

**Caution:** Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

PUBLIC DISCLOSURE COPY

Form **990**

Department of the Treasury  
Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

**A** For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>REACH OUT AND READ, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>89 SOUTH STREET 201</b> City or town, state or province, country, and ZIP or foreign postal code <b>BOSTON, MA 02111</b>	<b>D</b> Employer identification number <b>04-3481253</b>  <b>E</b> Telephone number <b>617-455-0600</b>
<b>F</b> Name and address of principal officer: <b>MARTY MARTINEZ</b> <b>SAME AS C ABOVE</b>		<b>G</b> Gross receipts \$ <b>15,173,728.</b> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.REACHOUTANDREAD.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1999</b> <b>M</b> State of legal domicile: <b>MA</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>REACH OUT AND READ GIVES YOUNG CHILDREN A FOUNDATION FOR SUCCESS BY INCORPORATING BOOKS INTO</b> <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. <b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <b>23</b> <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <b>23</b> <b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a) ..... <b>5</b> <b>67</b> <b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> <b>40000</b> <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <b>0.</b> <b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 ..... <b>7b</b> <b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) ..... <b>12,153,273.</b> <b>Prior Year</b> <b>15,112,670.</b> <b>Current Year</b> <b>9</b> Program service revenue (Part VIII, line 2g) ..... <b>0.</b> <b>0.</b> <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>30,108.</b> <b>3,697.</b> <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b>5,166.</b> <b>57,361.</b> <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>12,188,547.</b> <b>15,173,728.</b>	
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... <b>4,749,932.</b> <b>4,821,526.</b> <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) ..... <b>0.</b> <b>0.</b> <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <b>5,366,588.</b> <b>5,465,376.</b> <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) ..... <b>0.</b> <b>0.</b> <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,030,762.</b> <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... <b>2,256,421.</b> <b>2,332,232.</b> <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>12,372,941.</b> <b>12,619,134.</b> <b>19</b> Revenue less expenses. Subtract line 18 from line 12 ..... <b>-184,394.</b> <b>2,554,594.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) ..... <b>7,067,132.</b> <b>Beginning of Current Year</b> <b>10,124,014.</b> <b>End of Year</b> <b>21</b> Total liabilities (Part X, line 26) ..... <b>1,482,923.</b> <b>1,985,211.</b> <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 ..... <b>5,584,209.</b> <b>8,138,803.</b>	

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <b>MARTY MARTINEZ, CEO/PRESIDENT</b> Type or print name and title	Date _____		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JOLANTA TUCK, CPA</b>	Preparer's signature <b>JOLANTA TUCK, CPA</b>	Date <b>03/11/22</b>	Check <input type="checkbox"/> if self-employed PTIN <b>P01340068</b>
	Firm's name ▶ <b>COHNREZNICK LLP</b> Firm's address ▶ <b>10 FORBES ROAD, STE 200 BRAINTREE, MA 02184</b>	Firm's EIN ▶ <b>22-1478099</b> Phone no. (781) 380-3520		

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: TO GIVE YOUNG CHILDREN A FOUNDATION FOR SUCCESS BY INCORPORATING BOOKS INTO PEDIATRIC CARE AND ENCOURAGING FAMILIES TO READ ALOUD TOGETHER.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 10,123,983. including grants of \$ 4,821,526. ) (Revenue \$ ) REACH OUT AND READ IS THE ONLY NATIONAL EARLY LITERACY ORGANIZATION WORKING DIRECTLY WITH PEDIATRIC CARE PROVIDERS TO INCORPORATE THE PROMOTION OF READING ALOUD TO CHILDREN EVERY DAY. REACH OUT AND READ'S MISSION IS TO GIVE YOUNG CHILDREN A FOUNDATION FOR SUCCESS BY INCORPORATING BOOKS INTO PEDIATRIC CARE AND ENCOURAGING FAMILIES TO READ ALOUD TOGETHER. READING ALOUD TO YOUNG CHILDREN IS ONE CORE STRATEGY FOR PROMOTING HEALTHY RELATIONSHIPS AND POSITIVE INTERACTIONS EARLY IN LIFE. THE PROGRAM BEGINS IN INFANCY AND CONTINUES THROUGH AGE FIVE, WITH A SPECIAL EMPHASIS ON CHILDREN GROWING UP IN UNDER-RESOURCED COMMUNITIES.

PEDIATRIC TEAMS WHO ARE INVOLVED IN THE ORGANIZATION GIVE BRAND-NEW,

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 10,123,983.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....	<b>3</b>	X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	<b>4</b> X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....	<b>5</b>	X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>8</b>	X
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> .....	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>10</b> X	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>11a</b> X	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> .....	<b>11b</b>	X
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> .....	<b>11c</b>	X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11e</b> X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11f</b>	X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>12a</b> X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	<b>14b</b>	X
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	<b>15</b>	X
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	<b>16</b>	X
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i> .....	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<b>18</b>	X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b>	
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>21</b> X	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note:** All Form 990 filers are required to complete Schedule O

**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
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 16 regarding employee counts, tax filings, and organizational compliance.

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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (23), 1b (23), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b (X), 11a (X), 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b (X).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AR, CO, CT, FL, GA, IL, KS, KY, MA, MD, MI
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on 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.
20 State the name, address, and telephone number of the person who possesses the organization's books and records MASHAEL AL-ASOUSI - 617-455-0600 89 SOUTH STREET, NO. 201, BOSTON, MA 02111

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CALLEE BOULWARE REGIONAL EXECUTIVE DIRECTOR	40.00					X	169,937.	0.	36,941.	
(2) AMY ERICKSON REGIONAL EXECUTIVE DIRECTOR	40.00					X	141,579.	0.	36,254.	
(3) BRIAN GALLAGHER CEO/PRESIDENT/CLERK	40.00	X		X			158,166.	0.	19,372.	
(4) LAMBRINA KLESS CHIEF OPERATING OFFICER	40.00					X	142,034.	0.	23,598.	
(5) JESSICA MORTENSEN REGIONAL EXECUTIVE DIRECTOR	40.00					X	133,481.	0.	16,842.	
(6) ERIN HENRY CHIEF DEVELOPMENT OFFICER	40.00					X	130,270.	0.	12,005.	
(7) ROBERT NEEDLMAN DIRECTOR	3.00	X					0.	0.	0.	
(8) CURTIS GRAY CHAIR	3.00	X		X			0.	0.	0.	
(9) LISA LBOVITZ EX OFFICIO DIRECTOR	3.00	X					0.	0.	0.	
(10) PERRI KLASS DIRECTOR	3.00	X					0.	0.	0.	
(11) THOMAS DEWITT DIRECTOR	3.00	X					0.	0.	0.	
(12) BENITA SOMERFIELD EX OFFICIO DIRECTOR	3.00	X					0.	0.	0.	
(13) DIPESH NAVSARIA VICE CHAIR	3.00	X		X			0.	0.	0.	
(14) CLAUDIA ARISTY DIRECTOR	3.00	X					0.	0.	0.	
(15) EVAN KEYSER TREASURER	3.00	X		X			0.	0.	0.	
(16) KYU RHEE DIRECTOR	3.00	X					0.	0.	0.	
(17) ROBBIE HARRIS DIRECTOR	3.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ANDRES SATIZABAL DIRECTOR	3.00	X						0.	0.	0.
(19) TERRI MCFADDEN DIRECTOR	3.00	X						0.	0.	0.
(20) TODD NICOLET DIRECTOR	3.00	X						0.	0.	0.
(21) SHANA HOFFMAN DIRECTOR	3.00	X						0.	0.	0.
(22) LILLY DESOUZA BURR DIRECTOR	3.00	X						0.	0.	0.
(23) JUDY NEWMAN DIRECTOR	3.00	X						0.	0.	0.
(24) MARK DEL MONTE DIRECTOR	3.00	X						0.	0.	0.
(25) TRUDE HAECKER DIRECTOR	3.00	X						0.	0.	0.
(26) LAURA BAILET DIRECTOR	3.00	X						0.	0.	0.
<b>1b Subtotal</b>								875,467.	0.	145,012.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								875,467.	0.	145,012.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **10**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
E-CRATCHIT 2 SHARP STREET, HINGHAM, MA 02043	CONTRACT CFO: FINANCIAL, ACCT AND	149,240.
POSITIVELY PARTNERS 89 SOUTH STREET, BOSTON, MA 02111	SOCIAL IMPACT STRATEGY	114,195.
CHRISTINE HUGHES CMR 489 BOX 456, APO, AE 09751	CONSULTING	111,914.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **3**

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	4,529,865.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	10,582,805.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 2,423,716.				
	<b>h Total.</b> Add lines 1a-1f .....		15,112,670.				
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		3,697.			3,697.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>					
	<b>c</b> Gain or (loss) .....	<b>7c</b>					
	<b>d</b> Net gain or (loss) .....						
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....		900099	57,361.	57,361.		
	<b>e Total.</b> Add lines 11a-11d .....			57,361.			
<b>12 Total revenue.</b> See instructions .....			15,173,728.	57,361.	0.	3,697.	

**Part IX Statement of Functional Expenses**

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, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,821,526.	4,821,526.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	162,959.		162,959.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	4,322,537.	3,157,325.	645,083.	520,129.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	134,891.	95,343.	23,842.	15,706.
<b>9</b> Other employee benefits	505,552.	370,419.	74,111.	61,022.
<b>10</b> Payroll taxes	339,437.	239,919.	59,994.	39,524.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	1,050.		1,050.	
<b>c</b> Accounting	180,513.		180,513.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	1,014,766.	728,828.	39,958.	245,980.
<b>12</b> Advertising and promotion	17,878.			17,878.
<b>13</b> Office expenses	504,988.	212,088.	179,868.	113,032.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	66,841.	33,419.	16,711.	16,711.
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	101,554.	99,506.	1,268.	780.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	79,032.		79,032.	
<b>23</b> Insurance				
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>COALITIONS</b>	322,830.	322,830.		
<b>b</b> <b>RESEARCH AND EVALUATION</b>	27,803.	27,803.		
<b>c</b> <b>LITERACY MATERIALS</b>	14,977.	14,977.		
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	12,619,134.	10,123,983.	1,464,389.	1,030,762.
<b>26</b> <b>Joint costs.</b> 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)

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	4,025,738.	<b>1</b>	6,460,833.
	<b>2</b> Savings and temporary cash investments .....	864,574.	<b>2</b>	865,520.
	<b>3</b> Pledges and grants receivable, net .....	1,425,990.	<b>3</b>	1,668,305.
	<b>4</b> Accounts receivable, net .....	117,027.	<b>4</b>	514,418.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	30,814.	<b>9</b>	51,541.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 584,458.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 185,055.	425,295.	<b>10c</b> 399,403.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....	66,217.	<b>14</b>	52,517.
	<b>15</b> Other assets. See Part IV, line 11 .....	111,477.	<b>15</b>	111,477.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	7,067,132.	<b>16</b>	10,124,014.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	539,229.	<b>17</b>	1,046,627.
	<b>18</b> Grants payable .....	10,514.	<b>18</b>	5,404.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	933,180.	<b>25</b>	933,180.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,482,923.	<b>26</b>	1,985,211.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	3,174,846.	<b>27</b>	5,538,599.
	<b>28</b> Net assets with donor restrictions .....	2,409,363.	<b>28</b>	2,600,204.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	5,584,209.	<b>32</b>	8,138,803.
<b>33</b> Total liabilities and net assets/fund balances .....	7,067,132.	<b>33</b>	10,124,014.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,173,728.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,619,134.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,554,594.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,584,209.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	8,138,803.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2020)



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	12,413,692.	14,661,823.	11,555,212.	12,153,273.	15,112,670.	65,896,670.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....	12,413,692.	14,661,823.	11,555,212.	12,153,273.	15,112,670.	65,896,670.
<b>5</b> 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) .....						10,511,957.
<b>6 Public support.</b> Subtract line 5 from line 4.						55,384,713.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	12,413,692.	14,661,823.	11,555,212.	12,153,273.	15,112,670.	65,896,670.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	1,950.	4,650.	15,756.	30,108.	3,697.	56,161.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	2,348.		6,507.	5,166.	57,361.	71,382.
<b>11 Total support.</b> Add lines 7 through 10						66,024,213.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).....	<b>14</b>	83.89 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	79.92 %
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
<b>2a</b>		
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI</b> .		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

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 complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	<b>5</b>
<b>6</b>	Other distributions (describe in Part VI). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
<b>7</b> Excess distributions carryover to 2021. Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

SPECIAL EVENT FEES

2016 AMOUNT: \$ 2,055.

OTHER INCOME

2016 AMOUNT: \$ 293.

2018 AMOUNT: \$ 6,507.

2019 AMOUNT: \$ 5,166.

2020 AMOUNT: \$ 57,361.

**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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Name of the organization

**REACH OUT AND READ, INC.**

Employer identification number

**04-3481253**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) 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 any one contributor, 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; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on 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).

Name of organization  <b>REACH OUT AND READ, INC.</b>	Employer identification number  <b>04-3481253</b>
---	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ <u>717,234.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>495,300.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>308,633.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>821,230.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>REACH OUT AND READ, INC.</b>	Employer identification number  <b>04-3481253</b>
---	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/> <hr/>	\$ <u>897,535.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>REACH OUT AND READ, INC.</b>	Employer identification number <b>04-3481253</b>
---	---

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	BOOKS _____ _____ _____	\$ 717,234.	_____
4	BOOKS _____ _____ _____	\$ 308,633.	_____
6	BOOKS _____ _____ _____	\$ 821,230.	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization <b>REACH OUT AND READ, INC.</b>	Employer identification number <b>04-3481253</b>
---	---

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for 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 Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2020**

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
 ▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**Open to Public Inspection**

**If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>REACH OUT AND READ, INC.</b>	Employer identification number <b>04-3481253</b>
---	---

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ..... ▶ \$ \_\_\_\_\_

3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No

4a Was a correction made? .....  Yes  No

b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_

4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2020

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b>	Other exempt purpose expenditures .....														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
<b>2a</b>	Lobbying nontaxable amount				
<b>b</b>	Lobbying ceiling amount (150% of line 2a, column(e))				
<b>c</b>	Total lobbying expenditures				
<b>d</b>	Grassroots nontaxable amount				
<b>e</b>	Grassroots ceiling amount (150% of line 2d, column (e))				
<b>f</b>	Grassroots lobbying expenditures				

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	X		111,360.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?		X	
<b>j</b> Total. Add lines 1c through 1i			111,360.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	2a	
<b>b</b> Carryover from last year	2b	
<b>c</b> Total	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
<b>5</b> Taxable amount of lobbying and political expenditures (See instructions)	5	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

REACH OUT AND READ STAFF, CONSULTANTS, AND VOLUNTEERS VISIT WITH LEGISLATORS (BOTH STATE AND FEDERAL) TO EDUCATE THEM ON THE REACH OUT AND READ MODEL AND ITS IMPACT, AND TO ENCOURAGE LAWMAKERS TO CONSIDER CONTINUATION OF STATE FUNDING AND RENEWAL OF FEDERAL FUNDING. REACH OUT AND READ ALSO GUIDES AND ENCOURAGES INDIVIDUALS ACROSS THE COUNTRY TO



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization REACH OUT AND READ, INC. Employer identification number 04-3481253

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, a table for 2a-2d (Total number, acreage, certified historic structures, acquired after 7/25/06), and questions about modified easements, states, monitoring policy, staff hours, expenses, and reporting requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and a table for 2a-2b (Revenue and assets included).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	111,477.	111,477.	111,477.	111,477.	111,477.
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	111,477.	111,477.	111,477.	111,477.	111,477.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  100.0000 %
  - c Term endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes                      | No                                  |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

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		584,458.	185,055.	399,403.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				399,403.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>NOTES PAYABLE - PAYCHECK</b>	
(3) <b>PROTECTION PROGRAM</b>	933,180.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	933,180.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....	<b>1</b>	15,221,684.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments .....	<b>2a</b>	
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>	47,956.
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	47,956.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	15,173,728.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....	<b>5</b>	15,173,728.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements .....	<b>1</b>	12,667,090.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>	47,956.
<b>b</b>	Prior year adjustments .....	<b>2b</b>	
<b>c</b>	Other losses .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	47,956.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	12,619,134.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....	<b>5</b>	12,619,134.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4:**

PERMANENTLY RESTRICTED NET ASSETS CONSIST OF ENDOWMENT FUNDS THAT  
 PERMANENTLY RESTRICT THE PRINCIPAL.

**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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization **REACH OUT AND READ, INC.** Employer identification number **04-3481253**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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
MIAMI-DADE FAMILY LEARNING PARTNERSHIP - 10800 BISCAYNE BLVD. - MIAMI, FL 33161	14-1016606	3	0.	131,048.	FMV	BOOKS	ENCOURAGE READING
OAK WEST HEALTH CENTER / PARKLAND HEALTH AND HOSPITAL SYSTEM - 4201 BROOK SPRING DR. - DALLAS, TX 75224-4968	91-1349657	3	0.	125,000.	FMV	BOOKS	ENCOURAGE READING
REACH OUT AND READ GREATER NEW YORK - 105 W 86TH STREET - NEW YORK, NY 10024	13-4080045	3	0.	100,000.	FMV	BOOKS	ENCOURAGE READING
SOONER PEDIATRICS / 1200 CHILDREN'S AVENUE OKLAHOMA CITY, OK 73104	73-6017987	3	0.	85,298.	FMV	BOOKS	ENCOURAGE READING
PEDIATRIC CENTER OF ROUND ROCK 340 HAWKINS RUN ROAD MIDLOTHIAN, TX 76065	74-2973219		0.	62,500.	FMV	BOOKS	ENCOURAGE READING
DRISCOLL CHILDREN'S HOSPITAL HIGH RISK INFANT FOLLOW-UP PROGRAM / - 3533 S. ALAMEDA ST. - CORPUS CHRISTI, TX 78411	74-2577746	3	0.	62,500.	FMV	BOOKS	ENCOURAGE READING

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **97.**

3 Enter total number of other organizations listed in the line 1 table **194.**

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

Schedule I (Form 990) 2020

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
KANSAS UNIVERSITY ENDOWMENT ASSOCIATION - 3901 RAINBOW BLVD. - KANSAS CITY, KS 66160	48-0547734	3	0.	50,000.	FMV	BOOKS	ENCOURAGE READING
LIFE CYCLE PEDIATRICS / 2739 FELTON DRIVE EAST POINT, GA 30344	31-1833868		0.	45,573.	FMV	BOOKS	ENCOURAGE READING
VARIETY CARE STRAKA / 1025 STRAKA TERRACE OKLAHOMA CITY, OK 73139	73-1088577	3	0.	37,339.	FMV	BOOKS	ENCOURAGE READING
CHARLOTTE PEDIATRIC CLINIC-STEELE CREEK / - 13640 STEELECROFT PARKWAY - CHARLOTTE, NC 28278	56-0529945		0.	32,454.	FMV	BOOKS	ENCOURAGE READING
LUMBERTON CHILDREN'S CLINIC / 400 LIBERTY HILL ROAD LUMBERTON, NC 28358-2446	56-1133868		0.	30,200.	FMV	BOOKS	ENCOURAGE READING
CENTER FOR THE URBAN CHILD AT ST. CHRISTOPHER'S HOSPITAL FOR CHILDREN / - 160 EAST ERIE AVENUE - PHILADELPHIA, PA 19134	23-2274198		0.	30,000.	FMV	BOOKS	ENCOURAGE READING
THE LONGSTREET CLINIC, PC GAINESVILLE / CENTER FOR PEDIATRICS - 725 JESSE JEWELL PARKWAY, STE. 100 - GAINESVILLE,	58-2117020		0.	29,846.	FMV	BOOKS	ENCOURAGE READING
NEW HANOVER REGIONAL MEDICAL CENTER / NUNNELEE PEDIATRIC CLINICS - 510 CAROLINA BAY DR. - WILMINGTON, NC 28403	27-2791351	3	0.	29,620.	FMV	BOOKS	ENCOURAGE READING
JACKSONVILLE CHILDRENS CLINIC / 120 MEMORIAL DRIVE JACKSONVILLE, NC 28546	58-1278921		0.	28,983.	FMV	BOOKS	ENCOURAGE READING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
BOSTON MEDICAL CENTER / PEDIATRIC PRIMARY CARE - 850 HARRISON AVENUE - BOSTON, MA 02118-4001	04-3314093	3	0.	28,456.	FMV	BOOKS	ENCOURAGE READING
ATRIUM HEALTH/LEVINE CHILDREN'S HOSPITAL / MYERS PARK PEDIATRICS - 1350 SOUTH KINGS DR. - CHARLOTTE, NC 28207-2134	56-0621073	3	0.	27,596.	FMV	BOOKS	ENCOURAGE READING
DUKE CHILDREN'S PRIMARY CARE / 4020 N ROXBORO ROAD DURHAM, NC 27704-2120	56-0532129	3	0.	27,111.	FMV	BOOKS	ENCOURAGE READING
UNITED WAY OF GREATER NEWARK 60 PARK PLACE - SUITE 1400 NEWARK, NJ 07102	22-6069078	3	0.	26,756.	FMV	BOOKS	ENCOURAGE READING
ROCKET PEDIATRICS / RUPPERT HEALTH CENTER - 3000 ARLINGTON AVENUE - TOLEDO, OH 43614-5811	34-6555110	3	0.	26,400.	FMV	BOOKS	ENCOURAGE READING
NOVANT HEALTH-CHILD AND ADOLESCENT MEDICAL GROUP-MONROE / - 1994 WELLNESS BLVD - MONROE, NC 28110	58-1728803		0.	25,965.	FMV	BOOKS	ENCOURAGE READING
ATRIUM HEALTH LEVINE CHILDREN'S ROCK HILL PEDIATRIC ASSOCIATES - 1656 RIVERCHASE BLVD - ROCK HILL, SC 29732-1808	20-3146968		0.	25,083.	FMV	BOOKS	ENCOURAGE READING
COASTAL CHILDREN'S CLINIC / 703 NEWMAN RD. NEW BERN, NC 28562	56-1018571		0.	24,526.	FMV	BOOKS	ENCOURAGE READING
UNIVERSITY OF OKLAHOMA PEDIATRIC CLINIC / - 4444 E 41ST STREET - TULSA, OK 74135-2527	14-1883809	3	0.	22,762.	FMV	BOOKS	ENCOURAGE READING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
SHELBY CHILDRENS CLINIC / 709 N. DEKALB ST. SHELBY, NC 28150	56-1667838		0.	20,766.	FMV	BOOKS	ENCOURAGE READING
MOUNTAIN VIEW PEDIATRICS / C/O BURKE COUNTY LITERACY COUNCIL - 517 W. FLEMING DR - CO NCSD - MORGANTON, NC 28655	56-1484668	3	0.	19,525.	FMV	BOOKS	ENCOURAGE READING
THE CHILDREN'S REGIONAL CENTER AT CAMDEN / COOPER UNIVERSITY HOSPITAL - 3 COOPER PLAZA, SUITE 200 - CAMDEN, NJ 08103-1438	22-2965846	3	0.	19,480.	FMV	BOOKS	ENCOURAGE READING
GOLDSBORO PEDIATRICS, P.A. / 2706 MEDICAL OFFICE PLACE GOLDSBORO, NC 27534-9460	57-0672117	3	0.	18,872.	FMV	BOOKS	ENCOURAGE READING
UNIVERSITY PEDIATRICS / 101 E. WT HARRIS BLVD CHARLOTTE, NC 28262	56-1820778		0.	17,852.	FMV	BOOKS	ENCOURAGE READING
UNIVERSITY FAMILY MEDICINE DEPARTMENT / - 900 NE 10TH STREET - OKLAHOMA CITY, OK 73104-5420	73-6017987		0.	17,016.	FMV	BOOKS	ENCOURAGE READING
CHARLOTTE PEDIATRIC CLINIC - SOUTHPARK / ATRIUM HEALTH - 4501 CAMERON VALLEY PARKWAY - CHARLOTTE, NC 28211	56-0529945	3	0.	16,584.	FMV	BOOKS	ENCOURAGE READING
PEDIATRIC ASSOCIATES OF CHARLOTTESVILLE / - 1011 EAST JEFFERSON ST - CHARLOTTEVILLE, VA 22902	05-4902611		0.	16,545.	FMV	BOOKS	ENCOURAGE READING
THE PEDIATRIC HEALTH CENTER AT NEWARK BETH ISRAEL MEDICAL CENTER / - 166 LYONS AVENUE - NEWARK, NJ 07112-2016	02-2345231	3	0.	16,429.	FMV	BOOKS	ENCOURAGE READING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
NOVANT HEALTH-PEDIATRICS SOUTH END / PEDIATRICS SOUTH END - 2400 SOUTH BOULEVARD SUITE 103 - CHARLOTTE, NC 28203	58-1728803		0.	15,422.	FMV	BOOKS	ENCOURAGE READING
NAVAL MEDICAL CENTER CAMP LEJEUNE / PEDIATRIC CLINIC - 100 BREWSTER BLVD. - CAMP LEJEUNE, NC 28547-2538	56-1897849		0.	15,179.	FMV	BOOKS	ENCOURAGE READING
CENTRAL OREGON PEDIATRIC ASSOCIATES / - 2200 NE PROFESSIONAL CT. - BEND, OR 97701	93-0731016		0.	15,074.	FMV	BOOKS	ENCOURAGE READING
SPARTANBURG REGIONAL HEALTH SERVICES DISTRICT, INC / - 853 NORTH CHURCH STREET, SUITE 401 - SPARTANBURG, SC 29303-3064	57-6000934	3	0.	14,316.	FMV	BOOKS	ENCOURAGE READING
CHILDREN'S HEALTHCARE OF ATLANTA AT HUGHES SPALDING / REACH OUT AND READ P - 35 JESSE HILL JR DRIVE - ATLANTA, GA 30303	58-2130437	3	0.	13,851.	FMV	BOOKS	ENCOURAGE READING
JBMDL PEDIATRIC CLINIC / 3458 NEELY RD TRENTON, NJ 08641	22-3858277		0.	13,722.	FMV	BOOKS	ENCOURAGE READING
MGH CHELSEA HEALTHCARE CENTER / 151 EVERETT AVENUE CHELSEA, MA 02150-1812	04-2697983	3	0.	13,508.	FMV	BOOKS	ENCOURAGE READING
ST. JOHN CLINIC PEDIATRIC & ADOLESCENT MEDICINE / - 1919 S. WHEELING AVE - TULSA, OK 74104	73-1333199		0.	13,427.	FMV	BOOKS	ENCOURAGE READING
COTSWOLD PEDIATRICS / 3030 RANDOLPH ROAD CHARLOTTE, NC 28211	56-1667838		0.	13,051.	FMV	BOOKS	ENCOURAGE READING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
KAISER PERMANENTE GAITHERSBURG MEDICAL CENTER / - 655 WATKINS MILL ROAD - GAITHERSBURG, MD 20879	52-0954463	3	0.	13,023.	FMV	BOOKS	ENCOURAGE READING
PEDIATRIC ASSOCIATES OF CT, PC / 160 ROBBINS STREET WATERBURY, CT 06708	06-1089184		0.	12,926.	FMV	BOOKS	ENCOURAGE READING
NOVANT HEALTH PEDIATRICS MINT HILL 8110 HEALTHCARE LOOP CHARLOTTE, NC 28215	58-1728803	3	0.	12,729.	FMV	BOOKS	ENCOURAGE READING
PEDIATRIC ASSOCIATES OF FLORENCE / 204 E CHEVES STREET FLORENCE, SC 29506-2604	20-2935692	3	0.	12,656.	FMV	BOOKS	ENCOURAGE READING
GOLISANO CHILDREN'S HOSPITAL AT STRONG / PEDIATRIC PRACTICE - 575 ELMWOOD AVENUE - ROCHESTER, NY 14620-2945	16-0743209	3	0.	12,632.	FMV	BOOKS	ENCOURAGE READING
GREENSBORO PEDIATRICIANS, INC / 510 N. ELAM AVENUE GREENSBORO, NC 27403	56-0991064		0.	12,543.	FMV	BOOKS	ENCOURAGE READING
NEW ALBANY CHILDREN'S CLINIC / 462 WEST BANKHEAD STREET NEW ALBANY, MS 38652	64-0760755		0.	11,862.	FMV	BOOKS	ENCOURAGE READING
ALBANY MEDICAL CENTER PEDIATRIC GROUP / - 391 MYRTLE AVENUE, SUITE 3A - ALBANY, NY 12208-3401	14-6023119		0.	11,612.	FMV	BOOKS	ENCOURAGE READING
PEDIATRIC ASSOCIATES - GREER / 106 PHYSICIANS DRIVE GREER, SC 29650	57-1004971		0.	11,583.	FMV	BOOKS	ENCOURAGE READING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
FORD, SIMPSON, LIVELY, & RICE PEDIATRICS / - 2933 MAPLEWOOD AVE - WINSTON SALEM, NC 27103	56-1935767		0.	11,548.	FMV	BOOKS	ENCOURAGE READING
MIDCAROLINA PEDIATRICS / 2607 W ARROWOOD ROAD CHARLOTTE, NC 28273	56-2531282		0.	11,463.	FMV	BOOKS	ENCOURAGE READING
NORTHAMPTON AREA PEDIATRICS / 193 LOCUST STREET NORTHAMPTON, MA 01060-2066	72-1576801	3	0.	11,346.	FMV	BOOKS	ENCOURAGE READING
CHARLOTTE PEDIATRIC CLINIC - MATTHEWS / ATRIUM HEALTH - 332 N. TRADE STREET - MATTHEWS, NC 28105	56-2274421		0.	11,333.	FMV	BOOKS	ENCOURAGE READING
ROCHESTER GENERAL PEDIATRIC ASSOCIATES / - 1455 EAST RIDGE ROAD - ROCHESTER, NY 14621	16-0743134		0.	11,218.	FMV	BOOKS	ENCOURAGE READING
CHILDREN'S HOSPITAL OF RICHMOND / VIRGINIA COMMONWEALTH UNIVERSITY - 1000 EAST BROAD STREET - RICHMOND, VA 23219	54-1581185		0.	11,206.	FMV	BOOKS	ENCOURAGE READING
ATRIUM HEALTH LEVINE CHILDREN'S ROCK HILL PEDIATRIC ASSOCIATES, FORT MILL / - 704 GOLD HILL ROAD - FORT MILL, SC 29715-8949	20-3146968	3	0.	11,184.	FMV	BOOKS	ENCOURAGE READING
NAVAL HEALTH CLINIC CHARLESTON / 110 NNPTC CIRCLE GOOSE CREEK, SC 29445	57-0473956		0.	11,040.	FMV	BOOKS	ENCOURAGE READING
DEKALB COUNTY BOARD OF HEALTH WIC / 3807 CLAIRMONT RD CHAMBLEE, GA 30341	58-1417092		0.	11,000.	FMV	BOOKS	ENCOURAGE READING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
HIGHLAND HOSPITAL PEDIATRIC CLINIC 1411 EAST 31ST STREET OAKLAND, CA 94602-1018	94-3223467		0.	11,000.	FMV	BOOKS	ENCOURAGE READING
MILTON PEDIATRICS / 340 WOOD ROAD, SUITE 301 BRAintree, MA 02184	04-3496618		0.	10,809.	FMV	BOOKS	ENCOURAGE READING
BOSTON COMMUNITY PEDIATRICS / 527 ALBANY STREET BOSTON, MA 02118	84-3091463	3	0.	10,738.	FMV	BOOKS	ENCOURAGE READING
EAST BOSTON NEIGHBORHOOD HEALTH CENTER / - 10 GOVE STREET - EAST BOSTON, MA 02128-1920	23-7425849	3	0.	10,629.	FMV	BOOKS	ENCOURAGE READING
QUINCY PEDIATRIC ASSOCIATES 191 INDEPENDENCE AVENUE QUINCY, MA 02169-7751	04-2475560		0.	10,604.	FMV	BOOKS	ENCOURAGE READING
SSM HEALTH ST. ANTHONY FAMILY MEDICINE CLINIC / - 608 NW 9TH SUITE 1100 - OKC, OK 73102	73-0657693		0.	10,579.	FMV	BOOKS	ENCOURAGE READING
SUTTER COAST COMMUNITY CLINIC 780 EAST WASHINGTON BLVD. CRESCENT CITY, CA 95531-8397	94-2988520	3	0.	10,429.	FMV	BOOKS	ENCOURAGE READING
UNIVERSITY OF VIRGINIA CHILDRENS HOSPITAL / CHILDREN'S OUTPUT CLINIC 6TH FL - 1204 WEST MAIN STREET - CHARLOTTESVILLE, VA 22903	54-6001796	3	0.	10,421.	FMV	BOOKS	ENCOURAGE READING
WESTVIEW PEDIATRIC CARE 3606 MARTIN LUTHER KING JR. BLVD TULSA, OK 74106	45-3126898		0.	10,312.	FMV	BOOKS	ENCOURAGE READING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
KAISER PERMANENTE FALLS CHURCH MEDICAL CENTER / - 201 N. WASHINGTON STREET - FALLS CHURCH, VA 22046	52-0954463	3	0.	10,297.	FMV	BOOKS	ENCOURAGE READING
GALES FERRY PEDIATRICS / NORTHEAST MEDICAL GROUP PEDIATRIC GROUP - 1527 ROUTE 12 - GALES FERRY, CT 06335	06-1330992	3	0.	10,228.	FMV	BOOKS	ENCOURAGE READING
UNIFOUR PEDIATRICS / LOWER LEVEL 3411 GRAYSTONE PLACE SE CONOVER, NC 28613	20-2998046		0.	10,209.	FMV	BOOKS	ENCOURAGE READING
PEDIATRIC ASSOCIATES OF SAVANNAH, PC - SAVANNAH / - 4600 WATERS AVENUE, SUITE 100 - SAVANNAH, GA 31404	58-1102392		0.	10,180.	FMV	BOOKS	ENCOURAGE READING
SAINT PETER'S UNIVERSITY HOSPITAL PEDIATRIC FACULTY GROUP / - 123 HOW LANE - NEW BRUNSWICK, NJ 08901-3653	22-1487330		0.	10,134.	FMV	BOOKS	ENCOURAGE READING
SWEETGRASS PEDIATRICS - CARNES CROSSROADS / - 2016 1ST AVENUE - SUMMERVILLE, SC 29486	81-0568231		0.	10,072.	FMV	BOOKS	ENCOURAGE READING
NATIONWIDE CHILDREN'S HOSPITAL / REACH OUT AND READ - 700 CHILDREN'S DRIVE - COLUMBUS, OH 43205-2664	31-1036370	3	0.	10,000.	FMV	BOOKS	ENCOURAGE READING
PEDIATRICS-WESTGATE / WAKE FOREST BAPTIST HEALTH - 3746 VEST MILL ROAD - WINSTON-SALEM, NC 27103	56-1899564	3	0.	9,838.	FMV	BOOKS	ENCOURAGE READING
HARVARD VANGUARD MEDICAL ASSOCIATES - KENMORE SQUARE / DEPARTMENT OF PEDIAT - 133 BROOKLINE AVENUE - BOSTON, MA	04-3397450	3	0.	9,794.	FMV	BOOKS	ENCOURAGE READING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
HARVARD FAMILY PHYSICIANS 7912 E 31ST CT TULSA, OK 74145	73-1333199		0.	9,718.	FMV	BOOKS	ENCOURAGE READING
NORTHEAST VALLEY HEALTH CORPORATION / SAN FERNANDO HEALTH CENTER - 1172 N MACLAY AVE - SAN FERNANDO, CA 91340-1328	23-7120632	3	0.	9,704.	FMV	BOOKS	ENCOURAGE READING
GENESEE HEALTH SERVICE PEDIATRIC GROUP / - 222 ALEXANDER STREET - ROCHESTER, NY 14607-4039	16-0743134		0.	9,585.	FMV	BOOKS	ENCOURAGE READING
BOSTON CHILDREN'S PRIMARY CARE AT LONGWOOD - 300 LONGWOOD AVENUE - BOSTON, MA 02115-5724	04-2774441	3	0.	9,519.	FMV	BOOKS	ENCOURAGE READING
SANDHILLS PEDIATRICS, INC. / SANDHILLS PEDIATRICS, INC. - 195 WEST ILLINOIS AVE - SOUTHERN PINES, NC 28387	56-0943953		0.	9,423.	FMV	BOOKS	ENCOURAGE READING
MEDICAL ASSOCIATES PEDIATRICS / 100 HOSPITAL ROAD LEOMINSTER, MA 01453-2253	04-3414523		0.	9,324.	FMV	BOOKS	ENCOURAGE READING
GRAND PRAIRIE PEDIATRICS / OU CHILDREN'S PHYSICIANS - 6001 NW 139TH ST - OKLAHOMA CITY, OK 73142	73-6017987		0.	9,243.	FMV	BOOKS	ENCOURAGE READING
AMERICAN ACADEMY OF PEDIATRICS, CALIFORNIA CHAPTER IV - 5000 CAMPUS DRIVE - NEWPORT BEACH, CA 92660	95-3731523	3	0.	9,079.	FMV	BOOKS	ENCOURAGE READING
AKRON CHILDREN'S HOSPITAL MAHONING VALLEY / PEDIATRIC SPECIALTIES - 6505 MARKET STREET - BOARDMAN, OH 44512	34-0714357	3	0.	9,000.	FMV	BOOKS	ENCOURAGE READING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
METROHEALTH MEDICAL CENTER / 2500 METROHEALTH DRIVE CLEVELAND, OH 44109-1998	34-6607695	3	0.	9,000.	FMV	BOOKS	ENCOURAGE READING
NOVANT HEALTH MEDICAL PLAZA PEDIATRICS / - 8401 MEDICAL PLAZA DRIVE, SUITE 220 - CHARLOTTE, NC 28262	58-1728803		0.	8,990.	FMV	BOOKS	ENCOURAGE READING
HAWTHORN PEDIATRICS 531 FAUNCE CORNER ROAD NORTH DARTMOUTH, MA 02747	04-2985225	3	0.	8,950.	FMV	BOOKS	ENCOURAGE READING
NOVANT HEALTH PEDIATRICS SOUTHPARK 6324 FAIRVIEW RD CHARLOTTE, NC 28210-3271	58-1728803	3	0.	8,928.	FMV	BOOKS	ENCOURAGE READING
APEX PEDIATRICS / 1021 W WILLIAMS STREET APEX, NC 27502	36-4351186		0.	8,896.	FMV	BOOKS	ENCOURAGE READING
THE CHILDREN'S CENTER PEDIATRIC CLINIC / - 6800 NW 39TH EXPRESSWAY - BETHANY, OK 73008	73-0580264	3	0.	8,842.	FMV	BOOKS	ENCOURAGE READING
WALLA WALLA CLINIC / DEPARTMENT OF PEDIATRICS - 55 W. TIETAN STREET - WALLA WALLA, WA 99362-4445	91-0862542		0.	8,699.	FMV	BOOKS	ENCOURAGE READING
ESTRELLITAS PEDIATRICS / 2227 S GARNETT RD TULSA, OK 74129	47-2452574		0.	8,533.	FMV	BOOKS	ENCOURAGE READING
RIVERSIDE PEDIATRIC AND FAMILY MEDICINE CENTER / - 10510 JEFFERSON AVENUE - NEWPORT NEWS, VA 23601-3102	52-1245746		0.	8,525.	FMV	BOOKS	ENCOURAGE READING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
KAISER PERMANENTE CAMP SPRINGS MEDICAL CENTER / - 6104 OLD BRANCH AVENUE - TEMPLE HILLS, MD 20748	52-0954463	3	0.	8,483.	FMV	BOOKS	ENCOURAGE READING
MECKLENBURG COUNTY IMMUNIZATION CLINIC / NORTH WEST HEALTH DEPARTMENT - 2845 BEATTIES FORD ROAD - CHARLOTTE, NC 28216	56-6000319	3	0.	8,418.	FMV	BOOKS	ENCOURAGE READING
JACKSON COUNTY MEMORIAL HOSPITAL PEDIATRIC CLINIC - 101 SOUTH PARK LANE - ALTUS, OK 73521	73-1311786	3	0.	8,390.	FMV	BOOKS	ENCOURAGE READING
GRAND STRAND PEDIATRIC AND ADOLESCENTS MEDICINE, PA / - 8120 ROURK ST. - MYRTLE BEACH, SC 29572	57-0783896		0.	8,350.	FMV	BOOKS	ENCOURAGE READING
OISHEI CHILDREN'S HOSPITAL, NIAGARA STREET PEDIATRICS / - 1050 NIAGARA ST - BUFFALO, NY 14213	16-1533232	3	0.	8,151.	FMV	BOOKS	ENCOURAGE READING
RALEIGH CHILDREN AND ADOLESCENTS MEDICINE / - 3100 DURALEIGH RD SUITE 300 - RALEIGH, NC 27612	56-2000200		0.	8,133.	FMV	BOOKS	ENCOURAGE READING
CHEROKEE NATION OUTPATIENT HEALTH CENTER / TAHLEQUAH - 19600 EAST ROSS STREET - TAHLEQUAH, OK 74464-2512			0.	8,102.	FMV	BOOKS	ENCOURAGE READING
WESTBOROUGH PEDIATRICS / RELIANT MEDICAL GROUP - 900 UNION STREET - WESTBOROUGH, MA 01581	04-2472266	3	0.	8,065.	FMV	BOOKS	ENCOURAGE READING
OU CHILDREN'S SOUTHWEST COMMUNITY PEDIATRICS / - 34 SW 89TH STREET - OKLAHOMA CITY, OK 73139	73-6017987		0.	8,016.	FMV	BOOKS	ENCOURAGE READING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
MISSION PEDIATRICS MCDOWELL / 387 US HWY 70 W MARION, NC 28752	08-3204888		0.	7,998.	FMV	BOOKS	ENCOURAGE READING
HIGHLAND PEDIATRICS 1030 PRESIDENT AVENUE FALL RIVER, MA 02720-5923	04-3013890		0.	7,944.	FMV	BOOKS	ENCOURAGE READING
CONNECTICUT PEDIATRICS @ CHC / 76 NEW BRITAIN AVENUE HARTFORD, CT 06106	06-1446900	3	0.	7,932.	FMV	BOOKS	ENCOURAGE READING
CHILDREN'S PRIMARY CARE MEDICAL GROUP / MEDICAL CENTER COURT - 769 MEDICAL CENTER COURT - CHULA VISTA, CA 91911	33-0662258		0.	7,889.	FMV	BOOKS	ENCOURAGE READING
PROVIDENCE PEDIATRIC CLINIC / PPB 14214 BALLANTYNE LAKE RD CHARLOTTE, NC 28277	56-2274415		0.	7,868.	FMV	BOOKS	ENCOURAGE READING
VARIETY CARE BAPTIST PORTLAND / 5401 N PORTLAND SUITE 500 OKLAHOMA CITY, OK 73112	73-1088577	3	0.	7,839.	FMV	BOOKS	ENCOURAGE READING
MARY WASHINGTON PRIMARY CARE AND PEDIATRICS AT LADY SMITH / - 8051 PROSPERITY WAY - RUTHER GLEN, VA 22546-2881	20-8446785	3	0.	7,810.	FMV	BOOKS	ENCOURAGE READING
RENTON PEDIATRIC ASSOCIATES / 4033 TALBOT ROAD SOUTH RENTON, WA 98055	91-1380637		0.	7,753.	FMV	BOOKS	ENCOURAGE READING
RELIANT MEDICAL GROUP-SHREWSBURY / SHREWSBURY SITE - 378 MAPLE AVENUE - SHREWSBURY, MA 01545	04-2472266		0.	7,715.	FMV	BOOKS	ENCOURAGE READING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
CHILD AND ADOLESCENT CLINIC / 971 11TH AVE. LONGVIEW, WA 98632-2503	91-1139057		0.	7,655.	FMV	BOOKS	ENCOURAGE READING
CHILDREN'S NATIONAL AT COLUMBIA HEIGHTS / CHILDREN'S NATIONAL HOSPITAL - 3336 14TH ST. NW - WASHINGTON, DC 20010	53-0196580		0.	7,652.	FMV	BOOKS	ENCOURAGE READING
PALMETTO PEDIATRIC AND ADOLESCENT CLINIC - CLEMSON RD / 326286 - 601 CLEMSON ROAD - COLUMBIA, SC 29229	57-0705364		0.	7,627.	FMV	BOOKS	ENCOURAGE READING
INTOWN PEDIATRIC & ADOLESCENT MEDICINE, PC / - 490 BILL KENNEDY WAY - ATLANTA, GA 30316	20-4906570		0.	7,613.	FMV	BOOKS	ENCOURAGE READING
SWEETGRASS PEDIATRICS - SUMMERVILLE / - 748 ORANGEBURG ROAD - SUMMERVILLE, SC 29483	81-0568231		0.	7,598.	FMV	BOOKS	ENCOURAGE READING
VARIETY CARE MID-DEL / 3851 TINKER DIAGONAL DEL CITY, OK 73115-2109	73-1088577	3	0.	7,593.	FMV	BOOKS	ENCOURAGE READING
JOEL CENTER OF EXCELLENCE / M-4861 LOGISTIC AVENUE FORT BRAGG, NC 28310	56-1871181	3	0.	7,553.	FMV	BOOKS	ENCOURAGE READING
AMERICAN ACADEMY OF PEDIATRICS, CALIFORNIA CHAPTER 2 - P.O. BOX 907 - RIALTO, CA 92377	23-7311839	3	0.	7,480.	FMV	BOOKS	ENCOURAGE READING
CARILION PEDIATRIC CLINIC / 4348 ELECTRIC ROAD ROANOKE, VA 24018	03-0219309		0.	7,440.	FMV	BOOKS	ENCOURAGE READING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
BURLINGTON PEDIATRICS WEST / 3804 S. CHURCH ST. BURLINGTON, NC 27215	56-1211337		0.	7,278.	FMV	BOOKS	ENCOURAGE READING
SUNY UPSTATE MEDICAL UNIVERSITY / UPSTATE PEDIATRIC AND ADOLESCENT CENTER - 90 PRESIDENTIAL PLAZA - SYRACUSE, NY 13204	16-1469571	3	0.	7,273.	FMV	BOOKS	ENCOURAGE READING
EAST CAROLINA SCHOOL OF MEDICINE / PEDIATRIC OUTPATIENT CENTER - 600 MOYE BOULEVARD - GREENVILLE, NC 27834-4300	56-6000403		0.	7,250.	FMV	BOOKS	ENCOURAGE READING
MOUNT OLIVE PEDIATRICS, P.A. / 327 NC-55 MOUNT OLIVE, NC 28365	57-0672117	3	0.	7,155.	FMV	BOOKS	ENCOURAGE READING
SEASIDE PEDIATRICS / 150 ANSEL HALLET ROAD WEST YARMOUTH, MA 02673-2582	04-3187299	3	0.	7,147.	FMV	BOOKS	ENCOURAGE READING
BIRTH AND BEYOND PEDIATRICS 10011 S YALE TULSA, OK 74137	20-0327700		0.	7,135.	FMV	BOOKS	ENCOURAGE READING
ATRIUM HEALTH STANLY PEDIATRIC SERVICES / STANLY PEDIATRIC SERVICES - 105 YADKIN ST. - ALBEMARLE, NC 28001	56-1667838		0.	7,084.	FMV	BOOKS	ENCOURAGE READING
GREAT FALLS CLINIC 1400 29TH STREET S GREAT FALLS, MT 59405-5353	81-0141660		0.	7,072.	FMV	BOOKS	ENCOURAGE READING
EASLEY PEDIATRICS / 800 N.A. STREET EASLEY, SC 29640-2144	57-1004971		0.	7,062.	FMV	BOOKS	ENCOURAGE READING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
ALASKA NATIVE MEDICAL CENTER / PCC-PEDIATRIC CLINIC - 4320 DIPLOMACY DRIVE - ANCHORAGE, AK 99508-5925			0.	7,058.	FMV	BOOKS	ENCOURAGE READING
CONNECTICUT CHILDREN'S PRIMARY CARE AT EAST HARTFORD / - 800 CONNECTICUT BLVD, 1ST FL - EAST HARTFORD, CT 06108	06-0646753	3	0.	7,058.	FMV	BOOKS	ENCOURAGE READING
MANCHESTER PEDIATRIC ASSOCIATES / SOUTH WINDSOR OFFICE - 2701 TAMARACK AVENUE - SOUTH WINDSOR, CT 06074	80-0657237		0.	6,992.	FMV	BOOKS	ENCOURAGE READING
VERNON PEDIATRICS AND ADOLESCENT MEDICINE / STARLING PHYSICIANS - 357 HARTFORD TURNPIKE - VERNON, CT 06066-4838	06-1440790		0.	6,990.	FMV	BOOKS	ENCOURAGE READING
HOLYOKE PEDIATRIC ASSOCIATES 150 LOWER WESTFIELD ROAD HOLYOKE, MA 01040-2890	04-3399973	3	0.	6,970.	FMV	BOOKS	ENCOURAGE READING
UNIVERSITY LEBONHEUR PEDIATRIC SPECIALISTS - 51 NORTH DUNLAP - MEMPHIS, TN 38105	27-3426141	3	0.	6,943.	FMV	BOOKS	ENCOURAGE READING
REDWOOD PEDIATRIC AND ADOLESCENT MEDICINE - 15 VREELAND AVENUE - EAST LONGMEADOW, MA 01028-1631	02-0572487		0.	6,923.	FMV	BOOKS	ENCOURAGE READING
CONTRA COSTA PUBLIC HEALTH CLINIC SERVICES - 2500 BATES AVE, SUITE B - CONCORD, CA 94520	23-7310613	3	0.	6,897.	FMV	BOOKS	ENCOURAGE READING
NEIGHBORHOOD HEALTH CENTER / 155 LAWN AVENUE BUFFALO, NY 14207-1816	16-1294447		0.	6,875.	FMV	BOOKS	ENCOURAGE READING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
KAISER PERMANENTE RESTON MEDICAL CENTER / - 1890 METRO CENTER DRIVE - RESTON, VA 20190	52-0954463	3	0.	6,801.	FMV	BOOKS	ENCOURAGE READING
THE CHILDREN'S CENTER OF CAROLINA HEALTH CENTERS, INC. / - 113 LINER DRIVE - GREENWOOD, SC 29646-2311	57-0650154	3	0.	6,758.	FMV	BOOKS	ENCOURAGE READING
MIDDLE GEORGIA PEDIATRICS, LLC 1508-B HARDEMAN AVENUE MACON, GA 31201-1416	58-2566360		0.	6,743.	FMV	BOOKS	ENCOURAGE READING
SAINTS MIDTOWN PEDIATRICS / SSM HEALTH - 608 NW 9TH ST - OKLAHOMA CITY, OK 73102	76-0825755		0.	6,718.	FMV	BOOKS	ENCOURAGE READING
CHILD HEALTH ASSOCIATES / AUBURN SITE - 105 MILLBURY STREET - AUBURN, MA 01501-3205	04-2929916		0.	6,699.	FMV	BOOKS	ENCOURAGE READING
CHILDREN'S HOSPITAL OF MICHIGAN / CHILD AND FAMILY LIFE - 3901 BEAUBIEN BOULEVARD - DETROIT, MI 48201-2119	38-1357994		0.	6,643.	FMV	BOOKS	ENCOURAGE READING
COMMUNITY HEALTH CENTER, INC. / MIDDLETOWN SITE - 675 MAIN STREET - MIDDLETOWN, CT 06457-2845	06-0897105	3	0.	6,592.	FMV	BOOKS	ENCOURAGE READING
THE CHILDREN'S CLINIC, P.C. 3401 AVENUE E BILLINGS, MT 59102	81-0349230		0.	6,585.	FMV	BOOKS	ENCOURAGE READING
THE LONGSTREET CLINIC, PC OAKWOOD / CENTER FOR PEDIATRICS - 4224 FAIRBANKS DRIVE - OAKWOOD, GA 30566	58-2117020		0.	6,465.	FMV	BOOKS	ENCOURAGE READING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
ERIC B CHANDLER HEALTH CENTER / RUTGERS UNIVERSITY- RWJMS - 277 GEORGE STREET - NEW BRUNSWICK, NJ 08901-1311	22-1980408	3	0.	6,410.	FMV	BOOKS	ENCOURAGE READING
TRI-RIVER FAMILY HEALTH CENTER / UMASS MEMORIAL MEDICAL CENTER - 281 EAST HARTFORD AVENUE - UXBRIDGE, MA 01569	04-2911067		0.	6,361.	FMV	BOOKS	ENCOURAGE READING
CHOR PEDIATRIC EMERGENCY / 1250 EAST MARSHALL /1000 EAST BROAD STREET RICHMOND, VA 23219 - RICHMOND, VA	54-1581185	3	0.	6,335.	FMV	BOOKS	ENCOURAGE READING
PRINCETON PEDIATRICS, PA / 104 COMMERCIAL DRIVE PRINCETON, NC 27569	57-0672117	3	0.	6,301.	FMV	BOOKS	ENCOURAGE READING
CAMBRIDGE HEALTH ALLIANCE / CAMBRIDGE PEDIATRICS - 1493 CAMBRIDGE STREET - CAMBRIDGE, MA 02139-1047	04-2534244	3	0.	6,248.	FMV	BOOKS	ENCOURAGE READING
CAMCARE HEALTH CORPORATION / GATEWAY OFFICE - 817 FEDERAL AVENUE - CAMDEN, NJ 08103	22-2192716	3	0.	6,246.	FMV	BOOKS	ENCOURAGE READING
FRANKLIN PEDIATRIC AND ADOLESCENT CARE / - 1280 WEST CENTRAL STREET - FRANKLIN, MA 02038-3188	04-3159969	3	0.	6,209.	FMV	BOOKS	ENCOURAGE READING
SOUTHERN PEDIATRIC CLINIC / 406 #M NORTHSIDE DR VALDOSTA, GA 31602	20-2561935		0.	6,202.	FMV	BOOKS	ENCOURAGE READING
RELIANT MEDICAL GROUP / WORCESTER LOCATION - 5 NEPONSET STREET - WORCESTER, MA 01605	04-2472266		0.	6,165.	FMV	BOOKS	ENCOURAGE READING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
AMBULATORY PEDIATRICS / PENN STATE HEALTH - 35 HOPE DRIVE - HERSHEY, PA 17033	24-6000376	3	0.	6,164.	FMV	BOOKS	ENCOURAGE READING
HARRINGTON PHYSICIAN SERVICES / 100 SOUTH STREET, SUITE 102 SOUTHBRIDGE, MA 01550	13-4366504		0.	6,150.	FMV	BOOKS	ENCOURAGE READING
SWANSEA PEDIATRICS / 2200 G.A.R. HIGHWAY SWANSEA, MA 02777	04-3403040		0.	6,121.	FMV	BOOKS	ENCOURAGE READING
SCISSORTAIL PEDIATRICS / SCISSORTAIL PEDIATRICS - 865 E VETERANS MEMORIAL HWY - BLANCHARD, OK 73010	81-3194908		0.	6,111.	FMV	BOOKS	ENCOURAGE READING
PALMETTO PEDIATRIC AND ADOLESCENT CLINIC / - 7448 BROAD RIVER RD. - IRMO, SC 29063	57-0705364		0.	6,089.	FMV	BOOKS	ENCOURAGE READING
CHILDREN'S HOSPITAL OF GEORGIA / GENERAL PEDIATRICS PRIMARY CARE - 1446 HARPER STREET - AUGUSTA, GA 30912-0012	35-2310573		0.	6,087.	FMV	BOOKS	ENCOURAGE READING
MAIN PEDIATRICS / 2924 MAIN STREET BUFFALO, NY 14214	20-4716953		0.	6,082.	FMV	BOOKS	ENCOURAGE READING
DAY KIMBALL HEALTHCARE CENTER / PUTNAM LOCATION/PEDIATRICS - 320 POMFRET STREET - PUTNAM, CT 06260-1836	45-4077626		0.	6,067.	FMV	BOOKS	ENCOURAGE READING
PEDIATRIC ASSOCIATES OF FALL RIVER 851 MIDDLE STREET FALL RIVER, MA 02721-1735	04-2547627		0.	6,059.	FMV	BOOKS	ENCOURAGE READING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
CONNECTICUT CHILDREN'S PRIMARY CARE OF FARMINGTON / - 599 FARMINGTON AVENUE - FARMINGTON, CT 06032	06-0646753	3	0.	6,059.	FMV	BOOKS	ENCOURAGE READING
NORTHERN BERKSHIRE PEDIATRICS / 77 HOSPITAL AVENUE NORTH ADAMS, MA 01247-2550	04-2772469		0.	6,011.	FMV	BOOKS	ENCOURAGE READING
NOVANT HEALTH FORSYTH PEDIATRICS - WESTGATE / - 1351 WESTGATE CENTER DR. - WINSTON-SALEM, NC 27103	31-1725913	3	0.	6,006.	FMV	BOOKS	ENCOURAGE READING
BROCKTON NEIGHBORHOOD HEALTH CENTER - 63 MAIN ST - BROCKTON, MA 02301-4042	04-3165044	3	0.	6,005.	FMV	BOOKS	ENCOURAGE READING
ALLENTOWN PEDIATRIC & ADOLESCENT MEDICINE / - 560 FRANKLIN ST - BUFFALO, NY 14202	51-0431525		0.	5,981.	FMV	BOOKS	ENCOURAGE READING
PEDIATRICS WEST / 133 LITTLETON RD WESTFORD, MA 01886	04-2623388		0.	5,980.	FMV	BOOKS	ENCOURAGE READING
AUTISM & DEVELOPMENTAL CENTER, NAVICENT HEALTH / - 1014 FORSYTH STREET - MACON, GA 31201	58-2307485	3	0.	5,972.	FMV	BOOKS	ENCOURAGE READING
DAVIE COUNTY HEALTH DEPARTMENT / 154 GOVERNMENT CENTER BLVD. MOCKSVILLE, NC 27028	56-6000295	3	0.	5,964.	FMV	BOOKS	ENCOURAGE READING
CHILDREN'S HEALTH CENTER AT ANACOSTIA / - 2101 MARTIN LUTHER KING, JR. AVENUE, SE - WASHINGTON, DC 20020	53-0196580	3	0.	5,954.	FMV	BOOKS	ENCOURAGE READING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
SOUTHCOAST PEDIATRICS 49 STATE ROAD NORTH DARTMOUTH, MA 02747	22-2703314	3	0.	5,949.	FMV	BOOKS	ENCOURAGE READING
KAISER PERMANENTE WOODLAWN MEDICAL CENTER / - 7141 SECURITY BLVD - WOODLAWN, MD 21244	52-0954463	3	0.	5,935.	FMV	BOOKS	ENCOURAGE READING
WALTON COUNTY HEALTH DEPARTMENT / CLARKE COUNTY BRD HLTH - WALTON - 1404 S. MADISON AVENUE - MONROE, GA 30655	58-6000351		0.	5,931.	FMV	BOOKS	ENCOURAGE READING
72 HEALTHCARE OPERATIONS SQUADRON / 7050 AIR DEPOT TINKER AFB, OK 73145			0.	5,913.	FMV	BOOKS	ENCOURAGE READING
VARIETY CARE BRITTON PEDIATRICS / 721 W. BRITTON RD. OKLAHOMA CITY, OK 73114	73-1088577	3	0.	5,841.	FMV	BOOKS	ENCOURAGE READING
HARVARD VANGUARD MEDICAL ASSOC-MEDFORD - 26 CITY HALL MALL - MEDFORD, MA 02155-4754	04-3397450	3	0.	5,799.	FMV	BOOKS	ENCOURAGE READING
FIRST GEORGIA PHYSICIAN GROUP -PEDIATRICS / - 101 YORK TOWN DRIVE - FAYETTEVILLE, GA 30214	47-2455237		0.	5,779.	FMV	BOOKS	ENCOURAGE READING
BROOKSIDE COMMUNITY HEALTH CENTER / 3297 WASHINGTON STREET JAMAICA PLAIN, MA 02130-2655	04-2312909	3	0.	5,741.	FMV	BOOKS	ENCOURAGE READING
NEW BRITAIN PEDIATRIC GROUP / 1095 WEST MAIN STREET NEW BRITAIN, CT 06053-3454	06-0768562		0.	5,692.	FMV	BOOKS	ENCOURAGE READING

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
WHEATFIELD PEDIATRICS / 2890 NIAGARA FALLS BOULEVARD NORTH TONAWANDA, NY 14120	16-1565108		0.	5,620.	FMV	BOOKS	ENCOURAGE READING
PEDIATRICS NORTHWEST PS, BAKER CENTER OFFICE / - 316 MARTIN LUTHER KING JR. WAY - TACOMA, WA 98405-4252	91-2124511	3	0.	5,596.	FMV	BOOKS	ENCOURAGE READING
VARIETY CARE NORMAN PEDS / 1237 ALAMEDA STREET NORMAN, OK 73071	73-1088577	3	0.	5,589.	FMV	BOOKS	ENCOURAGE READING
BROCKTON HOSPITAL / CHILD & YOUTH CLINIC - 680 CENTRE STREET - BROCKTON, MA 02302-3308	04-3306782	3	0.	5,548.	FMV	BOOKS	ENCOURAGE READING
SHELBY CHILDREN'S CLINIC- KINGS MOUNTAIN / - 2202 CAROLINAS PLACE SUITE 200 - KINGS MOUNTAIN, NC 28086	56-1667838		0.	5,539.	FMV	BOOKS	ENCOURAGE READING
PLYMOUTH PEDIATRIC ASSOCIATES / PEDIATRICS - 148 INDUSTRIAL PARK RD - PLYMOUTH, MA 02360	04-3170543		0.	5,525.	FMV	BOOKS	ENCOURAGE READING
ARBORETUM PEDIATRICS / 7800 PROVIDENCE ROAD CHARLOTTE, NC 28226	56-1895353		0.	5,506.	FMV	BOOKS	ENCOURAGE READING
PEDIATRICS NORTHWEST PS, FEDERAL WAY OFFICE / - 505 S 336TH ST - FEDERAL WAY, WA 98003	91-2124511	3	0.	5,501.	FMV	BOOKS	ENCOURAGE READING
SKAGIT PEDIATRICS, LLP / 2101 LITTLE MOUNTAIN LANE MOUNT VERNON, WA 98274-8752	91-1147231		0.	5,448.	FMV	BOOKS	ENCOURAGE READING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
SAN ANTONIO MILITARY MEDICAL CENTER / BROOKE ARMY MEDICAL CENTER - 3551 ROGER BROOKE DRIVE - FORT SAM HOUSTON, TX 78234			0.	5,440.	FMV	BOOKS	ENCOURAGE READING
CMC NORTH PARK FAMILY PRACTICE / ATRIUM HEALTH - 251 EASTWAY DRIVE - CHARLOTTE, NC 28213-7103	56-0621073	3	0.	5,436.	FMV	BOOKS	ENCOURAGE READING
MERCY COMPREHENSIVE CARE CENTER / 397 LOUISIANA ST. BUFFALO, NY 14204-2275	22-2209721		0.	5,416.	FMV	BOOKS	ENCOURAGE READING
PEDIATRIC AND ADOLESCENT MEDICINE / 2207 BOSTON ROAD WILBRAHAM, MA 01095-1155	04-3402361		0.	5,377.	FMV	BOOKS	ENCOURAGE READING
SOUTH POINTE PEDIATRICS 1615 SOUTH EUCALYPTUS AVENUE BROKEN ARROW, OK 74012	90-1152279		0.	5,316.	FMV	BOOKS	ENCOURAGE READING
WASHINGTON PEDIATRICS, PA / 1206 BROWN STREET WASHINGTON, NC 27889	20-1548516	3	0.	5,268.	FMV	BOOKS	ENCOURAGE READING
UMASS MEMORIAL CHILDREN'S MEDICAL CENTER / PEDIATRIC PRIMARY CARE CLINIC - 55 LAKE AVENUE NORTH - WORCESTER, MA 01655-0002	04-2911067	3	0.	5,226.	FMV	BOOKS	ENCOURAGE READING
SOUTHERNMED PEDIATRICS / HILLCREST OFFICE - 1995 ST. MATTHEWS RD - ORANGEBURG, SC 29118	26-1960517		0.	5,222.	FMV	BOOKS	ENCOURAGE READING
BARROW COUNTY HEALTH DEPARTMENT / 15 PORTER ST. WINDER, GA 30680	58-6000351		0.	5,215.	FMV	BOOKS	ENCOURAGE READING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
CODMAN SQUARE HEALTH CENTER / 637 WASHINGTON STREET DORCHESTER, MA 02124-3510	04-2678774	3	0.	5,203.	FMV	BOOKS	ENCOURAGE READING
LOWELL COMMUNITY HEALTH CENTER / 161 JACKSON STREET LOWELL, MA 01852	04-2881348	3	0.	5,203.	FMV	BOOKS	ENCOURAGE READING
CHILDREN'S HOSPITAL OF NEW MEXICO / CHILD LIFE PROGRAM - 2211 LOMAS BOULEVARD NE - ALBUQUERQUE, NM 87106	85-6003005	3	0.	5,167.	FMV	BOOKS	ENCOURAGE READING
IN HIS IMAGE / FAMILY MEDICAL CARE 7501 S RIVERSIDE PARKWAY TULSA, OK 74136	73-1321032		0.	5,166.	FMV	BOOKS	ENCOURAGE READING
RELIANT MEDICAL GROUP - MILFORD / DEPARTMENT OF PEDIATRICS - 101 CEDAR STREET - MILFORD, MA 01757-2236	04-2472266		0.	5,124.	FMV	BOOKS	ENCOURAGE READING
RIVERSIDE PEDIATRICS 435 MARINA DRIVE GEORGETOWN, SC 29440	47-3718945		0.	5,107.	FMV	BOOKS	ENCOURAGE READING
NICU BRIGHAM AND WOMEN'S HOSPITAL / CARMINA ERDEI, MD - 75 FRANCIS STREET - BOSTON, MA 02115	04-2312909	3	0.	5,073.	FMV	BOOKS	ENCOURAGE READING
HARBIN CLINIC PEDIATRICS CARTERSVILLE / - 200 GENTILLY BLVD - CARTERSVILLE, GA 30120	58-2234927		0.	5,066.	FMV	BOOKS	ENCOURAGE READING
PEDIATRIC ASSOCIATES OF POWDERSVILLE - 200 THREE BRIDGES ROAD - GREENVILLE, SC 29611	57-1004971		0.	5,063.	FMV	BOOKS	ENCOURAGE READING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
RELIANT MEDICAL GROUP / AUBURN LOCATION - 4 BROTHERTON WAY - AUBURN, MA 01501-3203	04-2472266		0.	5,050.	FMV	BOOKS	ENCOURAGE READING
PEDIATRICS NORTHWEST PS, JAMES CENTER OFFICE / - 1628 S. MILDRED #101 - TACOMA, WA 98465-1628	91-2124511	3	0.	5,046.	FMV	BOOKS	ENCOURAGE READING
BAYSTATE HIGH STREET HEALTH CENTER 140 HIGH STREET SPRINGFIELD, MA 01199-1006	04-2790311	3	0.	5,045.	FMV	BOOKS	ENCOURAGE READING
PALMETTO PEDIATRIC AND ADOLESCENT CLINIC - DOWNTOWN / - 140 PARK CENTRAL DRIVE - COLUMBIA, SC 29203	57-0705364		0.	5,042.	FMV	BOOKS	ENCOURAGE READING
OLD 4TH WARD PEDIATRICS / 285 BOULEVARD NE SUITE 235 ATLANTA, GA 30312	58-1435911		0.	5,016.	FMV	BOOKS	ENCOURAGE READING
PEDIATRIC ASSOCIATES OF HAMPDEN COUNTY - 373 PARK STREET - WEST SPRINGFIELD, MA 01089-3304	04-2647814		0.	5,012.	FMV	BOOKS	ENCOURAGE READING
YUKON-KUSKOKWIM HEALTH CORP / WELL CHILD PROGRAM - PO BOX 528 - BETHEL, AK 99559-0528	92-0041414		0.	5,009.	FMV	BOOKS	ENCOURAGE READING

**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 required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

INTERESTED HEALTH PROFESSIONALS CONTACT REACH OUT AND READ FOR AN INITIAL SCREENING. THIS INFORMS THEM OF THE PROGRAM REQUIREMENTS AND ASSESSES THEIR INITIAL SUITABILITY. THE PROSPECTIVE SITE THEN SUBMITS AN APPLICATION ALONG WITH A LETTER OF SUPPORT FROM THE CLINIC'S MEDICAL AND/OR ADMINISTRATIVE LEADERSHIP. REACH OUT AND READ PERFORMS AN INTERNAL REVIEW IN ENSURE THAT:

1. THE APPLICANT SITE IS REPRESENTED IS A PEDIATRIC PRIMARY CARE PROVIDER

**Part IV Supplemental Information**

(DOCTOR OR NURSE) AT A CLINIC, HOSPITAL OR PRIVATE PRACTICE.

2. THE LOCATION IS A CLINICAL SETTING WHERE PEDICATRIC PRIMARY CARE OCCURS (E.G., CANNOT BE A WIC ORGANIZATION OR HEAD START PROGRAM).

3. THE CLINICAL SITE HAS DESIGNATED A MEDICAL CHAMPION AND PROGRAM COORDINATOR WHO WILL BE IN CHARGE OF THE REACH OUT AND READ PROGRAM (MAY BE THE SAME PERSON).

4. AT LEAST 30% OF THE PATIENT POPULATION AT THE SITE LIVES AT OR BELOW 200% OF THE FEDERAL POVERTY LEVEL AND IS, THEREFORE, ELIGIBLE TO RECEIVE BOOKS FROM REACH OUT AND READ. THIS CAN BE DEMONSTRATED BY INSURANCE DATA: FEDERAL OR STATE SUBSIDIZED HEALTH INSURANCE.

5. THE CLINICAL SITE HAS ITS OWN FUNDRAISING CAPABILITY AND HAS SECURED 100% OF ITS FIRST ANNUAL BOOK COMMITMENT (ABC), THROUGH FUNDRAISING, OR COALITION SUPPORT. IF ALL OTHER REQUIREMENTS ARE MET, EXCLUDING THIS ONE, THE SITE WILL BE WAIT-LISTED UNTIL THIS REQUIREMENT IS MET. IF THE REACH OUT AND READ STAFF BELIEVES THAT THE SITE HAS MET THE ABOVE CRITERIA AND HAS THE ABILITY TO IMPLEMENT THE REACH OUT AND READ PROGRAM, IT IS APPROVED. PROVIDERS AT THE SITE ARE TRAINED IN THE REACH OUT AND READ MODEL. FINALLY, BOOKS WILL BE ORDERED.

PROGRAM PROVIDERS ARE REQUIRED TO SUBMIT PROGRESS REPORTS EVERY SIX MONTHS TO REACH OUT AND READ. THESE PROGRESS REPORTS ARE REQUIRED FOR THE SITE TO RECEIVE BOOKS FROM THE NATIONAL CENTER. THE REPORT INCUDES INFORMATION:

1) ABOUT THE CHILDREN THEY SERVE; 2) THE NUMBER OF BOOKS THET PROVIDED; 3) LITERACY ADVICE THEY OFFERED TO PARENTS, 4) THEIR ABILITY TO FUNDRAISE, AND 5) IF THEY PROVIDED LOCAL LITERACY RESOURCES TO THE PARENTS. PROGRESS REPORTS ARE INDIVIDUALLY REVIEWED TO ENSURE COMPLIANCE WITH THE REACH OUT AND READ MODEL, AND TO DETERMINE IF SITES REQUIRE ADDITIONAL TECHNICAL SUPPORT TO THRIVE.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2020**

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

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

REACH OUT AND READ, INC.

Employer identification number

04-3481253

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CALLEE BOULWARE REGIONAL EXECUTIVE DIRECTOR	(i)	169,937.	0.	0.	7,408.	29,533.	206,878.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) AMY ERICKSON REGIONAL EXECUTIVE DIRECTOR	(i)	141,579.	0.	0.	6,380.	29,874.	177,833.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) BRIAN GALLAGHER CEO/PRESIDENT/CLERK	(i)	158,166.	0.	0.	5,901.	13,471.	177,538.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) LAMBRINA KLESS CHIEF OPERATING OFFICER	(i)	142,034.	0.	0.	5,281.	18,317.	165,632.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JESSICA MORTENSEN REGIONAL EXECUTIVE DIRECTOR	(i)	133,481.	0.	0.	6,024.	10,818.	150,323.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **REACH OUT AND READ, INC.** Employer identification number **04-3481253**

Part I Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....	X		2,423,716.	FMV
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 organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement ..... **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE AMOUNT REPORTED IN PART I, COLUMN B IS THE NUMBER OF ITEMS RECEIVED.

Multiple horizontal lines for supplemental information.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

REACH OUT AND READ, INC.

Employer identification number

04-3481253

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PEDIATRIC CARE AND ENCOURAGING FAMILIES TO READ ALOUD TOGETHER.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

AGE AND CULTURALLY- RESPONSIVE BOOKS AND LITERACY ADVICE TO CHILDREN

AND PARENTS AT EACH WELL-CHILD VISIT THROUGH AGE OF 5. THE

EFFECTIVENESS OF REACH OUT AND READ'S MODEL IS RECOGNIZED BY THE

AMERICAN ACADEMY OF PEDIATRICS IN A POLICY STATEMENT THAT RECOMMENDS

EARLY LITERACY PROMOTION AS AN ESSENTIAL COMPONENT OF PEDIATRIC CARE.

THE PROGRAM IS BOTH COST-EFFECTIVE, AND EVIDENCE-BASED: RESEARCH SHOWS

THAT OUR PROGRAM RESULTS IN MORE FREQUENT READING AT HOME, ACCELERATED

VOCABULARY AND CRITICAL BRAIN DEVELOPMENT.

IN FY21, REACH OUT AND READ'S 40,000 PEDIATRIC CLINICIANS SERVED 4.2

MILLION CHILDREN AND SHARED 6.4 MILLION BOOKS AT 6,100 PROGRAM SITES

AROUND THE COUNTRY. UNIQUE TO FY20 WAS THE DRAMATIC INCREASE IN

TELEHEALTH VISITS DUE TO COVID-19, WHICH DEMANDED THAT WE FIND NEW WAYS

TO MEET OUR MISSION AND DELIVER OUR PROGRAM. OUR INTERVENTION REMAINS

IN EFFECT FOR ALL IN-PERSON WELL-CHILD VISITS, BUT WE CREATED NEW

RESOURCES FOR CLINICIANS, WHO COULD THEN ADAPT OUR MODEL TO BE

EFFECTIVELY DELIVERED FOR THOSE CHECK-UPS THAT OCCURRED VIA TELEHEALTH.

THIS ADAPTATION, IN ADDITION TO PROMOTING DIGITAL READING RESOURCES,

ENABLED US TO SUPPORT FAMILIES AND CHILDREN IN THIS UNPRECEDENTED

ENVIRONMENT.

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

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization

REACH OUT AND READ, INC.

Employer identification number

04-3481253

THE COMPLETED FORM 990 IS PROVIDED TO THE FINANCE COMMITTEE IN ADVANCE OF ITS PUBLICATION AND IS REVIEWED BY THE FINANCE COMMITTEE. THE 990 IS ALSO PROVIDED TO ALL MEMBERS BOD AFTER IT HAS BEEN FILED.

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

THE BOD CHAIR (OR CO-CHAIR) AND THE FINANCE COMMITTEE ARE INFORMED OF ANY CONFLICTS AS A RESULT OF THE SIGNED CONFLICT OF INTEREST STATEMENTS THAT ARE SUBMITTED BY EACH BOD MEMBER EACH YEAR.

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

THE BOD DETERMINES AND APPROVES SALARY CHANGES FOR THE CHIEF EXECUTIVE OFFICER AND CHIEF FINANCIAL OFFICER. INPUT FROM THE FINANCE COMMITTEE IS TAKEN INTO CONSIDERATION. THIS INPUT GENERALLY INCLUDES COMPETITIVE SALARY AND BENEFIT INFORMATION. THE BOD CHAIR LEADS THE PERFORMANCE REVIEW PROCESS THAT PRECEEDS ANY SALARY INCREASE.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AR, CO, CT, FL, GA, IL, KS, KY, MA, MD, MI, MN, MS, NC, ND, NH, NJ, NY, OH, OK, OR, PA, RI, SC  
TN, UT, VA, WA, WI

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

GOVERNING DOCUMENT, DEEMED APPROPRIATE FOR UPLOADING TO THE WEBSITE ARE UPLOADED ONCE THEY ARE FINALIZED. THIS INCLUDES AUDITED FINANCIAL STATEMENTS AND THE FORM 990. OTHER DOCUMENTS REQUESTED BY THE PUBLIC MAY BE PROVIDED AFTER APPROVAL BY THE CEO.

FORM 990, PART VII

A BOARD MEMBER HOLDS A SIGNIFICANT POSITION WITH SCHOLASTIC BOOKS, A

