** PUBLIC DISCLOSURE COPY **

Department of the Treasury Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

<u>-</u>	1 01 11		and	enaing o	ON 30, 2018		
В	Check if applicat	C Name of organization			D Employer identif	ication number	
	Addr chan						
┕	lchan	e Doing business as		_	20-412	24164	
	initia returi	Number and street (or P.O. box if mail is not del	vered to street address)	Room/suite	E Telephone numbe	er	
	Final	789 SHERMAN STREET, SUITE 300A				58-9889	
_	termi ated Amer	4-4	ZIP or foreign postal code		G Gross receipts \$	4,659,794.	
F	iretur	DENVER, CO 80203	·		H(a) Is this a group r		
Ц	Appli tion pend	no I	NY R. KUEHNER		for subordinates	s? Yes X No	
_		SAME AS C ABOVE			H(b) Are all subordinates i	ncluded? Yes No	
			(insert no.)	or 527	If "No," attach a	list. (see instructions)	
		te: WWW.BOOKTRUST.ORG	- 1 11 - 1 - 1 - 1		H(c) Group exemption	on number	
			sociation Other	L Year	of formation: 2006	VI State of legal domicile; CO	
P	art I						
9	1	Briefly describe the organization's mission or most		QUELY DEL	IVER CHOICE AND		
Activities & Governance	l _	OWNERSHIP OF BOOKS TO CHILDREN FROM LO					
ē	2	Check this box if the organization discor		sed of more	than 25% of its net a	ssets.	
é	3	Number of voting members of the governing body			3	10	
∞ಶ	4	Number of independent voting members of the government	verning body (Part VI, line 1b)		4	10	
ies	5	Total number of individuals employed in calendar y			5	24	
Ξ	6	Total number of volunteers (estimate if necessary)				200	
Act	7 a	Total unrelated business revenue from Part VIII, co	lumn (C), line 12	• • • • • • • • • • • • • • • • • • • •	7a	0.	
	b	Net unrelated business taxable income from Form	990-T, line 34		7b	0.	
	l				Prior Year	Current Year	
ne	8	Contributions and grants (Part VIII, line 1h)			4,425,720.	3,863,744.	
ē	9			0.	629,500.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4,		0.	0.		
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c	9c, 10c, and 11e)		72,511.	46,686.	
	12	Total revenue - add lines 8 through 11 (must equal		4,498,231.	4,539,930.		
	13	Grants and similar amounts paid (Part IX, column (0.	0.	
	14	Benefits paid to or for members (Part IX, column (A			0.	0.	
es	15	Salaries, other compensation, employee benefits (F			1,113,973.	1,280,928.	
SLa	16a	Professional fundraising fees (Part IX, column (A), li	ne 11e)		0.	0.	
Expenses	b	Total fundraising expenses (Part IX, column (D), line					
ш	17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)		3,195,888.	3,293,721.	
	18	Total expenses. Add lines 13-17 (must equal Part I)	K, column (A), line 25)		4,309,861.	4,574,649.	
	19	Revenue less expenses. Subtract line 18 from line	12	000000000000000000000000000000000000000	188,370.	-34,719.	
Net Assets or Fund Balances				Be	ginning of Current Year	End of Year	
set	20	Total assets (Part X, line 16)			1,762,703.	2,086,823.	
¥E	21	Total liabilities (Part X, line 26)			36,859.	395,698.	
컐	22	Net assets or fund balances. Subtract line 21 from	line 20		1,725,844.	1,691,125.	
_	art II	Signature Block					
		lities of perjury, I declare that I have examined this return,				y knowledge and belief, it is	
true	, corre	t, and complete Declaration of preparer (other than office	r) is based on all information of wh	ich preparer	has any knowledge.		
					11/14/	18	
Sig	n	Signature of officer			Date '		
Her	e	TIFFANY R. KUEHNER, PRESIDENT & CI	80				
		Type or print name and title				200	
_		Print/Type preparer's name	Preparer's signature	10	ate Check	PTIN	
Paid		DORI J. EGGETT	1.1	11/13/18 If self-employed P00645252			
	parer	Firm's name PLANTE & MORAN, PLLC		Firm's EIN 38-1357951			
Use	Only	Firm's address 8181 E. TUFTS AVENUE, SU	TE 600				
		DENVER, CO 80237-2579			Phone no.303	-740-9400	
May	y the I	RS discuss this return with the preparer shown abo	ve? (see instructions)			X Yes No	

BOOK TRUST 20-4124164 Form 990 (2017) Page 2 Part III | Statement of Program Service Accomplishments x | Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: TO UNIQUELY DELIVER CHOICE AND OWNERSHIP OF BOOKS TO CHILDREN FROM LOW-INCOME FAMILIES, INCREASING THEIR LITERACY SKILLS AND FOSTERING LIFE-LONG LEARNING. WE IMAGINE A WORLD WHERE LITERACY REMOVES BARRIERS AND PROVIDES ALL CHILDREN WITH TOOLS TO NAVIGATE LIFE SUCCESSFULLY. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?_______X Yes No If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 3,661,114. including grants of \$ 4a) (Expenses \$) (Revenue \$ (Code: IN THE 2017-2018 SCHOOL YEAR, BOOK TRUST WORKED WITH OVER 2,647 TEACHERS IN 175 SCHOOLS WITHIN 62 DISTRICTS ACROSS 21 STATES, SERVING 54,910 STUDENTS AND ALLOWING THEM TO CHOOSE AND OWN ALMOST 850,000 NEW BOOKS. BOOK TRUST IS TEACHER-LED AND STUDENT-DRIVEN. SUPPORTING GREAT CLASSROOM LITERACY INSTRUCTION WITH INTEREST-BASED BOOK CHOICE AND OWNERSHIP TO DRIVE STUDENT ENGAGEMENT AND TO INSPIRE KIDS' PASSION FOR READING. BOOK TRUST'S PROGRAM FOSTERS A CULTURE OF LITERACY BOTH AT SCHOOL AND AT HOME. SEE SCHEDULE O FOR MORE INFORMATION.) (Expenses \$ including grants of \$ (Code: (Code:) (Expenses \$) (Revenue \$ including grants of \$ Other program services (Describe in Schedule O.)

4e

) (Revenue \$

Total program service expenses

3,661,114.

including grants of \$

Form 990 (2017) BOOK TRUST 20-4124164 Page **3**

Part IV Checklist of Required Schedules

1 is the organization described in section 501(c)(8) or 4947a(t)1 (other than a private foundation)? 1				Yes	No
2 Is the organization required to complete Schedule B, Schedule of Contributors? 3 Did the organization expanse in direct or indirect political campaging activities on behalf of or in opposition to candidates for public office? If "Fes," complete Schedule C, Part I 4 Section 501((s)) organizations. Did the organization expanse in lobbying activities, or have a section 501((i)) election in effect during the tax year? If "Yes," complete Schedule C, Part II 5 Is 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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 5 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 6 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization report an amount for londying questions is "Yes," then complete Schedule D, Part SV 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 12 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 13 Did the organization report an amount for investments - other securities in Part X, line 12? If "Yes," complete Schedule D, Part VI 14 Did the organization report an amount for investments - other securities in Part X, line 12? If "Yes," complete Schedule D, Part VI 15 Did the organization report an amount f	1				
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4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "res," complete Schedule C, Part III 5 is the organization a section 501(c)(4), 501(c)(5) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98 197 If "Yes," complete Schedule C, Part III 5 5 in 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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part VI 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part X, II 11 If the organization report an amount for investments of the securities in Part X, line 107 If "Yes," complete Schedule D, Part X II 11 If the organization report an amount for investments of the securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part X II 11 If the organization report an amount for investments or the securities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part X II 1	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	<u> </u>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "ves," complete Schedule C, Part II II. 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Pes," complete Schedule C, Part II II. 5 Did the organization and organization report or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II. 7 Did the organization report and amount in Part X, line 121, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide erroit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part II. 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide erroit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. 10 Did the organization serve to any of the following questions is "Yes," then complete Schedule D, Part SV, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII. b Did the organization report an amount for investments - other securities 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 XVII. b Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XVII. c Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule	3		3		х
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Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			16		Х
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17				
			17		Х
10 41.4	18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
complete Schedule G, Part III		complete Schedule G, Part III			Х

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Part IV Checklist of Required Schedules (continued)

20-	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
4 I	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			.,
_	complete Schedule L, Part II	26		Х
7	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
8.	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	JE		-
N	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	х	l

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Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response of note to any line in this part v				Щ
		1 1 .		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 2	4		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable payments to vendors and reportable payments to vendors and reportable payments.			v	
0-	(gambling) winnings to prize winners?	I	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2 a 2			
L	filed for the calendar year ending with or within the year covered by this return		_	х	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returnations. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions		2b	Λ	
32			За		х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other		0.0		
	financial account in a foreign country (such as a bank account, securities account, or other financial	•	4a		x
b	If "Yes," enter the name of the foreign country:	accounty:			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
			6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			
	to file Form 8282?		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by the			
_			8		
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1		
11	Section 501(c)(12) organizations. Enter:	100			
''	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	- 14			
~	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
		12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>			
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O	14b		
			Eorm	000	(2017)

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

	to line ba, bb, or rob below, describe the circumstances, processes, or changes in Schedule C. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sec	tion A. Governing Body and Management			
			Yes	No
1a	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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	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?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	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?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		· ·	
40-	Did the consequence is the second and all and are horse through the second of the seco	40-	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	^	
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10h	x	
110	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	21	
12a		12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
·	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its 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?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►HI, WA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	NATHAN GARDNER - 720-459-6492			

Form **990** (2017)

789 SHERMAN STREET, SUITE 300A, DENVER, CO 80203

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

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

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

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

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

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

(A)	(B)	l	X1 112C		C)	про	, iout	(D)	(E)	(F)
Name and Title	Average	(do	Positi (do not check m				one	Reportable	Reportable	Estimated
	hours per week	box	, unle	ss pe	rsoni	is bot or/trus	h an	compensation	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) RON LOWY	2.00									
DIRECTOR		Х						0.	0.	0.
(2) CHERYL ZIMLICH	2.00									
SECRETARY		Х		Х				0.	0.	0.
(3) JAMES PEREZ FOSTER	2.00									
DIRECTOR		Х						0.	0.	0.
(4) JEFF GOLD	2.00									
DIRECTOR		Х						0.	0.	0.
(5) JIM HACKSTAFF	2.00									
VICE CHAIR		Х		Х				0.	0.	0.
(6) AMY KOLCZAK	2.00									
CHAIR		Х		Х				0.	0.	0.
(7) KAREN MACK	2.00									
TREASURER		Х		Х				0.	0.	0.
(8) DAVID PEREZ	2.00									
DIRECTOR		Х						0.	0.	0.
(9) ADRIENNE SCHATZ	2.00									
DIRECTOR		Х						0.	0.	0.
(10) RYTA SONDERGARD	2.00									
DIRECTOR		Х						0.	0.	0.
(11) AMY FRIEDMAN	60.00									
PRESIDENT & CEO		Х		Х				160,078.	0.	25,457.
(12) LINDA MITCHELL	40.00									
VP OF DEVELOPMENT						Х		106,812.	0.	12,560.

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck ss pe	more rson	than o	h an	(D) (E) Reportable Reportable compensation from related			(F) Estimated amount of other		
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	comp fro orga and	otner pensa om th inizat relat nizati	e ion ed
											_			
											+			
											_			
											+			
	Sub-total								266,890.		0.		38,	017.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								266,890.		0.		38	017.
2	Total number of individuals (including but n							no re		,000 of reportable	<u> </u>			
	compensation from the organization											- 1	Yes	2 No
3	Did the organization list any former officer,	director, or tru	uste	e, ke	y er	nplo	yee,	or	highest compensated e	mployee on			163	140
	line 1a? If "Yes," complete Schedule J for s	uch individual									🔼	3		Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$15	•								-		4	Х	
5	Did any person listed on line 1a receive or a											-	21	
	rendered to the organization? If "Yes," com								······			5		Х
	tion B. Independent Contractors Complete this table for your five highest co	mpopoetod in	done	ndo	nt o	onti	rooto	vo t	that received more than	\$100,000 of comp	oncoti	ion fr		
1	the organization. Report compensation for	-	-							•	5115ati	01111	OIII	
	(A)								(B)			(C)		
	Name and business	address	NO	NE					Description of s	ervices	Con	npen	satio	n
								\dashv						
								\dashv						
2	Total number of independent contractors (i \$100,000 of compensation from the organi		ot li	mite	d to		se lis 0	sted	d above) who received m	nore than				
	Too,ooo or compensation from the organi	ZatiOH -									Fo	orm 9	90 (2017)

Form 990 (2017) BOOK TRUST
Part VIII | Statement of Revenue Page 9 20-4124164

		Check if Schedule O cont	ains a resnonse	or note to any line	in this Part VIII			
		Oncok ii Ganedale G cont	ан з а теоропос	or Hote to any line	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a	17,719.				
ar our	b	Membership dues	1b					
S, G	С	Fundraising events		405,908.				
ar [Related organizations						
s, C		Government grants (contribut						
ion		All other contributions, gifts, gran						
her	•	similar amounts not included abo		3,440,117.				
를	a	Noncash contributions included in lines		12,232.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f			3,863,744.			
		Totall / lad iii loo Ta Ti		Business Code	, ,			
g	2 a	SCHOOL PROGRAM FEES		611710	629,500.	629,500.		
į, š	b				,	,		
Sel	c							
an eve	d							
Program Service Revenue	e							
Pr		All other program service reve	enue					
		Total. Add lines 2a-2f			629,500.			
	3	Investment income (including						
		other similar amounts)						
	4	Income from investment of ta						
	5	Royalties	= -	· –				
		,	(i) Real	(ii) Personal				
	6 a	Gross rents	(7 : : : : : :	(.,				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)		<u> </u>				
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	(i) Cocurring	(1) 511151				
	b	Less: cost or other basis						
	~	and sales expenses						
	c	Gain or (loss)		 				
		Net gain or (loss)						
		Gross income from fundraisin						
nue	0 4	including \$ 405						
š		contributions reported on line						
Æ		Part IV, line 18	•	166,550.				
Other Revenu	b	Less: direct expenses		440.054				
Ö		Net income or (loss) from fund		>	46,686.			46,686.
		Gross income from gaming ac	•					
		Part IV, line 19		.				
	b	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less						
		and allowances		.				
	b	Less: cost of goods sold						
		Net income or (loss) from sale						
•		Miscellaneous Revenu		Business Code				
t	11 a							
	b							
	c							
		All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions.		·····	4,539,930.	629,500.	0.	46,686.

732009 11-28-17

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Form 990 (2017) Part IX Statement of Functional Expenses

BOOK TRUST

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

Do n	Check if Schedule O contains a respons of include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees	239,307.	156,460.	15,347.	67,50
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	804,479.	340,705.	45,475.	418,29
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	28,535.	13,888.	1,645.	13,00
	Other employee benefits	120,290.	68,929.	48,390.	2,97
0	Payroll taxes	88,317.	41,369.	5,012.	41,93
	Fees for services (non-employees):				
	Management				
	Legal	1,927.		1,927.	
	Accounting	11,025.		11,025.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
•	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	218,730.	155,706.	24,093.	38,93
	Advertising and promotion	3,615.	3,515.	25 445	10
	Office expenses	110,629.	40,512.	35,415.	34,70
	Information technology	79,044.	27,320.	11,239.	40,48
	Royalties	FF 006	61 660	4 605	10.70
	Occupancy	77,086.	61,669.	4,625.	10,79
	Travel	61,414.	34,441.	1,459.	25,51
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.761	1 500	1 040	F 00
	Conferences, conventions, and meetings	8,761.	1,789.	1,048.	5,92
	Interest				
	Payments to affiliates	4 700		4 700	
	Depreciation, depletion, and amortization	4,788.	2 054	4,788.	1 60
	Insurance	4,962.	3,071.	291.	1,60
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
	BOOKS	2,708,418.	2,708,418.		
-	BACK TO SCHOOL MATERIAL	3,322.	3,322.		
c		, -,	,		
d					
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	4,574,649.	3,661,114.	211,779.	701,75
	Joint costs. Complete this line only if the organization	, -,	, -,		. = , . =
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Part X Balance Sheet

		Check if Schedule O contains a response or not	e to any line	in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			246,879.	1	296,964.
	2	Savings and temporary cash investments			1,045,772.	2	1,161,117.
	3	Pledges and grants receivable, net			438,067.	3	531,119.
	4	Accounts receivable, net				4	68,500.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated employe	ees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied persons	(as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(E	B), and contributing			
		employers and sponsoring organizations of sect	voluntary				
ts		employees' beneficiary organizations (see instr).	Complete P	art II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
Ä	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			968.	9	0.
	10a	Land, buildings, and equipment: cost or other		Г			
		basis. Complete Part VI of Schedule D	10a	33,557.			
	b	Less: accumulated depreciation		13,602.	24,743.	10c	19,955.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line	Г		13		
	14	Intangible assets	Г		14		
	15	Other assets. See Part IV, line 11		6,274.	15	9,168.	
	16	Total assets. Add lines 1 through 15 (must equ		1,762,703.	16	2,086,823.	
	17	Accounts payable and accrued expenses		18,208.	17	344,563.	
	18	Grants payable			18		
	19	Deferred revenue		18,651.	19	51,135.	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Se	22	Loans and other payables to current and former	officers, dire	ectors, trustees,			
Ĭ		key employees, highest compensated employee	s, and disqu	alified persons.			
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate	s		24		
	25	Other liabilities (including federal income tax, pa	yables to rela	ated third			
		parties, and other liabilities not included on lines	17-24). Con	nplete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			36,859.	26	395,698.
		Organizations that follow SFAS 117 (ASC 958), check her	e 🕨 🗓 and			
es		complete lines 27 through 29, and lines 33 and					
anc	27	Unrestricted net assets			716,207.	27	1,031,675.
Bal	28	Temporarily restricted net assets			1,009,637.	28	659,450.
pu	29					29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (A	SC 958), ch	eck here 🕨 📖			
ō		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds			30		
Ass	31	Paid-in or capital surplus, or land, building, or ed			31		
let	32	Retained earnings, endowment, accumulated in				32	
~	33	Total net assets or fund balances			1,725,844.	33	1,691,125.
	34	Total liabilities and net assets/fund balances			1,762,703.	34	2,086,823.

BOOK TRUST 20-4124164 Form 990 (2017) Page **12** Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 4,539,930. Total revenue (must equal Part VIII, column (A), line 12) 1 Total expenses (must equal Part IX, column (A), line 25) 2 2 4,574,649. 34,719. 3 Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 1,725,844. 4 Net unrealized gains (losses) on investments 5 5 6 Donated services and use of facilities 6 7 Investment expenses 8 Prior period adjustments 8 Other changes in net assets or fund balances (explain in Schedule O) 0. 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, 1,691,125. column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No Accounting method used to prepare the Form 990: Lash X Accrual If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Both consolidated and separate basis Separate basis Consolidated basis b Were the organization's financial statements audited by an independent accountant? Х 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? Х 2c

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 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

Х

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 20-4124164 BOOK TRUST Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) Total

Page 2

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

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

Sec	ction A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	2,350,128.	2,991,048.	3,211,263.	4,425,720.	3,863,744.	16,841,903.				
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge										
4	Total. Add lines 1 through 3	2,350,128.	2,991,048.	3,211,263.	4,425,720.	3,863,744.	16,841,903.				
5	The portion of total contributions										
	by each person (other than a										
	governmental unit or publicly										
	supported organization) included										
	on line 1 that exceeds 2% of the										
	amount shown on line 11,										
	column (f)						2,998,057.				
6	Public support. Subtract line 5 from line 4.						13,843,846.				
Sec	ction B. Total Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total				
7	Amounts from line 4	2,350,128.	2,991,048.	3,211,263.	4,425,720.	3,863,744.	16,841,903.				
	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties,										
	and income from similar sources	52.	3.				55.				
9	Net income from unrelated business										
	activities, whether or not the										
	business is regularly carried on	113,825.	37,835.	87,996.	72,511.	46,686.	358,853.				
10	Other income. Do not include gain	,	, i	,		,	· · · · · · · · · · · · · · · · · · ·				
	or loss from the sale of capital										
	assets (Explain in Part VI.)										
11							17,200,811.				
12	Gross receipts from related activities,	etc. (see instruction	ons)	•		12					
13	First five years. If the Form 990 is for			, fourth, or fifth tax	k year as a section	n 501(c)(3)					
	organization, check this box and stor				•						
Sec	ction C. Computation of Publ	ic Support Pe	rcentage								
14	Public support percentage for 2017 (line 6, column (f) di	vided by line 11, co	olumn (f))		14	80.48 %				
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	72.05 %				
16a	33 1/3% support test - 2017. If the o	organization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or m	nore, check this bo	x and				
	stop here. The organization qualifies	as a publicly supp	orted organization				> X				
b	b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box										
	and stop here. The organization qualifies as a publicly supported organization										
17a	a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,										
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization										
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a p	oublicly supported	organization		▶□				
b	10% -facts-and-circumstances tes										
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	eck this box and s	top here. Explain	in Part VI how the					
	organization meets the "facts-and-circ	cumstances" test.	The organization qu	ualifies as a public	ly supported orga	anization					
18	Private foundation. If the organization						s				

Schedule A (Form 990 or 990-EZ) 2017

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

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

Se	ction A. Public Support	clow, picase com	piete i art ii.)				
	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and	, ,	` ,	` ,	<u> </u>	, ,	``
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
2	* ' '						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
1	Tax revenues levied for the organ-						
7	ization's benefit and either paid to or expended on its behalf						
_							
5	furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5			+	+		
	A Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	's first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
	check this box and stop here						>
Se	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2017 (I	ine 8, column (f) c	divided by line 13,	column (f))		15	%
	Public support percentage from 2016					16	%
Se	ction D. Computation of Inves	stment Incom	ne Percentage				
17	Investment income percentage for 20	17 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
18						18	%
19	a 33 1/3% support tests - 2017. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a						
ł	33 1/3% support tests - 2016. If the line 18 is not more than 33 1/3%, che	organization did	not check a box or	n line 14 or line 19	a, and line 16 is m	nore than 33 1/3%,	and
20	Private foundation. If the organization						
Ľ۷	vate ioungation, ii tile 010411/3110						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
- Ou		
5b		
5c		
6		
7		
8		
0-		
9a		
9b		
ЭIJ		
9с		
10a		
10h		
10b		

Pa	T IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		103	110
'				
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sac	tion D. All Type III Supporting Organizations	•		
000	tion B. All Type in Supporting Organizations		Yes	No
_			res	NO
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	3)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		103	110
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions.			Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ed Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2017

Par	ιv	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D -	Distributions		,	Current Year
1	Amou	nts paid to supported organizations to accomplish exe	mpt purposes		
2	Amou	nts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organi	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrib	outions to attentive supported organizations to which the	ne organization is responsive	Э	
	(provi	de details in Part VI). See instructions.			
9	Distrib	outable amount for 2017 from Section C, line 6			
10	Line 8	amount divided by line 9 amount			
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distrib	outable amount for 2017 from Section C, line 6			
2	Under	rdistributions, if any, for years prior to 2017 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2017			
а					
b	From	2013			
С	From	2014			
d	From	2015			
е	From	2016			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2017 distributable amount			
i	Carry	over from 2012 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2017 from Section D,			
	line 7:	\$			
а	Applie	ed to underdistributions of prior years			
b	Applie	ed to 2017 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
5	Rema	ining underdistributions for years prior to 2017, if			
	any. S	Subtract lines 3g and 4a from line 2. For result greater			
	than z	ero, explain in Part VI. See instructions.			
6	Rema	ining underdistributions for 2017. Subtract lines 3h			
	and 4	b from line 1. For result greater than zero, explain in			
	Part V	/I. See instructions.			
7	Exces	ss distributions carryover to 2018. Add lines 3j			
	and 4	с.			
8	Break	down of line 7:			
а	Exces	s from 2013			
b	Exces	s from 2014			
С	Exces	s from 2015			
d	Exces	s from 2016			
е	Exces	s from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
i dit vi	Dat N. Section A. lines 1.2. 2b. 4b. 4c. 6c. 6c. 2b. 2b. 2b. 11b. 11b. 2b.
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
	(occurrence)
•	
-	

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2017

Employer identification number

	B00	K TRUST	20-4124164
Organiz	ation type (check or	ne):	
Filers of	f:	Section:	
Form 99	0 or 990-EZ	X 501(c)(³) (enter number) organization	
		4947(a)(1) nonexempt charitable trust not treated as a private foundation	
		527 political organization	
Form 99	0-PF	501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundation	
		501(c)(3) taxable private foundation	
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	lle. See instructions.
General	Rule		
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor'	•
Special	Rules		
X	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, r, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount line 1. Complete Parts I and II.	or 16b, and that received from
	year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educately to children or animals. Complete Parts I, II, and III.	,
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from exclusively for religious, charitable, etc., purposes, but no such contributions totaled meere the total contributions that were received during the year for an exclusively religious applete any of the parts unless the General Rule applies to this organization because it refers, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>
but it m i	ust answer "No" on l	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (F Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fo ne filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	

Name of organization	Employer identification number
BOOK TRUST	20-4124164

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2	Name, address, and ZIF + 4	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 4	Name, address, and ZIP + 4	Total contributions Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6	Haine, audi ess, and EIF T T	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
BOOK TRUST	20-4124164

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$325,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
10		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution Person
		\$	Payroll Noncash
			(Complete Part II for noncash contributions.)

Name of organization

Employer identification number

20-4124164

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

lame of organization			Employer identification number	
BOOK TRUST			20-4124164	
Part III	the year from any one contributor. Complete c	olumns (a) through (e) and the follo	ed in section 501(c)(7), (8), or (10) that total more than \$1,000 to lowing line entry. For organizations	
	completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additiona		or less for the year. (Enter this info. once.)	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
raiti				
-				
		(e) Transfer of gi	ift	
	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee	
-				
-				
(a) No				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
-	_			
_				
	(e) Transfer of gift			
	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee	
-				
-				
(a) No.	T			
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
-				
-				
	_	/\ -		
	(e) Transfer of gift			
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-				
-				
(a) No.				
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
-				
_				
	(e) Transfer of gift			
	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee	
-				
-				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

_	BOOK TRUST		20-4124164
Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o	· ·	•
Par			
1	Purpose(s) of conservation easements held by the organizati	·	
•	Preservation of land for public use (e.g., recreation or e	·	torically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space	Treservation of a cer	tined fistoric structure
2		ind concernation contribution in the form	of a concentation accoment on the last
2	Complete lines 2a through 2d if the organization held a qualif	led conservation contribution in the form	Held at the End of the Tax Year
_	day of the tax year.		
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired a	•	
	listed in the National Register		· · · · · · · · · · · · · · · · · · ·
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	servation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	ation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	D(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	tion's financial statements that describes	the organization's accounting for
	conservation easements.		
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in further	ance of public service, provide, in Part XIII.
	the text of the footnote to its financial statements that descri		, , , , , , , , , , , , , , , , , , , ,
b	If the organization elected, as permitted under SFAS 116 (AS		at and balance sheet works of art, historical
~	treasures, or other similar assets held for public exhibition, ed	**	
	relating to these items:	ducation, or research in farther affect of pe	abile service, provide the following amounts
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			<u> </u>
0		agurag, or other similar agests for financia	
2	If the organization received or held works of art, historical treation of all suring a security and the heavest and a security of the security		ai gairi, provide
	the following amounts required to be reported under SFAS 1	-	.
	Revenue included on Form 990, Part VIII, line 1		·
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2017

BOOK TRUST Schedule D (Form 990) 2017 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): ☐ Public exhibition Loan or exchange programs b Scholarly research Other ☐ Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included Yes No on Form 990, Part X? **b** If "Yes," explain the arrangement in Part XIII and complete the following table: **Amount** 1c c Beginning balance d Additions during the year 1d e Distributions during the year 1e Yes No 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (c) Two years back (d) Three years back (e) Four years back (a) Current year (b) Prior year **1a** Beginning of year balance **b** Contributions c Net investment earnings, gains, and losses **d** Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment **b** Permanent endowment Temporarily restricted endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization Yes No bv: (i) unrelated organizations (ii) related organizations 3a(ii)

4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		33,557.	13,602.	19,955.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, colu	ımn (B), line 10c.)	•	19,955.

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 BOOK TRUST 20-4124164 Page 3

Part VIII Investments - Other Securities

(a) Description of Security or Category (including name of Security)	(b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost of	or end-of-vear market value
n =:	(a) Book value	(e) memed of valuations ever	or one or your market value
1) Financial derivatives 2) Closely-held equity interests		<u> </u>	
3) Other		<u> </u>	
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	or end-of-year market value
(1)	. ,		•
(2)			
(3)			
(4)		<u> </u>	
(5)		<u> </u>	
(6)			
(7)			
(8)			
(9)			
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
	Description		(b) Book value
(1)			()
(2)			
(3)			
(4)			
(5)			
(3)			
(6)			
(6)			
(7)			
(7) (8)			
(7) (8) (9)	215)		
(7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		▶
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.		11a or 11f Saa Form 990 Part Y li	>
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"			▶ ne 25.
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" I. (a) Description of liability		11e or 11f. See Form 990, Part X, lii	▶ ne 25.
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" i. (a) Description of liability (1) Federal income taxes			▶ ne 25.
(7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)			▶ ne 25.
(7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)			▶ ne 25.
(7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" I. (a) Description of liability (1) Federal income taxes (2) (3) (4)			▶ ne 25.
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" I. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)			▶ ne 25.
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" I. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)			▶ ne 25.
(7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)			▶ ne 25.
(7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)			▶ ne 25.
(7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" I. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	on Form 990, Part IV, line		▶ ne 25.

732053 10-09-17

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 BOOK TRUST 20-4124164 Page **4**

Pa	rt XI Reconciliation of Revenue per Audited Financial	Statements With R	evenue per R	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV	V, line 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	5,235,987
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities		576,193.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	119,864.		
е	9			2e	696,057
3	Subtract line 2e from line 1			3	4,539,930.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	,	4b			_
С	Add lines 4a and 4b			4c	0,
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	4,539,930.
Pa	rt XII Reconciliation of Expenses per Audited Financial		xpenses per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV				
1	Total expenses and losses per audited financial statements			1	5,270,706
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1	FRC 102		
a	Donated services and use of facilities		576,193.		
b	, , , , , , , , , , , , , , , , , , , ,				
С.	Other losses		110 964		
d	, , , , , , , , , , , , , , , , , , , ,		119,864.		606 057
e	9			2e	696,057
3	Subtract line 2e from line 1			3	4,574,649
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4-			
a	, , , ,				
b	Other (Describe in Part XIII.) Add lines 4a and 4b	•		40	0
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			4c 5	4,574,649
	rt XIII Supplemental Information.	<i>ie 10.)</i>		<u> </u>	4,374,043
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	and 4: Part IV lines 1h an	d 2h: Part V line	∕l· Part X li	ne 2: Part XI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid			τ, ι αι ι <i>τ</i> , ι	nc z, r art XI,
100	Za ana 45, ana 1 art 7m, imoo za ana 45.7165 complete this part to provid	ac arry additional imornia			
PART	F X, LINE 2:				
THE	ORGANIZATION APPLIES A MORE-LIKELY-THAN-NOT MEASUREMENT	T METHODOLOGY TO			
REFI	LECT THE FINANCIAL STATEMENT IMPACT OF UNCERTAIN TAX POS	SITIONS TAKEN OR			
EXPI	ECTED TO BE TAKEN IN A TAX RETURN. AFTER EVALUATING THE	TAX POSITIONS			
TAKE	EN, NONE ARE CONSIDERED TO BE UNCERTAIN; THEREFORE, NO A	AMOUNTS HAVE			
BEEN	N RECOGNIZED AS OF JUNE 30, 2018 AND 2017. IF INCURRED,	INTEREST AND			
PENA	ALTIES ASSOCIATED WITH TAX POSITIONS WOULD BE RECORDED I	IN THE PERIOD			
ASSI	ESSED AS ADMINISTRATION AND GENERAL EXPENSE. NO INTEREST	T OR PENALTIES			
HAVI	E BEEN ASSESSED AS OF JUNE 30, 2018 AND 2017.				
PART	T XI, LINE 2D - OTHER ADJUSTMENTS:				
SPEC	CIAL EVENT EXPENSES	119,864.			

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 BOOK TRUST		20-4124164	Page 5
Schedule D (Form 990) 2017 BOOK TRUST Part XIII Supplemental Information (continued)			
PART XII, LINE 2D - OTHER ADJUSTMENTS:			
CDECTAL DUDWE DADDAGE	110 064		
SPECIAL EVENT EXPENSES	119,864.		

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	, is					Employer ide	ntification number
BOOK TRUST						20-4124164	
Part I Fundraising Activities required to complete this par	Complete if the organization answe	red "Ye	es" or	n Form 990, Part IV,	line 1	7. Form 990-EZ	I filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid indirecompensated at least \$5,000 by the 	sed funds through any of the following Solicitates Gamma Solicitates Gamma Special Special Special ser oral agreement with any individual art VII) or entity in connection with positive solutions or entities (fundraisers) pursus	ion of r ion of of fundrai (includ	non-g gover sing o ling o onal f	overnment grants nment grants events fficers, directors, true undraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) I fundra have cu or cont contribu	stodv	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total			•				
List all states in which the organization or licensing.			utions	s or has been notified	d it is	exempt from re	egistration
_HA For Paperwork Reduction Act Not	ice, see the Instructions for Form (990 or	990-1	= Z .	Sche	dule G (Form 9	90 or 990-EZ) 2017

Schedule G (Form 990 or 990-EZ) 2017 BOOK TRUST Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gr			events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
					_	(add col. (a) through
			VINO AND LIBRI	EXTRAVAGANZA	(4-1-1	col. (c))
e			(event type)	(event type)	(total number)	
Revenue			210 225	207 540	146 575	E72 450
Вè	1	Gross receipts	218,335.	207,548.	146,575.	572,458.
	2	Less: Contributions	142,355.	143,828.	119,725.	405,908.
	_	Less. Contributions	142,555.	143,020.	115,725.	403,500.
	3	Gross income (line 1 minus line 2)	75,980.	63,720.	26,850.	166,550.
	_		,	,	,	,
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses						
pen	6	Rent/facility costs	9,180.	2,800.	2,798.	14,778.
Ä						
9	7	Food and beverages	41,500.	20,105.	15,455.	77,060.
՝		Entertainment	750.	1 200		2 050
		Entertainment Other direct expanses		1,300. 10,986.	4,835.	2,050. 25,976.
	9 10	Other direct expenses	C: / / !>	· · · · · ·	, , , , , , , , , , , , , , , , , , ,	119,864.
		Net income summary. Subtract line 10 from li			_	46,686.
Pa						
		\$15,000 on Form 990-EZ, line 6a.				
Φ			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) Birigo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
3eV						
	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	_	Namanah miman				
Ä	3	Noncash prizes				
ect	4	Rent/facility costs				
₫	•	Tient tability costs				
	5	Other direct expenses				
		,	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<u></u>	
		ter the state(s) in which the organization condu	-			
		the organization licensed to conduct gaming a				Yes No
O	If "	No," explain:				
	_					
10a	We	ere any of the organization's gaming licenses re	evoked suspended or to	erminated during the tax	vear?	Yes No
		Yes," explain:		_	•	55 110

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Schedule G (Form 990 or 990-EZ) 2017

Sch	nedule G (Form 990 or 990-EZ) 2017 BOOK TRUST 20-4	124164		Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
12	Indicate the percentage of gaming activity conducted in:	—		
		140-	I	0/
	a The organization's facility		-	<u>%</u>
	o An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ►			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address >			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	· · · · · · · · · · · · · · · · · · ·			
Da	organization's own exempt activities during the tax year > \$		<u> </u>	
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III	i, lines 9	, 9b, 1	Jb, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G	G (Form 990 or 990-EZ)	BOOK TRUST		20-4124164	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation (continued)			

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

Compensated Employees

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Employer identification number BOOK TRUST 20-4124164

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

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

Schedule J (Form 990) 2017

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

	(B) Breakdown of W-2 and/or 1099-MISC compensation		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Deficition	(6)(()-(U)	reported as deferred on prior Form 990
(1) AMY FRIEDMAN (i)	160,078.	0.	0.	4,800.	20,657.	185,535.	0.
PRESIDENT & CEO (ii)		0.	0.	0.	0.	0.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i) (ii)							
(i)							
(i) (ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i) (ii)							

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

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

2017

Inspection

Name of the organization **Employer identification number** BOOK TRUST 20-4124164 FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: SEE SCHEDULE O FOR MORE INFORMATION. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: BOOK TRUST'S MISSION IS TO UNIQUELY DELIVER CHOICE AND OWNERSHIP OF BOOKS TO CHILDREN FROM LOW-INCOME FAMILIES, INCREASING THEIR LITERACY SKILLS AND FOSTERING LIFE-LONG LEARNING. WE IMAGINE A WORLD WHERE LITERACY REMOVES BARRIERS AND PROVIDES ALL CHILDREN WITH THE TOOLS TO NAVIGATE LIFE SUCCESSFULLY. BOOK TRUST RAISES FUNDS SO THAT PARTICIPATING CHILDREN IN HIGH-POVERTY ELEMENTARY SCHOOLS CAN CHOOSE AND OWN 1-2 SCHOLASTIC BOOKS EACH MONTH OR 18-20 BOOKS OVER THE COURSE OF THE SCHOOL YEAR, BUILDING A HOME LIBRARY WHEN THEY WOULD OTHERWISE HAVE LIMITED OR NO ACCESS TO BOOKS AT HOME. THROUGH A VARIETY OF SUPPORTS. INCLUDING TEACHER TRAINING AND FAMILY ENGAGEMENT, STUDENTS ARE EMPOWERED TO CHOOSE AND KEEP THEIR OWN INTEREST-BASED TITLES THROUGH THEIR MONTHLY SCHOLASTIC BOOK ORDERS EXPERIENCING THE JOY AND POWER OF READING. MORE THAN 20 YEARS AGO, A YOUNG FORT COLLINS STUDENT WAS DISTRESSED TO REALIZE THAT MANY OF HER CLASSMATES WERE UNABLE TO PURCHASE BOOKS THROUGH THE MONTHLY SCHOLASTIC CATALOGS BECAUSE THEIR FAMILIES DIDN'T HAVE ENOUGH MONEY. YEARS LATER, WHEN THE LITTLE GIRL WAS AN ADULT, SHE RETURNED TO COLORADO AND FOUNDED BOOK TRUST TO ENSURE THAT ALL CHILDREN WOULD HAVE THE CHANCE TO FALL IN LOVE WITH READING BY CHOOSING AND OWNING THEIR OWN BOOKS. IN 2001, BOOK TRUST BEGAN OPERATING AS A PILOT

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

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization BOOK TRUST	Employer identification number 20-4124164
PROGRAM UNDER THE FISCAL SPONSORSHIP OF THE SERIMUS FOUNDATION AND THIS	
PILOT REACHED 170 STUDENTS ACROSS LARIMER COUNTY. BY 2006, BOOK TRUST	
HAD OBTAINED INDEPENDENT NONPROFIT STATUS.	
BOOK TRUST CURRENTLY SERVES APPROXIMATELY 55,000 STUDENTS IN 21 STATES	
(ARIZONA, CALIFORNIA, COLORADO, FLORIDA, HAWAII, IDAHO, IOWA, MICHIGAN,	
MISSOURI, MONTANA, NEBRASKA, NEW MEXICO, NEW YORK, OREGON,	
PENNSYLVANIA, TEXAS, UTAH, VIRGINIA, WASHINGTON, WISCONSIN AND	
WYOMING), HELPING THEM TO CHOOSE, OWN, AND LOVE THEIR OWN BOOKS,	
BECOMING LIFELONG READERS AND LEARNERS.	
FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:	
THE ORGANIZATION DID NOT MAKE SIGNIFICANT CHANGES TO HOW IT CONDUCTS	
ITS PROGRAM SERVICE, BUT IT DID MAKE CHANGES TO THE WAY SCHOOLS PAY TO	
PARTICIPATE IN THE PROGRAM SERVICE.	
EODM 000 DADW III LINE 43 DECORDED OF DROCK MICHAEL	
FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:	
BOOK TRUST SEEKS TO CHANGE THE LIVES OF CHILDREN, AND THAT CHANGE IS	
GROUNDED IN RESEARCH AND EVALUATION. OUR ONGOING EVALUATION EFFORTS	
DEMONSTRATE BOOK TRUST PROGRAMS ARE GENERATING AN INTEREST IN AND	
EXCITEMENT FOR READING AND LEARNING FOR LOW-INCOME STUDENTS, IMPROVING	
LITERACY SKILLS, AND INCREASING FAMILY AND PARENTAL ENGAGEMENT IN	
READING AT HOME. BOOK TRUST IS TEACHER-LED AND STUDENT-DRIVEN,	
SUPPORTING GREAT CLASSROOM LITERACY INSTRUCTION WITH INTEREST-BASED	
BOOK CHOICE AND OWNERSHIP TO DRIVE STUDENT ENGAGEMENT AND TO INSPIRE	
KIDS' PASSION FOR READING. BOOK TRUST'S PROGRAM FOSTERS A CULTURE OF	
LITERACY BOTH AT SCHOOL AND AT HOME.	

Name of the organization BOOK TRUST	Employer identification number 20-4124164
IN THE 2017-2018 SCHOOL YEAR, BOOK TRUST WORKED WITH OVER 2,647	
TEACHERS IN 175 SCHOOLS WITHIN 62 DISTRICTS ACROSSS 21 STATES (ARIZONA,	
CALIFORNIA, COLORADO, FLORIDA, HAWAII, IDAHO, IOWA, MICHIGAN,	
MISSOURI, MONTANA, NEBRASKA, NEW YORK, OREGON, PENNSYLVANIA, TEXAS,	
UTAH, VIRGINIA, WASHINGTON, WEST VIRGINIA, WISCONSIN AND WYOMING),	
SERVING 54,910 STUDENTS, ALLOWING THEM TO CHOOSE AND OWN ALMOST	
850,000 NEW BOOKS FOR THEIR HOME LIBRARIES.	
OUR 2016-2017 NATIONAL EVALUATION RESULTS DEMONSTRATED IMPROVED	
LITERACY SKILLS: BOOK TRUST CLASSROOMS SAW A NEARLY 19% INCREASE IN THE	
NUMBER OF STUDENTS READING AT GRADE LEVEL BY YEAR'S END.	
HIGHLIGHTS FROM OUR 2017-2018 NATIONAL TEACHER SURVEY INCLUDE:	
- BOOK TRUST TEACHERS REPORTED A 255% INCREASE IN PARENT/TEACHER	
CONVERSATIONS ABOUT READING WITH THEIR CHILD AT HOME, IN SCHOOLS THAT	
HAD BOOK TRUST	
- 91% OF TEACHERS REPORT FEELING EMPOWERED TO DEDICATE CLASS TIME FOR	
INDEPENDENT READING	
- 87% OF TEACHERS REPORT FEELING EMPOWERED TO DEDICATING CLASS TIME FOR	
STUDENTS TO CHOOSE THEIR OWN BOOKS TO OWN AND READ	
- 66% OF TEACHERS REPORTED THAT AT SCHOOL, STUDENTS READ BOOKS THEY	
CHOOSE EVERY DAY	
BOOK TRUST TEACHERS REPORTED A 59% INCREASE IN STUDENT PARTICIPATION IN	
NIGHTLY READING MINUTES VS SCHOOLS THAT DID NOT HAVE BOOK TRUST.	
FORM 990, PART VI, SECTION A, LINE 4:	
BOOK TRUST CHANGED ITS BYLAWS DURING 2017 TO MAKE THE PRESIDENT & CEO A	
VOTING MEMBER OF THE BOARD OF DIRECTORS.	