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.

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

2013 Open to Public Inspection

4		calendar year, or tax year beginning , and ending			Sept. Comment of the
I	3 Check if applicable:	C Name of organization		D Em	ployer identification number
L	Address change	FIRST BOOK			
Γ	Name change	Doing Business As		52	-1779606
Ė	= -	Number and street (or P.O. box if mall is not delivered to street address)	oom/suite		phone number
Ē	Initial return	1319 F STREET, NW	1000		
	Terminated	City or town, state or province, country, and ZIP or foreign postal code	-	20	2-393-1222
Γ	Amended return	WASHINGTON DC 20004	- 1		
F		F Name and address of principal officer.		G Gross r	eceipts 104,625,364
L	Application pending		H(a) Is this a group	n return fo	or subordinates Yes X No
		1210 - 0			= =
			H(b) Are all subor		발가, 경우 (14일이다
_		WASHINGTON DC 20004-1155	If "No," a	ttach a lis	st. (see instructions)
1	Tax-exempt status;	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527			
J	Website: ▶ W	WW.FIRSTBOOK.ORG	H(c) Group exemp	otion num	ber >
K	Form of organization:	X Corporation Trust Association Other ▶ L Year	of formation: 19	92	M State of legal domicile: DC
	Part I Su	mmary		-	The second secon
	1 Briefly de	scribe the organization's mission or most significant activities:			
9	FIRS	I BOOK'S PRIMARY PURPOSE IS TO GIVE DISADVANTAGED	CHILDREN	THE	
2	OPPO	RTUNITY TO READ AND OWN THEIR FIRST BOOK BY DISTRI	BUTTNG N	PW D	0076 mo
a d	CHIL	DREN WHO HAVE LITTLE OR NO ACCESS TO BOOKS OUTSIDE	OF ECHO	OT	OORS 10
2	2 Check this	s box if the organization discontinued its operations or disposed of more than 25	OF SCHOOL	У Б	
Activities & Governance	3 Number o	f voting members of the governing body (Part VII line 4a)		1 2	l an
40	d Number o	findependent voting members of the reversion back (P. 41/6 " 41/6"		3	17
itie	F Tetal sum	findependent voting members of the governing body (Part VI, line 1b)			_16
Ę,	5 Total num	ber of individuals employed in calendar year 2013 (Part V, line 2a)		5	91
Ă	6 Total num	ber of volunteers (estimate if necessary)		6	2000
	7a l'otal unre	lated business revenue from Part VIII, column (C), line 12		7a	0
-	b Net unrela	ted business taxable income from Form 990-T, line 34		7b	0
	0.0-1-1-1-1	1 - 1 (0 1)(0 1)	Prior Year		Current Year
Revenue	8 Contributio	ons and grants (Part VIII, line 1h)			101,485,961
le l	9 Program s	ervice revenue (Part VIII, line 2g)	2,333,		3,128,156
è	10 Investmen	t income (Part VIII, column (A), lines 3, 4, and 7d)	4,	232	4,233
-	11 Other reve	nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			-420
	12 Total rever	nue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,494,	073	104,617,930
	13 Grants and	similar amounts paid (Part IX, column (A), lines 1-3)			2,493,370
	14 Benefits pa	id to or for members (Part IX, column (A), line 4)			0
8	15 Salaries, of	ther compensation, employee benefits (Part IX, column (A), lines 5–10)	4,995,	580	5,747,411
Expenses	16aProfession:	al fundraising fees (Part IX, column (A), line 11e) alsing expenses (Part IX, column (D), line 25) ▶ 761,767			07.17,111
ed.	b Total fundr	aising expenses (Part IX, column (D), line 25) > 761 - 767		-	
ũ	17 Other expe	nses (Part IX, column (A), lines 11a-11d, 11f-24e) 9	2,323,4	112	86,573,216
	18 Total exper	***************************************	7,318,9		
	19 Revenue le		4,175,0		94,813,997
능성	10 11070112010		ning of Current		9,803,933 End of Year
et Assets or ind Balances	20 Total assets		9,256,1		40,155,107
AB	21 Total liabilit		940,8	_	
FE	22 Net assets		8,315,3		2,033,834
		ature Block	0,313,3	555	38,121,273
tru	e, correct, and com	jury, I declare that I have examined this return, including accompanying schedules and statemen plete. Declaration of preparer (other than officer) is based on all information of which preparer ha	nts, and to the b	est of n	ny knowledge and belief, it is
	TA	The state of all mornators of which properly he	is any knowledg	-	
Cia	Sinn	west officer			-26-2014
Sig				Date	
Her		YLE ZIMMER PRESIDEN	T		
	-				
Dald	Print/Type pre	parer's name Preparer's signature	Date	Check	r PTIN
Paid	LOUID D.	RUEBELMANN, CPA	08/14/14	self-emplo	pyed P00157850
Prep	Filli S name	MENDELSON & MENDELSON, CPA'S A P.C.	Firm's E	14.000	52-0954153
Use	Only	12505 PARK POTOMAC AVE STE 250			
	Firm's address	DOMONIA IN CARE ACCU	Phone n	, 3	301-656-0001
May 1	he IRS discuss th	nis return with the preparer shown above? (see instructions)	Friorie		(ma) []
For P		on Act Notice, see the separate instructions.	**********		
DAA					Form 990 (2013)

Part III			2-1779606	Page 2
	Chack if Schodule Con	Service Accomplishments		
Deinfly	describe the assertisate with	ontains a response or note to any line	in this Part III	X
FIRST	describe the organization's miss	DIIPPOSE TO TO CIVE DIE	A DUI A MAR A COLOR DE COLOR D	
OPPOI	RTINITY TO READ	PURPOSE IS TO GIVE DIS	ADVANTAGED CHILDRE	N THE
CHTLI	REN WHO HAVE LT	AND OWN THEIR FIRST BOO TTLE OR NO ACCESS TO BO	K BY DISTRIBUTING	NEW BOOKS T
		TILL ON NO ACCESS TO BO	OKS COTSIDE OF SCH	OOL.
Did the	organization undertake any sign	nificant program services during the year which	were not listed on the	
prior Fo	orm 990 or 990-EZ?	·····		Yes X No
If "Yes,	" describe these new services or	n Schedule O.		I res A No
Did the	organization cease conducting,	or make significant changes in how it conducts	any program	
service	s?			Yes X No
If "Yes,	describe these changes on Sch	nedule O.		
Describ	e the organization's program ser	vice accomplishments for each of its three large	est program services, as measured b	ov
expense	es. Section 501(c)(3) and 501(c)	(4) organizations are required to report the amo	unt of grants and allocations to other	rs.
the total	expenses, and revenue, if any,	for each program service reported.		
(Code:) (Expenses \$ 92	, 275 , 736 including grants of \$ 2 ,	493,370) (Revenue \$	1
IRST	BOOK HAS DISTRI	BUTED MILLIONS OF NEW P	COKS TO LOW THICOME	E AND
DUCH	TIONAULI AI-KISK	CHILDREN PARTICIPATING	TN SCHOOLS AND OC	MARTINITIES TO S
TIER	ACI PROGRAMS IN	CITIES, TOWNS AND COUNT	TEC MATTOMITTE TIT	DOM DOOM
HREE	NATIONAL OUTREA	CH PROGRAMS MAKING AGE-	APPROPRIATE NEW DO	ANDE STATE
D EDI	JCATORS AND CARE	GIVERS SERVING KIDS IN	MEED	OKS AVAILA
			•••••••••••••••	

•••••	*************************			

0 - 4 -				
Code:				
Code:		including grants of\$		
Code:				
Code:		including grants of\$) (Revenue \$	
) (Expenses \$	including grants of\$) (Revenue \$	
) (Expenses \$	including grants of\$) (Revenue \$	
) (Expenses \$	including grants of\$) (Revenue \$)
) (Expenses \$	including grants of\$) (Revenue \$)
) (Expenses \$	including grants of\$) (Revenue \$)
) (Expenses \$	including grants of\$) (Revenue \$	
) (Expenses \$	including grants of\$) (Revenue \$	
) (Expenses \$	including grants of\$) (Revenue \$	
) (Expenses \$	including grants of\$) (Revenue \$	
) (Expenses \$	including grants of\$) (Revenue \$)
) (Expenses \$	including grants of\$) (Revenue \$	
) (Expenses \$	including grants of\$) (Revenue \$	
) (Expenses \$	including grants of\$) (Revenue \$	
) (Expenses \$	including grants of\$) (Revenue \$	
) (Expenses \$	including grants of\$) (Revenue \$	
) (Expenses \$	including grants of\$) (Revenue \$	
(Code:) (Expenses \$	including grants of\$) (Revenue \$	
) (Expenses \$	including grants of\$) (Revenue \$	
ode:) (Expenses \$	including grants of\$) (Revenue \$	
ode:) (Expenses \$) (Expenses \$ am services. (Describe in Scheo	including grants of\$) (Revenue \$	

Form 990 (2013) FIRST BOOK

Part IV Checklist of Required Schedules

	1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	Г	+	Yes	No
	complete Schedule A		1	x	
	2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	····		X	
	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(b)	···	_	\neg	
	election in effect during the tax year? If "Yes," complete Schedule C, Part II		4	- 1	x
	is the diganization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues			\neg	
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,				
	Part III		5		X
	6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	···			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If		- 1		
	"Yes," complete Schedule D, Part I	1	3		X
	/ Did the organization receive or hold a conservation easement, including easements to preserve open space			\top	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II	1 7			X
1	Big Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Ven."	. –	\top	\top	-
3	complete Schedule D, Part III	8		-	x
	bid the organization report an amount in Part X, line 21, for escrow or custodial account liability: serve as a			+	-
	custodian for amounts not listed in Part X: or provide credit counseling, debt management, credit sanstage		1		
	debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization directly or through a colored experiently bald.	9		1:	X
10	ble and organization, directly of unough a related organization, floid assets in temporarily restricted			7	_
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		12	X
11	The state of the following questions is res, then complete schedule)) Parts VI			+	
	VII, VIII, IX, or X as applicable.			1	
0	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	1	1	1	
	complete Schedule D, Part VI	111	X		
1	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more		T	\top	_
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	111	,	3	2
,	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		X	
,	Did the digalization lebolt an amount for other assets in Part X line 15 that is 50/ or more of the total				_
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 352 Is IV III.	110		x	
f	The complete Schedule D Dart V	11e	X		
				T	
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X	
120	Did the organization obtain separate, Independent audited financial statements for the tax year? If "Yes," complete			T	_
h	Schedule D, Parts XI and XII	12a	X		
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if		115555		
13	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X	
		13		X	
h	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X	
-	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate				
	foreign investments valued at \$100,000 or more? If "You" complete School to E. D			1	
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b	X	_	_
	for any foreign organization? If "Yes " complete Schedule E. Deste II and IV				
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15	X		_
	assistance to or for foreign individuals? If "Yes " complete Schodule E. Dode III I is				
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		X	_
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15 000 total of fundarials.				
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		X	_
	Part VIII. lines 1c and 8a? If "Yes " complete Schedule C. Part III.				
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		X	_
	If "Yes," complete Schedule G. Part III				
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes," to line 20a, did the organization attach a convent its quality of the quality of the surface.	19		X	600
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a	_	X	•
		20b	000		9

Part IV Checklist of Required Schedules (continued)

	21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	-		Yes	No
10	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II				
	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States	-	21		X
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	- 1	22		v
2	23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	··· -	22	-	X
	organization's current and former officers, directors, trustees, key employees, and highest compensated		- 1	- 1	
	employees? If "Yes," complete Schedule J		23	x	
2	4a 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			- 1	
	through 24d and complete Schedule K. If "No," go to line 25a	2	4a		X
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	.,	16	1	
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year			\neg	
	to defease any tax-exempt bonds?	24	lc		
	d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24	d		
2	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction				
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25	a		X
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior		T	T	
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		1	- 1	
26		25	b		X
20	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or				
	disqualified persons? If so, complete Schedule L, Part II				
27		. 26	1		<u>x</u>
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	1			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III			1.	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	27	-	13	<u>X</u> _
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):		1	1	
а				1.	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	282	4	+ 2	<u>x</u> _
	Schedule L, Part IV	28Ł		1,	U
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	201	+	+-	<u>K</u> _
	was an officer, director, trustee, or direct or indirect owner? If "Yes." complete Schedule I. Part IV	280	1	13	ζ.
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes." complete Schedule M	29	X		_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	2.0	1	+	_
	conservation contributions? If "Yes," complete Schedule M	30		l x	2
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			+	
00	Parti	31		l x	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"				-
33	complete Schedule N, Part II	32		X	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	33		X	
•	Tes, complete Schedule R, Parts II, III,				
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment form	34	X	-	_
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		X	_
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2				
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		-	_
	related organization? If "Yes " complete Schodule P. Dart V. line 2				
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		X	-
	and that is treated as a partnership for federal income tax purposes? If "Yes." complete Schedule R				
	Part VI	37			
38		31		X	-
	19? Note. All Form 990 filers are required to complete Schedule O	38	x		
		30	Δ	_	

	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Ye	s A
b	Enter the number of Farma IV 00 to 1 1 1 1 1			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
-	reportable gaming (gambling) winnings to prize winners?			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c	X	1
	Chatomosts filed for the colon decree to the c			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	_		
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	. 2b	X	_
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	1		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a	-	2
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	. 3b	_	_
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	79		
b	If "Yes," enter the name of the foreign country: ▶ CANADA	4a	X	
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	. 5a		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b		X
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	. 5c		
	organization solicit any contributions that were not tax deductible as charitable contributions?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a	_	X
	gifts were not tax deductible?	0.	- 1	
7	Organizations that may receive deductible contributions under section 170(c).	. 6b	-	_
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
. 9	and services provided to the payor?			35
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a	-	X
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b	-	_
- 1	required to file Form 8282?	7c		X
d I	If Yes, indicate the number of Forms 8282 filed during the year	1/0	\rightarrow	Δ
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal henefit contract?	7e		X
	one the organization, during the year, pay premiums, directly or indirectly on a personal hanefit contract?	75		X
g	if the organization received a contribution of qualified intellectual property, did the organization file Form 8800 as required	7g		X
11 1	the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1000, or	7h		X
9 0	sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		_	
0	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	1 1	- 1	
ന	organization, have excess business holdings at any time during the year?	8	- 1	X
	sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		X_
a D				x
a D b D	the organization make a distribution to a donor, donor advisor, or related person?	9b		
a D b D	section 501(c)(7) organizations. Enter:	9b	\top	
a D b D S a In	section 501(c)(7) organizations. Enter: hitiation fees and capital contributions included on Part VIII line 12	9b		
a D b D S a In b G	itection 501(c)(7) organizations. Enter: altitution fees and capital contributions included on Part VIII, line 12 aross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	96		
a D b D s a In b G	idection 501(c)(7) organizations. Enter: altitation fees and capital contributions included on Part VIII, line 12 aross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ection 501(c)(12) organizations. Enter:	96		
a D b D s a In b G s a G	cection 501(c)(7) organizations. Enter: Illitation fees and capital contributions included on Part VIII, line 12 Indication fees and capital contributions included on Part VIII, line 12 Increase receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Increase receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Increase receipts and capital contributions included on Part VIII, line 12 Increase receipts and capital contributions included on Part VIII, line 12 Increase receipts and capital contributions included on Part VIII, line 12 Increase receipts and capital contributions included on Part VIII, line 12 Increase receipts and capital contributions included on Part VIII, line 12 Increase receipts and capital contributions included on Part VIII, line 12 Increase receipts and capital contributions included on Part VIII, line 12 Increase receipts and capital contributions included on Part VIII, line 12 Increase receipts and capital contributions included on Part VIII, line 12 Increase receipts and capital contributions included on Part VIII, line 12 Increase receipts and capital contributions included on Part VIII, line 12 Increase receipts and capital contributions included on Part VIII, line 12 Increase receipts and capital contributions included on Part VIII, line 12 Increase receipts and capital contributions included on Part VIII, line 12 Increase receipts and capital contributions included on Part VIII, line 12 Increase receipts and capital contributions included on Part VIII, line 12 Increase receipts and capital contributions included on Part VIII, line 12 Increase receipts and capital contributions included on Part VIII, line 12 Increase receipts and capital contributions included on Part VIII, line 12 Increase receipts and capital contributions included on Part VIII, line 12 Increase receipts and capital contributions included on Part VIII, line 12 Increase receipts and capital contributions included on Part VIII, li	9b		
a D b D Si a In b G Si a Gi	itiation fees and capital contributions included on Part VIII, line 12 10a 10b 10c	96		
a D b D s a In b G s a G a G a g	section 501(c)(7) organizations. Enter: Illitation fees and capital contributions included on Part VIII, line 12 Indication fees and capital contributions included on Part VIII, line 12 Indication fees and capital contributions included on Part VIII, line 12 Indication fees and capital contributions included on Part VIII, line 12 Indication fees and capital contributions included on Part VIII, line 12 Indication fees and capital contributions included on Part VIII, line 12 Indication fees and capital contributions included on Part VIII, line 12 Indication fees and capital contributions included on Part VIII, line 12 Indication fees and capital contributions included on Part VIII, line 12 Indication fees and capital contributions included on Part VIII, line 12 Indication fees and capital contributions included on Part VIII, line 12 Indication fees and capital contributions included on Part VIII, line 12 Indication fees and capital contributions included on Part VIII, line 12 Indication fees and capital contributions included on Part VIII, line 12 Indication fees and capital contributions included on Part VIII, line 12 Indication fees and capital contributions included on Part VIII, line 12 Indication fees and capital contributions included on Part VIII, line 12 Indication fees and capital contributions included on Part VIII, line 12 Indication fees and capital contributions included on Part VIII, line 12 Indication fees and capital contributions included on Part VIII, line 12 Indication fees and capital contributions included on Part VIII, line 12 Indication fees and capital contributions included on Part VIII, line 12 Indication fees and capital contributions included on Part VIII, line 12 Indication fees and capital contributions included on Part VIII, line 12 Indication fees and capital contributions included on Part VIII, line 12 Indication fees and capital contribution fees and capital c			
a Dib Dib Si a In Si a Gi aga Si a	section 501(c)(7) organizations. Enter: Illitation fees and capital contributions included on Part VIII, line 12 Indication fees and capital contributions included on Part VIII, line 12 Increase receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Increase income from members or shareholders Increase income from other sources (Do not net amounts due or paid to other sources Increase income from them.) Increase income from other sources (Do not net amounts due or paid to other sources) Increase income from other sources (Do not net amounts due or paid to other sources) Increase income from other sources (Do not net amounts due or paid to other sources) Increase in	9b 12a		_
a Db D Si a Inb G Gi ag Gi ag Sea Sea Si If'	itiation fees and capital contributions included on Part VIII, line 12 10a 10b 10c			_
a D b D sia In b G a Gi ag a Se b If se i Isi	iditation fees and capital contributions included on Part VIII, line 12	12a		_
a D b S a In b G a G a G a Se a Se b Is b No	section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Bross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ection 501(c)(12) organizations. Enter: Bross income from members or shareholders Bross income from other sources (Do not net amounts due or paid to other sources Bross income from other sources (Do not net amounts due or paid to other sources Bross income from other sources (Do not net amounts due or paid to other sources Bross income from other sources (Do not net amounts due or paid to other sources Bross income from other sources (Do not net amounts due or paid to other sources Bross income from other sources (Do not net amounts due or paid to other sources Bross income from other sources (Do not net amounts due or paid to other sources Bross income from other sources (Do not net amounts due or paid to other sources Bross income from other sources (Do not net amounts due or paid to other sources Bross income from other sources (Do not net amounts due or paid to other sources Bross income from other sources (Do not net amounts due or paid to other sources Bross income from other sources (Do not net amounts due or paid to other sources Bross income from other sources (Do not net amounts due or paid to other sources Bross income from other sources (Do not net amounts due or paid to other sources Bross income from other sources (Do not net amounts due or paid to other sources Bross income from other sources (Do not net amounts due or paid to other sources Bross income from other sources (Do not net amounts due or paid to other sources Bross income from other sources (Do not net amounts due or paid to other sources Bross income from other sources (Do not net amounts due or paid to other sources Bross income from other sources (Do not net amounts due or paid to other sources Bross income from other sources (Do not net amounts due or paid to other sources Bross income from other sources (Do not net amounts due			
a D D S S In S S S S S S S S S S S S S S S S	section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Increase receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Increase income from members or shareholders Increase income from other sources (Do not net amounts due or paid to other sources Increase income from other sources (Do not net amounts due or paid to other sources Increase income from other sources (Do not net amounts due or paid to other sources Increase income from other sources (Do not net amounts due or paid to other sources Increase income from other sources (Do not net amounts due or paid to other sources Increase income from 990 in lieu of Form 1041? Increase in section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? Increase in section 501(c)(29) qualified nonprofit health insurance issuers. Increase in section 501(c)(29) qualified nonprofit health insurance issuers. Increase in section 501(c)(29) qualified nonprofit health insurance issuers. Increase in section 501(c)(29) qualified nonprofit health insurance issuers. Increase in section 501(c)(29) qualified nonprofit health insurance issuers. Increase in section 501(c)(29) qualified nonprofit health insurance issuers. Increase in section 501(c)(29) qualified nonprofit health insurance issuers. Increase in section 501(c)(29) qualified nonprofit health insurance issuers. Increase in section 501(c)(29) qualified nonprofit health insurance issuers. Increase in section 501(c)(29) qualified nonprofit health insurance issuers. Increase in section 501(c)(29) qualified nonprofit health insurance issuers. Increase in section 501(c)(29) qualified nonprofit health insurance issuers. Increase in section 501(c)(29) qualified nonprofit health insurance issuers. Increase in section 501(c)(29) qualified nonprofit health insurance issuers. Increase in section 501(c)(29)	12a		
a D D S S In S S S S S S S S S S S S S S S S	section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Increase receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Increase income from members or shareholders Increase income from other sources (Do not net amounts due or paid to other sources Increase income from other sources (Do not net amounts due or paid to other sources Increase income from other sources (Do not net amounts due or paid to other sources Increase income from other sources (Do not net amounts due or paid to other sources Increase income from other sources (Do not net amounts due or paid to other sources Increase income from 990 in lieu of Form 1041? Increase in section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? Increase in section 501(c)(29) qualified nonprofit health insurance issuers. Increase in section 501(c)(29) qualified nonprofit health insurance issuers. Increase in section 501(c)(29) qualified nonprofit health insurance issuers. Increase in section 501(c)(29) qualified nonprofit health insurance issuers. Increase in section 501(c)(29) qualified nonprofit health insurance issuers. Increase in section 501(c)(29) qualified nonprofit health insurance issuers. Increase in section 501(c)(29) qualified nonprofit health insurance issuers. Increase in section 501(c)(29) qualified nonprofit health insurance issuers. Increase in section 501(c)(29) qualified nonprofit health insurance issuers. Increase in section 501(c)(29) qualified nonprofit health insurance issuers. Increase in section 501(c)(29) qualified nonprofit health insurance issuers. Increase in section 501(c)(29) qualified nonprofit health insurance issuers. Increase in section 501(c)(29) qualified nonprofit health insurance issuers. Increase in section 501(c)(29) qualified nonprofit health insurance issuers. Increase in section 501(c)(29)	12a		
a DD D Si	section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 It is cross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Incomplete the contributions of the contributions included on Part VIII, line 12 Incomplete the contributions on the contributions included on Part VIII, line 12 Incomplete the contributions on the contributions on the contributions on the contribution of the contributions on the contribution of	12a		
a DD D Side Side Side Side Side Side Side Side	section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Increase receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Increase income from members or shareholders Increase income from other sources (Do not net amounts due or paid to other sources Increase income from other sources (Do not net amounts due or paid to other sources Increase income from other sources (Do not net amounts due or paid to other sources Increase income from other sources (Do not net amounts due or paid to other sources Increase income from other sources (Do not net amounts due or paid to other sources Increase income from other sources (Do not net amounts due or paid to other sources Increase income from other sources (Do not net amounts due or paid to other sources Increase income from other sources (Do not net amounts due or paid to other sources Increase income from other sources (Do not net amounts due or paid to other sources Increase income from other sources (Do not net amounts due or paid to other sources Increase income from other sources Increase increase increase increase in the paid increase increas	12a	x	

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 16 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 X Did the organization have members or stockholders? 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? X Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? b X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X Did the organization have a written whistleblower policy? 13 13 X Did the organization have a written document retention and destruction policy? 14 14 X Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization X 15b 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 with a taxable entity during the year?

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its X participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed AK, AL, AR, AZ, CA, CO, CT, FL, GA, IL, KS, KY, LA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: FIRST BOOK 1319 F STREET, N.W. WASHINGTON DC 20004 202-393-1222

-	013) FIRST BOOK	52-1779606	Page 7
Part VII	Independent Contractors	rustees, Key Employees, Highest Compensa	ted Employees, ar
	Check if Schedule O contains a response	or note to any line in this Part VII	
Section A.	Officers, Directors, Trustees, Key Employees, a	nd Highest Compensated Employees	
1a Complete organization's	this table for all persons required to be listed. Report	compensation for the calendar year ending with or within the	
compensation	n. Enter -u- in columns (D), (E), and (F) if no compensa	s (whether individuals or organizations), regardless of amou ation was paid.	int of
 List all o 	of the organization's current key employees, if any. Se	e instructions for definition of "key employee."	
 List the who received 	organization's five current highest compensated emp	loyees (other than an officer, director, trustee, or key employ 3ox 7 of Form 1099-MISC) of more than \$100,000 from the	/ee)

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

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

(A) Name and Title	(B) Average hours per week (list any hours for	b	ox, un fficer a	Po check less p	erson direct	e than is bot or/trus	h an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	orgenization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) KYLE ZIMMER										
PRESIDENT/DIRECTOR	40.00	x		x				182,083	0	38,251
(2) PETER GOLD						П				30/232
CHAIRMAN/DIRECTOR	1.00	x						0	0	0
(3) ELIZABETH ARKY										
DIRECTOR	1.00	x						0	o	
(4) CHRISTOPHER CERE		1	П		\neg		7		U	0
DIRECTOR	1.00	x						0	0	0
(5) DR. MARTHA BERNA							7			
DIRECTOR	1.00	x						o	0	0
(6) SUSAN M. FLYNN	1.00									
DIRECTOR	0.00	X	\perp					0	o	0
(7) KATHY FRANKLIN	1.00									
DIRECTOR	0.00	x			- 1		1	o	0	•
(8) LOUIS HARRIS	./ PPA		1	1	1	1	1		- 0	0
DIRECTOR	0.00	x						o	o	0
(9) L. SPENCER HUMPH				1	\top		\top		- 4	
DIRECTOR	1.00	x						0	0	0
(10)TIM PINNINGTON	1 00						T			
DIRECTOR	1.00	x						0	0	0
(11) SUSAN GRODE				1		T	T		1	<u> </u>
DIRECTOR	0.00	x						o	o	0
DAA										Form 990 (2013)

Part VII Section A. Office	rs, Directors,	rus	ees	, re	y Er	npic	yee	s, and Highest Compens	sated Employees (contin	ued)		
(A) Name and title	(B) Average hours per week (list any hours for	of	x, uni	Po check ess p and a	erson direct	s than is bo or/true	tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	com	(F) stimated mount of other opensation	
	related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	employee	Former	(W-2/1099-MISC)		org	anization d related anization	f
(12)JOHN SCHREIBER	1.00											
DIRECTOR	0.00	x						0,	o			0
(13)BETH VEIHMEYER	1.00											
DIRECTOR	0.00	x						o	o			0
(14)LESLIE GOODMAN	1 00											
DIRECTOR	1.00 0.00	x						o	0			0
(15) JOHN E. HARMON,	SR.								Ĭ			
DIRECTOR	0.00	x						o				^
(16)WILLIAM MATASSO			7				7	- 0	0		-	0
DIRECTOR	0.00	x										_
(17)KAREN KEHELA SH		^	1	+	1	1	+	0	0			0
	1.00											KOW.
DIRECTOR (18) JANE ROBINSON	0.00	X	\forall	+	+	+	+	0	0			0
	40.00			_								
CFO (19) CHANDLER ARNOLD	0.00	\dashv	+	X	+	+	+	165,450	0		47,	046
	40.00				1							
1b Sub-total	0.00			X		_	+	161,200 508,733	0			227
c Total from continuation she			ion	Α			-	614,296				524 133
d Total (add lines 1b and 1c) . Total number of individuals (in	cluding but not	limite	ad to	tho	eo li	. D		1,123,029	on \$400 000 in			657
reportable compensation from	the organizatio	n ▶1	2	tho.	3C III	3.00	auv		an \$ 100,000 in			
3 Did the organization list any fo	rmer officer, di	recto	r, or	trus	tee,	key	emp	loyee, or highest compen	sated		Yes	No
employee on line 1a? If "Yes," 4 For any individual listed on line	complete Sche 1a, is the sum	dule of re	J for	suc	ch in	divid	ual .	on and other compensation	in from the	3	-	X
organization and related organ	izations greater	r than	1 \$15	50,0	00?	If "Y	es,"	complete Schedule J for s	such	١.		
individual Did any person listed on line 1	a receive or acc	crue o	com	ens	atio	n fro	m ar	ny unrelated organization	or individual	4	X	
for services rendered to the org Section B. Independent Contractor		es,"	com	plet	e Sc	hed	ule J	for such person	********************] 5	Ш	X
1 Complete this table for your five	e highest comp	ensa	ted i	nde	pend	dent	cont	ractors that received more	e than \$100,000 of			
compensation from the organiz	ation. Report co siness address	ompe	insa	uon	IOI (ne c	aleni		ithin the organization's tax) of services		(C) ompensa	
						\top		Dooy in the	101 doi 11009	——"	лиропза	BOTT
			-	-	_	+				_	-	
	110500			_		+				_	-	—
		_				+						
2 Total number of independent co received more than \$100,000 or	ntractors (inclu	ding	but	not i	imite	ed to	thos	se listed above) who	•			
DAA	- compensation	,, 9,11	uic	VINE	41114	au(i)			0	Form	990	(2013)

Part VII Section A. Office	rs, Directors, 1	rust	ees	, Ke	y Er	nplo	yees	s, and Highest Compens	sated Employees (contin	nued)
(A) Name and title	(B) Average hours per week (list any hours for related	off	x, unl ficer a	Po check ess p	erson direct	e than is bo tor/trus	th an stee)	(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
	organizations below dotted line)	Individual trustee or director	Institutional trustee	cer	Key employee	employee	mer			and related organizations
(12)DANIEL STOKES	40.00									
VP OPERATIONS	0.00					x		132,649	0	28,004
(13) PREMKUMAR CHAND VP INFO TECHNOLOGY	40.00	KA!	(A)	CUE	U	v		120 544		
(14)BECKI LAST	0.00	\vdash				X	-	130,644	0	26,834
VP, NTL ENGAGEMENT	40.00					x		123,678	0	17,467
(15)MELINDA HALPERT	40.00									17/10/
VP MARKETING	0.00					x		113,750	o	15,821
(16)KIMBERLY ALBEE	2000000	\neg		\neg			\neg	===7.50		15,621
VP MKTPLC OPERATIONS	0.00					x		113,575	o	27,007
(17)		\forall	\forall	7	\exists	-	1	115/5/5		27,007
(18)		\forall	T	7	\exists	\forall	\top			
		- 1		1			1	1		
(19)		\top	1	1	7	1	1			
								1		
1b Sub-total	ts to Part VII, S	Secti	on A	A		. Þ	_	614,296		115,133
d Total (add lines 1b and 1c) Total number of individuals (inc	cluding but not I	imite	d to	thos	e lis	sted	abov	(e) who received more tha	en \$100 000 in	
reportable compensation from	the organization	D					abu.		m \$100,000 in	
3 Did the organization list any for	mer officer, dire	ector	, or	trust	ee,	key	empl	loyee, or highest compens	sated	Yes No
employee on line 1a? If "Yes," (4 For any individual listed on line organization and related organi	1a, is the sum	of re	porta	able	con	npen	satio	on and other compensation	n from the	3
individual 5 Did any person listed on line 1a										4
for services rendered to the org	anization? if "Ye	es," (com	plete	Sc	hedu	ile J	for such person	or individual	5
1 Complete this table for your five	highest compe	ensat	ed in	nder	end	lent (contr	ractors that received more	than \$100 000 of	
compensation from the organization from the	ation. Report co	mpe	nsat	ion	or t	he ca	alend	far year ending with or wit	thin the organization's tax	
Name and bus	siness address				_	+	_	(B) Description	of services	(C) Compensation
						1				
800						T				
		-		-	_	+	-			
					_	1				
? Total number of independent correceived more than \$100,000 of	ntractors (includ	ling t	out n	ot li	mite	d to	thos	e listed above) who	<u> </u>	
A	somponsauon I	UIII	ric i	orya	IIIZ	MOII	_			Form 990 (2013)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) (D) Revenue excluded from tax Unrelated business exempt function revenue under sections revenue 1a Federated campaigns 1a b Membership dues 1b c Fundraising events 10 d Related organizations 1d Program Service Revenue Contributions, e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 101,485,961 g Noncash contributions included in lines 1a-1f: \$ 86,197,884 h Total. Add lines 1a-1f . 101,485,961 Busn. Code 3,128,156 3,128,156 2a MARKET PLACE SALES f All other program service revenue 3,128,156 g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 2,507 2,507 Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6a Gross rents b Less: rental exps. c. Replating or floss (i) Securities sales of assets 8,083 1,077 other than inventor b Less: cost or other basis & sales exps 6,357 1,077 1,726 c Gain or (loss) d Net gain or (loss) 1,726 1,726 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 _____a b Less: direct expenses b c Net income or (loss) from gaming activities . 10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a CURRENCY EXCHANGE -420 -420 b d All other revenue e Total. Add lines 11a-11d -420 • 12 Total revenue. See instructions. 104,617,930 3,129,462 0 2,507

Form 990 (2013) FIRST BOOK
Part IX Statement of Functional Expenses

Se	ection 501(c)(3) and 501(c)(4) organizations m Check if Schedule O contains a r	ust complete all columns	. All other organizations m	ust complete column (A).	
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and	(D) Fundraising
•	Grants and other assistance to governments and		- Sypinos	general expenses	expenses
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals i	n			
,	the U.S. See Part IV, line 22				
3		s.			
	organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	2 402 20	0 400 000		
4	*******	2,493,370	2,493,370		
5	********		+		
•	trustees, and key employees	508,734	161 200	250 201	
6		300,734	161,200	268,091	79,443
•	persons (as defined under section 4958(f)(1)) and	1			
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,267,487	3,143,140	600 400	
8	Pension plan accruals and contributions (include	1/20//40/	3,143,140	699,407	424,940
~	section 401(k) and 403(b) employer contributions)	236,961	163 077	40 700	
9	Other employee benefits	377,222		48,103	24,881
10	Payroll taxes	357,007		76,576	39,608
11	Fees for services (non-employees):	337,007	247,049	72,472	37,486
а	Management				
	1 PV (No.22-22-4)				
		68,295		50.005	
d	Accounting Lobbying	00,295		68,295	
	Lobbying Professional fundraising services. See Part IV, line 1	7			
f					
9	(A) amount, list line 11g expenses on Schedule O.)	1,193,125	1 000 100	707 704	100000000000000000000000000000000000000
12	Advertising and promotion	1,133,123	1,028,132	121,134	43,859
13	Office expenses	557,415	200 027	147 000	
14	Information technology	170,122	390,037	147,932	19,446
15	Royalties	110,122	117,724	34,535	17,863
	Royalties	432,522	200 205	07.000	
17	Occupancy Travel	274,537	299,305	87,802	45,415
	Payments of travel or entertainment expenses		189,980	55,731	28,826
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings	56,857	E 6 0 5 7		
		30,637	56,857		
	Payments to affiliates				
22	Depreciation, depletion, and amortization	22,733		22 722	
		8,623		22,733	
24	Insurance Other expenses, Itemize expenses not covered	0,023		8,623	
	above (List miscellaneous expenses in line 24e. If		1		
	ine 24e amount exceeds 10% of line 25, column	1			
	A) amount, list line 24e expenses on Schedule O.)				
a	PRG EXP - DONATED BOOKS	75,152,278	75,152,278		
b	PRG EXP - BOOKS	6,174,800	6,174,800		
c .	PRG EXP - SHIPPING	1,399,602	1,399,602		
ď	PRG EXP - WAREHOUSING	933,169	933,169		
	Il other expenses	129,138	64,078	6E 060	
	otal functional expenses. Add lines 1 through 24e	94,813,997	92,275,736	65,060 1,776,494	761 765
6 J o fr	oint costs. Complete this line only if the rganization reported in column (B) joint costs om a combined educational campaign and indraising solicitation. Check here	7270207571	92,213,730	1,770,494	761,767
	Mowing SOP 98-2 (ASC 958-720)				- 000

				(A)		(B)
				Beginning of year		End of year
1				3,122,394	1	4,809,78
2	Savings and temporary cash investments		L		2	
3					3	
4	***************************************			339,263	4	448,11
5	Loans and other receivables from current and former	r officers, dire	ectors,			
	trustees, key employees, and highest compensated				1 1	
	Complete Part II of Schedule L.				5	
6	Loans and other receivables from other disqualified p	persons (as d	efined under section			
	4958(f)(1)), persons described in section 4958(c)(3)(d		
	sponsoring organizations of section 501(c)(9) volunta	ary employee	s' beneficiary		1 1	
	organizations (see instructions). Complete Part II of S	Schedule L			6	
7					7	
8	Inventories for sale or use			25,716,662	8	34,690,943
9	Prepaid expenses and deferred charges				9	115,543
10	a Land, buildings, and equipment: cost or		00/10/20/20/20/20/20			
	other basis. Complete Part VI of Schedule D	10a	115,636	172452		
b	Less: accumulated depreciation	10b	36,276	69,933		79,360
11	Investments—publicly traded securities			7,933	11	11,355
12	Investments—other securities. See Part IV, line 11				12	
13	Investments—program-related. See Part IV, line 11				13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11				15	
16	Total assets. Add lines 1 through 15 (must equal line			29,256,185	16	40,155,107
17	Accounts payable and accrued expenses			661,116	17	1,688,868
18	Grants payable				18	
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete Part IV				21	
22	Loans and other payables to current and former office				- 1	
	trustees, key employees, highest compensated emplo					
	disqualified persons. Complete Part II of Schedule L $_{\hdots}$				22	
23	Secured mortgages and notes payable to unrelated th	ird parties			23	
24	Unsecured notes and loans payable to unrelated third				24	Air.
25	Other liabilities (including federal income tax, payables		19981			
	parties, and other liabilities not included on lines 17-24). Complete	Part X			1920 27 194
		******		279,714		344,966
26	Total liabilities. Add lines 17 through 25		1 .	940,830	26	2,033,834
	Organizations that follow SFAS 117 (ASC 958), che	ck here ▶X	and			
	complete lines 27 through 29, and lines 33 and 34.			25 454 500		
27	Unrestricted net assets		AND CONTRACTOR OF THE PROPERTY		27	36,031,698
	Temporarily restricted net assets			1,900,703	28	2,089,575
29	Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 95				29	
		8), check he	ere and		- 1	
	complete lines 30 through 34.				2.2	
	Capital stock or trust principal, or current funds				30	
	Paid-in or capital surplus, or land, building, or equipme				31	
	Retained earnings, endowment, accumulated income,				32	20 101 555
	Total net assets or fund balances				33	38,121,273
34	Total liabilities and net assets/fund balances			29,256,185	34	40,155,107 Form 990 (2013)

Form 990 (2013)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3a

X

Schedule O.

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part I

FIRST BOOK

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

Employer Identification number FIRST BOOK 52-1779606
Reason for Public Charity Status (All organizations must complete this part.) See instructions

	CAN E			ity otatus (All bigalise					111.	ee ms	Juctic	ins.		
The	org			ecause it is: (For lines 1 through										
1	L	A church,	convention of churches, or	association of churches desc	cribed in s	ection 17	70(b)(1)	(A)(i).						
2		A school	described in section 170(b)(1)(A)(ii). (Attach Schedule i	E.)									
3				service organization described										
4				rated in conjunction with a ho	spital des	cribed in s	section	170(b)	(1)(A)(i	iii). Ente	er the h	ospital	's nan	ne,
_		city, and s												.
5	\sqcup			efit of a college or university of	owned or o	perated t	by a gov	/ernmer	ntal uni	t descrit	oed in			
			70(b)(1)(A)(iv). (Complete		-2/20 100									
6	37	A federal,	state, or local government	or governmental unit describe	ed in secti	ion 170(b)(1)(A)(v).						
7	X			s a substantial part of its supp	port from a	governn	nental u	nit or fro	om the	general	public			
			in section 170(b)(1)(A)(vi)											
8	H			on 170(b)(1)(A)(vi). (Complet										
9	Ц	An organiz	ation that normally receive	s: (1) more than 33 1/3% of it	s support	from cont	ribution	s, mem	bership	fees, a	nd gro	SS		
		receipts fro	om activities related to its e	xempt functions—subject to o	ertain exc	eptions, a	and (2) i	no more	than 3	3 1/3%	of its			
				e and unrelated business taxe				11 tax)	from bu	isinesse	es			
				e 30, 1975. See section 509										
10	Н			ted exclusively to test for publ										
11	Ш	An organiz	ation organized and operat	ed exclusively for the benefit	of, to perfe	orm the fu	inctions	of, or to	carry	out the				
				ported organizations describe							ection			
				es the type of supporting orga										
		a Typ		c			d	∐ Ту	pe III–i	Non-fund	ctionali	y integ	rated	
e	ш	other than t	g this box, i certify that the	organization is not controlled other than one or more publicle	directly of	indirectly	by one	or more	e disqu	alified p	ersons	3		
		or section 5		dier than one of more publici	y supporte	o organiz	ations	escribe	ea in se	ection 50)9(a)(1)		
				etermination from the IRS tha	titie o Tu	no I Tuna	. II T			·				
f			n, check this box	etermination nom the INO the	ititis a ry	pe i, Type	e II, OF I	уре ш	suppor	ung				
_		Since Augu	et 17 2006 has the organi	ization accepted any gift or co	ntribution									. Ц
g		following p		zation accepted any gift of co	חסווטטוווות	пот апу	or the							
				controls, either alone or toge	than with m	samana d	din -	J I. 1111 .					<u> </u>	
													Yes	No
		(ii) A famile	w, the governing body of the member of a nerson description	he supported organization?	• • • • • • • • • • • •							11g(i)		
		(iii) A 35%	controlled entity of a person	cribed in (i) above? n described in (i) or (ii) above								11g(ii)		
h				it the supported organization(********						11g(iii)		
		of supported	(ii) EIN	(iii) Type of organization		organization	(v) Did :	rou notify	T 640	la tha T				
. (1)		nization	(ii) City	(described on lines 1-9		listed in your	the organ	nization in		Is the tion in col.	(vii)	Amount o		ary
				above or IRC section		document?	col. (i)	of your port?		ized in the S.?				
				(see instructions))	Yes	No	Yes	No	Yes	No. 1				
)						1.0	100	100	100	1.00				
.,														
1)										1				
										1 1				
)														
•														
)														
													ennue so	
)					1									
					-									
tal		- 1							- 1					

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

Schedule A (Form 990 or 990-EZ) 2013

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

	ction A. Public Support endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(=) 2011	(4) 2042		
	989 S S 1870 MAR 1801	(a) 2009	(B) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not				Y/4		
	include any "unusual grants.")	37,615,363	14,123,760	27 204 006			
		37,013,303	44,123,760	33,324,996	99,071,866	101,485,961	285,621,946
2	Tax revenues levied for the	1 1					
	organization's benefit and either paid to or expended on its behalf	1 1	1				1
	(800-0000000000000000000000000000000000						
3	The value of services or facilities		İ	- 1			
	furnished by a governmental unit to the organization without charge		1	1			
4	Total. Add lines 1 through 3	37,615,363	14,123,760	33,324,996	00 000 055	222 123 135	
5	The portion of total contributions by	37,013,303	14,123,760	33,324,996	99,071,866	101,485,961	285,621,946
	each person (other than a		1		1		
	governmental unit or publicly		1	1	1		
	supported organization) included on line 1 that exceeds 2% of the amount		- 1	1			
	shown on line 11, column (f)	1		1	1		
6	Public support. Subtract line 5 from line 4.						200,876,780
-	tion B. Total Support						84,745,166
	dar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(D. Taka)
	Amounts from line 4	37,615,363	14,123,760	33,324,996	99,071,866		(f) Total
8	Gross income from interest, dividends.	37,123,300	21/123/700	33,324,396	99,071,866	101,485,961	285,621,946
	payments received on securities loans,	1		1	1	1	
	rents, royalties and income from similar sources	17,897	9,902	7,350			
		21,7057	3,302	7,350	4,297	2,507	41,953
	Net income from unrelated business	1				- 1	
	activities, whether or not the business is regularly carried on		1		1	1	
							-
) (Other income. Do not include gain or oss from the sale of capital assets		- 1	- 1	1		
i	Explain in Part IV.)	8,405	1,378	-6,161	- 1	400	
	Total support. Add lines 7 through 10		1,3,0	-0,101	-	-420	3,202
. (Gross receipts from related activities, etc.	(see instructions)				140	285,667,101
F	First five years. If the Form 990 is for the	organization's first	second third to	urth or fifth toy w	005 00 0 partias 5	12	3,127,736
0	organization, check this box and stop her	e	, second, unid, io	uitii, oi iiitii tax ye	ear as a section s	u1(c)(3)	
~~~	on or comparation or rubit of	ADDUILFEILEIL	Latre				
F	Public support percentage for 2013 (line 6.	column (f) divided	hy line 11 colum	in (fi)		1441	
F	ublic support percentage from 2012 Sche	dule A. Part II. line	14			14	29.67%
	o mon support tost ro to. ii uic olugili	Zadon dia noi chei	3C THE HOY ON UNE	14 and line 14 ic	22 1/20/	-b1-11-1-	33.06%
b	ox and stop here. The organization quali	fies as a publicly s	upported organiza	tion	33 1/3% Of More	, check this	· □
c	heck this box and stop here. The organiz	ation qualifies as a	publicly supporte	d organization	13 13 33 1/3 76 01	more,	. □
1 1	0%-facts-and-circumstances test—201	3. If the organization	on did not check a	hoy on line 13 1	6a or 16b and li		▶ ∐
11	0% or more, and if the organization meets	the "facts-and-cire	cumstances" test	check this hav ar	od, or too, and in	ne 14 is	
	art IV how the organization meets the "fac	ts-and-circumstan	ces" test. The org	anization qualifies	s as a publicly our	Dialii iii	
P							► <b>च्</b>
P							▶ X
or	ganization	2. If the organization	n did not check a	boy on line 13 1	60 16h or 170 c	mal Blue	
or 10	ganization 9%-facts-and-circumstances test—2012	c. If the organization	n did not check a	box on line 13. 1	6a. 16b. or 17a a	nd line	
or 10	ganization 9%-facts-and-circumstances test—2012 i is 10% or more, and if the organization r	c. If the organization neets the "facts-an	on did not check a d-circumstances"	box on line 13, 1 test, check this b	6a, 16b, or 17a, a ox and stop her	and line	
or 10 15 Ex	ganization 9%-facts-and-circumstances test—2012 5 is 10% or more, and if the organization re oplain in Part IV how the organization mee	c. If the organization neets the "facts-and-organization ets the "facts-and-organization	on did not check a d-circumstances" ircumstances" tes	box on line 13, 1 test, check this b it. The organization	6a, 16b, or 17a, a ox and stop here on qualifies as a r	and line aublick	
16 15 50 50	ganization 9%-facts-and-circumstances test—2012 i is 10% or more, and if the organization r	c. If the organization neets the "facts-and-o	on did not check a d-circumstances" ircumstances" tes	box on line 13, 1 test, check this b it. The organization	6a, 16b, or 17a, a ox and stop here on qualifies as a p	and line 3. publicly	

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

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

200	ection A. Public Support					×	
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					(4)	(i) rotal
2	g :						
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	200					
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	A CANADA CONTRACTOR CO						
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						
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(-) 2011	/ III 00/2		
	Amounts from line 6	(a) 2003	(1) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
0a	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						
c .	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
(	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
1	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
u	First five years. If the Form 990 is for the o organization, check this box and stop here		Management and a second control of the second	ourth, or fifth tax ye	ear as a section 5	01(c)(3)	<b></b>
CU	on C. Computation of Public Sup	port Percer	itage				
P	Public support percentage for 2013 (line 8, o	olumn (f) divide	d by line 13, colun	nn (f))		15	%
	Public support percentage from 2012 Sched on D. Computation of Investmen	ule A. Part III, III	ne 15			16	%
cti	on b. computation of investmen	income Pe	rcentage				
CHI	Westment income persentant for gots #	TUC COlumn (f)	aivided by line 13	B, column (f))	***********	17	%
In	nvestment income percentage for 2013 (line	shodule A. D.	III II 45				
In In	nvestment income percentage for 2013 (line nvestment income percentage from 2012 So	chequie A, Part	III, line 17			10	%
In In	nvestment income percentage for 2013 (line nvestment income percentage from 2012 So 3 1/3% support tests—2013. If the organiz	ation did not ch	eck the box on line	a 14. and line 15 is	more than 33 1	18 18	%
In In 33	nvestment income percentage for 2013 (line nvestment income percentage from 2012 So 3 1/3% support tests—2013. If the organiz 7 is not more than 33 1/3%, check this box	cation did not che and stop here.	eck the box on line The organization of	e 14, and line 15 is	s more than 33 1	3%, and line	
In In 33 17	nvestment income percentage for 2013 (line nvestment income percentage from 2012 So 3 1/3% support tests—2013. If the organiz	chedule A, Part cation did not che and stop here. cation did not che	eck the box on line The organization of eck a box on line	e 14, and line 15 is qualifies as a publi	s more than 33 1/	3%, and line ganization	

Schedule A (Form 990 or 990-EZ) 2013 FIRST BOOK	52-1779606	Page 4
Part IV Supplemental Information. Provide the explanations required by Part Part III, line 12. Also complete this part for any additional information. (S	II, line 10; Part II, line 17a o See instructions).	or 17b; and
PART II, LINE 10 - OTHER INCOME DETAIL		
CURRENCY EXCHANGE \$ 3,202	***************************************	
3/202		
PART II, LINE 17A - 10% FACTS AND CIRCUMSTANCE TEST	T - 2013	
THIS FOLLOWING PROVIDES FURHTER INFORMATION REGARD		
		ж
QUALIFIES AS A PUBLICLY SUPPORTED ORGANIZATION USIN	NG THE FACTS AND	**********
CIRCUMSTANCES TEST.		
FACU VEAD CONGICTENT WITH THE GUADITADIA DIPLOCATION		
EACH YEAR, CONSISTENT WITH THE CHARITABLE PURPOSE O		
OF PUBLISHERS DONATE A SIGNIFICANT QUANTITY OF BOOK		
FIRST BOOK MISSION. OVER THE PAST FIVE YEARS BOOK D	ONATIONS HAVE COM	ME FROM
BETWEEN NINETEEN AND TWENTY EIGHT PUBLISHERS ANNUAL	LY, VALUING	
\$382,143,628. OF THESE, THREE PUBLISHERS COMPRISED	69% OF THIS VALUE	. FIRST
BOOK IS A PUBLIC CHARITY SUPPORTED BY A VARIETY OF	INDEPENDENT SOURCE	CES,
RECEIVING SIGNIFICANT DIVERSITY IN CASH-BASED DONAT	IONS FROM INDIVID	DUALS,
NON-PROFIT PARTNERS, CORPORATIONS, SCHOOLS AND PROG	RAMS SUPPORTING K	IDS IN
NEED. AS NOTED ABOVE, DONATED BOOKS, HOWEVER, ARE RI	ECEIVED FROM A LI	MITED
NUMBER OF PUBLISHERS AND THE DONATED VALUATIONS ARE	MATERIALLY HIGHE	R THAN
THESE DIVERSE CASH-BASED DONATIONS. FIRST BOOK, ITS	1674 (1974) (1974) (1974) (1974) (1974) (1974) (1974) (1974) (1974) (1974) (1974) (1974) (1974) (1974) (1974)	
MANAGEMENT CONTINUES TO SEEK ADDITIONAL PUBLIC SUPPO		
PUBLIC SUPPORT PERCENTAGE.	***************************************	
		**********
	***************************************	********

#### SCHEDULE D (Form 990)

Department of the Tressury Internal Revenue Service Name of the organization

DAA

Supplemental Financial Statements

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

OMB No. 1545-0047

Employer identification number

Schedule D (Form 990) 2013

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

Open to Public Inspection

FIRST BOOK 52-1779606 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ..... Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements Total acreage restricted by conservation easements 2h Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$..... Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X .... For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2013 FIRST 1				52-1	.779606	Pa
Part III Organizations Maintai	ining Collections of	f Art, Historic	al Treasu	ires, or (	Other Similar	r Assets (contin
3 Using the organization's acquisition, ac collection items (check all that apply):	ccession, and other recor	ds, check any of t	he following	that are a	significant use o	f its
a Public exhibition	d $\square$ 1	oan or exchange p	orograme			
b Scholarly research		ther				
c Preservation for future generations					* * * * * * * * * * * * * * * * * * * *	
4 Provide a description of the organizatio		in how they furthe	r the organiz	zation's exe	mot purpose in	Part
XIII.		30 303 157130 A SECENT				· un
5 During the year, did the organization so	licit or receive donations	of art, historical tr	easures, or	other simila	ar	
assets to be sold to raise funds rather the	han to be maintained as	part of the organiz	ation's colle	ction?		Yes
Part IV Escrow and Custodial					W1 25	23 V
Complete if the organize 990, Part X, line 21.	ation answered "Yes	s" to Form 990,	, Part IV,	line 9, or	reported an	amount on Form
1a is the organization an agent, trustee, cu	stadian or other intermo	diant for contribution			Allert Programmes	
included on Form 990 Part X?	stodian or other intermet	diary for contribution	ons or other	assets not		П у П
included on Form 990, Part X?  b If "Yes," explain the arrangement in Part	XIII and complete the fo	illowing table:	•••••			Yes 📙
- " ',,,,,,,,,	is in and complete the te	morring table.				Amount
c Beginning balance					1c	Amount
d Additions during the year				***********	1d	
e Distributions during the year				********	1e	
f Ending balance					1f	
2a Did the organization include an amount of	on Form 990, Part X, line	21?				Yes
b If "Yes," explain the arrangement in Part	XIII. Check here if the ex	xplanation has bee	en provided	in Part XIII	*******	П
Part V Endowment Funds.	tion on a sure and the si	14 5 000	D	12/2		
Complete if the organiza			T			
a Paginning of year balance	(a) Current year	(b) Prior year	(c) Two ye	ars back	(d) Three years ba	ck (e) Four years ba
a Beginning of year balance b Contributions						<del></del>
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						
Provide the estimated percentage of the		(line 1g, column (	(a)) held as:			
Board designated or quasi-endowment						
Permanent endowment ▶	0/.					
The percentages in lines 2a, 2b, and 2c si						
Are there endowment funds not in the pos		ion that are held a	nd administ	ered for the		
organization by:				0100 101 1110		Yes N
(i) unrelated organizations						3a(i)
(II) related organizations						3a(ii)
if "Yes" to 3a(ii), are the related organization	ons listed as required on	Schedule R?				3b
Describe in Part XIII the intended uses of	the organization's endow	ment funds.				
art VI Land, Buildings, and Eq					_	
Complete if the organization						
Description of property	(a) Cost or other basis (investment)	(b) Cost or oth			mulated	(d) Book value
Land		(other)	<b>'</b> +	debre	ciation	
Buildings		1				
MANAGE STATE OF THE STATE OF TH	Lanca de la constanta de la co					
Leasehold improvements						
Leasehold improvements		8-	4,592		24.472	60 12
Leasehold improvements  Equipment Other  Al. Add lines 1a through 1e. (Column (d) mus		3:	4,592 1,044		24,472	60,12 19,24

Part VII Investments—Other Securities.		52-1779606	
Complete if the organization answered "Yes	to Form 990, Part IV	, line 11b. See Form 990, Par	rt X line
(a) Description of security or category	(b) Book value	(c) Method of valuation:	
(including name of security)		Cost or end-of-year market v	alue
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(0)			
(E)			-
(F) (G)			
(H)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments—Program Related.			
Complete if the organization answered "Yes"	to Form 900 Part IV	line 11e Coe Farm COO Dad	V "
(a) Description of investment	(b) Book value		X, line
	(b) book value	(c) Melhod of valuation: Cost or end-of-year market val	i i a
(1)	1	out of said of your market val	46
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes" to	o Form 990, Part IV, li	ne 11d. See Form 990, Part 2	X. line
(a) Description			look value
1)			
2)			11110V-1
)			
)			
al. (Column (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X Other Liabilities.	********		
Complete if the organization answered "Yes" to	Form 990 Part IV lie	on 110 or 11f Son Farm 000	D-# >
line 25.	r onn 330, r ait iv, iii	ie Tie of Tit. See Form 990,	Pan )
	(b) Book value		
(a) Description of liability			
	(1)		
Federal income taxes			
Federal income taxes PENSION PAYABLE	211,904		
PENSION PAYABLE ACCRUED EXPENSES			
PENSION PAYABLE ACCRUED EXPENSES	211,904		
PENSION PAYABLE ACCRUED EXPENSES	211,904		
PENSION PAYABLE ACCRUED EXPENSES	211,904		
) Federal income taxes ) PENSION PAYABLE	211,904		
PENSION PAYABLE ACCRUED EXPENSES	211,904		
) Federal income taxes ) PENSION PAYABLE ) ACCRUED EXPENSES	211,904 133,062		

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII .... DAA Schedule D (Form 990) 2013

Schedule D	(Form 990) 2013	FIRST BO	OK		52-	1779606	Page 5
Part XII	I Suppleme	ntal Informatio	n (continued)				
		*********		* • • • • • • • • • • • • • • • • • • •		•••••••••••	
						***************************************	****************
		***************	*********				
							**************
					***************		•••••••••
• • • • • • • • • • • • • • • • • • • •	• · · · · · · · · · · · · · · · · · · ·						*********
				************			• • • • • • • • • • • • • • • • • • • •
						***********************	**************
		******************					
					****************	*********************	
						*******************************	**************
			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
							*************
				*********			**************
							***********
							* 1 * * * * * * * * * * * * * * * * * *
		•••••••••••				••••••	
					• · · · · · · · · · · · · · · · · · · ·	***********************	
			******************				*************
				*************			
						***********************	*************
					****************	*********************	
		STREET, PUT PLANTER					
						***********************	***********

#### 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. ▶ See separate instructions.

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

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

FIRST BOOK

Employer identification number

52-1779606 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of offices in the (c) Number of (a) Region (d) Activities conducted in (e) If activity listed in (d) is (f) Total employees, agents, and independent region (by type) (e.g., fundraising, program services, a program service, describe specific type of service(s) in region expenditures for region and investments contractors investments. in region in region grants to recipients located in the region) NORTH AMERICA GRANTS TO RECIPIENTS 1,405,000 SOUTH ASIA (2) GRANTS TO RECIPIENTS 1,088,000 (3) (4) (5) (6) (8) (9) (10)(11) (12)(13)(14)(15)(16)(17)3a Sub-total .... 2,493,000 b Total from continuation sheets to Part I c Totals (add lines 3a and 3b) 2,493,000

Schedule F (Form 990) 2013 FIRST BOOK Part

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on For Part IV, line 15, for any recipient who received more than \$5,000 Part II can he duninated if additional cases is a complete. 52-1779606

N Hed	TO TO TOT ON TO		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					400
1 (a) Name of	(h) Be such	opinent who rec	mod (Miles and Federal Miles and Federal Moderation of Miles and M	Il can be duplica	ted if additiona	il space is neede	d.	ES OU LOUE
organization	(if applicable)	(c) Region	(d) Purposa of grant	(e) Amount of cash grant	(f) Manner of cash	(g) Amount of non-cash	=	(i) Method of valuation (book, FMV,
(4)			PROVISION OF BOOKS		Hibilips Descri	assistance	assistance	appraisal, other)
		NORTH AME				1,405,371	BOOKS	FMV
(2)		SOUTH ASIA	A ANDVISION OF BOOKS			1,087,999		FMV
(3)							1	
(4)								
(5)								
(9)								
(7)								
(8)								
(6)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt 6 N

Schedule F (Form 990) 2013

_	Part IV Foreign Forms	rage
1000	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)	X No
1	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to 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)  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)	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)	X No
5		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 file Form 5713, International Boycott Report (see Instructions for Form 5713)	X No

Schedule F (Form 990) 2013

	amounts of investments vs. expenditu	art I, line 2 (monitoring of funds); Part I, line 3, column (f) (acc res per region); Part II, line 1 (accounting method); Part III (a of recipients), as applicable. Also complete this part to provide	ccounting method): and
PART	I, LINE 2 - PROCEDURES	FOR MONITORING THE USE OF GRANT I	FUNDS
FIRS	BOOK STAYS INVOLVED W	TH THE ORGANIZATIONS TO MAKE SURF	THE
DIST		LINE WITH ITS MISSION TO PROVIDE	BOOKS TO
PART	I, LINE 3 - ACTIVITIES	PER REGION	,
REGIO			TMENTS
NORTH	AMERICA	\$ 1,405,000 \$	0
SOUTH	ASIA	\$ 1,088,000 \$	0
		FOR THEM ON FIRST BOOKS FINANCIA	
	***************************************		

## **SCHEDULE** J (Form 990)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
 Attach to Form 990. See separate instructions.
 ►Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

FIRST BOOK

Employer identification number 52-1779606

-	Fait Questions Regarding Compensation			
	1a Charly the conventiate howers life to accomply		Yes	No
	1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	1		1
	First-class or charter travel  Housing allowance or residence for personal use		1	1
	Travel for companions Payments for business use of personal residence		1	1
	Tax Indemnification and gross-up payments  Health or social club dues or initiation fees	- 1	1	
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)			
	h (f			l
	b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			1
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
93	2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
00.5	directors trustees and officers including the CFO transition of allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line			
	1a?	2		
3	Indicate which, if any, of the following the filing organization uses 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	1 1	- 1	
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.	1 1		
		1 1		
		1 1		
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing	1 1		
	organization or a related organization:	1 1		
6	Receive a severance payment or change-of-control payment?	4-		v
	raticipate iii, of feceive payment from a supplemental nonqualitied retirement plan?	4a	-	X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4b		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	-	X
		1 1		
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.	1 1		
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:	1 1		
	The organization?	5a	1	v
b	Any related organization?  If "Yes" to line 5a or 5b, describe in Part III	5b	- 1:	<u>X</u> _
	If "Yes" to line 5a or 5b, describe in Part III.	30	-	_
	Farance Estado For 200 B. AMI O. H. A. H.			
	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	1 1	- 1	
	compensation contingent on the net earnings of:	6a	12	K
	The organization?	6b		K
b	Any related organization?			
	If "Yes" to line 6a or 6b, describe in Part III.			
	For persons listed in Form 200 Ded VIII Continue & III-14 - IIIII			
	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7	2	Z .
	were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject		Т	
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe	- 1		
	in Part III	8	X	
	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?			
_		0	- 1	

52-1779606

FIRST BOOK Schedule J (Form 990) 2013 Part II

Page 2 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 in Schedule J, report compensation from the organization on row (ii) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not 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

	(B) Breakdown of	M Dandler 4000 se		ווווס ומי מאאוורמטום י	column (D) and (E)	ia, applicable column (D) and (E) amounts for that individual.	lividual.
(A) Name and Title	(i) Base compensation	(iii) Other candon compensation	(iii) Other	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation
	182 083			compensation			prior Form 990
DENT/DIRECTOR	(ii)	0:0	0.0	38,251	0	220,334	0
	(1) 165,450		0	47,046	00	212,496	0 0
CHANDLER ARNOLD			00	37,227	00	198.427	
EL STOKES PERATIONS			8 6	28,004	00	160,653	
PREMKUMAR CHANDRASEKHARARAKURU 5 VP INFO TECHNOLOGY			0 0 0	26,834	00	157,478	000
ω	8 2		5	0	0		0
,	(E)						
60	(0)						
6	8 8						
10	(0)						
1							
12 0							
13							
14							
15 (17)							
16 (10)	9.0						

## SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

**Noncash Contributions** 

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

Attach to Form 990.

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

OMB No. 1545-0047

2013

Open To Public Inspection

Employer identification number

FIRST BOOK 52-1779606 Part I Types of Property (c) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art - Works of art Art — Historical treasures Art — Fractional interests 3 Books and publications ..... X 86,197,884 FAIR MARKET VALUE 5 Clothing and household Cars and other vehicles Boats and planes 7 Intellectual property 8 Securities — Publicly traded .... 9 10 Securities - Closely held stock Securities - Partnership, LLC, 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 Food inventory 19 Drugs and medical supplies ..... 20 Taxidermy 21 Historical artifacts ..... 22 Scientific specimens 23 Archeological artifacts 24 25 Other ▶( . . . . . ) 26 Other ▶( . . . . . ) 27 Other ▶( _____) 28 Other ▶( 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a X b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? X 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? X b If "Yes," describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

describe in Part II.

						-T//300	Ь	Page 2
							32b, and 33 number of it	, and whether ems received,
					**********			
		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •				*******	• • • • • • • • • • • • • • • • • • • •
			••••••		·····	***********		
	••••••			***********		***************		
********			************					
								*************
		***************************************	***********		***********			
	******************	**********			************	*************	************	
*********							• • • • • • • • • • • • • • • • • • • •	
*********			**********		• • • • • • • • • • • • • • • • • • • •	• * * * * * * * * * * * * * * *		
	****************				************			
		****************	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •			
					• • • • • • • • • • • • • • • • • • • •	•••••		
				*********		***********	• • • • • • • • • • • • • • • • • • • •	
•••••	*******	************	***********			• • • • • • • • • • • • • • • • • • • •		
				***********				
	******************	*************						
					•••••••		************	****************
-			*************		*************	************		
******	****************	*************						
			**********	*************	• • • • • • • • • • • • • • • • • • • •			***********
		************						
		**************			***********	***********		•••••
				***********	• • • • • • • • • • • • • • • • • • • •			************
				••••••	***********	*************		***************************************
		*******	*******					
	or a cor	or a combination of both	or a combination of both. Also comple	or a combination of both. Also complete this par	or a combination of both. Also complete this part for any ad	or a combination of both. Also complete this part for any additional info	or a combination of both. Also complete this part for any additional information.	

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

Name of the organization

Open to Public Employer Identification number

FIRST BOOK	52-1779606
FORM 990, PART III, LINE 4D - ALL OTHER ACCOMP	LISHMENT
FIRST BOOK HAS DISTRIBUTED MILLIONS OF NEW BOO	KS TO LOW-INCOME AND
EDUCATIONALLY AT-RISK CHILDREN PARTICIPATING I	N SCHOOLS AND COMMUNITY BASEL
LITERACY PROGRAMS IN CITIES, TOWNS AND COUNTIE	S NATIONWIDE. FIRST BOOK HAS
THREE NATIONAL OUTREACH PROGRAMS MAKING AGE-AP	PROPRIATE NEW BOOKS AVAILABLE
TO EDUCATORS AND CAREGIVERS SERVING KIDS IN NE	ED.
FORM 990, PART V, LINE 4B - FINANCIAL ACCOUNTS	IN FOREIGN COUNTRIES
CANADA	
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PR	ROCESS TO REVIEW FORM 990
FORM 990 IS DISTRIBUTED TO BOARD MEMBERS FOR TH	EIR CONSIDERATION BEFORE IT
IS SIGNED AND FILED.	
FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CO	NFLICTS POLICY
AT LEAST ANNUALLY, THE BOARD REVIEWS THE POLICY CONFLICT OF INTEREST.	AND MONITORS ANY POTENTIAL
FORM 990, PART VI, LINE 15A - COMPENSATION PROC	
A COMMITTEE OF THE BOARD REVIEWS AND APPROVES TO	
THE ORGANIZATIONS CEO, EXECUTIVE DIRECTOR AND O	THER TOP MANAGEMENT. FACTORS
TAKEN INTO ACCOUNT INCLUDE COMPARABLE COMPENSAT	ION PACKAGES FOR OTHER
NON-PROFITS, THE COST OF LIVING, TENURE OF THE I	EMPLOYEE AND THEIR
PERFORMANCE AS WELL AS THE ECONOMIC REALITY OF F	FIRST BOOK'S FINANCIAL
	***************************************

FIRST BOOK	Employer Identification number 52-1779606
FORM 990, PART VI, LINE 15B - COMPENSATION	ON PROCESS FOR OFFICERS
A COMMITTEE OF THE BOARD REVIEWS AND APPE	OVES THE COMPENSATION PACKAGES OF
THE ORGANIZATIONS OFFICERS AND KEY EMPLOY	
INCLUDE COMPARABLE COMPENSATION PACKAGES	
LIVING, TENURE OF THE EMPLOYEE AND THEIR	
ECONOMIC REALITY OF FIRST BOOK'S FINANCIA	L CONDITION.
· <u>, , , , , , , , , , , , , , , , , , ,</u>	
FORM 990, PART VI, LINE 17 - OTHER STATES	
MASSACHUSETTS, MASSACHUSETTS, MARYLAND, M	ICHIGAN, MINNESOTA, MISSOURI,
MISSISSIPPI, NORTH CAROLINA, NEW HAMPSHIR	E, NEW JERSEY, NEW MEXICO,
NEW YORK, OHIO, OKLAHOMA, OREGON, PENNSYLV	
SOUTH CAROLINA, TENNESSEE, UTAH, VIRGINIA,	WASHINGTON, WISCONSIN,
WEST VIRGINIA	
	,
FORM 990, PART VI, LINE 19 - GOVERNING DOC	
GOVERNING DOCUMENTS, POLICIES AND FINANCIA	L STATEMENTS ARE AVAILABLE UPON
REQUEST.	
······································	
······································	
•••••••••••••••••••••••••••••••••••••••	•••••••••••••••••••••••••••••••••••••••
·	

Open to Public Inspection Schedule R (Form 990) 2013 Section 512(b)(13) controlled entity? 2013 OMB No. 1545-0047 (f) Direct controlling × Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Employer identification number entity 52-1779606 (f) Oirect controlling (e) End-of-year assets entity N/A (e)
Public charity status
(if section 501(c)(3)) Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. (d) Total income Related Organizations and Unrelated Partnerships (d) Exempt Code section See separate instructions. (c)
Legal domicile (state
or foreign country) (c) Legal domicile (state or foreign country) NO (b) Primary activity NON PROFIT Primary activity ▶ Attach to Form 990. FOREIGNUS For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a) Name, address, and EIN (if applicable) of disregarded entity C. (a) Name, address, and ElN of related organization FIRST BOOK 1200 AEROWOOD DRIVE LE PREMIERE LIVRE MISSISSAUGA Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE R (Form 990) Part Part | E (2) 3 3 (2) 3 (2) 9 3 (5)

Page 2 (k) Percentage ownership (I) Section 512(b)(13) controlled entity? Š on Form 990, Part IV, Yes (I) General or managing partner? Schedule R (Form 990) 2013 FIRST BOOK
Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line?
because it had one or more related organizations treated as a partnership during the tax year. Yes No (h) Percentage ownership Code V—UBI
amount in box 20
of Schedule K-1 (Form 1085) Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. end-of-year assets (g) Share of (h) Dispro-portionate alloc,? res (g) Share of end-ofyear assels Share of total (f) Share of total income Type of entity (C corp. S corp, or frust) Predominant Income (related, unrelated, excluded from tax under sections 512-514) (d) Direct controlling entily (d)
Direct controlling I entity (c) Legal domicile foreign country) (state or (c) Legal domicile (state or foreign country) Primary activity Name, address, and EIN of related organization related organization Part IV E 2 3 3 E 2 DAA 3 3

Schedule R (Form 990) 2013

Page 3

× × M × × × × × × × × Yes × Method of delermining amount involved 10 19 19 a 10 1e 19 E 7 18 -FAIR MARKET VALUE FAIR MARKET VALUE Giff, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) Performance of services or membership or fundralising solicitations by related organization(s) Loans or loan guarantees by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Sharing of paid employees with related organization(s). Reimbursement paid to related organization(s) for expenses Reimbursement paid by related organization(s) for expenses Performance of services or membership or fundraising solicitations for related organization(s) Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. 1,405,371 11,876 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Amount involved Transaction type (a-s) B A Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Lease of facilities, equipment, or other assets from related organization(s) Exchange or assets with related organization(s)
Lease of facilities, equipment, or other assets to related organization(s) Other transfer of cash or property from related organization(s) r Other transfer of cash or property to related organization(s) Name of related organization LE PREMIERE LIVRE Purchase of assets from related organization(s) Exchange of assets with related organization(s) LE PREMIERE LIVRE Sale of assets to related organization(s) PartV 0 Ξ (2) (2) (3) 3

9

Schedule R (Form 990) 2013

Page 4

(k) Percentage ownership

Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

(I) General or Yes No managing partner? amount in box 20 Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships. of Schedule K-1 (i) Code V—UBI (Form 1065) (h) Disproportionate allocations? Yes No (g) Share of end-of-year assets (1) Share of total income (e) Are all partners 501(c)(3) organizations? Yes No section unrelated, excluded foreign from tax under country) sections 512-514) (d)
Predominant
Income (related, (c) Legal domicile (state or foreign (b) Primary activity Name, address, and EIN of entity 4 E (2) 3 (9) (9) E (8) 100 6)

Schedule R (Form 990) 2013

Part VII	Supplemental Information  Provide additional information for responses to questions on Schedule R (see instructions).
SCHED	ULE R - ADDITIONAL INFORMATION
FIRST	BOOK LENDS SUPPORT TO AN AFFILIATED ORGANIZATION IN CANADA, FIRST
	LE PREMIERE LIVRE (LPL), WHICH PROVIDES BOOKS TO CHILDREN IN NEED
THROU	GHOUT CANADA. LPL IS A REGISTERED CHARITY UNDER PARAGRAPH 149(1)(F) OF
THE I	NCOME TAX ACT IN CANADA, AND OPERATES AS A SEPARATE ENTITY TO
UNDER	TAKE ACTIVITIES THAT MAY OR MANY NOT BE CONSISTENT WITH ALL THE
REQUI	REMENTS OF SECTION 501(C)(3)OF THE UNITED STATES INTERNAL REVENUE CODE
GOVERN	NING CERTAIN TAX-EXEMPT ENTITIES IN THE UNITED STATES. LPL MAINTAINS A
SEPARA	TE BOARD OF DIRECTORS, WITH TWO OF FIRST BOOK'S BOARD MEMBERS
REPRES	ENTED. FIRST BOOK PROVIDES BOOK GRANTS TO THE ORGANIZATION, AND
FURTHE	R ACTS AS THE GUARANTOR FOR THE ORGANIZATIONS LEASE.
***********	
•••••	
***********	•••••••••••••••••••••••••••••••••••••••
***********	
*************	
***********	