 - 11112	7 4 6 10 7 17 5 1 2
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	15/5/61	-4/4 LIMEN	Market P
	organization was described in section 509(a)(1) or (2).	2	280410415	(5,000,555)
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer		70/00/00/00/00	15100000
	(b) and (c) below.	3a	133134343	88 A A A A
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	3b	555555	171111111111
_	organization made the determination.	30		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	3с	00000000	100000000000000000000000000000000000000
4	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. Was any supported organization not organized in the United States ("foreign supported organization")? If	36	NAMES OF	(SEASO
4a	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	10000	15/1/50	
D	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.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
Ū	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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	14.116		
	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).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			SECTION
	designated in the organization's organizing document?	5b		ļ
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	25 100 10 100	25.25.44.4
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	1000	48.48.48.49.49	13000000
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	28.5.55	transferi
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity	7	7474141414	33,433,533
_	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		1000000	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	8		
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). Was the organization controlled directly or indirectly at any time during the tax year by one or more	33,3		lain:
9a	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.	9a		
h	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which		William'r	1000
b	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	l	
_	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	255	0.323	
С	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
, oa	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to		A STATE	
	determine whether the organization had excess business holdings.)	10b		

Sched	ule A (Form 990 or 990-EZ) 2019 FIRST BOOK 52-	-1779606		Page !
	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а			HANGE.	NAME:
	below, the governing body of a supported organization?	11a		
b		11b		
c	the state of the s	<i>VI.</i> 11c		
	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	1	1
_		Visit		
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,	2		
	supervised, or controlled the supporting organization.			.L
Sect	ion C. Type II Supporting Organizations		Yes	No
	de la constant de la	This is	163	110
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	(2,751)		
	the supported organization(s).	1	Ь	L
Sect	ion D. All Type III Supporting Organizations		Yes	No
		E21870	165	INO
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 pric	rtax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	ie .	100000000	14.22-44.15
	organization's governing documents in effect on the date of notification, to the extent not previously provided	? 1	3 7 7 3 4 3 4 1	1 11 11 11
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 h	ow	With the Co.	e stables
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		. Grantskins
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	1888		i sitat
	supported organizations played in this regard.	3	Щ	<u> </u>
Sect	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	(see instructions)	•	
a	The second of the second of the Chelese			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The state of the s	entity (see instruc	tions).	
-				
2	Activities Test. Answer (a) and (b) below.	F	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	, [48]		
	that these activities constituted substantially all of its activities.	2a		

b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer (a) and (b) below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	res	NO
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organi:	zations	7000 74
1 Check here if the organization satisfied the Integral Part Test as a qualifying trus	t on Nov. 2	0, 1970 (explain in Part	VI). See
instructions. All other Type III non-functionally integrated supporting organization	ons must co	mplete Sections A thro	ugh E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
	2		
	3		
 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 	- -		
	4		
see instructions).	5		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	6		
6 Multiply line 5 by .035.	7		
7 Recoveries of prior-year distributions	8		
8 Minimum Asset Amount (add line 7 to line 6)	0		Current Year
Section C - Distributable Amount			Cuncil Tour
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-functionally int	egrated Typ	e III supporting organiz	ation (see
instructions).			1 (Form 990 or 990-F7)

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

Page 7

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

e Excess from 2019

Schedule A (Fon	m 990	or 990-EZ) 2019	FIRS'	T BOOK				52-1779606		Page 8
Part VI	Su _l III, B, I	oplemental line 12; Part ines 1 and 2	Information IV, Section ; Part IV, Section	n. Provide A, lines 1 ection C,	the explain , 2, 3b, 3c line 1; Par	, 4b, 4c, 5 t IV, Sectio	5a, 6, 9a, 9b, 9c, 1 on D, lines 2 and 3	ne 10; Part II, line 1a, 11b, and 11c; l 3; Part IV, Section l s 5, 6, and 8; and	Part IV, S E, lines 1d	ection c, 2a, 2
	Ja, line	s 2. 5. and 6	S. Also com	plete this	part for ar	nv addition	nal information. (Se	ee instructions.)	rait v, O	COHOIT L
PART I	I.,	LINE 10	- OTHE	R INCO	ME DET	AIL				
CURRENC	CY.	EXCHANGE	Ŧ.			\$	72,528			
	7.77		· · · · · · · · · · · · · · · · · · ·				t.m.f.n.m.a			
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FIRST BOOK

52-1779606

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 2019 Open to Public Inspection

Name of the organization Employer identification number

F	IRST BOOK		52-1779606
P	art I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	or Accounts.
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		1
5	Did the organization inform all donors and donor advisors in writing	that the assets held in donor advised	
	funds are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor advisor		
	only for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	
	*****		Yes No
P	irt II Conservation Easements.	on Form 000 Dort IV line 7	
	Complete if the organization answered "Yes"		
1	Purpose(s) of conservation easements held by the organization (cf		
	Preservation of land for public use (for example, recreation or	 1	• •
	Protection of natural habitat	Preservation of a certified	nistoric structure
•	Preservation of open space	annuation contribution in the form of a	concentation
2	Complete lines 2a through 2d if the organization held a qualified consense on the last day of the tax year.	onservation contribution in the form of a	Held at the End of the Tax Year
	Total number of conservation easements Total acreage restricted by conservation easements		2b
b	Number of conservation easements on a certified historic structure	included in (a)	20
d	Number of conservation easements included in (c) acquired after 7		
u	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released	I. extinguished, or terminated by the org	panization during the
•	tax year ▶	,g,	, <u>.</u>
4	Number of states where property subject to conservation easemen	t is located ▶	
5	Does the organization have a written policy regarding the periodic		
_	violations, and enforcement of the conservation easements it holds		☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, handli		
	>		
7	Amount of expenses incurred in monitoring, inspecting, handling o	f violations, and enforcing conservation	easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above sat	tisfy 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 ea	sements in its revenue and expense sta	tement and
	balance sheet, and include, if applicable, the text of the footnote to	the organization's financial statements	that describes the
	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections of A Complete if the organization answered "Yes" of	irt, Historical Treasures, or Ut	ner Similar Assets.
	Annual Control of the		
1a	If the organization elected, as permitted under FASB ASC 958, not	to report in its revenue statement and i	parance sheet works
	of art, historical treasures, or other similar assets held for public exervice, provide in Part XIII the text of the footnote to its financial s		erance or public
			ance sheet works of
D	If the organization elected, as permitted under FASB ASC 958, to art, historical treasures, or other similar assets held for public exhilt	nition education or research in furthers	nce of public service
	provide the following amounts relating to these items:	onon, education, or research in iditiera	nee of public control,
			▶ \$
	(i) Revenue included on Form 990, Part VIII, line 1		• \$
2	If the organization received or held works of art, historical treasure	s, or other similar assets for financial ga	in, provide the
2	following amounts required to be reported under FASB ASC 958 re		1
9	Revenue included on Form 990, Part VIII, line 1		
a 	Accepte included in Form 000. Bort V		• •

Schedule D (Form 990) 2019 FIRST BOO	OK	C. A. e. I linda min	al Transuros	or Other S	imilar Ass	ets (cor	ntinued)
Part III Organizations Maintainin	g Collections of	T Art, Historic	the fellowing that	make significan	of use of its	100.	747744
Using the organization's acquisition, access collection items (check all that apply):				make significal	it dae of ito		
a Public exhibition		_oan or exchange					
b Scholarly research	е 🗍 (Other					
Brononyation for future generations							
4 Provide a description of the organization's	collections and expla	ain how they furth	ner the organization	n's exempt pur	pose in Part		
XIII.	,						
	t or receive donation	s of art, historical	I treasures, or other	er similar		_	_
assets to be sold to raise funds rather than	to be maintained a	s part of the orga	nization's collection	n?		Yes	No
m (N/ E and Custodial A	rrangaments						
Complete if the organization	n answered "Ye	s" on Form 99	90, Part IV, line	9, or repor	ted an am	ount on I	Form
990, Part X, line 21.		l'	utions or other ass	note not			
1a Is the organization an agent, trustee, custo	odian or other interm	ediary for contribu	utions of other as:	5612 1101		Yes	□ No
included on Form 990, Part X?						. Ш	ш
b If "Yes," explain the arrangement in Part X	III and complete the	following table:				Amount	
					10		
c Beginning balance					1c		
d Additions during the year					1d		
e Distributions during the year					1e		
F Ending belonce					1f	111	TIN
a public remainsting include on amount or	Form 990 Part X. I	line 21. for escrov	N of Custodiai acc	outic nating r		Yes	³ ∐ No
b If "Yes," explain the arrangement in Part X	III. Check here if the	e explanation has	been provided on	Part XIII			ــــــــــــــــــــــــــــــــــــــ
Bad V Endowment Funds							
Complete if the organization	on answered "Ye	es" on Form 9	90, Part IV, lin	<u>e 10.</u>		Υ	
	(a) Current year	(b) Prior year	(c) Two years	s back (d) Th	ree years back	(e) Four	years back
4 - Designing of year balance							
1a Beginning of year balance							
b Contributions							
c Net investment earnings, gains, and							
losses							
d Grants or scholarships							
e Other expenditures for facilities and							
programs							
f Administrative expenses							
g End of year balance		<u> </u>	4 >> 1 - 1.1				
2 Provide the estimated percentage of the	current year end bala	ance (line 1g, coll	umn (a)) neid as:				
a Board designated or quasi-endowment	·						
b Permanent endowment ▶ %							
c Term endowment ▶ %							
The perceptages on lines 2a, 2h, and 2c.	should equal 100%.						
3a Are there endowment funds not in the po	ssession of the orga	nization that are I	held and administ	ered for the		Γ	Yes No
organization by:						2-43	169 140
(i) Unrelated organizations						3a(i)	
(ii) Polated organizations						04(11/1	
b If "Yes" on line 3a(ii), are the related orga	anizations listed as re	equired on Sched	lule R?			3b	
4 Describe in Part XIII the intended uses o	f the organization's e	endowment funds					
							v 40
Part VI Land, Buildings, and Education Complete if the organization	ion answered "Y	es" on Form 9	990 <u>, Part IV, lir</u>	<u>ne 11a. See</u>	Form 990.	, Part X,	line 10.
Description of property	(a) Cost or other	r basis (b) C	ost or other basis	(c) Accama		(d) Book	value
Describition or brokers	(investment	i	(other)	depreciation	on		
1a Land	l l						
b Buildings	i						
c Leasehold improvements	l l		269,308	128	3,565	14	40,743
d Equipment							
e Other	unt agual Form 000	Part X column ((B) line 10c.)		▶	14	40,743
Total. Add lines 1a through 1e. (Column (d) m	ust equal Form 990,	ran A, Column (D), III 100.		0-1		m 000) 20

	-orm 990) 2019 FIRST BOOK			
Part VII	Investments - Other Securities. Complete if the organization answered "Yes" or	n Form 990 Part IV.	line 11b. See Form 990,	Part X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of value	ition:
	(including name of security)		Cost or end-of-year man	ket value
(1) Financial	derivatives			
	eld equity interests			
(A)				
(B)				
			7.1	
(H)	nn (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related	1		
-Fait viii	Complete if the organization answered "Yes" o	n Form 990, Part IV	line 11c. See Form 990,	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of Valu	ation:
			Cost or end-of-year ma	rket value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				701
(8)				
(9)	(1) and a series of the series			
	on (b) must equal Form 990, Part X, col. (B) line 13.) ••• Other Assets.			
Part IX	Complete if the organization answered "Yes" of	on Form 990, Part IV	, line 11d. See Form 990,	Part X, line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)			>	
	nn (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities. Complete if the organization answered "Yes" of the organization and the o	on Form 990 Part IV	line 11e or 11f. See For	m 990, Part X,
		511 1 61111 666, 1 dit 14	,	•
	line 25. (a) Description of liability			(b) Book value
1. Fadasa				
	I income taxes ION PAYABLE			300,632
\	Control of the Contro			180,032
<u> (-)</u>				
(4)				
(6)				
(7)				
(8)				
(9)				480,664
= 1 1 (0.1	mn (b) must equal Form 990, Part X, col. (B) line 25.)		<u> </u>	
O Linkilih fo	or upgodain tax positions. In Part XIII provide the text of the	footnote to the organizat	ion's financial statements that re	eports trie
organization'	s liability for uncertain tax positions under FASB ASC 740.	Check here if the text of the	ne tootnote has been provided in	dule D (Form 990) 201
DAA			Sche	uule D (Foliii aao) 201

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1	Total revenue, gains, and other support per audited financial statements	ait i	v, iiie iza.	1	95,544,298	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			10000	93,344,290	
	1	2a	2,720			
h		2b	56,928			
c	Recoveries of prior year grants	2c	00,320			
d	Other (Describe in Part XIII.)	2d				
e	Add lines 2a through 2d			2e	59,648	
3	Subtract line 2e from line 1			3	95,484,650	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	· · · · · · · · · · · · · · · · · · ·				
		4a				
b		4b				
C	Add lines 4a and 4b		de de la companya de	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	95,484,650	
	art XII Reconciliation of Expenses per Audited Financial Statem			er R		
	Complete if the organization answered "Yes" on Form 990, F					
1	Total expenses and losses per audited financial statements			1	101,194,635	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				•	
а	Donated services and use of facilities	2a	56,928			
b		2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	56,928	
3	Subtract line 2e from line 1			3	101,137,707	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	····				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
		4b				
С	Add lines 4a and 4b			4c		
с 5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			4c 5	101,137,707	
Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information.			5		
Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5		
Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information.	', lines	1b and 2b; Part V, line	5		
Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	', lines	1b and 2b; Part V, line	5		
Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	', lines	1b and 2b; Part V, line	5		
Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	, lines	1b and 2b; Part V, line dditional information.	5 4; Pa	urt X, line	
Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	, lines	1b and 2b; Part V, line dditional information.	5 4; Pa	urt X, line	
Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	, lines any a	1b and 2b; Part V, line dditional information.	5 4; Pa	ut X, line	
Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Left XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	, lines any a	1b and 2b; Part V, line dditional information.	5 4; Pa	ut X, line	
Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Left XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	, lines any a	1b and 2b; Part V, line dditional information.	5 4; Pa	urt X, line	
Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Left XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	, lines any a	1b and 2b; Part V, line dditional information.	5 4; Pa	urt X, line	
Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Left XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	/, lines any a	1b and 2b; Part V, line dditional information.	5 4; Pa	ort X, line	
Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	/, lines any a	1b and 2b; Part V, line dditional information.	5 4; Pa	ort X, line	
Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	/, lines any a	1b and 2b; Part V, line dditional information.	5 4; Pa	ort X, line	
Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	/, lines any a	1b and 2b; Part V, line dditional information.	5 4; Pa	ort X, line	
Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	/, lines any a	1b and 2b; Part V, line dditional information.	5 4; Pa	ort X, line	
Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	/, lines any a	1b and 2b; Part V, line dditional information.	5 4; Pa	ort X, line	
Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	/, lines any a	1b and 2b; Part V, line dditional information.	5 4; Pa	ort X, line	
Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	/, lines any a	1b and 2b; Part V, line dditional information.	5 4; Pa	ort X, line	
Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	/, lines any a	1b and 2b; Part V, line dditional information.	5 4; Pa	ort X, line	
Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	/, lines any a	1b and 2b; Part V, line dditional information.	5 4; Pa	ort X, line	
Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	/, lines any a	1b and 2b; Part V, line dditional information.	5 4; Pa	ort X, line	
Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	/, lines any a	1b and 2b; Part V, line dditional information.	5 4; Pa	ort X, line	
Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	/, lines any a	1b and 2b; Part V, line dditional information.	5 4; Pa	ort X, line	
Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	/, lines any a	1b and 2b; Part V, line dditional information.	5 4; Pa	ort X, line	
Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	/, lines any a	1b and 2b; Part V, line dditional information.	5 4; Pa	ort X, line	

Schedule D (Form 990) 2019 FIRST BOOK Part XIII Supplemental Information (continued)	52-1779606	Page 5
Part XIII Supplemental Information (continued)		
•		

		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		, , , , , , , , , , , , , , , , , , , ,

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. OMB No. 1545-0047 **2019**Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection
Employer identification number
52-1779606

	FIRST 1	воок						52-177960	6
	neral Information m 990, Part IV, line		Outside the	e Ur	nited States.	Complet	e if th	ne organization an	swered "Yes" or
1 For grantma	kers. Does the organ	ization maintain reco							
	nce, the grantees' elig								X Yes N
2 For grantma outside the U	kers. Describe in Par nited States.	t V the organization'	s procedures f	for mo	onitoring the use	of its gra	nts ar	nd other assistance	
3 Activities per	Region. (The following	g Part I, line 3 table	can be duplica	ated i	f additional spac	e is need	ed.)		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	region (b fundraising investments	oy type) , progr , grant	ducted in the) (such as, ram services, s to recipients e region)	des	progra	listed in (d) is m service, pecific type of in the region	(f) Total expenditures for and investments in the region
AFRICA (1)			GRANTS	то	RECIPENTS	BOOKS	TO	CHILDREN	9,60
NORTH AMER	ICA		GRANTS	то	RECIPIENTS	BOOKS	то	CHILDREN	1,131,00
EUROPE (3)			GRANTS	то	RECIPIENTS	BOOKS	TO	CHILDREN	33,30
SOUTH AMER	ICA		GRANTS	то	RECIPENTS	BOOKS	TO	CHILDREN	4,80
(5)									
(6)									***************************************
_(7)									
(8)	- CONTRACTOR OF THE CONTRACTOR								
(9)									
(10)									
(11)									
(12)									
(13)		44444							
(14)									embel (Mar
(15)							.,,,,,,		
(16)					101141				m1= 11991
(17)			10,000,000,000,000	- 15 to 15 to		000000000000000000000000000000000000000	greeks silve		1 170 70
3a Subtotal b Total from continuation									1,178,70
sheets to Part I									1 100 00
lines 3a and 3h)		1							1,178,70

	ie 15, for any rec	ipient who red	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed	Il can be duplica	ted if additiona	al space is neede	the received more than \$5,000. Part II can be duplicated if additional space is needed.	
(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(I)		NORTH AME	PROVISION OF BOOKS AMERICA			1,100,000	BOOKS	FMV
(2)		l 🖼	BOOKS TO CHILDREN	7,200	WIRE			FMV
(3)		EUROPE	BOOKS TO CHILDREN	18,900	WIRE			FMV
(4)		AFRICA	BOOKS TO CHILDREN	009'6	WIRE			FMV
(5)		EUROPE	BOOKS TO CHILDREN	7,200	WIRE			FMV
(9)								
(2)								
. @								
(6)								
(0)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
Enter total number of recipient organizations listed a by the IRS, or for which the grantee or counsel has	recipient organization ch the grantee or cor	ns listed above the	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	foreign country, recog r	nized as tax-exer	npt	A	9
Enter total primber of other presentations or entities	on off or in one of the							

Schedule F (Form 990) 2019 FIRST BOOK

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

Part III can be duplicated if additional space is needed.

(a) Number of gant or assistance (c) Number of eash gant or assistance (d) Amount of eash gant or assistance (e) Number of eash gant or eash gan Schedule F (Form 990) 2019 (h) Method of valuation (book, FMV, appraisal, other) 18 (12) (13) (14) (15) (16) (17) 3 包 9 8 <u></u> ₹ 9 6 ම Ξ 2

P	art IV Foreign Forms	*****	raye
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2019

Part V	Supplemental	Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2 - PROCEDURES FOR FIRST BOOK STAYS INVOLVED WITH A	MONITORING THE USE OF GRANT FUNDS	
ORGANIZATIONS TO MAKE SURE THE D	ISTRIBUTION OF BOOKS IS IN LINE WITH	H ITS
MISSION TO PROVIDE BOOKS TO NEED		
PART I, LINE 3 - ACTIVITIES PER	REGION	
REGION	EXPENDITURES INVESTMENTS	
AFRICA	\$ 9,600 \$	0
NORTH AMERICA	\$ 1,131,000 \$)
EUROPE	\$ 33,300 \$)
SOUTH AMERICA	\$ 4,800 \$)
MARKET VALUE USED TO ACCOUNT FOR CASH DONATIONS OF \$47,700 WERE P	ENDITURES ARE REPORTED BASED ON THE THEM ON FIRST BOOKS FINANCIAL STATE ROVIDED TO HELP FOREIGN ORGANIZATION	EMENTS.
AND DELIVER BOOKS TO CHILDREN.		

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990 Open to Public OMB No. 1545-0047 2019 Inspection CHILDREN CHILDREN (h) Purpose of grant or assistance Employer identification number ☐ Yes 52-1779606 6 F ဥ BOOKS BOOKS Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. noncash assistance (g) Description of 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, FMV EM ► Go to www.irs.gov/Form990 for the latest information. (e) Amount of non-cash assistance ▶ Attach to Form 990. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 10,000 21,000 (d) Amount of cash grant (c) IRC section (if applicable) 501 501 General Information on Grants and Assistance 75-1152657 94-1191246 (p) EIN the selection criteria used to award the grants or assistance? (1) BOYS & GIRLS CLUB OF GREATER DALIJAS TX 75214 CA 94104 465 CALIFORNIA ST 9TH FLOOR (a) Name and address of organization FIRST BOOK or government (2) THE ASIA FOUNDATION PO BOX 140189 SAN FRANCISCO Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE I (Form 990) Part II DALLAS Part I ල 3 9

2 X

Schedule I (Form 990) (2019) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table 6

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3

9

	100 T 1011 1 (010) (000 IIII) 1 (0100)		3	52-1779606		Page 2
Part III	Grants and Other Assistance to Do Part III can be duplicated if additional	to Domestic Individua tional space is needed.	luals. Complete if t ed.	he organization ansv	omestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. space is needed.	
(a) T	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book. (f) Description of noncash assistance FMV, appraisal, other)
S ≥	Part IV Supplemental Information. Provide	vide the information	required in Part I,	line 2; Part III, colun	the information required in Part I, line 2; Part III, column (b); and any other additional information.	itional information.

SCHEDULE J (Form 990)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

Open to Public Inspection

Name of the organization

FIRST BOOK

Employer identification number 52–1779606

Р	art I Questions Regarding Compensation			
		,	Yes	No
1a	A Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Travel for companions Tax indemnification and gross-up payments Discretionary spending account Housing allowance or residence for personal use Payments for business use of personal residence Health or social club dues or initiation fees Personal services (such as maid, chauffeur, chef)			
h	o If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	the start of	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee			
b	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4a 4b 4c		X X X
5 a b	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	5a 5b		X X
	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	6a 6b		x
7 8	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	V2 V3.2	x
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

Schedule J (Form 990) 2019 FIRST BOOK
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)—(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. Part

	(B) Breakdown of	Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(F) Total of columns	(E) Companyation
(A) Name and Title	_	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits		in column (B) reported as deferred on prior Form 990
KYLE ZIMMER	0 218,463		0	41,129	0	259,592	0
1 CEO/DIRECTOR		0	0	o	0	0	0
DANIEL STOKES	218,8	0	0	34,473	0	253,367	0
2 CAO ADMINISTRATIVE			o	О	0	0	0
CHRIS STINE (0)	0 206,343	0	0	21,775	0	228,118	0
3 SVP (ii)			0	0	0	0	0
CAREY PALMQUIST	184,638		0	22,027	0	206,665	0
4 SVP		0	0	0	0	0	0
BECKI LAST	184,035	0	0	22,419	0	206,454	
s SVP			0	0	0	0	0
BRYAN STRAATHOF	() 156,116	0	0	12,741	0	168,857	0
(ii) 8 SVP			0	o	0	0	0
GEORGIA GILLETTE	(1) 137,173	0	0	19,634	0	156,807	0
7 VP			0	0	0	0	0
DLER ARNOLD	139,725	0	0	11,712	0	151,437	0
8 COO (ii)			o	0	0	0	0
	© (
1.1							
10 (ii)	(1)						
	(9)						
11	(a)						
(G ((ii)						
13 (fi	(ii)						
0 (0	(II)						
	(1)						
	(E)						
						Sch	Schedule J (Form 990) 2019

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990.

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

Employer identification number

52-1779606 FIRST BOOK Part I Types of Property (c) Noncash contribution (b) (d) Check if Number of contributions or Method of determining amounts reported on items contributed noncash contribution amounts applicable Form 990, Part VIII, line 1g Art — Works of art Art — Historical treasures 2 Art — Fractional interests Books and publications 69,527,407 FMV X Clothing and household 16,686 **FMV** X goods Cars and other vehicles 6 Boats and planes Intellectual property 12,768 8 FMV 164,186 X 6 **FMV** 9 Securities — Publicly traded Securities — Closely held stock 10 Securities - Partnership, LLC, 11 or trust interests Securities — Miscellaneous 12 13 Qualified conservation contribution - Historic structures Qualified conservation contribution — Other Real estate — Residential 15 Real estate — Commercial 16 Real estate — Other 17 Collectibles 18 x 8,310 FMV Food inventory 19 Drugs and medical supplies 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 25 Other ▶(_____) 26 Other ►() 27 28 Other ►(Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? х 30a b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard X 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X 32a contributions? If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

describe in Part II.

Schedule M (Fo	orm 990) 2019 FIRST	BOOK			52-1779606		Page 2
Part II	Supplemental Info the organization is r or a combination of	rmation. Provi	rt I. column (b).	the number of c	Part I, lines 30b, 3 contributions, the	32b, and 33, ar number of item	nd whether
	or a combination of	DOM. AISO COL	inpicte this part	ior any additions	inioniation.		
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

Employer identification number Name of the organization 52-1779606 FIRST BOOK FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS FIRST BOOK HAS DISTRIBUTED MILLIONS OF NEW BOOKS TO LOW-INCOME AND EDUCATIONALLY AT-RISK CHILDREN PARTICIPATING IN SCHOOLS AND COMMUNITY BASED LITERACY PROGRAMS IN CITIES, TOWNS AND COUNTIES NATIONWIDE. FIRST BOOK HAS THREE NATIONAL OUTREACH PROGRAMS MAKING AGE-APPROPRIATE NEW BOOKS AVAILABLE TO EDUCATORS AND CAREGIVERS SERVING KIDS IN NEED. FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 FORM 990 IS DISTRIBUTED TO BOARD MEMBERS FOR THEIR CONSIDERATION BEFORE IT IS SIGNED AND FILED. FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY AT LEAST ANNUALLY, THE BOARD REVIEWS THE POLICY AND MONITORS ANY POTENTIAL CONFLICT OF INTEREST. FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL A COMMITTEE OF THE BOARD REVIEWS AND APPROVES THE COMPENSATION PACKAGES OF THE ORGANIZATIONS CEO, EXECUTIVE DIRECTOR AND OTHER TOP MANAGEMENT. FACTORS TAKEN INTO ACCOUNT INCLUDE COMPARABLE COMPENSATION PACKAGES FOR OTHER NON-PROFITS, THE COST OF LIVING, TENURE OF THE EMPLOYEE AND THEIR PERFORMANCE AS WELL AS THE ECONOMIC REALITY OF FIRST BOOK'S FINANCIAL CONDITION. FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

A COMMITTEE OF THE BOARD REVIEWS AND APPROVES THE COMPENSATION PACKAGES OF