** 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.

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

6 Inspection

OMB No. 1545-0047

Α	For tn	e 2016 calendar year, or tax year beginning and	enaing						
В	Check if applicab	C Name of organization		D Employer identifi	cation number				
	Addre chang Name								
	chan	pe Doing business as		58-2	000621				
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r				
	Final return	161 RAINS AVENUE		(615) 255-1820					
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	432,577.				
	Amer	ded NACUSTITE MN 27202 5220		H(a) Is this a group re					
F	Appli			for subordinates? Yes X No					
	tion pendi	SAME AS C ABOVE			—				
_				H(b) Are all subordinates in					
		empt status: $X = 501(c)(3) = 501(c)(1)$ (insert no.) 4947(a)(1)	or 527	1 '	list. (see instructions)				
		te: ► WWW.BOOKEM-KIDS.ORG		H(c) Group exemption	-				
		f organization: X Corporation Trust Association Other	L Year	of formation: 1991	M State of legal domicile: $\mathbf{T}\mathbf{N}$				
Pa	art I	Summary							
4	1	Briefly describe the organization's mission or most significant activities: THE	MISSIO	N OF BOOK'E	M IS TO				
ဦ		CREATE A MORE LITERATE NASHVILLE BY HELPI	NG ECC	NOMICALLY					
ī.	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	sets.				
Ve	3	•		3	19				
Ó	4	Number of independent voting members of the governing body (Part VI, line 1b)			19				
•	-				5				
ies	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)			240				
Activities & Governance	6	Total number of volunteers (estimate if necessary)							
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.				
_	b	Net unrelated business taxable income from Form 990-T, line 34	<u></u>	7b	0.				
Revenue				Prior Year	Current Year				
	8	Contributions and grants (Part VIII, line 1h)		380,085.	431,895.				
	9	Program service revenue (Part VIII, line 2g)		0.	0.				
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		42.	45.				
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		217.	637.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		380,344.	432,577.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		229,291.	274,989.				
	14			0.	0.				
	45			99,023.	98,431.				
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.				
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
Ž.X	b	Total fundraising expenses (Part IX, column (D), line 25)		E 0 20E	40.006				
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		50,397.	49,096.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		378,711.	422,516.				
	19	Revenue less expenses. Subtract line 18 from line 12		1,633.	10,061.				
Net Assets or	4		Ве	ginning of Current Year	End of Year				
sets	20	Total assets (Part X, line 16)		170,953.	183,439.				
ASS	21	Total liabilities (Part X, line 26)		0.	0.				
Net	22	Net assets or fund balances. Subtract line 21 from line 20		170,953.	183,439.				
P	art II	Signature Block		·	•				
Unc	ler nen	alties of perjury, I declare that I have examined this return, including accompanying schedules	s and stateme	ents, and to the best of my	/ knowledge and helief it is				
		ct, and complete. Declaration of preparer (other than officer) is based on all information of wh			, miowicago ana sonon, icio				
truc	, 00110	Ligaria complete. Declaration of preparer (other than officer) is based on an information of wi	non proparoi	Thas arry knowledge.					
٠.		Signature of officer		I Date					
Sig		1'		Dato					
Hei	re	MELISSA SPRADLIN, EXECUTIVE DIR.							
		Type or print name and title		Data Lui F	== DTIN				
		Print/Type preparer's name Preparer's signature		Date Check C	X PTIN				
Pai	d	SARA G. MOON		self-employ					
Pre	parer	Firm's name ▶ FRASIER, DEAN & HOWARD, PLLC	Firm's EIN ▶ 62-1073578						
Use Only Firm's address 3310 WEST END AVE STE 550									
	-	NASHVILLE, TN 37203		Phone no.61	5-383-6592				
Ma	v the I	RS discuss this return with the preparer shown above? (see instructions)		,	X Yes No				
	,		<u></u>						

Par	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE MISSION OF BOOK'EM IS TO CREATE A MORE LITERATE NASHVILLE BY
	HELPING ECONOMICALLY DISADVANTAGED CHILDREN FROM BIRTH THROUGH HIGH
	SCHOOL DISCOVER THE JOY AND VALUE OF READING THROUGH BOOK OWNERSHIP
	AND ENTHUSIASTIC VOLUNTEERS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
	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.
	(Code:) (Expenses \$ 284,299. including grants of \$ 248,292.) (Revenue \$)
	BOOKS FOR NASHVILLE KIDS (FORMERLY LIBRARY WITHOUT WALLS) PROVIDES
	BOOKS FOR CHILDREN AND TEENS IN LOW-INCOME HOUSEHOLDS IN DAVIDSON
	COUNTY, WHO MAY NOT HAVE BOOKS OF THEIR OWN, BY GIVING BOOKS TO
	SCHOOLS, NONPROFITS, GOVERNMENT AGENCIES, AND FAITH-BASED ORGANIZATIONS
	THAT SERVE LOW-INCOME FAMILIES. THESE ORGANIZATIONS GIVE THE BOOKS TO THE CHILDREN AND/OR TEENS THAT THEY SERVCE TO TAKE HOME.
	THE CHILDREN AND/OR TEENS THAT THEY SERVCE TO TAKE HOME.
	EOD COME CUITIDDEN MUECE ADE MUE ETDOM DOOKO MUEV HAVE EVED ACMUALLY
	FOR SOME CHILDREN, THESE ARE THE FIRST BOOKS THEY HAVE EVER ACTUALLY OWNED. MANY OF THEM ONLY HAVE ACCESS TO BOOKS THROUGH THEIR SCHOOL
	LIBRARY. MAKING CHILDREN AND TEENS PROUD BOOK OWNERS IS A KEY COMPONENT
	TO HELPING THEM DEVELOP A LOVE OF BOOKS AND READING.
	10 HELPING THEM DEVELOP A LOVE OF BOOKS AND READING.
4h	(Code:) (Expenses \$ 65 , 192 including grants of \$ 26 , 697) (Revenue \$)
	(Code:) (Expenses \$
	CLASSROOM AT LEAST FIVE TIMES THROUGHOUT THE SCHOOL YEAR. DURING THESE
	VISITS, THE VOLUNTEERS READ ALOUD TO AND INTERACT WITH THE CHILDREN,
	THEN ALLOW EACH STUDENT TO SELECT A NEW BOOK TO TAKE HOME TO BECOME
	THEIR VERY OWN.
	THESE ECONOMICALLY DISADVANTAGED ELEMENTARY CHILDREN BENEFIT GREATLY
	FROM HAVING A POSITIVE COMMUNITY ROLE MODEL VISIT THEM IN THEIR
	CLASSROOMS AND HAVING BOOKS TO CHERISH AND BUILD THEIR HOME LIBRARIES.
	MANY OF THESE CLASSROOMS HAVE FEW, IF ANY, VOLUNTEER READERS, SO THESE
	PEOPLE REALLY MAKE AN IMPRESSION ON THE STUDENTS IN THEIR CLASSROOMS
	AND ENCOURAGE THE CHILDREN TO READ.
	READY FOR READING PLACES READING VOLUNTEERS IN LOCAL PRESCHOOLS AND
	ELEMENTARY SCHOOLS THAT SERVE CHILDREN FROM LOW-INCOME HOUSEHOLDS.
	THESE READING VOLUNTEERS ACT AS READING ROLE MODELS AND READ ON A
	WEEKLY OR BI-WEEKLY BASIS TO SMALL GROUPS OF CHILDREN OR ON A
	ONE-ON-ONE BASIS. THE WEEKLY SCHEDULE ALLOWS THE STUDENTS TO GET TO
	KNOW THE VOLUNTEERS WELL AND ANTICIPATE THEIR VISITS WITH MUCH
	EXCITEMENT.
	ADOUT 15 DELDY HOD DELDTING HOLLDWIEEDS DELD HITML SWALL SPOURS OF
	ABOUT 15 READY FOR READING VOLUNTEERS READ WITH SMALL GROUPS OF
	PRESCHOOLERS AND ELEMENTARY CHILDREN AT 7 SITES THAT SERVE LOW-INCOME
	FAMILIES IN THE NASHVILLE AREA. THE CHILDREN BENEFIT GREATLY FROM THESE
	WEEKLY OR BI-WEEKLY VISITS, WHEN THEY ENJOYED SOME GREAT STORIES WITH A
	Other program services (Describe in Schedule O.)
	(Expenses \$ 7,589 • including grants of \$) (Revenue \$)
4e	Total program service expenses ► 365,350.

Form 990 (2016) BOOK 'EM Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			77
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		37
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			Х
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		Х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		- 21
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	- '-		
Ü	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		. ,	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	v
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f			х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	^	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	120	х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
D		12b		Х
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	- 1.5		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	000	X

Form 990 (2016) BOOK 'EM Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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		X
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		X
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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			1 37
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			77
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		x
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Λ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		X
24	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		x
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete	31		
JŁ	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	UZ		
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	50		
	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2016) BOOK 'EM Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return		7.7	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	_		37
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	1.		х
L	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Λ
D	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	- 50		
	any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	L.		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	4-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	Note. See the instructions for additional information the organization must report on Schedule O.			
D	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 Enter the amount of reserves on hand 13b			
	Did the appropriation program on the few independence of the program of the second	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
-	100; Had it mod a form 720 to report those paymenter. If Two, provide an explanation in Screenie O		990	/001C

Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 19 **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. 19 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 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? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? Х The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization Х 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ightharpoons TNSection 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Another's website X Upon request Own website ___ Other *(explain in Schedule O)* Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: MELISSA SPRADLIN - 615-255-1820

37203-5330

161 RAINS AVENUE, NASHVILLE, TN

Form 990 (2016) BOOK 'EM 58-2000621 Page **7**

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.

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

Check this box if neither the organization no	or any related	orga	niza	tion	con	npen	sate	ed any current officer, d	irector, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos		l than c	nne	Reportable	Reportable	Estimated
	hours per	box	ox, unless person is both an fficer and a director/trustee)			s both	an	compensation	compensation	amount of
	week				Ji/ii usiee)		from	from related	other	
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC)	(***2/1099*****130)	organization
	organizations	truste	Institutional trustee		yee	Highest compensated employee		(** 27 1000 111100)		and related
	below	idual	tution	er	Key employee	est co loyee	ıer			organizations
	line)	Indiv	Instii	Officer	Key	High emp	Former			
(1) BECKY KIMMELMANN	2.00									
TREASURER		Х		X				0.	0.	0.
(2) CAROLINE BURRIS	2.00							_	_	_
PAST PRESIDENT		Х		X				0.	0.	0.
(3) KARA FEREE	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(4) LESLIE FORD	1.00								•	•
DIRECTOR	2 00	Х						0.	0.	0.
(5) MARK CLAYPOOL	2.00	3,7		37					0	0
PRESIDENT	1 00	Х		X				0.	0.	0.
(6) MARY GREY JAMES	1.00	v						_	0	0
(7) MEGAN PINSON	2.00	Х						0.	0.	0.
(7) MEGAN PINSON SECRETARY	2.00	Х		х				0.	0.	0.
(8) ROBIN BORN	2.00	Λ		Λ				0.	0.	<u> </u>
DIRECTOR	2.00	Х						0.	0.	0.
(9) STEPHANIE KOEHLER	1.00								0.	<u></u>
DIRECTOR	1.00	Х						0.	0.	0.
(10) CHRIS BOYD	2.00							•		
VICE PRESIDENT		Х		Х				0.	0.	0.
(11) SCOTT LINDSEY	1.00							<u> </u>	<u> </u>	
DIRECTOR		Х						0.	0.	0.
(12) AMANDA REINBOLD	1.00									
DIRECTOR		Х						0.	0.	0.
(13) RALPH THOMPSON	1.00									
DIRECTOR		Х						0.	0.	0.
(14) JENNIFER CHALOS	1.00									
DIRECTOR		Х						0.	0.	0.
(15) SCOTT CRADDOCK	1.00									
DIRECTOR		Х						0.	0.	0.
(16) MARY FERRARA	1.00									_
DIRECTOR	4	Х						0.	0.	0.
(17) JACQUESE GROVES	1.00									_
DIRECTOR		X						0.	0.	0.

Section A. Officers, Directors, Tru		ploy	ees,			ghes	st C	ompensated Employee	,				
(A)	(B)				(C) Position			(D)	(E)			(F)	
Name and title	Average hours per		not c	heck	more	than o		Reportable	Reportable			stimate	
	week		, unle: cer ar					compensation from	compensation from related		aı	nount other	OI
	(list any	ctor						the	organization		com	pensa	tion
	hours for	r direc				pa		organization	(W-2/1099-MIS			om th	
	related	tee o	ustee			ensat		(W-2/1099-MISC)			org	anizat	ion
	organizations	al trus	nal tr		oyee	omp.						d relat	
	below line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				org	anizati	ons
(10) TINION DODDOG	, , , , , , , , , , , , , , , , , , ,	트	Ĕ	#0	, Ke	를 등	요						
(18) LYNSEY ROBERTS	2.00	X		х				_		0.			0
TREASURER (19) DREW SMITH	1.00	Λ		^		\vdash		0.		0.			0.
DIRECTOR	1.00	X						0.		0.			0.
(20) NATHAN WEBB	1.00	^						0.		0.			0.
DIRECTOR	1.00	X						0.		0.			0.
(21) MELISSA SPRADLIN	50.00	^				┢		0.		٠.			0.
EXECUTIVE DIRECTOR	30.00	-		х				51,916.		0.			0.
IMPOULT DIRECTOR						\vdash		31,310.		<u> </u>			<u> </u>
		1											
						\vdash							
		1											
		1											
		1											
-													
		1											
1b Sub-total			l	l		<u> </u>		51,916.		0.			0.
c Total from continuation sheets to Part \								0.		0.			0.
d Total (add lines 1b and 1c)								51,916.		0.			0.
Total number of individuals (including but							o re		000 of reportable				
compensation from the organization	not infinited to ti	1030	11310	u ac	JOVC	,, vvii	010	cerved more triair \$100,	ooo or reportable	•			0
compensation from the organization												Yes	No
3 Did the organization list any former office	r director or tri	ıste	e ke	v en	nplo	vee	or	highest compensated en	nnlovee on				
line 1a? If "Yes," complete Schedule J for				•	•	•		•			3		х
4 For any individual listed on line 1a, is the s													
and related organizations greater than \$15			-					· · · · · · · · · · · · · · · · · · ·	-		4		Х
5 Did any person listed on line 1a receive or			,										
rendered to the organization? If "Yes," co											5		Х
Section B. Independent Contractors						<u> </u>							
Complete this table for your five highest complete.	ompensated inc	depe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comp	pensat	tion fr	om	
the organization. Report compensation for	the calendar y	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
(A)								(B)			(0	C)	
Name and busines	s address	N	INC	3				Description of s	ervices	С	ompe	nsatio	n
2 Total number of independent contractors \$100,000 of compensation from the organ		ot lir	nited	d to	thos)	se lis)	ted	above) who received mo	ore than				

Form 990 (2016) BOOK 'EM
Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a					
iran	b	Membership dues	1b					
Y,G	c	Fundraising events	1c					
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations	1d					
s, G	е	Government grants (contribution	ons) 1e					
ioi	f	All other contributions, gifts, grant						
but		similar amounts not included above	/e 1f	431,895.				
g d	g	Noncash contributions included in lines 1	1a-1f: \$	250,299.				
аS	h	Total. Add lines 1a-1f		>	431,895.			
				Business Code				
ce	2 a	·						
e Ķ	b	·						
Program Service Revenue	c	:						
am	d	l						
90 H	е							
P.	f	All other program service rever	nue					
	g	Total. Add lines 2a-2f						
	3	Investment income (including	dividends, intere	st, and				
		other similar amounts)		▶	45.			45.
	4	Income from investment of tax	exempt bond p	roceeds 🕨				
	5	Royalties		, 				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b							
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss)		······ •				
Ф	8 a	Gross income from fundraising	g events (not					
nu		including \$						
ě.		contributions reported on line						
er F		Part IV, line 18						
Other Reven		Less: direct expenses						
		Net income or (loss) from fund		>				
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam		D				
	10 a	Gross sales of inventory, less i						
		and allowances						
		Less: cost of goods sold						
ŀ	С	Net income or (loss) from sales		D				
}		Miscellaneous Revenue	9	Business Code	627			627
		BOOK/PIN SALES		900099	637.			637.
	b		·					
	C							
	d				637.			
	40 40				432,577.	0.	0.	682.
	12	Total revenue. See instructions.		🖊 📗	434,3//•	ı ∪•	U •	00⊿•

Form 990 (2016) BOOK 'EM Part IX Statement of Functional Expenses

<u>Secti</u>	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX									
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	_ (D)					
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses					
1	Grants and other assistance to domestic organizations									
	and domestic governments. See Part IV, line 21	274,989.	274,989.							
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22									
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,									
	trustees, and key employees	51,916.	34,672.	9,851.	7,393.					
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)									
7	Other salaries and wages	40,129.	26,801.	7,614.	5,714.					
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)									
9	Other employee benefits									
10	Payroll taxes	6,386.	4,265.	1,212.	909.					
11	Fees for services (non-employees):									
а	Management									
b	Legal	- 160		- 150						
С	Accounting	7,460.		7,460.						
d	Lobbying									
е	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
g	, ,	1 250		1 250						
	column (A) amount, list line 11g expenses on Sch O.)	1,359.		1,359.						
12	Advertising and promotion	C 454	0 717	2 640						
13	Office expenses	6,454.	2,717.	3,648.	89.					
14	Information technology									
15	Royalties	12 041	0 706	1 0/1	1 204					
16	Occupancy	12,941.	9,706. 1,658.	1,941.	1,294. 222.					
17	Travel	2,070.	1,030.	190.						
18	Payments of travel or entertainment expenses									
40	for any federal, state, or local public officials									
19 20	Conferences, conventions, and meetings									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	87.			87.					
23	Insurance	2,472.	1,854.	371.	247.					
24	Other expenses. Itemize expenses not covered	=, = , = ,	=, = = = =	\$. = v						
	above. (List miscellaneous expenses in line 24e. If line									
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)									
а	MISCELLANEOUS	11,183.	7,719.	556.	2,908.					
b	PRINTING AND PUBLICATIO	3,932.	767.	2,262.	903.					
С	POSTAGE AND SHIPPING	1,138.	202.	106.	830.					
d										
е	All other expenses									
25	Total functional expenses. Add lines 1 through 24e	422,516.	365,350.	36,570.	20,596.					
26	Joint costs. Complete this line only if the organization									
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	Check here if following SOP 98-2 (ASC 958-720)				5 000 (204.0)					

Form 990 (2016) Part X Balance Sheet

Pai	τχ	Balance Sheet					
		Check if Schedule O contains a response or not	e to any	/ line in this Part Xr			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			3,075.	1	10,023.
	2	Savings and temporary cash investments			49,780.	2	51,109.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa					
		Part II of Schedule L		5			
	6	Loans and other receivables from other disqualit					
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501	(c)(9) voluntary			
ιχ		employees' beneficiary organizations (see instr).	Comple	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use			72,786.	8	74,497.
	9					9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	8,526.			
	b			7,958.	0.	10c	568.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		45,312.	15	47,242. 183,439.	
	16	Total assets. Add lines 1 through 15 (must equal		170,953.	16	183,439.	
	17	Accounts payable and accrued expenses				17	
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete I	Part IV	of Schedule D		21	
S	22	Loans and other payables to current and former	officers	s, directors, trustees,			
≝		key employees, highest compensated employee	s, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ted thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated	d third p	parties		24	
	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on lines	17-24).	. Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			0.	26	0.
		Organizations that follow SFAS 117 (ASC 958		k here 🕨 🔼 and			
es		complete lines 27 through 29, and lines 33 an			170 052		102 420
auc	27	Unrestricted net assets			170,953.	27	183,439.
Bak	28	Temporarily restricted net assets				28	
힏	29					29	
Ē		Organizations that do not follow SFAS 117 (A), check here ▶∟				
٥		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			170 052	32	102 420
2	33	Total net assets or fund balances			170,953.	33	183,439.
	34	Total liabilities and net assets/fund balances			170,953.	34	183,439.

Form **990** (2016)

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Pai	TXI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,5				
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,5				
3	Revenue less expenses. Subtract line 2 from line 1	3		0,0 0,9				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))							
5	5 Net unrealized gains (losses) on investments							
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	coluṃn (B))	10	18	3,4	<u>39.</u>			
Pai	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				Щ			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.						
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit						
	Act and OMB Circular A-133?		3a		_X_			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					
			Form	990	(2016)			

SCHEDULE A

Department of the Treasury

Internal Revenue Service

Total

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization BOOK 'EM 58-2000621 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	368,556.	289,674.	364,081.	380,085.	431,895.	1834291.
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	368,556.	289,674.	364,081.	380,085.	431,895.	1834291.
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)						146,901.
6	Public support. Subtract line 5 from line 4.						1687390.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	368,556.	289,674.	364,081.	380,085.	431,895.	1834291.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	106.	37.	24.	42.	45.	254.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)				217.	637.	854.
11	Total support. Add lines 7 through 10						1835399.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	7,936.
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectior	501(c)(3)	
_	organization, check this box and stor	here	·····				>
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2016 (I		•	* * * * * * * * * * * * * * * * * * * *		14	91.94 %
15	Public support percentage from 2015					15	93.68 %
16a	33 1/3% support test - 2016. If the o	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2015. If the o						
	and stop here. The organization qual		• •				
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the "fac			-	· ·	t VI how the organ	ization
	meets the "facts-and-circumstances"	-	· · · · · · · · · · · · · · · · · · ·		-		
b	10% -facts-and-circumstances test	_					
	more, and if the organization meets the		•		•		
	organization meets the "facts-and-circ			•			
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	▶∟

Schedule A (Form 990 or 990-EZ) 2016 BOOK 'EM 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 nualify under the tests listed below please complete Part II \

Se	ction A. Public Support	Blow, please comp	Diete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5						
78	A Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
8 Se	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	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	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	ation,
_	check this box and stop here						>
	ction C. Computation of Publi					 	
	Public support percentage for 2016 (li					15	%
	Public support percentage from 2015 ction D. Computation of Inves					16	%
	•			10 1 (0)		147	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2					18 32 1/3% and line 1	% 7 is not
198	a 33 1/3% support tests - 2016. If the						r is fiot
k	more than 33 1/3%, check this box ar 33 1/3% support tests - 2015. If the						nd
	line 18 is not more than 33 1/3%, che	ck this box and s	top here. The orga	anization qualifies	as a publicly supp	orted organization	▶□
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in:	structions	

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
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	9a		
	9b		
	9с		
	10a		
	10b		
9	90 or 99	0-F7)	2016

Par	LIV	Supporting Organizations (continued)			
		r		Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	belov	v, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	ion l	B. Type I Supporting Organizations			
				Yes	No
1	Did th	ne directors, trustees, or membership of one or more supported organizations have the power to			
	regula	arly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax ye	ear? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
		olled the organization's activities. If the organization had more than one supported organization,			
		ribe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organ	nizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		he organization operate for the benefit of any supported organization other than the supported			
	organ	nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		rvised, or controlled the supporting organization.	2		
		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			
		istees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
		D. All Type III Supporting Organizations	-	'	
		,		Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	-	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
		nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
		ason of the relationship described in (2), did the organization's supported organizations have a	_		
		ficant voice in the organization's investment policies and in directing the use of the organization's			
	-	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard	3		
Sect	oupp	E. Type III Functionally Integrated Supporting Organizations			
		k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
· a		The organization satisfied the Activities Test. Complete line 2 below.			
b	一	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	一	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	(ctions)		
	Activi	ities Test. Answer (a) and (b) below.	ictions).	Yes	No
		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			110
		upported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
		hese activities constituted substantially all of its activities.	2a		
		he activities described in (a) constitute activities that, but for the organization's involvement, one or more	Lu		
		e organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		ons for the organization's position that its supported organization(s) would have engaged in these	2b		
		ties but for the organization's involvement. nt of Supported Organizations. Answer (a) and (b) below.	-0		
		the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? <i>Provide details in Part VI</i> .	За		
		he organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
D			3b		
	บา แช	supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	JU		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organ	izations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All					
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions 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	1b				
с	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other					
	factors (explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d	3				
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,					
	see instructions)	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by .035	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2	Enter 85% of line 1	2				
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
4	Enter greater of line 2 or line 3	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions)	6				
7	Check here if the current year is the organization's first as a non-functional	ly intograte	d Type III supporting orga	enization (see		

Schedule A (Form 990 or 990-EZ) 2016

instructions).

Sche Par	dule A (Form 990 or 990-EZ) 2016 BOOK 'EM Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga		8-2000621 Page 7
	on D - Distributions	a)(o) capporting orga	inizations (continued)	Current Year
1	Amounts paid to supported organizations to accomplish exer	mnt nurnoses		Current real
	Amounts paid to supported organizations to accomplish exemp			
2	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		
4	Amounts paid to acquire exempt-use assets	o or supported organizations		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
Ū	(provide details in Part VI). See instructions	io organization to responsive		
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Ellio o amount arriada by Ellio o amount	(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
С	From 2013			
	From 2014			
	From 2015			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
•	line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
3	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
J	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
a_	Evenes from 2012			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
е	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

OMB No. 1545-0047

Name of the organization

Employer identification number

BOOK 'EM 58-2000621

Organization type (check one):					
Filers of:	Section:				
Form 990 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 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
	s 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 Rule. See instructions.				
General Rule					
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special Rules					
sections 509(a)(1) a any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.				
year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III.				
year, contributions is checked, enter h purpose. Don't cor	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., mplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year				
but it must answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to				

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization Employer identification number 58-2000621

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	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
2		\$13,060.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$35,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$9,035.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Name of organization Employer identification number 58-2000621

Part I	Contributors (See instructions). Use duplicate copies of Part I if additi	onal space is needed.	
(a)	(b)	(c)	(d)
No. 7	Name, address, and ZIP + 4	Total contributions	Person Payroll X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 8	Name, address, and ZIP + 4	* 12,600.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Occupation (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.

BOOK 'EM 58-2000621

(c)	Part II	Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.					
S	No. from		FMV (or estimate)	l .			
(a)		BOOKS					
(a) No. 100	4						
No. (b) FMV (or estimate) (c) (d) Date received			\$\$.	02/01/16			
See instructions See instruc	No.		FMV (or estimate)	l .			
S	Part I		(See instructions)				
S	E	BOOKS					
(a) No. from Part I Description of noncash property given FMV (or estimate) (See instructions) Date received (b) See instructions See instructions See instructions See instructions (c) FMV (or estimate) (See instructions Date received (d) Date received See instructions Date received (d) Date received See instructions Date received (e) FMV (or estimate) (See instructions Date received (f) FMV (or estimate) (See instructions Date received (g) FMV (or estimate) (See instructions Date received Date receive							
No. FMV (or estimate) See instructions Part Part			\$ 26,265.	03/02/16			
S	No. from		FMV (or estimate)	l .			
(a) No. from Part I		BOOKS					
(a) No. from Part I BOOKS (b) FMV (or estimate) (See instructions) (c) FMV (or estimate) (See instructions) (d) Date received (a) No. (b) FMV (or estimate) (See instructions) (d) Date received (a) No. (c) FMV (or estimate) (See instructions) (d) Date received (a) No. (b) FMV (or estimate) (See instructions) (a) No. (c) FMV (or estimate) (See instructions) (a) No. (b) FMV (or estimate) (See instructions) (a) No. (c) FMV (or estimate) (See instructions)	6						
(a) No. from Part I BOOKS (b) FMV (or estimate) (See instructions) (c) FMV (or estimate) (See instructions) (d) Date received (a) No. (b) FMV (or estimate) (See instructions) (d) Date received (a) No. (c) FMV (or estimate) (See instructions) (d) Date received (a) No. (b) FMV (or estimate) (See instructions) (a) No. (c) FMV (or estimate) (See instructions) (a) No. (b) FMV (or estimate) (See instructions) (a) No. (c) FMV (or estimate) (See instructions)			24 420	10/21/16			
No. from Part I BOOKS S S S S S S S S S			\$\$	12/31/16			
BOOKS	No. from		FMV (or estimate)	l .			
(a) No. from Part I (a) BOOKS (b) FMV (or estimate) (See instructions) (c) FMV (or estimate) (See instructions) (d) Date received (a) Sooks (b) Sooks (c) FMV (or estimate) (See instructions) (d) Date received (e) FMV (or estimate) (See instructions) (from Part I Description of noncash property given Part I Description of noncash property given (See instructions)		BOOKS					
(a) No. from Part I BOOKS (b) Description of noncash property given (See instructions) \$ 12,600.	7						
No. from Part I BOOKS (a) No. from Part I Description of noncash property given (b) FMV (or estimate) (See instructions) \$ 12,600. (c) FMV (or estimate) (See instructions) (d) Date received FMV (or estimate) (See instructions) (d) Date received Column (d) Date received Part I Description of noncash property given Part I			\$\$	12/31/16			
8	No. from		FMV (or estimate)	l .			
(a) No. from Part I (b) Description of noncash property given (c) FMV (or estimate) (See instructions) (d) Date received		BOOKS					
(a) No. from Part I (b) FMV (or estimate) (See instructions) Date received	8						
No. from Description of noncash property given Part I			\$12,600.	10/05/16			
	No. from		FMV (or estimate)	l .			
			\$				

Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Page 4 Name of organization Employer identification number BOOK 'EM 58-2000621 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and 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.

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

16 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number BOOK 'EM 58-2000621

Par	t I	Organizations Maintaining Donor Advised	Funds or Other Similar Funds	or Ac	counts. Complete if the
		organization answered "Yes" on Form 990, Part IV, line			
		_	(a) Donor advised funds	(b) Funds and other accounts
		number at end of year			
		gate value of contributions to (during year)			
		gate value of grants from (during year)			
		gate value at end of year			
		e organization inform all donors and donor advisors in w	_		
		e organization's property, subject to the organization's ex			
		e organization inform all grantees, donors, and donor ad			
		aritable purposes and not for the benefit of the donor or			
Par	imper	missible private benefit?		D-4.11/	Yes No
		Conservation Easements. Complete if the organization		Part IV,	line 7.
1	_	ose(s) of conservation easements held by the organization	`		
		Preservation of land for public use (e.g., recreation or ed	. —	-	
	=	Protection of natural habitat	Preservation of a ce	rtitiea ni	storic structure
•		Preservation of open space	al a consequentia a contribution in the form		
2	-	plete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	or a co	
	,	f the tax year.			Held at the End of the Tax Year
					2a
			Ab in all rel al in (a)		2b
		per of conservation easements on a certified historic struc-			2c
		per of conservation easements included in (c) acquired aff	·		2d
		in the National Register per of conservation easements modified, transferred, relea			
3	year		ased, extinguished, or terminated by the	e organi.	zation during the tax
4	,	per of states where property subject to conservation ease	ment is located		
		the organization have a written policy regarding the period	·	-	
		ons, and enforcement of the conservation easements it h			Yes No
		and volunteer hours devoted to monitoring, inspecting, h			
-	•	g,			g ,
7	Amou	int of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conserva	ation eas	sements during the year
	▶\$, o, i, o,	, ,		<i>5</i>
8	Does	each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	(h)(4)(B)	(i)
	and s	ection 170(h)(4)(B)(ii)?			Yes No
		t XIII, describe how the organization reports conservation			
	includ	le, if applicable, the text of the footnote to the organization	on's financial statements that describes	the org	anization's accounting for
		ervation easements.			
Par	t III	Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther S	imilar Assets.
		Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the	organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue stater	ment an	d balance sheet works of art,
	histor	ical treasures, or other similar assets held for public exhit	oition, education, or research in furthera	ance of p	oublic service, provide, in Part XIII,
	the te	xt of the footnote to its financial statements that describe	es these items.		
b	If the	organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statemen	t and ba	lance sheet works of art, historical
	treasu	ures, or other similar assets held for public exhibition, edu	ication, or research in furtherance of pu	ıblic ser	vice, provide the following amounts
		ng to these items:			
	(i) R	evenue included on Form 990, Part VIII, line 1			> \$
	٠,				
2	If the	organization received or held works of art, historical treas	sures, or other similar assets for financia	al gain, p	provide
		llowing amounts required to be reported under SFAS 116			
		nue included on Form 990, Part VIII, line 1			
b	Asset	s included in Form 990, Part X			▶ \$

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

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		6,825.	6,257.	568.
e Other		1,701.	1,701.	0.
Total, Add lines 1a through 1e. (Column (d) must equ	al Form 990 Part Y colur	nn (B) line 10c)	•	568.

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 DOOK DM				ZUUUUZI Page
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	on Form 990, Part IV			d-of-year market value
/4\ =: : : : : : : : : : : : : : : : : : :	(b) Book value	(c) Method of V	Valuation. Cost of end	1-01-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C) (D)				
(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 v	valuation: Cost or end	d-of-year market value
<u>(1)</u>				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"		, line 11d. See Form 990,	Part X, line 15.	
	Description			(b) Book value
	AT COMM FD	<u>N</u>		46,927.
(2) OTHER ASSETS				315.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				47,242.
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	e 15.)		P	47,242.
Complete if the organization answered "Yes"	on Form 990 Part IV	line 11e or 11f See Forr	n 000 Part Y line 25	
1. (a) Description of liability	0111 01111 000, 1 art 14	(b) Book value	11 550, 1 art X, 1110 25	
(1) Federal income taxes		(-,	-	
(2)			-	
(3)			-	
(4)			_	
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)			

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

Schedule D (Form 990) 2016 BOOK 'EM			00621 Page
Part XI Reconciliation of Revenue per Audited Financial	Statements With Revenue p	er Return.	
Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	s	1	435,627
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
a Net unrealized gains (losses) on investments	2a 2,4	125. 525.	
b Donated services and use of facilities		25.	
c Recoveries of prior year grants			
d Other (Describe in Part XIII.)	2d		2 050
e Add lines 2a through 2d			3,050
3 Subtract line 2e from line 1		3	432,577
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 4- 1		
	4a 4b		
b Other (Describe in Part XIII.) c Add lines 4a and 4b		10	0.
c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. lin		4c	432,577
Part XII Reconciliation of Expenses per Audited Financia	Statements With Expenses		452,577
Complete if the organization answered "Yes" on Form 990, Part	•	•	
	,	1	423,141
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			- ,
a Donated services and use of facilities	2a	525.	
b Prior year adjustments			
c Other losses			
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d		2e	625
3 Subtract line 2e from line 1		3	422,516
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b		4c	0 .
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. I.	ne 18.)	5	422,516
Part XIII Supplemental Information.			
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a		/, line 4; Part X, I	ine 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi	de any additional information.		
DADE V I THE A.			
PART V, LINE 4:			
BOOK 'EM HAS A SMALL ENDOWMENT INTENDED	TO DROWING CHARTE	רווע אידו	
DOOK EM HAS A SMADD ENDOWMENT INTENDED	TO FROVIDE STABIL	LII AND	
CAPACITY-BUILDING FOR THE ORGANIZATION	TN THE FIITIRE TO CO	омитине и	чн
CALACILI BOLLDING TON THE ONOMILEMITON	IN THE TOTOKE TO CO	DIVITION I	. 11111
FULFILLMENT OF OUR MISSION.			
PART X, LINE 2:			
·			
THE ORGANIZATION IS EXEMPT FROM INCOME	TAXES UNDER SECTION	N 501(C)(3) OF
THE INTERNAL REVENUE CODE. ACCORDINGLY	, NO PROVISION FOR	INCOME T	TAXES HAS
BEEN MADE.			
			_
THE ORGANIZATION FOLLOWS GUIDANCE THAT	CLARIFIES THE ACCO	JNTING FO)R
INICIDES THEY IN THOSE STORE STORES	TAT AND DATES		
UNCERTAINTY IN INCOME TAXES RECOGNIZED	IN AN ENTITY'S FINA	ANCIAL	

Supplemental information (continued)
STATEMENTS. THIS GUIDANCE PRESCRIBES A MINIMUM PROBABILITY THRESHOLD THAT
A TAX POSITION MUST MEET BEFORE A FINANCIAL STATEMENT BENEFIT IS
RECOGNIZED. THE MINIMUM THRESHOLD IS DEFINED AS A TAX POSITION THAT IS
MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPLICABLE
TAXING AUTHORITY, INCLUDING RESOLUTION OF ANY RELATED APPEALS OR
LITIGATION PROCESSES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE
TAX BENEFIT TO BE RECOGNIZED IS MEASURED AS THE LARGEST AMOUNT OF BENEFIT
THAT IS GREATER THAN FIFTY PERCENT LIKELY OF BEING REALIZED UPON ULTIMATE
SETTLEMENT. THERE ARE NO TAX PENALTIES OR INTEREST REPORTED IN THE
ACCOMPANYING FINANCIAL STATEMENTS. THE ORGANIZATION HAD NO UNCERTAIN TAX
POSITIONS AT DECEMBER 31, 2016 AND 2015.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

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

2016

OMB No. 1545-0047

Open to Public Inspection

Name of the organization BOOK 'EM							Employer identification nu 58-20006	
Part I General Information on Grants a	nd Assistance						30 2000	
 Does the organization maintain records to criteria used to award the grants or assisted. Describe in Part IV the organization's process. 	stance?						on X Yes	☐ No
Part II Grants and Other Assistance to					anization answered "	Yes" on Form 990. Part	: IV. line 21. for any	
recipient that received more than \$							···· , ····· ,	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
CHARLOTTE PARK ELEM SCHOOL								
480 ANNEX AVE		GOVERNMENT						
NASHVILLE, TN 37209	62-1374133	ENTITY	0.	9,600.	\$5 PER BOOK	BOOKS	TO PROMOTE READING	
COMMUNITY RESOURCE CTR 218 OMOHUNDRO PLACE NASHVILLE, TN 37210	62-1308387	501(C)(3)	0.	26 350	\$5 PER BOOK	BOOKS	TO PROMOTE READING	
CARTER-LAWRENCE ELE SCHOOL 1118 12TH AVE A		GOVERNMENT	0.					
NASHVILLE, TN 37203	62-1377703	ENITIY	0.	10,185.	\$5 PER BOOK	BOOKS	TO PROMOTE READING	
KIRKPATRICK EN OPT ELE SCHOOL 1000 SEVIER ST NASHVILLE, TN 37206	62-1377849	GOVERNMENT ENTITY	0.	5,715.	\$5 PER BOOK	BOOKS	TO PROMOTE READING	
FALL-HAMILTON EN OPT ELE SCH 510 WEDGEWOOD AVE NASHVILLE, TN 37203	62-1374429	GOVERNMENT ENTITY	0.	6,880.	\$5 PER BOOK	BOOKS	TO PROMOTE READING	
COCKRILL ELEMENTARY SCHOOL 4701 INDIANA AVE		GOVERNMENT		10.050	AL DED DOOR	Doorg	TO DECYCHI DELDING	
NASHVILLE, TN 37209	62-1378636		0.	10,850.	\$5 PER BOOK	BOOKS	TO PROMOTE READING	<u> </u>
2 Enter total number of section 501(c)(3) at3 Enter total number of other organizations	•	•	e line 1 table					6. 14.

58-2000621

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	izations in the Un	ited States (Sch	nedule I (Form 990), Pa	rt II.)	70 2000021
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLENVIEW ELEMENTARY							
1020 PATRICIA DRIVE							
NASHVILLE, TN 37217	62-1381972	GOVERNMENT ENTIT	0.	9,250.	\$5 PER BOOK	BOOKS	TO PROMOTE READING
LAST MINUTE TOY STORE							
6018 NEW YORK AVENUE							
NASHVILLE, TN 37209	62-1424093	501(C)(3)	0.	5,000.	\$5 PER BOOK	BOOKS	TO PROMOTE READING
NATIONAL HOOK-UP OF BLACK WOMEN,							
INC - P.O. BOX 281616 - NASHVILLE,							
TN 37228	30-0578285	501(C)(3)	0.	5,000.	\$5 PER BOOK	BOOKS	TO PROMOTE READING
PARK AVENUE ELEMENTARY							
3703 PARK AVENUE	60 1256500			11 565	#5 DDD Door	20077	
NASHVILLE, TN 37209	62-13/6/92	GOVERNMENT ENTIT	0.	11,765.	\$5 PER BOOK	BOOKS	TO PROMOTE READING
MT. VIEW ELEMENTARY							
3820 MURFREESBORO ROAD							
ANTIOCH, TN 37013	41-2035332	GOVERNMENT ENTIT	0.	7,725.	\$5 PER BOOK	BOOKS	TO PROMOTE READING
TOM JOY ELEMENTARY							
2201 JONES AVE	60 64 20 440						L
NASHVILLE, TN 37207	62-6132448	GOVERNMENT ENTIT	0.	13,440.	\$5 PER BOOK	BOOKS	TO PROMOTE READING
TUSCULUM ELEMENTARY							
4917 NOLENSVILLE PIKE							
NASHVILLE, TN 37211	62-1203323	GOVERNMENT ENTIT	0.	7,800.	\$5 PER BOOK	BOOKS	TO PROMOTE READING
·				,			
WARNER ELEMENTARY							
626 RUSSELL STREET							
NASHVILLE, TN 37206	62-1374434	GOVERNMENT ENTIT	0.	5,605.	\$5 PER BOOK	BOOKS	TO PROMOTE READING
MEHARRY MEDICAL CENTER							
MEHARRY MEDICAL CENTER 1005 DR. D.B. TODD JR BLVD							
NASHVILLE, TN 37208	62-0488046	501(C)(3)	0.	5 000	\$5 PER BOOK	BOOKS	TO PROMOTE READING
	1 22 2400040		<u> </u>	J,000.	F TER BOOK	F-54.5	Lo Indial Kumbing

58-2000621

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	izations in the Un	ited States (Sch	nedule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CANE RIDGE ELEMENTARY							
3884 ASHEFORD TRACE							
ANTIOCH, TN 37013	45-5349142	GOVERNMENT ENTIT	0.	5 000	\$5 PER BOOK	BOOKS	TO PROMOTE READING
,				,,,,,,,			
MAPLEWOOD HIGH							
401 WALTON LANE							
NASHVILLE, TN 37216	62-1374496	GOVERNMENT ENTIT	0.	5,045.	\$5 PER BOOK	BOOKS	TO PROMOTE READING
MNPS SUMMER READING CLINICS							
2601 BRANSFORD AVENUE							
NASHVILLE, TN 37204	62-0717138	GOVERNMENT ENTIT	0.	5,280.	\$5 PER BOOK	BOOKS	TO PROMOTE READING
ME GTON DADETCE CHIEDCH							
MT ZION BAPTIST CHURCH 1112 JEFFERSON STREET							
NASHVILLE, TN 37208	62-1189845	E01/G)/3)	0.	0 400	\$5 PER BOOK	BOOKS	TO PROMOTE READING
NASHVILLE, IN 37206	02-1109045	501(C)(3)	0.	0,400.	\$5 PER BOOK	BOOKS	TO PROMOTE READING
KIPP KIRKPATRICK NASHVILLE							
1000 SEVIER ST							
NASHVILLE, TN 37206	20-2799123	501(C)(3)	0.	5,215.	\$5 PER BOOK	BOOKS	TO PROMOTE READING
,				, -			
							0.1.1.1.1/5

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.										
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance					
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.						
PART I, LINE 2:										
BOOK'EM PROVIDES BOOKS TO MANY OF	THE SAME	ORGANIZATI	ONS FROM Y	EAR TO YEAR.						
OUR STAFF AND VOLUNTEERS KNOW THESI	E GROUPS,	VISIT MAN	Y OF THEM,	AND HELP						
DISTRIBUTE THE BOOKS IN MANY CASES	. THROUG	H THESE EF	FFORTS, WE	ARE ABLE TO						
MONITOR THEIR ELIGIBILITY AND COMP	LIANCE. B	SEFORE A NE	EW ORGANIZA	TION IS						
PROVIDED BOOKS, THE STAFF TALKS WIT	TH THEIR	PERSONNEL	TO ASCERTA	IN THE						
NATURE OF THEIR WORK, THEIR ELIGIB:	ILITY, AN	D THAT THE	EY UNDERSTA	ND OUR						
GUIDELINES. THEN, WE BEGIN DEVELOP	ING A REL	ATIONSHIP	WITH THEM	IF THEY ARE						
ELIGIBLE TO RECEIVE BOOKS FROM BOOK'EM.										

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

(d)

Method of determining

noncash contribution amounts

Department of the Treasury Internal Revenue Service

Part I

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

(b)

Number of

contributions or

(a)

Check if

applicable

➤ Attach to Form 990.

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

Name of the organization BOOK 'EM

Types of Property

Employer identification number 58-2000621

(c)

Noncash contribution

amounts reported on

			Inchis continuated	TOTTI 330, Tart V	n, mic ig				
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications	X		250	,299.	\$5 PER	BOOK		
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other								
26	Other								
27	Other								
28	Other (
29	Number of Forms 8283 received by the organia	zation during	g the tax year for co	ontributions					
	for which the organization completed Form 82	.83, Part IV, I	Donee Acknowledg	ement	29				
								Yes	No
30a	During the year, did the organization receive b								
	must hold for at least three years from the date		al contribution, and	which isn't require	ed to be u	sed for			
	exempt purposes for the entire holding period	?					30	Оа	X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p					tions?	<u> 3</u>	1	<u> </u>
32a	Does the organization hire or use third parties		•						,
	contributions?						3	2a	X
	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	column (c) for	r a type of property	for which column	(a) is che	cked,			
	describe in Part II.								
HA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990	1_		Sch	nedule M (Fo	rm 990)	(2016)

Schedule M	(Form 990) (2016) BOOK 'EM Supplemental Information. Provide the information required by Part I, lines 30b, 32b, ar	58-2000621	Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, ar is reporting in Part I, column (b), the number of contributions, the number of items received, or a this part for any additional information.	nd 33, and whether the organizati combination of both. Also compl	on ete

SCHEDULE 0

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.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

BOOK 'EM

Employer identification number 58-2000621

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
DISADVANTAGED CHILDREN FROM BIRTH THROUGH HIGH SCHOOL DISCOVER THE JOY
AND VALUE OF READING THROUGH BOOK OWNERSHIP AND ENTHUSIASTIC
VOLUNTEERS.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
THROUGH OUR BOOKS FOR NASHVILLE KIDS PROGRAM, BOOK'EM PROVIDED MORE
THAN 55,000 BOOKS TO ABOUT 90 DIFFERENT NONPROFITS, SCHOOLS AND
GOVERNMENT AGENCIES, WHO GAVE THEM TO THOUSANDS OF UNDERPRIVILEGED
YOUTH IN THE NASHVILLE AREA. MOST OF THESE BOOKS WERE DONATED TO
BOOK'EM BY VARIOUS BUSINESSES, INDIVIDUALS, CHURCHES, SCHOOLS AND
ORGANIZATIONS.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
READING IS FUNDAMENTAL SERVED MORE THAN 3,300 ECONOMICALLY
DISADVANTAGED ELEMENTARY CHILDREN IN THIRTEEN METRO NASHVILLE PUBLIC
SCHOOLS. THROUGHOUT THE YEAR, 200 READING VOLUNTEERS SHARED THEIR LOVE
OF READING WITH THEIR ASSIGNED CLASSROOM. STUDENTS SELECTED MORE THAN
17,000 BOOKS TO TAKE HOME WITH THEM TO CHERISH AND READ AS OFTEN AS
THEY WANTED.
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
CARING ADULT, WHO LOVES THEM AND LOVES READING.

Name of the organization

BOOK 'EM

Employer identification number 58-2000621

LATE FEBRUARY/EARLY MARCH, SCHOOLS THROUGHOUT DAVIDSON COUNTY

CELEBRATED READING IN MANY DIFFERENT WAYS, SUCH AS SCHOOL WIDE ASSEMBLY

PROGRAMS, DOOR-DECORATING CONTESTS, READ-A-THONS, DRESSING UP AS

CHARACTERS FROM BOOKS, HAVING CLASSROOM READERS AND MORE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

BOOK'EM HELD A FABULOUS READ ME DAY CELEBRATION AT TOM JOY ELEMENTARY
SCHOOL IN PARTNERSHIP WITH MANY COMMUNITY MEMBERS.

EXPENSES \$ 7,589. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

LINE 11A EXPLANATION - BEFORE THE FORM 990 IS FILED, THE TREASURER,

ACCOUNTANT AND EXECUTIVE DIRECTOR REVIEW IT FOR ACCURACY. A DRAFT VERSION

IS ALSO SENT ELECTRONICALLY TO ALL BOARD MEMBERS PRIOR TO FILING FOR THEIR

REVIEW PURPOSES.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH YEAR BOARD MEMBERS MUST COMPLETE A FORM INDICATING ANY AFFILIATIONS

THEY HAVE WITH OTHER ORGANIZATIONS AND COMPANIES, AS WELL AS CONFIRMING

THAT THEY HAVE READ OUR CONFLICT OF INTEREST POLICY. IN ADDITION, THIS IS

DISCUSSED AT THE FIRST BOARD MEETING OF THE FISCAL YEAR.

FORM 990, PART VI, SECTION B, LINE 15:

A COMMITTEE OF BOARD MEMBERS RESEARCHED COMPARABLE NONPROFIT ORGANIZATIONS

AND THE FULL BOARD DISCUSSED THE EXECUTIVE DIRECTOR'S COMPENSATION AND EACH

KEY EMPLOYEE'S COMPENSATION FULLY BEFORE VOTING TO APPROVE THEM.

FORM 990, PART VI, SECTION C, LINE 19:

<u>Schedule O (Form 990 or 990-EZ) (2016)</u>				Page 2
Name of the organization BOOK 'EM	Emp !	loyer i 58-2	identifica 200062	tion number
THE DOCUMENTS ARE MADE AVAILABLE ON GIVINGMATTERS.COM WE	BSITE	AS	PART	OF
THE ORGANIZATION'S NON-PROFIT PROFILE AND UPON REQUEST.				