

**PUBLIC INSPECTION COPY**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2021

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, 2022

Form header section containing organization name (REACH OUT AND READ, INC.), address (89 SOUTH STREET, BOSTON, MA 02111), employer ID number (04-3481253), and tax-exempt status (501(c)(3)).

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include mission statement, governance metrics, revenue (Total: 20,574,127), expenses (Total: 15,131,804), and net assets (Total: 13,431,985).

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.

Signature block containing officer signature (MARTY MARTINEZ), preparer name (JOLANTA TUCK, CPA), and firm information (COHNREZNICK LLP).

May the IRS discuss this return with the preparer shown above? See instructions [X] 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 \$ 12,354,041. including grants of \$ 5,594,882. ) (Revenue \$ 102,966. ) 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 12,354,041.

**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> ? See instructions .....	<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 Rev. Proc. 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> See instructions .....	<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 the 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 line 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 on 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 on 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 checkboxes. Includes questions 2a through 17 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

**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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year ..... <b>1a</b> 23 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent ..... <b>1b</b> 23		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....	<b>2</b>	<b>X</b>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .....	<b>3</b>	<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....	<b>4</b>	<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? .....	<b>5</b>	<b>X</b>
<b>6</b>	Did the organization have members or stockholders? .....	<b>6</b>	<b>X</b>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....	<b>7a</b>	<b>X</b>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....	<b>7b</b>	<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? .....	<b>8a</b>	<b>X</b>
<b>b</b>	Each committee with authority to act on behalf of the governing body? .....	<b>8b</b>	<b>X</b>
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O .....	<b>9</b>	<b>X</b>

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? .....	<b>10a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .....	<b>10b</b>	<b>X</b>
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	<b>11a</b>	<b>X</b>
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	<b>12a</b>	<b>X</b>
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	<b>12b</b>	<b>X</b>
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done .....	<b>12c</b>	<b>X</b>
<b>13</b>	Did the organization have a written whistleblower policy? .....	<b>13</b>	<b>X</b>
<b>14</b>	Did the organization have a written document retention and destruction policy? .....	<b>14</b>	<b>X</b>
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official .....	<b>15a</b>	<b>X</b>
<b>b</b>	Other officers or key employees of the organization .....	<b>15b</b>	<b>X</b>
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....	<b>16a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? .....	<b>16b</b>	

**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.  
 Own website     Another's website     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, 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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 DIRECTO	40.00				X		175,660.	0.	26,451.	
(2) AMY ERICKSON REGIONAL EXECUTIVE DIRECTOR	40.00				X		148,784.	0.	26,803.	
(3) LAMBRINA KLESS CHIEF OPERATING OFFICER	40.00				X		143,603.	0.	18,840.	
(4) NIKKI SHEARMAN CHIEF OF STRATEGIC INITIATIVES	40.00				X		127,346.	0.	31,466.	
(5) JESSICA MORTENSEN REGIONAL EXECUTIVE DIRECTOR	40.00				X		150,612.	0.	6,868.	
(6) BRIAN GALLAGHER CEO/PRESIDENT/CLERK (UNTIL 2/22)	40.00	X		X			146,526.	0.	6,784.	
(7) MARTY MARTINEZ CEO/PRESIDENT/CLERK (AS OF 2/22)	40.00	X		X			0.	0.	0.	
(8) CURTIS GRAY CHAIR	3.00	X		X			0.	0.	0.	
(9) DIPESH NAVSARIA VICE CHAIR	3.00	X		X			0.	0.	0.	
(10) EVAN KEYSER TREASURER	3.00	X		X			0.	0.	0.	
(11) CLAUDIA ARISTY DIRECTOR	3.00	X					0.	0.	0.	
(12) LAURA BAILET DIRECTOR	3.00	X					0.	0.	0.	
(13) LILLY DESOUZA BURR DIRECTOR	3.00	X					0.	0.	0.	
(14) NATHAN CHOMILO DIRECTOR	3.00	X					0.	0.	0.	
(15) MARK DEL MONTE DIRECTOR	3.00	X					0.	0.	0.	
(16) THOMAS DEWITT DIRECTOR	3.00	X					0.	0.	0.	
(17) TRUDE HAECKER 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) ROBIE HARRIS DIRECTOR	3.00	X						0.	0.	0.
(19) JORDAN HAVILAND DIRECTOR	3.00	X						0.	0.	0.
(20) NIA HEARD-GARRIS DIRECTOR	3.00	X						0.	0.	0.
(21) SHANA HOFFMAN DIRECTOR	3.00	X						0.	0.	0.
(22) PERRI KLASS DIRECTOR	3.00	X						0.	0.	0.
(23) TIFFANY KUEHNER DIRECTOR	3.00	X						0.	0.	0.
(24) PAUL LEBLANC DIRECTOR	3.00	X						0.	0.	0.
(25) LISA LEBOVITZ EX OFFICIO DIRECTOR	3.00	X						0.	0.	0.
(26) TERRI MCFADDEN DIRECTOR	3.00	X						0.	0.	0.
<b>1b Subtotal</b>								892,531.	0.	117,212.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								892,531.	0.	117,212.

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 **12**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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	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		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	127,962.
POSITIVELY PARTNERS 89 SOUTH STREET, BOSTON, MA 02111	SOCIAL IMPACT STRATEGY	120,410.
CHRISTINE HUGHES CMR 489 BOX 456, APO, AE 09751	GRANT WRITING	116,541.

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include Todd Nicolet, Judy Newman, Kyu Rhee, and Benita Somerfield.

Total to Part VII, Section A, line 1c

**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	
Contributions, Gifts, Grants and Other Similar Amounts	<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>	6,332,949.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	14,131,780.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 1,949,396.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f		20,464,729.			
Program Service Revenue	<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</b>	<b>Total.</b> Add lines 2a-2f					
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		6,432.		6,432.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties					
	<b>6 a</b>	Gross rents	(i) Real				
			(ii) Personal				
	<b>6 b</b>	Less: rental expenses					
	<b>6 c</b>	Rental income or (loss)					
	<b>d</b>	Net rental income or (loss)					
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	<b>7 b</b>	Less: cost or other basis and sales expenses					
	<b>7 c</b>	Gain or (loss)					
<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>8 b</b>	Less: direct expenses						
<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>9 b</b>	Less: direct expenses						
<b>c</b>	Net income or (loss) from gaming activities						
<b>10 a</b>	Gross sales of inventory, less returns and allowances						
<b>10 b</b>	Less: cost of goods sold						
<b>c</b>	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	<b>11 a</b>		<b>Business Code</b>				
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue	900099	102,966.	102,966.		
	<b>e</b>	<b>Total.</b> Add lines 11a-11d		102,966.			
<b>12</b>	<b>Total revenue.</b> See instructions		20,574,127.	102,966.	0.	6,432.	

**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	5,594,882.	5,594,882.		
<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	274,070.		274,070.	
<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	5,127,136.	3,921,440.	499,647.	706,049.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	145,259.	104,944.	16,115.	24,200.
<b>9</b> Other employee benefits	592,007.	432,887.	59,298.	99,822.
<b>10</b> Payroll taxes	409,804.	296,068.	45,463.	68,273.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	152,021.		152,021.	
<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.)	1,182,163.	797,370.	105,174.	279,619.
<b>12</b> Advertising and promotion	66,419.	66,419.		
<b>13</b> Office expenses	569,395.	238,885.	220,382.	110,128.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	76,462.	55,587.	10,866.	10,009.
<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	313,307.	294,357.	18,175.	775.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	82,552.	4,875.	77,677.	
<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>	493,913.	493,913.		
<b>b</b> <b>RESEARCH AND EVALUATION</b>	43,410.	43,410.		
<b>c</b> <b>LITERACY MATERIALS</b>	9,004.	9,004.		
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	15,131,804.	12,354,041.	1,478,888.	1,298,875.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> 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) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	6,460,833.	<b>1</b>	7,015,561.
	<b>2</b> Savings and temporary cash investments .....	865,520.	<b>2</b>	865,495.
	<b>3</b> Pledges and grants receivable, net .....	1,668,305.	<b>3</b>	3,972,970.
	<b>4</b> Accounts receivable, net .....	514,418.	<b>4</b>	1,185,749.
	<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 .....	51,541.	<b>9</b>	42,562.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 619,658.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 253,907.	399,403.	<b>10c</b> 365,751.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	1,403,792.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....	52,517.	<b>14</b>	38,817.
	<b>15</b> Other assets. See Part IV, line 11 .....	111,477.	<b>15</b>	111,477.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	10,124,014.	<b>16</b>	15,002,174.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,046,627.	<b>17</b>	1,569,348.
	<b>18</b> Grants payable .....	5,404.	<b>18</b>	841.
	<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>	0.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	1,985,211.	<b>26</b>	1,570,189.
<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 .....	5,538,599.	<b>27</b>	8,733,895.
	<b>28</b> Net assets with donor restrictions .....	2,600,204.	<b>28</b>	4,698,090.
	<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> <b>Total net assets or fund balances</b> .....	8,138,803.	<b>32</b>	13,431,985.
<b>33</b> <b>Total liabilities and net assets/fund balances</b> .....	10,124,014.	<b>33</b>	15,002,174.	

**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	20,574,127.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,131,804.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,442,323.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,138,803.
5	Net unrealized gains (losses) on investments	5	-149,141.
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	13,431,985.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on 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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2021)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

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

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations .....

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	14661823.	11555212.	12153273.	15112670.	20464729.	73947707.
<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 .....	14661823.	11555212.	12153273.	15112670.	20464729.	73947707.
<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) .....						8398756.
<b>6 Public support.</b> Subtract line 5 from line 4.						65548951.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	14661823.	11555212.	12153273.	15112670.	20464729.	73947707.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	4,650.	15,756.	30,108.	3,697.	6,432.	60,643.
<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.) .....		6,507.	5,166.	57,361.	102,966.	172,000.
<b>11 Total support.</b> Add lines 7 through 10						74180350.
<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 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	88.36 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	83.89 %
<b>16a 33 1/3% support test - 2021.</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 - 2020.</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 - 2021.</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 - 2020.</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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on 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 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** 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 - 2020.** 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).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: 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? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, 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 ( <i>explain in detail in Part VI</i> ):		
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
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule A (Form 990) 2021

**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:

OTHER INCOME

2018 AMOUNT: \$ 6,507.

2019 AMOUNT: \$ 5,166.

2020 AMOUNT: \$ 57,361.

2021 AMOUNT: \$ 102,966.

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021**

Open to Public Inspection

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.**

**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>
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**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-.

**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? .....														

Yes  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) 2018	(b) 2019	(c) 2020	(d) 2021	(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		159,573.
<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 .....			159,573.
<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

**Part IV** Supplemental Information *(continued)*

CONTACT THEIR OWN LEGISLATORS IN SUPPORT OF OUR REQUESTS FOR CONTINUED  
FUNDING AND AWARENESS.

Multiple horizontal lines for supplemental information.

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

2021

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 regarding donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (2a-2d table). 3-7. Monitoring and enforcement details. 8-9. Section 170(h)(4)(B) requirements and reporting.

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.

Form with sections 1a-1b and 2. 1a: Reporting on revenue and assets for public exhibition. 1b: Reporting on revenue and assets for public exhibition. 2: Reporting on revenue and assets for financial gain.

**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 %
  - 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		619,658.	253,907.	365,751.
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 365,751.

**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) OTHER INVESTMENTS	1,403,792.	COST
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	1,403,792.	

**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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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.

1	Total revenue, gains, and other support per audited financial statements		1	20,543,589.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-149,141.	
b	Donated services and use of facilities	2b	118,603.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	-30,538.	
3	Subtract line 2e from line 1	3	20,574,127.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	20,574,127.	

**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.

1	Total expenses and losses per audited financial statements		1	15,250,407.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	118,603.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	118,603.	
3	Subtract line 2e from line 1	3	15,131,804.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	15,131,804.	

**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.

**PART X, LINE 2:**

MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ORGANIZATION AND HAS CONCLUDED THAT, AS OF JUNE 30, 2022, THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS. GENERALLY, THE ORGANIZATION'S INFORMATION AND TAX RETURNS REMAIN OPEN FOR FEDERAL INCOME TAX EXAMINATION FOR THREE YEARS FROM THE FILING DATE. WHILE NO INCOME TAX RETURNS ARE CURRENTLY BEING EXAMINED BY THE INTERNAL REVENUE

**Part XIII** Supplemental Information *(continued)*

SERVICE, TAX YEARS SINCE 2018 REMAIN OPEN.

Multiple horizontal lines for supplemental information.

**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

**2021**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF OKLAHOMA PEDIATRIC CLINIC / - 4444 E 41ST STREET - TULSA, OK 74135-2527	14-1883809 3		0.	139,779.	FMV	BOOKS	ENCOURAGE READING
DUKE CHILDREN'S PRIMARY CARE / 3116 NORTH DUKE STREET DURHAM, NC 27704	56-0532129 3		0.	53,189.	FMV	BOOKS	ENCOURAGE READING
NEW HANOVER REGIONAL MEDICAL CENTER / NUNNELEE PEDIATRIC CLINICS - 510 CAROLINA BAY DR. - WILMINGTON, NC 28403	27-2791351 3		0.	50,977.	FMV	BOOKS	ENCOURAGE READING
KANSAS UNIVERSITY ENDOWMENT ASSOCIATION - REACH OUT AND READ KANSAS CITY - KANSAS CITY, KS 66160	48-0547734 3		0.	50,000.	FMV	BOOKS	ENCOURAGE READING
MIAMI-DADE FAMILY LEARNING PARTNERSHIP - 10800 BISCAYNE BLVD. - MIAMI, FL 33161	14-1016606 3		0.	42,979.	FMV	BOOKS	ENCOURAGE READING
JACKSONVILLE CHILDRENS CLINIC / 120 MEMORIAL DRIVE JACKSONVILLE, NC 28546	58-1278921		0.	42,419.	FMV	BOOKS	ENCOURAGE READING

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 132.

**3** Enter total number of other organizations listed in the line 1 table ▶ 156.

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

Schedule I (Form 990) 2021



**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NOVANT HEALTH-CHILD AND ADOLESCENT MEDICAL GROUP-MONROE / - 1994 WELLNESS BLVD - MONROE, NC 28110	58-1728803		0.	35,048.	FMV	BOOKS	ENCOURAGE READING
GOLDSBORO PEDIATRICS, P.A. / 2706 MEDICAL OFFICE PLACE GOLDSBORO, NC 27534-9460	57-0672117	3	0.	33,642.	FMV	BOOKS	ENCOURAGE READING
LUMBERTON CHILDREN'S CLINIC / 400 LIBERTY HILL ROAD LUMBERTON, NC 28358-2446	56-1133868		0.	33,360.	FMV	BOOKS	ENCOURAGE READING
CHILDREN'S NATIONAL / CHC-SHEPHERD PARK - CHILDREN'S HEALTH CENTER - WASHINGTON, DC 20012	53-0196580	3	0.	32,934.	FMV	BOOKS	ENCOURAGE READING
SANDHILLS PEDIATRICS, INC. / SANDHILLS PEDIATRICS, INC. - 195 WEST ILLINOIS AVE - SOUTHERN PINES, NC 28387	56-0943953		0.	32,780.	FMV	BOOKS	ENCOURAGE READING
ROCKET PEDIATRICS / RUPPERT HEALTH CENTER - 3000 ARLINGTON AVENUE - TOLEDO, OH 43614-5811	34-6555110	3	0.	31,965.	FMV	BOOKS	ENCOURAGE READING
SPARTANBURG REGIONAL HEALTH SERVICES DISTRICT, INC / - 853 NORTH CHURCH STREET, SUITE 401 - SPARTANBURG, SC 29303-3064	57-6000934	3	0.	31,700.	FMV	BOOKS	ENCOURAGE READING
SHELBY CHILDRENS CLINIC / SHELBY CHILDREN'S CLINIC SHELBY, NC 28150	56-1667838		0.	31,621.	FMV	BOOKS	ENCOURAGE READING
COASTAL CHILDREN'S CLINIC / 703 NEWMAN RD. NEW BERN, NC 28562	56-1018571		0.	31,041.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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
ATRIUM HEALTH LEVINE CHILDREN'S HOSPITAL - MYERS PARK PEDIATRICS / MYERS PARK PE - 1350 SOUTH KINGS DR. - CHARLOTTE, NC 28207-2134	56-0621073	3	0.	26,976.	FMV	BOOKS	ENCOURAGE READING
ATRIUM HEALTH LEVINE'S CHILDREN'S CHARLOTTE PEDIATRIC CLINIC - STEELE CREEK / - 13640 STEELECROFT PARKWAY - CHARLOTTE, NC 28278	56-0529945		0.	23,272.	FMV	BOOKS	ENCOURAGE READING
GREENSBORO PEDIATRICIANS, INC / 510 N ELAM AVE STE 202 GREENSBORO, NC 27403	56-0991064		0.	22,950.	FMV	BOOKS	ENCOURAGE READING
COMMUNITY HEALTH CENTER, INC. / MIDDLETOWN SITE - 675 MAIN STREET - MIDDLETOWN, CT 06457-2845	06-0897105	3	0.	22,117.	FMV	BOOKS	ENCOURAGE READING
CHILDREN'S HOSPITAL OF RICHMOND / VIRGINIA COMMONWEALTH UNIVERSITY - 1000 EAST BROAD STREET - RICHMOND, VA 23219	54-1581185		0.	21,638.	FMV	BOOKS	ENCOURAGE READING
FAIR HAVEN COMMUNITY HEALTH CARE AT SARGENT DRIVE / PEDIATRIC DEPARTMENT/1ST FLO - 150 SARGENT DRIVE - NEW HAVEN, CT 06510	06-0646652	3	0.	20,954.	FMV	BOOKS	ENCOURAGE READING
CONNECTICUT CHILDREN'S PRIMARY CARE SOUTH / PRIMARY CARE SOUTH - 100 RETREAT AVENUE SUITE 605 - HARTFORD, CT 06106	06-1446900	3	0.	20,706.	FMV	BOOKS	ENCOURAGE READING
PEDIATRICS WEST / 133 LITTLETON RD WESTFORD, MA 01886	04-2623388		0.	20,445.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEDIATRIC ASSOCIATES OF CHARLOTTESVILLE / - 1011 EAST JEFFERSON ST - CHARLOTTEVILLE, VA 22902	05-4902611		0.	19,690.	FMV	BOOKS	ENCOURAGE READING
GOLISANO CHILDREN'S HOSPITAL AT STRONG / PEDIATRIC PRACTICE - 575 ELMWOOD AVENUE - ROCHESTER, NY 14620-2945	16-0743209	3	0.	18,200.	FMV	BOOKS	ENCOURAGE READING
RRH - RIEDMAN HEALTH CENTER / ROCHESTER GENERAL PEDIATRIC ASSOCIATES - 1455 EAST RIDGE ROAD - ROCHESTER, NY 14621	16-0743134		0.	18,070.	FMV	BOOKS	ENCOURAGE READING
GRAND STRAND PEDIATRIC AND ADOLESCENTS MEDICINE, PA / - 8120 ROURK ST. - MYRTLE BEACH, SC 29572	57-0783896		0.	17,204.	FMV	BOOKS	ENCOURAGE READING
PEDIATRIC ASSOCIATES OF FLORENCE / 204 E CHEVES STREET FLORENCE, SC 29506-2604	20-2935692	3	0.	16,516.	FMV	BOOKS	ENCOURAGE READING
EAST BOSTON NEIGHBORHOOD HEALTH CENTER / - 10 GOVE STREET - EAST BOSTON, MA 02128-1920	23-7425849	3	0.	16,499.	FMV	BOOKS	ENCOURAGE READING
COASTAL PEDIATRIC ASSOCIATES / 2067 CHARLIE HALL BLVD CHARLESTON, SC 29414	20-8329907		0.	16,249.	FMV	BOOKS	ENCOURAGE READING
WHEATFIELD PEDIATRICS / 2890 NIAGARA FALLS BOULEVARD NORTH TONAWANDA, NY 14120	16-1565108		0.	16,049.	FMV	BOOKS	ENCOURAGE READING
FORD, SIMPSON, LIVELY, & RICE PEDIATRICS / - 2933 MAPLEWOOD AVE - WINSTON SALEM, NC 27103	56-1935767		0.	16,037.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIRTH AND BEYOND PEDIATRICS 10011 S YALE TULSA, OK 74137	20-0327700		0.	15,128.	FMV	BOOKS	ENCOURAGE READING
HIGHLAND PEDIATRICS 1030 PRESIDENT AVENUE FALL RIVER, MA 23708-2111	04-3013890		0.	14,929.	FMV	BOOKS	ENCOURAGE READING
NOVANT HEALTH PEDIATRICS MINT HILL 8110 HEALTHCARE LOOP CHARLOTTE, NC 28215	58-1728803	3	0.	14,912.	FMV	BOOKS	ENCOURAGE READING
REACH OUT AND READ COLORADO 3705 MARTIN LUTHER KING DRIVE DENVER, CO 80205	86-1172160	3	0.	14,870.	FMV	BOOKS	ENCOURAGE READING
PEDIATRICS-WESTGATE / ATRIUM HEALTH WAKE FOREST BAPTIST - 3746 VEST MILL ROAD - WINSTON-SALEM, NC 27103	56-1899564	3	0.	14,729.	FMV	BOOKS	ENCOURAGE READING
NAVAL MEDICAL CENTER PORTSMOUTH / PEDIATRIC CLINIC - 620 JOHN PAUL JONES CIRCLE - PORTSMOUTH, VA 23708-2111	52-1419213	3	0.	14,610.	FMV	BOOKS	ENCOURAGE READING
CHILD HEALTH ASSOCIATES: AUBURN SITE / - 105 MILLBURY STREET - AUBURN, MA 01501	04-2929916		0.	14,095.	FMV	BOOKS	ENCOURAGE READING
RELIANT MEDICAL GROUP: SOUTHBOROUGH / - 24 NEWTON STREET - SOUTHBOROUGH, MA 01772	04-2472266		0.	13,814.	FMV	BOOKS	ENCOURAGE READING
STARLING PHYSICIANS / PEDIATRIC DIVISION - 300 KENSINGTON AVENUE - NEW BRITAIN, CT 06051	06-1518341		0.	13,709.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN ACADEMY OF PEDIATRICS, CALIFORNIA CHAPTER IV - REACH OUT AND READ ORANGE COUNTY - NEWPORT BEACH, CA 92660	95-3731523 3		0.	13,650.	FMV	BOOKS	ENCOURAGE READING
ATRIUM HEALTH LEVINE CHILDREN'S ROCK HILL PEDIATRIC ASSOCIATES, ROCK HILL / ROCK - 1656 RIVERCHASE BLVD - ROCK HILL, SC 29732-1808	20-3146968		0.	13,420.	FMV	BOOKS	ENCOURAGE READING
RALEIGH CHILDREN AND ADOLESCENTS MEDICINE / - 3100 DURALEIGH RD SUITE 300 - RALEIGH, NC 27612	56-2000200		0.	13,213.	FMV	BOOKS	ENCOURAGE READING
OSU PEDIATRICS AT HOUSTON CENTER / 717 S HOUSTON AVE STE 400 TULSA, OK 74127-9023	73-6017987		0.	13,124.	FMV	BOOKS	ENCOURAGE READING
TRIAD PEDIATRICS - AFRICA / 2754 NC-68 HIGH POINT, NC 27265	82-3897310		0.	12,788.	FMV	BOOKS	ENCOURAGE READING
KAISER PERMANENTE LARGO MEDICAL CENTER / - 1221 MERCANTILE LANE - UPPER MARLBORO, MD 20774	52-0954463 3		0.	12,699.	FMV	BOOKS	ENCOURAGE READING
PRISMA HEALTH PEDIATRICS-GREER / 106 PHYSICIANS DRIVE GREER, SC 29650	57-1004971		0.	12,688.	FMV	BOOKS	ENCOURAGE READING
COASTAL PEDIATRIC ASSOCIATES / COASTAL PEDIATRIC ASSOCIATES - 2015 2ND AVENUE - SUMMERVILLE, SC 29486	20-8329907		0.	12,594.	FMV	BOOKS	ENCOURAGE READING
VERNON PEDIATRICS AND ADOL MEDICINE / STARLING PHYSICIANS - 357 HARTFORD TURNPIKE - VERNON, CT 06066	06-1440790		0.	12,525.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NOVANT HEALTH MEDICAL PLAZA PEDIATRICS / - 8401 MEDICAL PLAZA DRIVE, SUITE 220 - CHARLOTTE, NC 28262	58-1728803		0.	12,416.	FMV	BOOKS	ENCOURAGE READING
MEDICAL ASSOCIATES PEDIATRICS / 100 HOSPITAL ROAD LEOMINSTER, MA 01453-2253	04-3414523		0.	12,329.	FMV	BOOKS	ENCOURAGE READING
HAYWOOD PEDIATRIC AND ADOLESCENT MEDICINE GROUP, P.A. / - 15 FACILITY DRIVE - CLYDE, NC 28721-9438	56-1869575		0.	12,243.	FMV	BOOKS	ENCOURAGE READING
LAUREN CHENG / 225 BOSTON STREET LYNN, MA 01904	04-2942275		0.	12,162.	FMV	BOOKS	ENCOURAGE READING
THE LONGSTREET CLINIC, PC GAINESVILLE / CENTER FOR PEDIATRICS - 725 JESSE JEWELL PARKWAY, STE. 100 - GAINESVILLE,	58-2117020		0.	11,951.	FMV	BOOKS	ENCOURAGE READING
DR. SOOS PEDIATRICS / 102 BOWLING LANE DUBLIN, GA 31021	20-8698691		0.	11,676.	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.	11,600.	FMV	BOOKS	ENCOURAGE READING
MILTON PEDIATRICS BRAINTREE OFFICE 340 WOOD RD SUITE 301 BRAintree, MA 02184	04-3496618		0.	11,566.	FMV	BOOKS	ENCOURAGE READING
CAROLINAEAST PEDIATRICS / 2636 DR. MARTIN LUTHER KING JR. BLV NEW BERN, NC 28562	26-4212594	3	0.	11,541.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEDIATRIC SPECIALISTS OF FOXBORO AND WRENTHAM - 132 CENTRAL STREET, SUITE 116 - FOXBORO, MA 02035-2422	04-2663142		0.	11,410.	FMV	BOOKS	ENCOURAGE READING
PEDIATRIC ASSOCIATES OF CT, PC / 160 ROBBINS STREET WATERBURY, CT 06708	06-1089184		0.	11,307.	FMV	BOOKS	ENCOURAGE READING
CORE PHYSICIANS / STRATHAM PEDIATRICS - 118 PORTSMOUTH ROAD - STRATHAM, NH 03885	08-7087914	3	0.	11,133.	FMV	BOOKS	ENCOURAGE READING
PENTUCKET MEDICAL ASSOCIATES / 1 PARK WAY HAVERHILL, MA 01830-6278	04-3236175		0.	11,095.	FMV	BOOKS	ENCOURAGE READING
KAISER PERMANENTE GAITHERSBURG MEDICAL CENTER / - 655 WATKINS MILL ROAD - GAITHERSBURG, MD 20879	52-0954463	3	0.	11,023.	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.	11,013.	FMV	BOOKS	ENCOURAGE READING
DESOTO AND SENATOBIA CHILDREN'S CLINICS / DESOTO AND SENATOBIA CHILDREN'S CLINIC - 7276 SOUTHCREST PARKWAY - SOUTHAVEN, MS	64-0888518		0.	11,000.	FMV	BOOKS	ENCOURAGE READING
CHILDREN'S HEALTH CENTER @ THEARC / 1801 MISSISSIPPI AVE SE WASHINGTON, DC 20020	52-1640403	3	0.	10,879.	FMV	BOOKS	ENCOURAGE READING
PEDIATRIC ASSOCIATES OF HAMPDEN COUNTY / - 477 SOUTHWICK ROAD - WESTFIELD, MA 01085-4734	04-2647814		0.	10,854.	FMV	BOOKS	ENCOURAGE READING

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MCDONALD ARMY HEALTH CENTER / DEPARTMENT OF PEDIATRICS - 576 JEFFERSON AVE - FT. EUSTIS, VA 23604-1602	54-1738443 3		0.	10,710.	FMV	BOOKS	ENCOURAGE READING
PALMETTO PEDIATRIC AND ADOLESCENT CLINIC - CLEMSON RD / 326286 - 601 CLEMSON ROAD - COLUMBIA, SC 29229	57-0705364		0.	10,644.	FMV	BOOKS	ENCOURAGE READING
SWEETGRASS PEDIATRICS - SUMMERVILLE / - 748 ORANGEBURG ROAD - SUMMERVILLE, SC 29483	81-0568231		0.	10,633.	FMV	BOOKS	ENCOURAGE READING
MISSION PEDIATRICS MCDOWELL / 387 US-70 MARION, NC 28752	08-3204888		0.	10,615.	FMV	BOOKS	ENCOURAGE READING
UPSTATE PEDIATRIC AND ADOLESCENT CENTER / SUNY UPSTATE MEDICAL UNIVERSITY - 90 PRESIDENTIAL PLAZA - SYRACUSE, NY 13202	16-1469571 3		0.	10,603.	FMV	BOOKS	ENCOURAGE READING
THE LONGSTREET CLINIC, PC OAKWOOD / CENTER FOR PEDIATRICS - 4019 EXECUTIVE DRIVE - OAKWOOD, GA 30566	58-2117020		0.	10,479.	FMV	BOOKS	ENCOURAGE READING
ATRIUM HEALTH NORTHPARK FAMILY PRACTICE / ATRIUM HEALTH - 251 EASTWAY DRIVE - CHARLOTTE, NC 28213	56-0621073 3		0.	10,454.	FMV	BOOKS	ENCOURAGE READING
BOSTON MEDICAL CENTER / PEDIATRIC PRIMARY CARE - 850 HARRISON AVENUE - BOSTON, MA 02118-4001	04-3314093 3		0.	10,395.	FMV	BOOKS	ENCOURAGE READING
NOVANT HEALTH PEDIATRICS HIGHLAND CREEK & AFTER HOURS CARE / - 5370 RIDGE RD - CHARLOTTE, NC 28269	56-1376950 3		0.	10,390.	FMV	BOOKS	ENCOURAGE READING

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OLD 4TH WARD PEDIATRICS / 285 BOULEVARD NE SUITE 235 ATLANTA, GA 30312	58-1435911		0.	10,199.	FMV	BOOKS	ENCOURAGE READING
UNIFOUR PEDIATRICS / LOWER LEVEL 3411 GRAYSTONE PLACE SE CONOVER, NC 28613	20-2998046		0.	10,197.	FMV	BOOKS	ENCOURAGE READING
HAWTHORN PEDIATRICS / 531 FAUNCE CORNER ROAD NORTH DARTMOUTH, MA 02747	04-2985225	3	0.	10,160.	FMV	BOOKS	ENCOURAGE READING
BOSTON CHILDREN'S PRIMARY CARE AT LONGWOOD - 300 LONGWOOD AVENUE - BOSTON, MA 02115-5724	04-2774441	3	0.	10,109.	FMV	BOOKS	ENCOURAGE READING
FIRST GEORGIA PHYSICIAN GROUP -PEDIATRICS / - 101 YORK TOWN DRIVE - FAYETTEVILLE, GA 30214	47-2455237		0.	9,955.	FMV	BOOKS	ENCOURAGE READING
CHILDREN'S NATIONAL AT COLUMBIA HEIGHTS / CHILDREN'S NATIONAL HOSPITAL - 3336 14TH ST. NW - WASHINGTON, DC 20010	53-0196580		0.	9,940.	FMV	BOOKS	ENCOURAGE READING
NAVAL MEDICAL CENTER CAMP LEJEUNE / PEDIATRIC CLINIC - 100 BREWSTER BLVD. - CAMP LEJEUNE, NC 28547-2538	56-1897849		0.	9,875.	FMV	BOOKS	ENCOURAGE READING
NOVANT HEALTH - PEDIATRICS SOUTH END / PEDIATRICS SOUTH END - 2400 SOUTH BOULEVARD SUITE 200 - CHARLOTTE, NC 28203	58-1728803		0.	9,872.	FMV	BOOKS	ENCOURAGE READING
KAISER PERMANENTE WOODBRIDGE MEDICAL CENTER / - 13285 MINNIEVILLE RD - WOODBRIDGE, VA 22192	52-0954463	3	0.	9,846.	FMV	BOOKS	ENCOURAGE READING

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BROCKTON NEIGHBORHOOD HEALTH CENTER - 63 MAIN ST - BROCKTON, MA 02301-4042	04-3165044	3	0.	9,829.	FMV	BOOKS	ENCOURAGE READING
YUKON-KUSKOKWIM HEALTH CORP / WELL CHILD PROGRAM - 829 CHIEF EDDIE HOFFMAN HIGHWAY - BETHEL, AK 99559-0528	92-0041414		0.	9,786.	FMV	BOOKS	ENCOURAGE READING
KIDS ON THE COMMON PEDIATRICS / BARBARA RUGO FOCHT, M.D. - 28 GRAFTON COMMON - GRAFTON, MA 01519	45-2118280		0.	9,675.	FMV	BOOKS	ENCOURAGE READING
PEDIATRIC ASSOCIATES OF FALL RIVER 851 MIDDLE STREET FALL RIVER, MA 02721-1735	04-2547627		0.	9,578.	FMV	BOOKS	ENCOURAGE READING
HARVARD VANGUARD MEDICAL ASSOC-MEDFORD / - 26 CITY HALL MALL - MEDFORD, MA 02155-4754	04-3397450	3	0.	9,523.	FMV	BOOKS	ENCOURAGE READING
NOVANT HEALTH PEDIATRICS SOUTHPARK 6324 FAIRVIEW RD STE 350 CHARLOTTE, NC 28210	58-1728803	3	0.	9,442.	FMV	BOOKS	ENCOURAGE READING
COMMUNITY HEALTH CONNECTION / LA CONEXION MEDICA - 2321 E 3RD ST - TULSA, OK 74104	04-3766364	3	0.	9,426.	FMV	BOOKS	ENCOURAGE READING
QUINCY PEDIATRIC ASSOCIATES 191 INDEPENDENCE AVENUE QUINCY, MA 02169-7751	04-2475560		0.	9,271.	FMV	BOOKS	ENCOURAGE READING
CAPITOL PEDIATRICS 11601 ROBIOUS RD. MIDLOTHIAN, VA 23113-5605	54-1832508		0.	9,220.	FMV	BOOKS	ENCOURAGE READING

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PEDIATRIC ASSOCIATES OF BROCKTON / 370 OAK ST # A BROCKTON, MA 02301-1303	04-2591197		0.	9,187.	FMV	BOOKS	ENCOURAGE READING
SHELBY CHILDREN'S CLINIC- KINGS MOUNTAIN / - 2202 CAROLINAS PLACE SUITE 200 - KINGS MOUNTAIN, NC 28086	56-1667838		0.	9,175.	FMV	BOOKS	ENCOURAGE READING
THE LONGSTREET CLINIC, PC, BRASELTON / CENTER FOR PEDIATRICS - PAM PATTERSON - BRASELTON, GA 30517	58-2117020		0.	8,997.	FMV	BOOKS	ENCOURAGE READING
THE FALLS PEDIATRICS / CALDWELL UNC HEALTHCARE - 4355 HICKORY BLVD - GRANITE FALLS, NC 28630	56-0554202	3	0.	8,994.	FMV	BOOKS	ENCOURAGE READING
USAF LANGLEY HOSPITAL / 77 NEALY AVE HAMPTON, VA 23665	12-3456789		0.	8,875.	FMV	BOOKS	ENCOURAGE READING
ASCENSION ALL SAINTS AT SPRING STREET - PEDIATRICS / WAS WHEATON FRANCISCAN HEAL - 3807 SPRING STREET - RACINE, WI 53405	39-1791586	3	0.	8,847.	FMV	BOOKS	ENCOURAGE READING
EAST CAROLINA SCHOOL OF MEDICINE / PEDIATRIC OUTPATIENT CENTER - BIOTECH BUILDING ECU SCHOOL OF MEDICINE - GREENVILLE, NC	56-6000403		0.	8,844.	FMV	BOOKS	ENCOURAGE READING
RELIANT MEDICAL GROUP - MILFORD / DEPARTMENT OF PEDIATRICS - 101 CEDAR STREET - MILFORD, MA 01757-2236	04-2472266		0.	8,842.	FMV	BOOKS	ENCOURAGE READING
BEAUFORT PEDIATRICS / 964 RIBAUT ROAD, SUITE 1 BEAUFORT, SC 29902-5425	57-1104728		0.	8,839.	FMV	BOOKS	ENCOURAGE READING

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SWEETGRASS PEDIATRICS - CARNES CROSSROADS / - 2016 1ST AVENUE - SUMMERVILLE, SC 29486	81-0568231		0.	8,803.	FMV	BOOKS	ENCOURAGE READING
TRI-RIVER FAMILY HEALTH CENTER / UMASS MEMORIAL MEDICAL CENTER - 281 EAST HARTFORD AVENUE - UXBRIDGE, MA 01569	04-2911067		0.	8,801.	FMV	BOOKS	ENCOURAGE READING
UNIVERSITY OF VIRGINIA CHILDRENS HOSPITAL / CHILDREN'S OUTPUT CLINIC 6TH FLOOR - BIRDSONG CLINIC - CHARLOTTESVILLE, VA 22903	54-6001796	3	0.	8,750.	FMV	BOOKS	ENCOURAGE READING
NORTHERN BERKSHIRE PEDIATRICS / 77 HOSPITAL AVENUE NORTH ADAMS, MA 01247-2550	04-2772469		0.	8,743.	FMV	BOOKS	ENCOURAGE READING
SKAGIT PEDIATRICS, LLP / 2101 LITTLE MOUNTAIN LANE MOUNT VERNON, WA 98274-8752	91-1147231		0.	8,735.	FMV	BOOKS	ENCOURAGE READING
CHILDREN'S HOSPITAL OF GEORGIA / GENERAL PEDIATRICS PRIMARY CARE - 1120 15TH STREET - AUGUSTA, GA 30912-0012	35-2310573		0.	8,597.	FMV	BOOKS	ENCOURAGE READING
LITCHFIELD COUNTY PEDIATRICS / 20 FELICITY LANE TORRINGTON, CT 06790-6101	04-3165044		0.	8,451.	FMV	BOOKS	ENCOURAGE READING
CHILDREN'S HEALTH CENTER AT ANACOSTIA / - 2101 MARTIN LUTHER KING, JR. AVENUE, SE - WASHINGTON, DC 20020	53-0196580	3	0.	8,450.	FMV	BOOKS	ENCOURAGE READING
RELIANT MEDICAL GROUP / WORCESTER LOCATION - 5 NEPONSET STREET - WORCESTER, MA 01605	04-2472266		0.	8,449.	FMV	BOOKS	ENCOURAGE READING

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DAVIE COUNTY HEALTH DEPARTMENT / 154 GOVERNMENT CENTER BLVD. MOCKSVILLE, NC 27028	56-6000295 3		0.	8,436.	FMV	BOOKS	ENCOURAGE READING
SIXTEENTH STREET - CHAVEZ CLINIC B@B 1 / SIXTEENTH STREET COMMUNITY HEALTH CENTE - 1032 S. CESAR E. CHAVEZ DR. - MILWAUKEE, WI	39-0806261 3		0.	8,398.	FMV	BOOKS	ENCOURAGE READING
KAISER PERMANENTE WOODLAWN MEDICAL CENTER / - 7141 SECURITY BLVD - WOODLAWN, MD 21244	52-0954463 3		0.	8,348.	FMV	BOOKS	ENCOURAGE READING
PALMETTO PEDIATRIC AND ADOLESCENT CLINIC - LEXINGTON / - 1970 AUGUSTA HWY - LEXINGTON, SC 29072	57-0705364		0.	8,335.	FMV	BOOKS	ENCOURAGE READING
KAISER PERMANENTE FALLS CHURCH MEDICAL CENTER / - 201 N. WASHINGTON STREET - FALLS CHURCH, VA 22046	52-0954463 3		0.	8,297.	FMV	BOOKS	ENCOURAGE READING
TRIAD PEDIATRICS - ASIA / TRIAD PEDIATRICS - 4012 MENDENHALL OAKS PKWY - HIGH POINT, NC 27265	82-3897310		0.	8,291.	FMV	BOOKS	ENCOURAGE READING
STEWART METHUEN PEDIATRICS-PEDIATRIC HEALTHCARE CENTER / - 380R MERRIMACK STREET - METHUEN, MA 01844	27-2777455 3		0.	8,290.	FMV	BOOKS	ENCOURAGE READING
HOLYOKE PEDIATRIC ASSOCIATES: HOLYOKE / - 150 LOWER WESTFIELD ROAD - HOLYOKE, MA 01040-2890	04-3399973 3		0.	8,220.	FMV	BOOKS	ENCOURAGE READING
NATIONWIDE CHILDREN'S HOSPITAL / REACH OUT AND READ - 380 BUTTERFLY GARDENS DR. - COLUMBUS, OH 43215	31-1036370 3		0.	8,180.	FMV	BOOKS	ENCOURAGE READING

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WASHINGTON PEDIATRICS, PA / 1206 BROWN STREET WASHINGTON, NC 27889	20-1548516 3		0.	8,152.	FMV	BOOKS	ENCOURAGE READING
SOUTH TULSA PEDIATRICS / 7512 E 91ST ST TULSA, OK 74066	20-0207585		0.	8,125.	FMV	BOOKS	ENCOURAGE READING
ATRIUM HEALTH LEVINE CHILDREN'S ROCK HILL PEDIATRIC ASSOCIATES, FORT MILL / ROCK - 704 GOLD HILL ROAD - FORT MILL, SC 29715-8949	20-3146968 3		0.	8,106.	FMV	BOOKS	ENCOURAGE READING
ALBANY MEDICAL CENTER PEDIATRIC GROUP / - 391 MYRTLE AVENUE, SUITE 3A - ALBANY, NY 12208-3401	14-6023119		0.	8,074.	FMV	BOOKS	ENCOURAGE READING
ATRIUM HEALTH LEVINE CHILDRENS UNIVERSITY PEDIATRICS PROSPERITY CROSSING / - 5727 PROSPERITY CROSSING DRIVE - CHARLOTTE, NC	56-1820778		0.	8,052.	FMV	BOOKS	ENCOURAGE READING
CHARLOTTE PEDIATRICS - MATTHEWS / ATRIUM HEALTH - 332 N. TRADE STREET - MATTHEWS, NC 28105	56-2274421		0.	8,017.	FMV	BOOKS	ENCOURAGE READING
TRIAD ADULT AND PEDIATRIC MEDICINE - GREENSBORO / WENDOVER - 1046 E WENDOVER AVE - GREENSBORO, NC 27405-6712	56-1991438 3		0.	8,006.	FMV	BOOKS	ENCOURAGE READING
KAISER PERMANENTE SILVER SPRING MEDICAL CENTER / - 12201 PLUM ORCHARD DRIVE - SILVER SPRING, MD 20904	52-0954463 3		0.	7,956.	FMV	BOOKS	ENCOURAGE READING
METROHEALTH MEDICAL CENTER / HANNAH NISH, CCLS/METROHLTH MDCLCTR, OPC - CLEVELAND, OH 44109-1998	34-6607695 3		0.	7,940.	FMV	BOOKS	ENCOURAGE READING

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AKRON CHILDREN'S HOSPITAL - LOCUST PEDIATRICS / - 215 WEST BOWERY ST. LEVEL 3 - AKRON, OH 44308	34-0714357 3		0.	7,940.	FMV	BOOKS	ENCOURAGE READING
THE CHILDREN'S CENTER OF CAROLINA HEALTH CENTERS, INC. / - 113 LINER DRIVE - GREENWOOD, SC 29646-2311	57-0650154 3		0.	7,864.	FMV	BOOKS	ENCOURAGE READING
VCOM / NEW BEGINNINGS PEDIATRICS 3708 S MAIN ST SUITE B BLACKSBURG, VA 24060	20-4851978		0.	7,834.	FMV	BOOKS	ENCOURAGE READING
CHILDREN'S MEDICAL CENTER - GREER 841 S. BUNCOMBE RD GREER, SC 29651	56-2212236		0.	7,789.	FMV	BOOKS	ENCOURAGE READING
MOUNT OLIVE PEDIATRICS, P.A. / 327 NC-55 MOUNT OLIVE, NC 28365	57-0672117 3		0.	7,770.	FMV	BOOKS	ENCOURAGE READING
TRINITY HEALTH OF NEW ENGLAND/CHICOPEE SITE / - 444 MONTGOMERY STREET - CHICOPEE, MA 01020-1969	04-3400111		0.	7,766.	FMV	BOOKS	ENCOURAGE READING
MGH CHELSEA HEALTHCARE CENTER / 151 EVERETT AVENUE CHELSEA, MA 02150-1812	04-2697983 3		0.	7,760.	FMV	BOOKS	ENCOURAGE READING
AMERICAN ACADEMY OF PEDIATRICS, CALIFORNIA CHAPTER 2 - REACH OUT AND READ INLAND EMPIRE - RIALTO, CA 92377	23-7311839 3		0.	7,690.	FMV	BOOKS	ENCOURAGE READING
CHARLES RIVER COMMUNITY CENTER - BRIGHTON / CHARLES RIVER COMMUNITY CENTER - WA - 495 WESTERN AVENUE - BRIGHTON, MA	23-7221597 3		0.	7,672.	FMV	BOOKS	ENCOURAGE READING

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ONE WORLD COMMUNITY HEALTH CENTER / 4920 S 30TH ST OMAHA, NE 68107-1590	47-0548990 3		0.	7,614.	FMV	BOOKS	ENCOURAGE READING
DEKALB COUNTY BOARD OF HEALTH WIC / 3807 CLAIRMONT RD CHAMBLEE, GA 30341	58-1417092		0.	7,600.	FMV	BOOKS	ENCOURAGE READING
AGES & STAGES PEDIATRICS, PLLC / AGES & STAGES PEDIATRICS - 10340 PARK RD - CHARLOTTE, NC 28210	83-2096156		0.	7,583.	FMV	BOOKS	ENCOURAGE READING
RELIANT MEDICAL GROUP / 761 WORCESTER ROAD FRAMINGHAM, MA 01701-5224	04-2487729 3		0.	7,574.	FMV	BOOKS	ENCOURAGE READING
BELLIN HEALTH ASHWAUBENON INTERNAL MEDICINE AND PEDIATRICS / BELLIN HEALTH SYSTE - 1630 COMMANCHE AVE. - GREEN BAY, WI 54313	39-0884478 3		0.	7,563.	FMV	BOOKS	ENCOURAGE READING
RELIANT MEDICAL GROUP / AUBURN LOCATION - 4 BROTHERTON WAY - AUBURN, MA 01501-3203	04-2472266		0.	7,543.	FMV	BOOKS	ENCOURAGE READING
SALISBURY PEDIATRIC ASSOCIATES 129 WOODSON STREET SALISBURY, NC 28144-3255	56-0988747		0.	7,532.	FMV	BOOKS	ENCOURAGE READING
CHILDREN'S HOSPITAL OF PHILADELPHIA / NICHOLAS AND ATHENA KARABOTS PEDIATRIC CAR - 4865 MARKET STREET - PHILADELPHIA, PA	23-2237932 3		0.	7,525.	FMV	BOOKS	ENCOURAGE READING
MANSFIELD PEDIATRICS / 12A LEDGEBROOK DRIVE MANSFIELD, CT 06250-1664	06-1469068		0.	7,524.	FMV	BOOKS	ENCOURAGE READING

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HILLSBORO PEDIATRIC CLINIC - MAIN STREET / - 445 EAST MAIN STREET - HILLSBORO, OR 97123	98-1285686		0.	7,510.	FMV	BOOKS	ENCOURAGE READING
KAISER PERMANENTE SPRINGFIELD MEDICAL CENTER / - 6551 LOISDALE CT - SPRINGFIELD, VA 22150	52-0954463	3	0.	7,455.	FMV	BOOKS	ENCOURAGE READING
WVU PEDIATRIC & ADOLESCENT GROUP (PAGP) / WVU MEDICINE UNIVERSITY TOWN CENTER - 6040 UNIVERSITY TOWN CENTRE DRIVE - MORGANTOWN, WV	36-0727175		0.	7,430.	FMV	BOOKS	ENCOURAGE READING
LINCOLN COMMUNITY HEALTH CENTER / 1301 FAYETTEVILLE STREET DURHAM, NC 27707	56-1031244	3	0.	7,387.	FMV	BOOKS	ENCOURAGE READING
KAISER PERMANENTE WEST HYATTSVILLE MEDICAL CENTER / - 5620 AGER ROAD - HYATTSVILLE, MD 20782	52-0954463	3	0.	7,369.	FMV	BOOKS	ENCOURAGE READING
FORT GORDON DDEAMC / COMMUNITY CARE CENTER - DDEAMC - FORT GORDON, GA 30905-5741	58-1991696		0.	7,327.	FMV	BOOKS	ENCOURAGE READING
GNR PUBLIC HEALTH / GNR PUBLIC HEALTH - 2570 RIVERSIDE PARKWAY - LAWRENCEVILLE, GA 30046	90-0676388		0.	7,300.	FMV	BOOKS	ENCOURAGE READING
AMOSKEAG HEALTH-MANCHESTER / HOLLIS SITE - 145 HOLLIS STREET - MANCHESTER, NH 03101-1235	02-0458174	3	0.	7,287.	FMV	BOOKS	ENCOURAGE READING
CULVER MEDICAL GROUP / 913 CULVER ROAD ROCHESTER, NY 14609-7141	16-0743037		0.	7,272.	FMV	BOOKS	ENCOURAGE READING

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHCOAST DARTMOUTH PEDIATRICS / 49 STATE ROAD NORTH DARTMOUTH, MA 02747	22-2703314 3		0.	7,249.	FMV	BOOKS	ENCOURAGE READING
AURORA HEALTH CENTER SHEBOYGAN - PEDIATRICS / AURORA HEALTH CARE - 2414 KOHLER MEMORIAL DRIVE - SHEBOYGAN, WI 53081	36-1678306 3		0.	7,246.	FMV	BOOKS	ENCOURAGE READING
PRATT HEALTHCARE PEDIATRICS AT FRANK DURCAN CAMPUS / - 4701 SPOTSYLVANIA PARKWAY - FREDERICKSBURG, VA 22407	54-0896390		0.	7,210.	FMV	BOOKS	ENCOURAGE READING
TROY PEDIATRIC HEALTH CENTER / 1300 MASSACHUSETTS AVE TROY, NY 12180	14-1776186 3		0.	7,155.	FMV	BOOKS	ENCOURAGE READING
CENTER PEDIATRIC MEDICINE MAIN / 20 MEDICAL RIDGE DRIVE GREENVILLE, SC 29605-4267	81-1723202		0.	7,114.	FMV	BOOKS	ENCOURAGE READING
COKER PEDIATRICS, LLC / 14557 HWY 19 STE A GRIFFIN, GA 30224	35-2290733		0.	7,051.	FMV	BOOKS	ENCOURAGE READING
APEX PEDIATRICS / 1021 W WILLIAMS STREET APEX, NC 27502	36-4351186		0.	7,036.	FMV	BOOKS	ENCOURAGE READING
WHITE MEMORIAL COMMUNITY HEALTH CENTER / - 1828 E. CESAR CHAVEZ AVENUE - LOS ANGELES, CA 90033	47-2212776 3		0.	7,035.	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.	7,028.	FMV	BOOKS	ENCOURAGE READING

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CHEROKEE NATION OUTPATIENT HEALTH CENTER / TAHLEQUAH - 19600 EAST ROSS STREET - TAHLEQUAH, OK 74464-2512			0.	6,998.	FMV	BOOKS	ENCOURAGE READING
SIXTEENTH STREET - PARKWAY CLINIC B@B 1 / SIXTEENTH STREET COMMUNITY HEALTH CENT - 2906 S. 20TH ST. - MILWAUKEE, WI 53215	39-0806261	3	0.	6,967.	FMV	BOOKS	ENCOURAGE READING
KAISER PERMANENTE MANASSAS MEDICAL CENTER / - 10701 ROSEMARY DRIVE - MANASSAS, VA 20109	52-0954463	3	0.	6,933.	FMV	BOOKS	ENCOURAGE READING
SOUTHERN PEDIATRIC CLINIC / 406 #M NORTHSIDE DR VALDOSTA, GA 31602	20-2561935		0.	6,907.	FMV	BOOKS	ENCOURAGE READING
UHS JOHNSON CITY FAMILY CARE CENTER / - 40 ARCH STREET - JOHNSON CITY, NY 13790	16-1165049	3	0.	6,906.	FMV	BOOKS	ENCOURAGE READING
DARTMOUTH HITCHCOCK / MANCHESTER SITE - 100 HITCHCOCK WAY - MANCHESTER, NH 03104-4125	22-2519596	3	0.	6,900.	FMV	BOOKS	ENCOURAGE READING
MAHI PEDIATRIC PC 41-51 WILSON AVE, SUITE 2 D NEWARK, NJ 07105	45-3966904		0.	6,889.	FMV	BOOKS	ENCOURAGE READING
FRAMINGHAM PEDIATRICS / 125 NEWBURY STREET FRAMINGHAM, MA 01701-4592	04-3165789		0.	6,839.	FMV	BOOKS	ENCOURAGE READING
UNIVERSITY PEDIATRICS - ATRIUM HEALTH LEVINE CHILDREN'S / - 101 E. WT HARRIS BLVD - CHARLOTTE, NC 28262	56-1820778		0.	6,803.	FMV	BOOKS	ENCOURAGE READING

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TUFTS CHILDREN'S HOSPITAL / THE GENERAL PEDIATRIC CLINIC IN THE FLOATING BUILD - 800 WASHINGTON STREET - BOSTON, MA 02124-4416	04-3400617	3	0.	6,789.	FMV	BOOKS	ENCOURAGE READING
MASON PEDIATRICS / 665 DULUTH HIGHWAY LAWRENCEVILLE, GA 30046	20-4553410		0.	6,760.	FMV	BOOKS	ENCOURAGE READING
GREATER LOWELL PEDIATRICS / 33 BARTLETT STREET LOWELL, MA 01852-1334	04-3420849		0.	6,748.	FMV	BOOKS	ENCOURAGE READING
LAGRANGE PEDIATRICS, P.A. / 114 EAST RAILROAD STREET LA GRANGE, NC 28551-1800	57-0672117	3	0.	6,728.	FMV	BOOKS	ENCOURAGE READING
LITERACY COALITION OF PALM BEACH COUNTY - 3651 QUANTUM BLVD - BOYNTON BEACH, FL 33426	65-0169781	3	0.	6,713.	FMV	BOOKS	ENCOURAGE READING
SUMTER PEDIATRICS 237 CHURCH STREET SUMTER, SC 29150-4202	57-0555541	3	0.	6,642.	FMV	BOOKS	ENCOURAGE READING
BRIARPATCH PEDIATRICS / 179 ROUTE 6A YARMOUTH PORT, MA 02675-1714	20-1511972		0.	6,595.	FMV	BOOKS	ENCOURAGE READING
KAISER PERMANENTE WHITE MARSH MEDICAL CENTER / - 4920 CAMPBELL BLVD - NOTTHINGHAM, MD 21236	52-0954463	3	0.	6,595.	FMV	BOOKS	ENCOURAGE READING
PENTUCKET MEDICAL ASSOCIATES ANDOVER PEDIATRICS / ANDOVER PEDIATRICS AND YOUNG A - 323 LOWELL STREET - ANDOVER, MA 01810	04-3236175		0.	6,578.	FMV	BOOKS	ENCOURAGE READING

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ST. JOSEPH'S HOSPITAL PEDIATRIC PRIMARY CARE AT THE DEPAUL CENTER / DEPAUL CEN - 11 GETTY AVENUE - PATERSON, NJ 07503	22-1487602 3		0.	6,576.	FMV	BOOKS	ENCOURAGE READING
CHESHIRE MEDICAL CENTER/DH/KEENE/PEDIATRICS / - 580 COURT STREET - KEENE, NH 03431-1719	22-2519596 3		0.	6,518.	FMV	BOOKS	ENCOURAGE READING
HORIZON FAMILY MEDICINE / 236 BUTTERNUT LANE CLAYTON, NC 27520	56-1347298		0.	6,495.	FMV	BOOKS	ENCOURAGE READING
JERICHO ROAD COMMUNITY HEALTH CENTER / - 184 BARTON STREET - BUFFALO, NY 14213	42-1571876 3		0.	6,488.	FMV	BOOKS	ENCOURAGE READING
CHILDREN'S CLINIC GREENVILLE / 890 S PLEASANTBURG DRIVE GREENVILLE, SC 29607	57-1004971		0.	6,488.	FMV	BOOKS	ENCOURAGE READING
CARTERET CLINIC FOR ADOLESCENTS AND CHILDREN / - 3510 JOHN PLATT DR - MOREHEAD CITY, NC 28557	56-2273396		0.	6,488.	FMV	BOOKS	ENCOURAGE READING
BAYSTATE GENERAL PEDIATRICS / SPRINGFIELD HIGH STREET - 140 HIGH STREET - SPRINGFIELD, MA 01199-1006	04-2790311 3		0.	6,449.	FMV	BOOKS	ENCOURAGE READING
CHARLOTTE PEDIATRIC CLINIC - SOUTHPARK / ATRIUM HEALTH - 4501 CAMERON VALLEY PARKWAY - CHARLOTTE, NC 28211	56-0529945 3		0.	6,447.	FMV	BOOKS	ENCOURAGE READING
CHILDREN'S HEALTH CENTER / NORTHERN VALLEY INDIAN HEALTH - 1515 SPRINGFIELD DR SUITE 175 - CHICO, CA 95928	94-1747220 3		0.	6,425.	FMV	BOOKS	ENCOURAGE READING

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PRINCETON PEDIATRICS, PA / 104 COMMERCIAL DRIVE PRINCETON, NC 27569	57-0672117 3		0.	6,413.	FMV	BOOKS	ENCOURAGE READING
MVPEDIATRICS / 21 TOTMAN STREET QUINCY, MA 02169-7564	04-3569268		0.	6,409.	FMV	BOOKS	ENCOURAGE READING
ILLINOIS CHAPTER - AMERICAN ACADEMY OF PEDIATRICS - 310 S. PEORIA STREET - CHICAGO, IL 60607	51-0183494 3		0.	6,377.	FMV	BOOKS	ENCOURAGE READING
HYDE PARK PEDIATRICS / 695 TRUMAN PARKWAY HYDE PARK, MA 02136-3552	04-3066227		0.	6,294.	FMV	BOOKS	ENCOURAGE READING
MULBERRY PEDIATRICS / CALDWELL UNC HEALTHCARE - 906 COLLEGE AVE SW - LENOIR, NC 28645	56-0554202 3		0.	6,269.	FMV	BOOKS	ENCOURAGE READING
SPRINGFIELD CHILDREN'S CLINIC 426 22ND AVENUE EAST SPRINGFIELD, TN 37172-3711	62-1654580		0.	6,252.	FMV	BOOKS	ENCOURAGE READING
INTOWN PEDIATRICS BROOKHAVEN / 705 TOWN BOULEVARD - SUITE 560 ATLANTA, GA 30319	20-4906570		0.	6,245.	FMV	BOOKS	ENCOURAGE READING
JOHNSTOWN FAMILY HEALTH CENTER / ST. MARY'S HEALTHCARE - 700 SOUTH PERRY STREET - JOHNSTOWN, NY 12095	14-1347719 3		0.	6,199.	FMV	BOOKS	ENCOURAGE READING
HEYWOOD PEDIATRICS / HEYWOOD MEDICAL GROUP - 250 GREEN STREET - GARDNER, MA 01440	04-3163589 3		0.	6,188.	FMV	BOOKS	ENCOURAGE READING

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SOUTHEASTERN VIRGINIA HEALTH SYSTEM / EAST END PHYSICIANS - 1033 28TH STREET - NEWPORT NEWS, VA 23607-4233	54-1083954		0.	6,184.	FMV	BOOKS	ENCOURAGE READING
WESTBOROUGH PEDIATRICS / RELIANT MEDICAL GROUP - 900 UNION STREET - WESTBOROUGH, MA 01581	04-2472266	3	0.	6,174.	FMV	BOOKS	ENCOURAGE READING
PRISMA HEALTH PEDIATRICS-TRAVELER'S REST / - 415 DUNCAN CHAPEL ROAD - GREENVILLE, SC 29617	57-1004971	3	0.	6,174.	FMV	BOOKS	ENCOURAGE READING
INDIAN HEALTH CARE RESOURCE CENTER OF TULSA, INC. - 550 S. PEORIA - TULSA, OK 74120-3820	73-1042545	3	0.	6,139.	FMV	BOOKS	ENCOURAGE READING
ATRIUS HEALTH-CHELMSFORD / 228 BILLERICA ROAD CHELMSFORD, MA 01824-3604	04-3397450	3	0.	6,129.	FMV	BOOKS	ENCOURAGE READING
SURF PEDIATRICS & MEDICINE / 5107 N. CROATAN HIGHWAY KITTY HAWK, NC 27949	26-1247833		0.	6,127.	FMV	BOOKS	ENCOURAGE READING
OCEANA PRIMARY CARE CLINIC / 1550 TOMCAT BLVD VIRGINIA BEACH, VA 23460		3	0.	6,119.	FMV	BOOKS	ENCOURAGE READING
WILL COUNTY COMMUNITY HEALTH CENTER / PRIMARY CARE SERVICES - 1106 NEAL AVENUE - JOLIET, IL 60433-2548	36-3971168	3	0.	6,111.	FMV	BOOKS	ENCOURAGE READING
DAFFODIL PEDIATRICS / 4905 COURTNEY DRIVE FOREST PARK, GA 30297	45-4294269		0.	6,093.	FMV	BOOKS	ENCOURAGE READING

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PIEDMONT ADULT AND PEDIATRIC MEDICINE ASSOCIATES, P.A. - 640 SUMMIT CROSSING PLACE - GASTONIA, NC 28054	56-2246180		0.	6,063.	FMV	BOOKS	ENCOURAGE READING
ESTRELLITAS PEDIATRICS / 2227 S GARNETT RD TULSA, OK 74129	47-2452574		0.	6,044.	FMV	BOOKS	ENCOURAGE READING
LOCKPORT PEDIATRICS / 139 PROFESSIONAL PARKWAY LOCKPORT, NY 14094	20-5838384		0.	6,006.	FMV	BOOKS	ENCOURAGE READING
PIEDMONT PEDIATRICS / CONE HEALTH 719 GREEN VALLEY ROAD, SUITE 209 GREENSBORO, NC 27408	30-0554775		0.	5,966.	FMV	BOOKS	ENCOURAGE READING
PEDIATRIC ASSOCIATES OF HAMPDEN COUNTY / - 373 PARK STREET - WEST SPRINGFIELD, MA 01089-3304	04-2647814		0.	5,953.	FMV	BOOKS	ENCOURAGE READING
PEDIATRIC MEDICAL CARE, INC. 1000 BROADWAY CHELSEA, MA 02150	04-3507160		0.	5,950.	FMV	BOOKS	ENCOURAGE READING
MONADNOCK REGIONAL PEDIATRICS / MONADNOCK COMMUNITY HOSPITAL - 454 OLD STREET ROAD - PETERBOROUGH, NH 03458	02-0222157	3	0.	5,927.	FMV	BOOKS	ENCOURAGE READING
TULSA PEDIATRIC GROUP / 6465 S YALE AVE STE 715 TULSA, OK 74136	73-1059862		0.	5,890.	FMV	BOOKS	ENCOURAGE READING
ALLYSON DRIGGERS, M.D. / 226 MILL HILL AVE BRIDGEPORT, CT 06610	22-2908698	3	0.	5,887.	FMV	BOOKS	ENCOURAGE READING

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KAISER PERMANENTE COLUMBIA GATEWAY MEDICAL CENTER / - 7070 SAMUEL MORSE DRIVE - COLUMBIA, MD 21046	52-0954463 3		0.	5,858.	FMV	BOOKS	ENCOURAGE READING
ATRIUM HEALTH STANLY PEDIATRIC SERVICES / STANLY PEDIATRIC SERVICES - 105 YADKIN ST. - ALBEMARLE, NC 28001	56-1667838		0.	5,837.	FMV	BOOKS	ENCOURAGE READING
MOUNTAINVIEW PEDIATRICS, PC / 1204 NORTH MAIN STREET MARION, VA 24354-4312	52-2384375		0.	5,828.	FMV	BOOKS	ENCOURAGE READING
NEIGHBORHOOD HEALTH CENTER   BLASDELL / - 4233 LAKE AVENUE - BLASDELL, NY 14219	01-4129447 3		0.	5,793.	FMV	BOOKS	ENCOURAGE READING
SOUTH POINTE PEDIATRICS / 1615 SOUTH EUCALYPTUS AVENUE BROKEN ARROW, OK 74012	90-1152279		0.	5,790.	FMV	BOOKS	ENCOURAGE READING
WAKE FOREST PEDIATRICS OF GREENSBORO / - 802 GREEN VALLEY ROAD - GREENSBORO, NC 27408	56-1935767 3		0.	5,785.	FMV	BOOKS	ENCOURAGE READING
FAMILY HEALTH CENTER OF WORCESTER / 26 QUEEN STREET WORCESTER, MA 01610-2473	08-5605046		0.	5,766.	FMV	BOOKS	ENCOURAGE READING
SHARON LAKES MEDICAL ASSOCIATES, PC / - 7631 SHARON LAKES ROAD - CHARLOTTE, NC 28210	33-1175981		0.	5,750.	FMV	BOOKS	ENCOURAGE READING
HARVARD VANGUARD MEDICAL ASSOCIATES QUINCY / - 1250 HANCOCK STREET - QUINCY, MA 02169-4339	04-3397450		0.	5,732.	FMV	BOOKS	ENCOURAGE READING

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FIVE POINTS PEDIATRICS 1228 HARDEN STREET COLUMBIA, SC 29204-1800	57-0965445 3		0.	5,722.	FMV	BOOKS	ENCOURAGE READING
SHEBOYGAN PEDIATRIC ASSOCIATES / 2920 SUPERIOR AVE. SHEBOYGAN, WI 53081	39-0812532		0.	5,697.	FMV	BOOKS	ENCOURAGE READING
BURLINGTON PEDIATRICS WEST / 3804 S. CHURCH ST. BURLINGTON, NC 27215	56-1211337		0.	5,670.	FMV	BOOKS	ENCOURAGE READING
GUNDERSEN LA CROSSE PEDIATRICS / GUNDERSEN HEALTH SYSTEM - 1900 SOUTH AVENUE - LA CROSSE, WI 54601-5467	39-1606449 3		0.	5,668.	FMV	BOOKS	ENCOURAGE READING
KAISER PERMANENTE RESTON MEDICAL CENTER / - 1890 METRO CENTER DRIVE - RESTON, VA 20190	52-0954463 3		0.	5,653.	FMV	BOOKS	ENCOURAGE READING
SWANSEA PEDIATRICS / 2200 G.A.R. HIGHWAY SWANSEA, MA 02777	04-3403040		0.	5,614.	FMV	BOOKS	ENCOURAGE READING
CHANDLER PEDIATRICS / 421 CHANDLER STREET WORCESTER, MA 01602-2915	04-3240936		0.	5,594.	FMV	BOOKS	ENCOURAGE READING
COMMUNITY HEALTH SERVICES, INC. / 500 ALBANY AVENUE HARTFORD, CT 06120-2508	06-0863942 3		0.	5,590.	FMV	BOOKS	ENCOURAGE READING
DARTMOUTH HEALTH CHILDREN'S / PEDI CLINIC 6L - 1 MEDICAL CENTER DRIVE - LEBANON, NH 03756-1000	02-0222140		0.	5,574.	FMV	BOOKS	ENCOURAGE READING

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KAISER PERMANENTE SOUTH BALTIMORE MEDICAL CENTER / - 1701 TWIN SPRINGS ROAD - HALETHORPE, MD 21227	52-0954463 3		0.	5,571.	FMV	BOOKS	ENCOURAGE READING
PEDIATRIC AND ADOLESCENT MEDICINE/ WILBRAHAM SITE / - 2207 BOSTON ROAD - WILBRAHAM, MA 01095-1155	04-3402361		0.	5,551.	FMV	BOOKS	ENCOURAGE READING
FLANDERS PEDIATRICS LLC / 305 FLANDERS ROAD EAST LYME, CT 06333	56-2339803		0.	5,545.	FMV	BOOKS	ENCOURAGE READING
RITTER PEDIATRICS / 10507 E. 91ST ST. TULSA, OK 74133	81-1483343		0.	5,535.	FMV	BOOKS	ENCOURAGE READING
UNC CHILDREN'S PRIMARY & SPECIALTY CARE / UNC HEALTH CARE SYSTEM - UNC CHILDREN'S PRIMARY & SPECIALTY CARE - CHAPEL HILL, NC 27517	56-1118388		0.	5,530.	FMV	BOOKS	ENCOURAGE READING
CAPE COD PEDIATRICS / 55 ROUTE 130 FORESTDALE, MA 02644-0549	04-3541176		0.	5,524.	FMV	BOOKS	ENCOURAGE READING
LYNCHBURG PEDIATRICS / 301 GRISTMILL DR. FOREST, VA 24551	81-0635270		0.	5,523.	FMV	BOOKS	ENCOURAGE READING
CAMCARE HEALTH CORPORATION / GATEWAY OFFICE - 817 FEDERAL AVENUE - CAMDEN, NJ 08103	22-2192716 3		0.	5,514.	FMV	BOOKS	ENCOURAGE READING
BRIGHAM AND WOMEN'S HOSPITAL NICU FOLLOW-UP / CENTER FOR CHILD DEVELOPMENT - 221 LONGWOOD AVENUE - BOSTON, MA 02115	04-3466314		0.	5,511.	FMV	BOOKS	ENCOURAGE READING

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LOWELL COMMUNITY HEALTH CENTER / 161 JACKSON STREET LOWELL, MA 01852	04-2881348 3		0.	5,497.	FMV	BOOKS	ENCOURAGE READING
UNC NEWBORN CRITICAL CARE CENTER / UNIVERSITY OF NORTH CAROLINA CHILDREN'S HOSPI - 101 MANNING DRIVE - CHAPEL HILL, NC 27514	56-2206970		0.	5,493.	FMV	BOOKS	ENCOURAGE READING
ALLIANCE MEDICAL PEDIATRICS / 1625 STRAITS TURNPIKE SUITE #302 MIDDLEBURY, CT 06762	26-3520540 3		0.	5,480.	FMV	BOOKS	ENCOURAGE READING
FAMILY MEDICINE CENTER AT ASYLUM HILL / - 99 WOODLAND STREET - HARTFORD, CT 06105-1207	06-1450170 3		0.	5,476.	FMV	BOOKS	ENCOURAGE READING
SOUTHEAST PEDIATRICS / 25 DOCTORS' PARK CAPE GIRARDEAU, MO 63701	43-1122759 3		0.	5,464.	FMV	BOOKS	ENCOURAGE READING
DR. BABU PEDIATRICS, PC 10 WINTHROP STREET WORCESTER, MA 01604	37-1506535		0.	5,459.	FMV	BOOKS	ENCOURAGE READING
START LINE PEDIATRICS, LLC / 77 WEST MAIN STREET, SUITE 201 HOPKINTON, MA 01748	82-4519934		0.	5,450.	FMV	BOOKS	ENCOURAGE READING
METRO WEST MEDICAL CENTER / PEDIATRIC CLINIC - 115 LINCOLN STREET, G FLOOR - FRAMINGHAM, MA 01702	04-3305651		0.	5,424.	FMV	BOOKS	ENCOURAGE READING
NEW BRITAIN PEDIATRIC GROUP / 1095 WEST MAIN STREET NEW BRITAIN, CT 06053-3454	06-0768562		0.	5,411.	FMV	BOOKS	ENCOURAGE READING

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FORT BENNING - MARTIN ARMY COMMUNITY HOSPITAL FAMILY MEDICAL HOME / FAMILY MEDIC - 6600 VAN AALST BLVD - FORT BENNING, GA	04-3481253 3		0.	5,407.	FMV	BOOKS	ENCOURAGE READING
UNHS-MONTEZUMA CREEK CLINIC / UT-262 MONTEZUMA CREEK, UT 84534-0130	87-0560763 3		0.	5,404.	FMV	BOOKS	ENCOURAGE READING
CONE HEALTH CENTER FOR CHILDREN/TIM AND CAROLYNN RICE CENTER FOR CHILDREN / - 301 E. WENDOVER AVENUE - GREENSBORO, NC	58-1588823 3		0.	5,393.	FMV	BOOKS	ENCOURAGE READING
TRINITY HEALTH OF NEW ENGLAND: AGAWAM SITE / - 230 MAIN STREET - AGAWAM, MA 01001-1838	81-1807730		0.	5,391.	FMV	BOOKS	ENCOURAGE READING
ROANOKE CHOWAN COMMUNITY HEALTH CENTER / - 120 HEALTH CENTER DRIVE - AHOSKIE, NC 27910	42-1638714 3		0.	5,377.	FMV	BOOKS	ENCOURAGE READING
GUNDERSEN ONALASKA PEDIATRICS / GUNDERSEN HEALTH SYSTEM - 3111 GUNDERSEN DRIVE - ONALASKA, WI 54650	39-1606449 3		0.	5,373.	FMV	BOOKS	ENCOURAGE READING
UNHS-MONUMENT VALLEY CLINIC / 30 W MEDICAL DRIVE MONUMENT VALLEY, UT 84536-0005	87-0560763 3		0.	5,363.	FMV	BOOKS	ENCOURAGE READING
UNIVERSITY OF SOUTH FLORIDA / DEPT OF PEDIATRICS - UNIVERSITY OF SOUTH FLORIDA-PEDIATRICS DEPT - TAMPA, FL 33606	59-0879015 3		0.	5,346.	FMV	BOOKS	ENCOURAGE READING
CHILDREN'S MEDICAL ASSOCIATES, LLC 127 ENTERPRISE PATH HIRAM, GA 30141	27-0666498		0.	5,332.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LYNN COMMUNITY HEALTH CENTER / 269 UNION STREET LYNN, MA 01901-1314	04-2525066 3		0.	5,329.	FMV	BOOKS	ENCOURAGE READING
HOLYOKE HEALTH CENTER / 230 MAPLE STREET HOLYOKE, MA 01040-5144	04-2492730 3		0.	5,319.	FMV	BOOKS	ENCOURAGE READING
REDDY PEDIATRICS / 1061 DOWDY ROAD ATHENS, GA 30606	65-0714743		0.	5,300.	FMV	BOOKS	ENCOURAGE READING
LAMPREY HEALTH CARE- NEWMARKET CENTER / - 207 SOUTH MAIN STREET - NEWMARKET, NH 03857-1843	23-7305106 3		0.	5,220.	FMV	BOOKS	ENCOURAGE READING
WESTVIEW PEDIATRIC CARE 3606 MARTIN LUTHER KING JR. BLVD TULSA, OK 74106	45-3126898		0.	5,212.	FMV	BOOKS	ENCOURAGE READING
UNHS-BLANDING FAMILY PRACTICE 802 SOUTH 200 WEST SUITE B BLANDING, UT 84511-3909	87-0560763 3		0.	5,207.	FMV	BOOKS	ENCOURAGE READING
PHYSICIANS MEDICAL CENTER, PC / 2435 NE CUMULUS AVE, SUITE A MCMINNVILLE, OR 97128	23-2929748		0.	5,200.	FMV	BOOKS	ENCOURAGE READING
HUDSON PHYSICIANS / HUDSON PHYSICIANS - 2651 HILLCREST DRIVE - HUDSON, WI 54016	39-0804125 3		0.	5,163.	FMV	BOOKS	ENCOURAGE READING
ARBORETUM PEDIATRICS - ATRIUM HEALTH LEVINE CHILDREN'S / - 7800 PROVIDENCE ROAD - CHARLOTTE, NC 28226	56-1895353		0.	5,139.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR WOMEN'S HEALTHCARE / CONE HEALTH - 930 THIRD STREET - GREENSBORO, NC 27405	58-1588823		0.	5,135.	FMV	BOOKS	ENCOURAGE READING
NEWARK DEPARTMENT OF HEALTH & COMMUNITY WELLNESS / - 394 UNIVERSITY AVENUE - NEWARK, NJ 07102	22-6002138	3	0.	5,113.	FMV	BOOKS	ENCOURAGE READING
GREAT FALLS CLINIC / 1400 29TH STREET S GREAT FALLS, MT 59405-5353	81-0141660		0.	5,106.	FMV	BOOKS	ENCOURAGE READING
ST. PETER'S HEALTH CENTER FOR CHILDREN / - 1092 MADISON AVENUE - ALBANY, NY 12208	14-1348692	3	0.	5,103.	FMV	BOOKS	ENCOURAGE READING
SANFORD PEDIATRICS / 1801 DOCTORS DRIVE SANFORD, NC 27330	56-2009097		0.	5,088.	FMV	BOOKS	ENCOURAGE READING
CHILD AND ADOLESCENT CLINIC / 971 11TH AVE. LONGVIEW, WA 98632-2503	91-1139057		0.	5,082.	FMV	BOOKS	ENCOURAGE READING
CHEROKEE INDIAN HOSPITAL / PEDIATRICS - 1 HOSPITAL RD - CHEROKEE, NC 28719	05-0524222		0.	5,072.	FMV	BOOKS	ENCOURAGE READING
OCEANSIDE PEDIATRICS / 3701 JOHN PLATT DRIVE MOREHEAD CITY, NC 28557	26-3486060		0.	5,054.	FMV	BOOKS	ENCOURAGE READING
ALICE PECK DAY MEMORIAL HOSPITAL: PEDIATRICS / - 10 ALICE PECK DAY DRIVE - LEBANON, NH 03766	02-0222791	3	0.	5,043.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAHNEMANN FAMILY HEALTH CENTER / 279 LINCOLN STREET WORCESTER, MA 01605-2903	04-2911067 3		0.	5,029.	FMV	BOOKS	ENCOURAGE READING
MIDDLEBORO PEDIATRICS 2 LAKEVILLE BUSINESS PARK LAKEVILLE, MA 02347-1236	04-2701875		0.	5,017.	FMV	BOOKS	ENCOURAGE READING
MERCY COMPREHENSIVE CARE CENTER / 397 LOUISIANA ST. BUFFALO, NY 14204-2275	22-2209721		0.	5,005.	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

**2021**

Open to Public Inspection

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.

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 ..... **1b**

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

**3** Indicate which, if any, of the following the 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 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? ..... **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? ..... **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? ..... **4c**
- 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? ..... **5a**
- b** Any related organization? ..... **5b**
- 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? ..... **6a**
- b** Any related organization? ..... **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

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

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

Schedule J (Form 990) 2021

**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 and/or 1099-NEC 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 DIRECTO	(i)	175,660.	0.	0.	7,408.	19,043.	202,111.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) AMY ERICKSON REGIONAL EXECUTIVE DIRECTOR	(i)	148,784.	0.	0.	6,380.	20,423.	175,587.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LAMBRINA KLESS CHIEF OPERATING OFFICER	(i)	143,603.	0.	0.	5,281.	13,559.	162,443.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) NIKKI SHEARMAN CHIEF OF STRATEGIC INITIATIVES	(i)	127,346.	0.	0.	4,694.	26,772.	158,812.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JESSICA MORTENSEN REGIONAL EXECUTIVE DIRECTOR	(i)	150,612.	0.	0.	6,024.	844.	157,480.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) BRIAN GALLAGHER CEO/PRESIDENT/CLERK (UNTIL 2/22)	(i)	146,526.	0.	0.	5,901.	883.	153,310.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

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		1,949,396.	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) 2021

**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)**

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 Form 990-EZ.

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

OMB No. 1545-0047

**2021**

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 FY22, REACH OUT AND READ'S 33,000 PEDIATRIC CLINICIANS SERVED 4.2

MILLION CHILDREN AND SHARED 6.6 MILLION BOOKS AT 6,000 PROGRAM SITES

AROUND THE COUNTRY. TELEHEALTH VISITS ARE STILL CRITICAL DUE TO THE

LINGERING IMPACTS OF 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) 2021

132211 11-11-21



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

Name of the organization

REACH OUT AND READ, INC.

Employer identification number

04-3481253

MAJOR VENDOR THAT PROVIDES THE ORGANIZATION BOTH DONATED AND PURCHASED BOOKS FOR DISTRIBUTION IN THEIR PROGRAMS. ALL PURCHASES ARE MADE AT FAIR MARKET VALUE AND IN ACCORDANCE WITH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY.

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>REACH OUT AND READ, INC.</b>	Taxpayer identification number (TIN) <b>04-3481253</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>89 SOUTH STREET, 201</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BOSTON, MA 02111</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

**MASHAEL AL-ASOUSI**

- The books are in the care of ▶ **89 SOUTH STREET, 201 - BOSTON, MA 02111**

Telephone No. ▶ **617-455-0600**

Fax No. ▶ **617-455-0600**

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year \_\_\_\_\_ or
- ▶  tax year beginning **JUL 1, 2021**, and ending **JUN 30, 2022**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.