

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2017, or fiscal year beginning JUL 1, 2017, and ending JUN 30, 2018

2017

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization

Employer identification number

REACH OUT AND READ, INC.

04-3481253

Name and title of officer

**BRIAN GALLAGHER
CEO/PRESIDENT**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>14,666,473.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize KEVIN P MARTIN ASSOCIATES, P.C. to enter my PIN 5555
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

0408305555
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ JOLANTA TUCK, CPA Date ▶ 03/20/19

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2017)

723051 10-11-17

Form **990**

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

OMB No. 1545-0047

2017
Open to Public Inspection

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.

A For the 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization REACH OUT AND READ, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 89 SOUTH STREET 201 City or town, state or province, country, and ZIP or foreign postal code BOSTON, MA 02111 F Name and address of principal officer: BRIAN GALLAGHER SAME AS C ABOVE	D Employer identification number 04-3481253 E Telephone number 617-455-0600 G Gross receipts \$ 14,666,473. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.REACHOUTANDREAD.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1999		M State of legal domicile: MA

Part I Summary

1	Briefly describe the organization's mission or most significant activities: REACH OUT AND READ GIVES YOUNG CHILDREN A FOUNDATION FOR SUCCESS BY INCORPORATING BOOKS INTO		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	20
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	69
6	Total number of volunteers (estimate if necessary)	6	32000
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	2,907.
8	Contributions and grants (Part VIII, line 1h)	12,413,692.	14,661,823.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,950.	4,650.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,348.	0.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,417,990.	14,666,473.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,381,652.	7,141,309.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,553,914.	4,063,195.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,197,256.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,200,075.	2,242,852.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,135,641.	13,447,356.
19	Revenue less expenses. Subtract line 18 from line 12	282,349.	1,219,117.
20	Total assets (Part X, line 16)	6,833,883.	7,517,877.
21	Total liabilities (Part X, line 26)	1,073,848.	538,725.
22	Net assets or fund balances. Subtract line 21 from line 20	5,760,035.	6,979,152.

Part II Signature Block

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

Sign Here	Signature of officer BRIAN GALLAGHER, CEO/PRESIDENT Type or print name and title	Date _____			
Paid Preparer Use Only	Print/Type preparer's name JOLANTA TUCK, CPA	Preparer's signature JOLANTA TUCK, CPA	Date 03/20/19	Check if self-employed <input type="checkbox"/>	PTIN P01340068
	Firm's name ▶ KEVIN P MARTIN ASSOCIATES, P.C.	Firm's EIN ▶ 04-3097400			
	Firm's address ▶ 10 FORBES WEST BRAINTREE, MA 02184	Phone no. (781) 380-3520			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 11,220,353. including grants of \$ 7,141,309.) (Revenue \$ 0.) REACH OUT AND READ IS THE ONLY NATIONAL EARLY LITERACY ORGANIZATION WORKING DIRECTLY WITH PEDIATRIC CARE PROVIDERS TO TRAIN THEM TO MODEL THE VALUE TO PARENTS OF READING ALOUD TO THEIR CHILDREN EVERY DAY.

PEDIATRIC TEAMS WHO ARE INVOLVED IN THE ORGANIZATION SHARE BRAND-NEW, AGE AND LANGUAGE APPROPRIATE BOOKS AND LITERACY ADVICE WITH CHILDREN

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

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

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

4e Total program service expenses 11,220,353.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 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>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 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>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a 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>	X	
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>		X
c 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>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f 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>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
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>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 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>		X
19 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>		X

Part IV Checklist of Required Schedules (continued)

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

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

Input box for Schedule O check

Main table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields (e.g., 56, 0, 69).

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (20); 1b Enter the number of voting members included in line 1a, above, who are independent (18); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b 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?

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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: WENDY HART - 617-455-0600 89 SOUTH STREET, NO. 201, BOSTON, MA 02111

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBERT NEEDLMAN DIRECTOR	3.00	X					0.	0.	0.	
(2) CURTIS GRAY TREASURER	3.00	X		X			0.	0.	0.	
(3) LISA LEBOVITZ DIRECTOR	3.00	X					0.	0.	0.	
(4) PERRI KLASS DIRECTOR	3.00	X					0.	0.	0.	
(5) JEREMY HASTINGS DIRECTOR	3.00	X					0.	0.	0.	
(6) THOMAS DEWITT CHAIR	3.00	X		X			0.	0.	0.	
(7) ANN LOGAN DIRECTOR	3.00	X					0.	0.	0.	
(8) JAY BERKELHAMER DIRECTOR	3.00	X					0.	0.	0.	
(9) BENITA SOMERFIELD DIRECTOR	3.00	X					0.	0.	0.	
(10) DIPESH NAVSARIA DIRECTOR	3.00	X					0.	0.	0.	
(11) SUSAN HILDRETH DIRECTOR	3.00	X					0.	0.	0.	
(12) BRIAN GALLAGHER CEO/PRESIDENT/CLERK	40.00	X		X			170,445.	0.	27,941.	
(13) ROBERT LEBUHN DIRECTOR	3.00	X					0.	0.	0.	
(14) CLAUDIA ARISTY DIRECTOR	3.00	X					0.	0.	0.	
(15) EVAN KEYSER DIRECTOR	3.00	X					0.	0.	0.	
(16) KYU RHEE DIRECTOR	3.00	X					0.	0.	0.	
(17) ROBBIE HARRIS DIRECTOR	3.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JESSIE LYONS DIRECTOR	3.00	X					0.	0.	0.	
(19) TERRI MCFADDEN DIRECTOR	3.00	X					0.	0.	0.	
(20) LEORA MOGILNER DIRECTOR	3.00	X					0.	0.	0.	
(21) TODD NICOLET DIRECTOR	3.00	X					0.	0.	0.	
(22) LAUREL FORD CHIEF FINANCIAL OFFICER (THRU JAN 20	40.00			X			132,160.	0.	15,063.	
(23) AMY ERICKSON REGIONAL EXECUTIVE DIRECTOR	40.00				X		126,465.	0.	30,350.	
(24) CALLEE BOULWARE REGIONAL EXECUTIVE DIRECTOR	40.00				X		152,672.	0.	30,730.	
(25) DIANE MALCOLMSON CHIEF DEVELOPMENT OFFICER	40.00				X		153,863.	0.	20,823.	
(26) JILL SELLS REGIONAL EXECUTIVE DIRECTOR	40.00				X		203,973.	0.	16,991.	
1b Sub-total							939,578.	0.	141,898.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							939,578.	0.	141,898.	

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 **6**

	Yes	No
3 Did the organization list any former officer, director, or 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
NONE		

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 **0**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 526,294.				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 2,720,885.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 11,414,644.				
	g Noncash contributions included in lines 1a-1f: \$	4,647,596.				
	h Total. Add lines 1a-1f	▶ 14,661,823.				
	Program Service Revenue	2 a _____	Business Code			
b _____						
c _____						
d _____						
e _____						
f All other program service revenue						
g Total. Add lines 2a-2f		▶				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶ 4,650.			4,650.	
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)	▶				
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)	▶				
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses	b			
c Net income or (loss) from fundraising events		▶				
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
Miscellaneous Revenue		Business Code				
11 a _____						
	b _____					
	c _____					
	d All other revenue	900099				
	e Total. Add lines 11a-11d	▶				
12 Total revenue. See instructions.	▶	14,666,473.	0.	0.	4,650.	

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	7,127,412.	7,127,412.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	13,897.	13,897.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	299,454.	153,689.	118,015.	27,750.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,983,840.	2,056,177.	242,145.	685,518.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	531,579.	379,982.	44,153.	107,444.
10 Payroll taxes	248,322.	174,911.	24,876.	48,535.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	24,415.		24,415.	
d Lobbying	85,974.		85,974.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	915,743.	477,449.	259,386.	178,908.
12 Advertising and promotion	66,709.	50,128.	25.	16,556.
13 Office expenses	376,967.	192,038.	85,786.	99,143.
14 Information technology				
15 Royalties				
16 Occupancy	86,877.	4,580.	81,377.	920.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	455,619.	380,424.	42,713.	32,482.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	20,882.		20,882.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COALITION EXPENSES	172,050.	172,050.		
b LITERACY MATERIALS	37,616.	37,616.		
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	13,447,356.	11,220,353.	1,029,747.	1,197,256.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

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	
Assets	1 Cash - non-interest-bearing	4,572,988.	1	3,718,565.	
	2 Savings and temporary cash investments	835,193.	2	839,924.	
	3 Pledges and grants receivable, net	1,240,510.	3	2,584,130.	
	4 Accounts receivable, net	9,733.	4	2,985.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	18,728.	9	13,085.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 298,338.			
	b Less: accumulated depreciation	10b 50,627.	15,554.	10c	247,711.
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	141,177.	15	111,477.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	6,833,883.	16	7,517,877.		
Liabilities	17 Accounts payable and accrued expenses	998,117.	17	515,629.	
	18 Grants payable	75,584.	18	23,096.	
	19 Deferred revenue	147.	19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 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		25		
	26 Total liabilities. Add lines 17 through 25	1,073,848.	26	538,725.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	2,134,484.	27	2,666,851.	
	28 Temporarily restricted net assets	3,514,074.	28	4,200,824.	
	29 Permanently restricted net assets	111,477.	29	111,477.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	5,760,035.	33	6,979,152.		
34 Total liabilities and net assets/fund balances	6,833,883.	34	7,517,877.		

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	14,666,473.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,447,356.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,219,117.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,760,035.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,979,152.

Part XII Financial Statements and Reporting

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

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

Form 990 (2017)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization REACH OUT AND READ, INC.	Employer identification number 04-3481253
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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 or 990-EZ).)
- 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 in 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		
Total						

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10,808,217.	11,969,889.	11,909,756.	12,413,692.	14,661,823.	61,763,377.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	10,808,217.	11,969,889.	11,909,756.	12,413,692.	14,661,823.	61,763,377.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						18,446,010.
6 Public support. Subtract line 5 from line 4.						43,317,367.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	10,808,217.	11,969,889.	11,909,756.	12,413,692.	14,661,823.	61,763,377.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	484.	384.	1,274.	1,950.	4,650.	8,742.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	35,922.	956.	8,713.	2,348.		47,939.
11 Total support. Add lines 7 through 10						61,820,058.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	70.07 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	72.41 %
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2016. 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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, 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

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. 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 - 2016. 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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	Adjusted Net Income (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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; 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.)

Multiple horizontal lines for supplemental information.

Schedule A

**Identification of Excess Contributions
Included on Part II, Line 5**

2017

**** Do Not File **
*** Not Open to Public Inspection *****

Contributor's Name	Total Contributions	Excess Contributions
SCHOLASTIC INC.	19,682,411.	18,446,010.
Total Excess Contributions to Schedule A, Part II, Line 5		18,446,010.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2017

Name of the organization

REACH OUT AND READ, INC.

Employer identification number

04-3481253

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization REACH OUT AND READ, INC.	Employer identification number 04-3481253
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	VICTOR & PHYLLIS GRANN FAMILY FOUNDATION 812 FIFTH AVE. 4A NEW YORK, NY 10065	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	WA ST DEL - DEPT OF EARLY LEARNING PO BOX 40970 OLYMPIA, WA 98504-0970	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	BARNES & NOBLE 122 FIFTH AVE NEW YORK, NY 10011	\$ 405,596.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	HEISING SIMONS FOUNDATION 400 MAIN STREET SUITE 200 LOS ALTOS, CA 94022	\$ 551,344.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	DEPARTMENT OF EARLY EDUCATION AND CARE 51 SLEEPER STREET, 4TH FLOOR BOSTON, MA 02210	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	STATE OF SOUTH CAROLINA - OFFICE OF THE STATE TREASURER 1200 SENATE STREET STE 214 COLUMBIA, SC 29211	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization REACH OUT AND READ, INC.	Employer identification number 04-3481253
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	SCHOLASTIC INC P.O. BOX 3720 JEFFERSON CITY , MO 65102	\$ 4,395,130.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization REACH OUT AND READ, INC.	Employer identification number 04-3481253
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	BOOKS _____ _____ _____	\$ 405,596.	06/30/18
7	BOOKS _____ _____ _____	\$ 3,895,130.	06/30/18
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization REACH OUT AND READ, INC.	Employer identification number 04-3481253
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2017

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 for instructions and the latest information.**

Open to Public Inspection

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

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2017

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.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">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.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f 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
1 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:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		85,974.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			85,974.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d 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
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 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."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 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	
5 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.

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

2017

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

Schedule D (Form 990) 2017

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 are a 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 programs
- 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.	117,477.	117,477.	117,477.
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.	117,477.	117,477.	117,477.

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 100.00 %
- c Temporarily restricted endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X

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

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		298,338.	50,627.	247,711.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				247,711.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

Complete if the organization answered "Yes" 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)	
Total. (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)	
Total. (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 FIN 48 (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	14,720,920.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	54,447.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	54,447.
3	Subtract line 2e from line 1		3	14,666,473.
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	14,666,473.

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	13,501,803.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	54,447.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	54,447.
3	Subtract line 2e from line 1		3	13,447,356.
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	13,447,356.

Part XIII Supplemental Information.

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

PART V, LINE 4:

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

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection

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

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 **Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		13,897.
3 a Sub-total	0	0			13,897.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			13,897.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	ENCOURAGE READING	0.		13,897.	CHILDREN'S BOOKS	FMV

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **1**

3 Enter total number of other organizations or entities **0**

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Schedule F (Form 990) 2017

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

REVENUE AND EXPENSES INCURRED ARE TRACKED IN THE ORGANIZATION'S FINANCIAL SOFTWARE

**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 for the latest information.**

OMB No. 1545-0047

2017

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BOSTON MEDICAL CENTER / PEDIATRIC PRIMARY CARE - 850 HARRISON AVENUE - BOSTON, MA 02118-4001	04-3314093	3	0.	46,540.	FMV	BOOKS	ENCOURAGE READING
DUKE CHILDREN'S PRIMARY CARE 4020 N ROXBORO ROAD DURHAM, NC 27704-2120	56-0532129	3	0.	42,721.	FMV	BOOKS	ENCOURAGE READING
CHILD HEALTH ASSOCIATES / 105 MILLBURY STREET AUBURN, MA 01501-3205	04-2929916	3	0.	40,847.	FMV	BOOKS	ENCOURAGE READING
THE LONGSTREET CLINIC, PC GAINESVILLE / CENTER FOR PEDIATRICS - 725 JESSE JEWELL PARKWAY, STE. 100 - GAINESVILLE,	58-2117020		0.	34,426.	FMV	BOOKS	ENCOURAGE READING
UNIVERSITY OF OKLAHOMA PEDIATRIC CLINIC / - 4444 E 41ST STREET - TULSA, OK 74135-2527	14-1883809	3	0.	32,693.	FMV	BOOKS	ENCOURAGE READING
HIGHLAND PEDIATRICS 1030 PRESIDENT AVENUE FALL RIVER, MA 02720-5923	04-3013890		0.	29,513.	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 **118.**

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

Schedule I (Form 990) (2017)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEDIATRIC ASSOCIATES OF BROCKTON 370 OAK ST # A BROCKTON, MA 02301-1303	04-2591197		0.	26,585.	FMV	BOOKS	ENCOURAGE READING
COASTAL CHILDREN'S CLINIC 703 NEWMAN RD. NEW BERN, NC 28562	56-1018571		0.	25,940.	FMV	BOOKS	ENCOURAGE READING
FAIRVIEW PEDIATRICS 1176 MEMORIAL DRIVE CHICOPEE, MA 01020-3958	04-3115224	3	0.	25,760.	FMV	BOOKS	ENCOURAGE READING
QUINCY PEDIATRIC ASSOCIATES 191 INDEPENDENCE AVENUE QUINCY, MA 02169-7751	04-2475560		0.	25,530.	FMV	BOOKS	ENCOURAGE READING
PEDIATRIC ASSOCIATES OF CHARLOTTESVILLE / - 1011 EAST JEFFERSON ST - CHARLOTTEVILLE, VA 22902	05-4902611	3	0.	24,838.	FMV	BOOKS	ENCOURAGE READING
LOWELL COMMUNITY HEALTH CENTER / 161 JACKSON STREET LOWELL, MA 01852	04-2881348	3	0.	24,184.	FMV	BOOKS	ENCOURAGE READING
HAWTHORN PEDIATRICS 531 FAUNCE CORNER ROAD NORTH DARTMOUTH, MA 02747	04-2985225		0.	23,492.	FMV	BOOKS	ENCOURAGE READING
NEW ALBANY CHILDREN'S CLINIC / 462 WEST BANKHEAD STREET NEW ALBANY, MS 38652	64-0760755		0.	23,370.	FMV	BOOKS	ENCOURAGE READING
HARVARD VANGUARD MEDICAL ASSOC-MEDFORD - 26 CITY HALL MALL - MEDFORD, MA 02155-4754	04-3397450	3	0.	21,852.	FMV	BOOKS	ENCOURAGE READING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEDIATRIC SPECIALISTS OF FOXBORO AND WRENTHAM - 132 CENTRAL STREET, SUITE 116 - FOXBORO, MA 02035-2422	04-2663142		0.	21,616.	FMV	BOOKS	ENCOURAGE READING
BURLINGTON PEDIATRICS WEST 3804 S. CHURCH ST. BURLINGTON, NC 27215	56-1211337		0.	20,300.	FMV	BOOKS	ENCOURAGE READING
CHARLOTTE PEDIATRIC CLINIC 6235 BLAKENEY PARK DRIVE CHARLOTTE, NC 28277	56-0529945		0.	20,188.	FMV	BOOKS	ENCOURAGE READING
JACKSONVILLE CHILDRENS CLINIC 120 MEMORIAL DRIVE JACKSONVILLE, NC 28546	58-1278921		0.	19,550.	FMV	BOOKS	ENCOURAGE READING
NORTH SHORE PEDIATRICS / 480 MAPLE STREET DANVERS, MA 01923-4061	04-3235210		0.	19,447.	FMV	BOOKS	ENCOURAGE READING
FAMILY MEDICAL & MATERNITY CARE / 87 N MAIN ST LEOMINSTER, MA 01453-5507	74-3047823		0.	19,100.	FMV	BOOKS	ENCOURAGE READING
BROOKSIDE COMMUNITY HEALTH CENTER / 3297 WASHINGTON STREET JAMAICA PLAIN, MA 02130-2655	04-2312909	3	0.	19,086.	FMV	BOOKS	ENCOURAGE READING
PEDIATRIC HEALTHCARE OF BROCKTON 830 OAK STREET BROCKTON, MA 02301-1168	04-3442087	3	0.	19,038.	FMV	BOOKS	ENCOURAGE READING
PLYMOUTH PEDIATRIC ASSOCIATES / PEDIATRICS - 139 SANDWICH STREET - PLYMOUTH, MA 02360-2449	04-3170543		0.	18,955.	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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEDICAL ASSOCIATES, PEDIATRICS 100 HOSPITAL ROAD SUITE #4 LEOMINSTER, MA 01453-2253	04-3414523		0.	18,560.	FMV	BOOKS	ENCOURAGE READING
SPARTANBURG PEDIATRIC HEALTH CENTER / PART OF GREENVILLE HEALTH SYSTEM CHIL - 201 EAST BROAD STREET - SPARTANBURG, SC 29306	57-1004971		0.	18,489.	FMV	BOOKS	ENCOURAGE READING
GRAND STRAND PEDIATRIC AND ADOLESCENTS MEDICINE, PA - 8120 ROURK ST. - MYRTLE BEACH, SC 29572	57-0783896		0.	18,416.	FMV	BOOKS	ENCOURAGE READING
ROCK HILL PEDIATRIC ASSOCIATES - ROCK HILL / - 1656 RIVERCHASE BLVD - ROCK HILL, SC 29732-1808	20-3146968	3	0.	17,980.	FMV	BOOKS	ENCOURAGE READING
CAROLINAS MEDICAL CENTER / MYERS PARK PEDIATRICS - 1350 SOUTH KINGS DR. - CHARLOTTE, NC 28207-2134	56-0621073	3	0.	17,918.	FMV	BOOKS	ENCOURAGE READING
VARIETY CARE / LAFAYETTE INASMUCH FOUNDATION WELLNESS AND PEDIATRIC CENTER - 500 SW 44TH - OKLAHOMA CITY, OK 73109-3540	73-1088577	3	0.	17,900.	FMV	BOOKS	ENCOURAGE READING
UNIFOUR PEDIATRICS / 3411 GRAYSTONE PLACE CONOVER, NC 28603-1347	20-2998046		0.	17,675.	FMV	BOOKS	ENCOURAGE READING
BOWDOIN STREET HEALTH CENTER 230 BOWDOIN STREET DORCHESTER, MA 02122-1817	04-2103881	3	0.	17,500.	FMV	BOOKS	ENCOURAGE READING
EASTMAN & WOZNIAK, MD, PC 2055 E 14 MILE ROAD BIRMINGHAM, MI 48009-7280	38-3329529	3	0.	17,492.	FMV	BOOKS	ENCOURAGE READING

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NEW HANOVER REGIONAL MEDICAL CENTER / NUNNELEE PEDIATRIC CLINICS - 510 CAROLINA BAY DR. - WILMINGTON, NC 28403	27-2791351	3	0.	17,333.	FMV	BOOKS	ENCOURAGE READING
UNIVERSITY OF KENTUCKY PEDIATRIC CLINIC - 2400 GREATSTONE POINT - LEXINGTON, KY 40504	61-6001218		0.	16,677.	FMV	BOOKS	ENCOURAGE READING
SHRINERS HOSPITAL FOR CHILDREN 516 CAREW STREET SPRINGFIELD, MA 01104-2330	04-2121377	3	0.	16,565.	FMV	BOOKS	ENCOURAGE READING
CHARLES TOWNE PEDIATRICS / 3800 FABER PLACE DRIVE NORTH CHARLESTON, SC 29405	45-3367409		0.	16,282.	FMV	BOOKS	ENCOURAGE READING
HARVARD VANGUARD MEDICAL ASSOCIATES - KENMORE SQUARE / DEPARTMENT OF PEDIAT - 133 BROOKLINE AVENUE - BOSTON, MA	04-3397450	3	0.	15,580.	FMV	BOOKS	ENCOURAGE READING
NOVANT HEALTH-CHILD AND ADOLESCENT MEDICAL GROUP-MONROE / BARBER - 1994 WELLNESS BLVD - MONROE, NC 28110	58-1728803		0.	15,523.	FMV	BOOKS	ENCOURAGE READING
CHARLOTTE PEDIATRIC CLINIC-STEELE CREEK / - 13640 STEELECROFT PARKWAY - CHARLOTTE, NC 28278	56-0529945	3	0.	15,342.	FMV	BOOKS	ENCOURAGE READING
GREATER LOWELL PEDIATRICS 33 BARTLETT STREET LOWELL, MA 01852-1334	04-3420849		0.	14,715.	FMV	BOOKS	ENCOURAGE READING
MGH CHELSEA HEALTHCARE CENTER / 151 EVERETT AVENUE CHELSEA, MA 02150-1812	04-2697983	3	0.	14,473.	FMV	BOOKS	ENCOURAGE READING

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CHRISTOPHER E. BENEY MD PC / 77 ELIZABETH DRIVE LOCKPORT, NY 14094	16-1604155		0.	14,435.	FMV	BOOKS	ENCOURAGE READING
BRIARPATCH PEDIATRICS 179 ROUTE 6A YARMOUTH PORT, MA 02675-1714	20-1511972		0.	14,382.	FMV	BOOKS	ENCOURAGE READING
HARVARD VANGUARD MEDICAL ASSOCIATES-CHELMSFORD - 228 BILLERICA ROAD - CHELMSFORD, MA 01824-3604	04-3397450	3	0.	14,218.	FMV	BOOKS	ENCOURAGE READING
NORTHAMPTON AREA PEDIATRICS / 193 LOCUST STREET NORTHAMPTON, MA 01060-2066	72-1576801	3	0.	13,810.	FMV	BOOKS	ENCOURAGE READING
EAST BOSTON NEIGHBORHOOD HEALTH CENTER / - 10 GOVE STREET - EAST BOSTON, MA 02128-1920	23-7425849	3	0.	13,657.	FMV	BOOKS	ENCOURAGE READING
LOCKPORT PEDIATRICS / 139 PROFESSIONAL PARKWAY LOCKPORT, NY 14094	20-5838384		0.	13,473.	FMV	BOOKS	ENCOURAGE READING
COMMUNITY PEDIATRICS OF MILFORD 229 EAST MAIN STREET MILFORD, MA 01757-2832	04-3159969	3	0.	13,453.	FMV	BOOKS	ENCOURAGE READING
BIRTH AND BEYOND PEDIATRICS 10011 S YALE TULSA, OK 74137	20-0327700		0.	13,386.	FMV	BOOKS	ENCOURAGE READING
PEDIATRIC ASSOCIATES OF FALL RIVER 851 MIDDLE STREET FALL RIVER, MA 02721-1735	04-2547627		0.	13,193.	FMV	BOOKS	ENCOURAGE READING

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SWEETGRASS PEDIATRICS-NORTH CHARLESTON - 2713 DANTZLER DR. - NORTH CHARLESTON, SC 29406	81-0568231		0.	13,187.	FMV	BOOKS	ENCOURAGE READING
SWEETGRASS PEDIATRICS - SUMMERVILLE - 748 ORANGEBURG ROAD - SUMMERVILLE, SC 29483	81-0568231		0.	13,074.	FMV	BOOKS	ENCOURAGE READING
FAMILY MEDICINE CENTER AT ASYLUM HILL / - 99 WOODLAND STREET - HARTFORD, CT 06105-1207	06-1450170	3	0.	13,057.	FMV	BOOKS	ENCOURAGE READING
LIFE CYCLE PEDIATRICS / 2739 FELTON DRIVE EAST POINT, GA 30344	31-1833868		0.	13,033.	FMV	BOOKS	ENCOURAGE READING
PEDIATRIC ASSOCIATES OF FLORENCE 204 E CHEVES STREET FLORENCE, SC 29506-2604	20-2935692		0.	12,899.	FMV	BOOKS	ENCOURAGE READING
COASTAL PEDIATRIC ASSOCIATES 9165 UNIVERSITY BLVD. SUITE 100 NORTH CHARLESTON, SC 29406	20-8329907		0.	12,861.	FMV	BOOKS	ENCOURAGE READING
BROCKTON HOSPITAL / CHILD & YOUTH CLINIC - 680 CENTRE STREET - BROCKTON, MA 02302-3308	04-3306782	3	0.	12,843.	FMV	BOOKS	ENCOURAGE READING
HOLYOKE PEDIATRIC ASSOCIATES 150 LOWER WESTFIELD ROAD HOLYOKE, MA 01040-2890	04-3399973	3	0.	12,779.	FMV	BOOKS	ENCOURAGE READING
COASTAL PEDIATRIC ASSOCIATES 2051 CHARLIE HALL BLVD CHARLESTON, SC 29414	20-8329907		0.	12,654.	FMV	BOOKS	ENCOURAGE READING

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LINCOLN COMMUNITY HEALTH CENTER / 1301 FAYETTEVILLE STREET DURHAM, NC 27707	56-1031244	3	0.	12,593.	FMV	BOOKS	ENCOURAGE READING
UCSF BENNI OF CHILDREN'S HOSPITAL OAKLAND / PRIMARY CARE CLINIC - 5220 CLAREMONT AVE - OAKLAND, CA 94618	94-0382330	3	0.	12,581.	FMV	BOOKS	ENCOURAGE READING
NICU BOSTON MEDICAL CENTER 840 HARRISON AVENUE BOSTON, MA 02118	04-2472758	3	0.	12,572.	FMV	BOOKS	ENCOURAGE READING
PEDIATRIC AND ADOLESCENT MEDICINE / 2207 BOSTON ROAD WILBRAHAM, MA 01095-1155	04-3402361		0.	12,536.	FMV	BOOKS	ENCOURAGE READING
HYDE PARK PEDIATRICS 695 TRUMAN PARKWAY HYDE PARK, MA 02136-3552	04-3066227		0.	12,483.	FMV	BOOKS	ENCOURAGE READING
DEPARTMENT OF PEDIATRICS, MADIGAN ARMY MEDICAL CENTER / - MADIGAN ARMY MEDICAL CENTER, - TACOMA, WA 98431-0001			0.	12,244.	FMV	BOOKS	ENCOURAGE READING
COMMUNITY HEALTH CENTER, INC. AT CONNECTICUT CHILDREN'S MEDICAL CENTER / - 76 NEW BRITAIN AVE. - HARTFORD, CT 06106	06-1446900	3	0.	12,239.	FMV	BOOKS	ENCOURAGE READING
PEDIATRIC ASSOCIATES OF HAMPDEN COUNTY - 373 PARK STREET - WEST SPRINGFIELD, MA 01089-3304	04-2647814		0.	12,207.	FMV	BOOKS	ENCOURAGE READING
EAST CAROLINA SCHOOL OF MEDICINE / PEDIATRIC OUTPATIENT CENTER - BIOTECH BUILDING ECU SCHOOL OF MEDICINE - GREENVILLE, NC	56-6000403	3	0.	12,195.	FMV	BOOKS	ENCOURAGE READING

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ROCK HILL PEDIATRIC ASSOCIATES - FORT MILL / - 704 GOLD HILL ROAD - FORT MILL, SC 29715-8949	20-3146968	3	0.	12,115.	FMV	BOOKS	ENCOURAGE READING
STURDY PEDIATRICS ASSOCIATES 303 N. MAIN STREET ATTLEBORO, MA 02703-1752	04-2709501	3	0.	12,040.	FMV	BOOKS	ENCOURAGE READING
HEYWOOD PEDIATRICS 250 GREEN STREET GARDNER, MA 01440	04-3163589	3	0.	12,008.	FMV	BOOKS	ENCOURAGE READING
CENTER FOR THE URBAN CHILD AT ST. CHRISTOPHER'S HOSPITAL FOR CHILDREN - 3645 NORTH FRONT STREET - PHILADELPHIA, PA 19140	23-2274198	3	0.	12,000.	FMV	BOOKS	ENCOURAGE READING
TRINITY HEALTH OF NEW ENGLAND MEDICAL GROUP / - 444 MONTGOMERY STREET - CHICOPEE, MA 01020-1969	04-3400111		0.	11,805.	FMV	BOOKS	ENCOURAGE READING
PENTUCKET MEDICAL ASSOCIATES 1 PARK WAY HAVERHILL, MA 01830-6278	04-3236175		0.	11,684.	FMV	BOOKS	ENCOURAGE READING
PLEASANT STREET PEDIATRICS 159 PLEASANT STREET ATTLEBORO, MA 02703-2442	04-2709501	3	0.	11,617.	FMV	BOOKS	ENCOURAGE READING
UNIVERSITY OF ILLINOIS AT CHICAGO / FAMILY CLINIC - 1640 WEST ROOSEVELT ROAD - CHICAGO, IL 60608-1316	37-6000511	3	0.	11,521.	FMV	BOOKS	ENCOURAGE READING
SEASIDE PEDIATRICS 150 ANSEL HALLET ROAD WEST YARMOUTH, MA 02673-2582	04-3187299	3	0.	11,487.	FMV	BOOKS	ENCOURAGE READING

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SOUTHERNMED PEDIATRICS / LAKE MURRAY OFFICE - 448 OLD CHEROKEE ROAD - LEXINGTON, SC 29072-9031	26-1960517		0.	11,432.	FMV	BOOKS	ENCOURAGE READING
BOICE-WILLIS CLINIC - PEDIATRICS / 100 NASH MEDICAL ARTS MALL ROCKY MOUNT, NC 27804	56-1025986		0.	11,322.	FMV	BOOKS	ENCOURAGE READING
LANCASTER HEALTH CENTER / 304 NORTH WATER STREET LANCASTER, PA 17603-2899	23-2160896	3	0.	11,316.	FMV	BOOKS	ENCOURAGE READING
RELIANT MEDICAL GROUP - WESTBORO / PEDIATRICS ATTN FAITH LINENKEMPER - 900 UNION STREET - WESTBORO, MA 01581	04-2472266		0.	11,252.	FMV	BOOKS	ENCOURAGE READING
SPARTANBURG REGIONAL HEALTH SERVICES DISTRICT, INC / - 853 NORTH CHURCH STREET, SUITE 401 - SPARTANBURG, SC 29303-3064	57-6000934	3	0.	11,223.	FMV	BOOKS	ENCOURAGE READING
PARKSIDE PEDIATRICS 525 VERDAE BLVD #200 GREENVILLE, SC 29607	20-3730220		0.	11,220.	FMV	BOOKS	ENCOURAGE READING
THE FLOATING HOSPITAL FOR CHILDREN / THE GENERAL PEDIATRIC CLINIC BOX 351 - 800 WASHINGTON STREET - BOSTON, MA 02124-4416	04-3400617	3	0.	11,103.	FMV	BOOKS	ENCOURAGE READING
GEORGETOWN PEDIATRICS 1162 LEXINGTON ROAD GEORGETOWN, KY 40324	61-1215814	3	0.	11,076.	FMV	BOOKS	ENCOURAGE READING
KIDZCARE PEDIATRICS BURLINGTON / 2501 S MEBANE ST BURLINGTON, NC 27215	20-0063146		0.	11,059.	FMV	BOOKS	ENCOURAGE READING

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THE LONGSTREET CLINIC, PC, BRASELTON / CENTER FOR PEDIATRICS - 1270 FRIENDSHIP RD SUITE 200 - BRASELTON, GA 30517	58-2117020		0.	11,000.	FMV	BOOKS	ENCOURAGE READING
THE LONGSTREET CLINIC, PC OAKWOOD / CENTER FOR PEDIATRICS - 4224 FAIRBANKS DRIVE - OAKWOOD, GA 30566	58-2117020		0.	11,000.	FMV	BOOKS	ENCOURAGE READING
FIRST CHOICE HEALTH CENTER / 110 CONNECTICUT BLVD EAST HARTFORD, CT 06108-3013	06-1416492	3	0.	10,729.	FMV	BOOKS	ENCOURAGE READING
MOUNTAIN AREA HEALTH EDUCATION CENTER / DIV OF FAMILY MEDICINE /MEDICAL STU - 123 HENDERSONVILLE RD. - ASHEVILLE, NC 28803	56-1071426	3	0.	10,721.	FMV	BOOKS	ENCOURAGE READING
MGH REVERE HEALTHCARE CENTER 300 OCEAN AVENUE REVERE, MA 02151-3675	04-2534244	3	0.	10,654.	FMV	BOOKS	ENCOURAGE READING
CHILDREN'S HEALTHCARE OF ATLANTA PRIMARY CARE CENTER - CHAMBLEE - 4166 BUFORD HIGHWAY, SUITE 1102 - CHAMBLEE, GA 30345-1038	58-1710601	3	0.	10,625.	FMV	BOOKS	ENCOURAGE READING
HOLYOKE HEALTH CENTER 230 MAPLE STREET HOLYOKE, MA 01040-5144	04-2492730	3	0.	10,618.	FMV	BOOKS	ENCOURAGE READING
RELIANT MEDICAL GROUP - AUBURN 35 MILLBURY ST AUBURN, MA 01501-3203	04-2472266	3	0.	10,606.	FMV	BOOKS	ENCOURAGE READING
DR. BABU PEDIATRICS, PC 10 WINTHROP STREET WORCESTER, MA 01604	37-1506535		0.	10,500.	FMV	BOOKS	ENCOURAGE READING

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NAVLA MEDICAL CENTER CAMP LEJEUNE / PEDIATRIC CLINIC - 100 BREWSTER BLVD. - CAMP LEJEUNE, NC 28547-2538	56-1897859	3	0.	10,500.	FMV	BOOKS	ENCOURAGE READING
MARION COUNTY PUBLIC HEALTH DEPARTMENT / NW DISTRICT HEALTH OFFICE - 6940 N. MICHIGAN RD - INDIANAPOLIS, IN 46268	35-6005697	3	0.	10,401.	FMV	BOOKS	ENCOURAGE READING
HARVARD VANGUARD MEDICAL ASSOCIATES - COPLEY / DEPARTMENT OF PEDIATRICS - 165 DARTMOUTH STREET - BOSTON, MA 02116-5123	04-3397450	3	0.	10,382.	FMV	BOOKS	ENCOURAGE READING
LYNN COMMUNITY HEALTH CENTER / 269 UNION STREET LYNN, MA 01901-1314	04-2525066	3	0.	10,279.	FMV	BOOKS	ENCOURAGE READING
ALASKA NATIVE MEDICAL CENTER / PCC-PEDIATRIC CLINIC - 4320 DIPLOMACY DRIVE - ANCHORAGE, AK 99508-5925		3	0.	10,256.	FMV	BOOKS	ENCOURAGE READING
NEW BRITAIN PEDIATRIC GROUP / 1095 WEST MAIN STREET NEW BRITAIN, CT 06053-3454	06-0768562		0.	10,250.	FMV	BOOKS	ENCOURAGE READING
BROCKTON NEIGHBORHOOD HEALTH CENTER - 63 MAIN ST - BROCKTON, MA 02301-4042	04-3165044	3	0.	10,210.	FMV	BOOKS	ENCOURAGE READING
HARVARD VANGUARD MEDICAL ASSOCIATES QUINCY - 1250 HANCOCK STREET - QUINCY, MA 02169-4339	04-3397450	3	0.	9,960.	FMV	BOOKS	ENCOURAGE READING
BAYSTATE HIGH STREET HEALTH CENTER 140 HIGH STREET SPRINGFIELD, MA 01199-1006	04-2790311	3	0.	9,862.	FMV	BOOKS	ENCOURAGE READING

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CHILDREN'S HOSPITAL OUTPATIENT CENTER / - 14 MEDICAL PARK ROAD SUITE 400 - COLUMBIA, SC 29203	47-1345819	3	0.	9,799.	FMV	BOOKS	ENCOURAGE READING
METRO WEST MEDICAL CENTER / PEDIATRIC CLINIC - 115 LINCOLN STREET, G FLOOR - FRAMINGHAM, MA 01702	04-3305651		0.	9,691.	FMV	BOOKS	ENCOURAGE READING
READING PEDIATRICS ASSOCIATES 52 HAVEN ST READING, MA 01867-2903	27-3882719		0.	9,679.	FMV	BOOKS	ENCOURAGE READING
PEDIATRIC ASSOCIATES OF HAMPDEN COUNTY - 477 SOUTHWICK ROAD - WESTFIELD, MA 01085-4734	04-2647814		0.	9,615.	FMV	BOOKS	ENCOURAGE READING
CAPE COD PEDIATRICS / 55 ROUTE 130 FORESTDALE, MA 02644-0549	04-3541176		0.	9,585.	FMV	BOOKS	ENCOURAGE READING
YUKON-KUSKOKWIM HEALTH CORP / WELL CHILD PROGRAM - 829 CHIEF EDDIE HOFFMAN HIGHWAY - BETHEL, AK 99559-0528	92-0041414	3	0.	9,563.	FMV	BOOKS	ENCOURAGE READING
NORTHEAST VALLEY HEALTH CORPORATION / SAN FERNANDO HEALTH CENTER - 1172 N MACLAY AVE - SAN FERNANDO, CA 91340-1328	23-7120632	3	0.	9,560.	FMV	BOOKS	ENCOURAGE READING
FAMILY CARE CENTER / UK HEALTH CARE - 1135 HARRY SYKES WAY - LEXINGTON, KY 40504-1172	61-1249041	3	0.	9,447.	FMV	BOOKS	ENCOURAGE READING
NEWTON WELLESLEY FAMILY PEDIATRICS 2000 WASHINGTON STREET NEWTON, MA 02462-1650	04-3290065		0.	9,372.	FMV	BOOKS	ENCOURAGE READING

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ESKENAZI HEALTH CENTER OUTPATIENT CARE CENTER PEDIATRICS / - 720 ESKENAZI AVE 2ND FLOOR OCC - INDIANAPOLIS, IN 46202	35-6005697	3	0.	9,300.	FMV	BOOKS	ENCOURAGE READING
VALLEY CHILDREN'S CLINIC / 4011 TALBOT RD S #220 RENTON, WA 98055	42-1729293		0.	9,213.	FMV	BOOKS	ENCOURAGE READING
TRINITY HEALTH OF NEW ENGLAND MEDICAL GROUP / - 305 BICENTENNIAL HIGHWAY - SPRINGFIELD, MA 01118-1962	04-3473929	3	0.	9,123.	FMV	BOOKS	ENCOURAGE READING
CAMBRIDGE HEALTH ALLIANCE / EAST SOMERVILLE FAMILY MEDICINE DEPARTMENT - 300 BROADWAY - SOMERVILLE, MA 02145-2935	04-2534244		0.	9,062.	FMV	BOOKS	ENCOURAGE READING
LUMBERTON CHILDREN'S CLINIC 400 LIBERTY HILL ROAD LUMBERTON, NC 28358-2446	56-1133868		0.	9,000.	FMV	BOOKS	ENCOURAGE READING
HIGHLAND HOSPITAL PEDIATRIC CLINIC 1411 EAST 31ST STREET OAKLAND, CA 94602-1018	94-3223467	3	0.	8,956.	FMV	BOOKS	ENCOURAGE READING
CHARLES DREW COMMUNITY HEALTH CENTER - 221 NORTH GRAHAM HOPEDALE ROAD - BURLINGTON, NC 27217-2971	56-0952737	3	0.	8,803.	FMV	BOOKS	ENCOURAGE READING
CHILDREN'S HEALTHCARE OF ATLANTA AT HUGHES SPALDING / REACH OUT AND READ P - SECOND FLOOR - ATLANTA, GA 30303	58-2130437	3	0.	8,725.	FMV	BOOKS	ENCOURAGE READING
ABINGTON PEDIATRICS PC 360 BROCKTON AVENUE ABINGTON, MA 02351-2186	26-0474768		0.	8,719.	FMV	BOOKS	ENCOURAGE READING

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OU FAMILY MEDICINE CLINIC 1111 SOUTH ST. LOUIS AVENUE TULSA, OK 74120	14-1883809		0.	8,710.	FMV	BOOKS	ENCOURAGE READING
LAKEWOOD FAMILY MEDICAL CLINIC / COMMUNITY HEALTH CARE - 10510 GRAVELLY LAKE DRIVE - LAKEWOOD, WA 98499-5036	91-1349657	3	0.	8,679.	FMV	BOOKS	ENCOURAGE READING
BLUE RIDGE PEDIATRICS LLC / CAREY MOLIN GULLY, MD - 457 US-123 - SENECA, SC 29678	26-4453538		0.	8,671.	FMV	BOOKS	ENCOURAGE READING
VARIETY CARE FAMILY HEALTH 1025 STRAKA TERRACE OKLAHOMA CITY, OK 73139	73-1088577	3	0.	8,651.	FMV	BOOKS	ENCOURAGE READING
ERIC B CHANDLER HEALTH CENTER / RUTGERS UNIVERSITY- RWJMS - 277 GEORGE STREET - NEW BRUNSWICK, NJ 08901-1311	22-1980408	3	0.	8,595.	FMV	BOOKS	ENCOURAGE READING
FERNANDES CENTER FOR CHILDREN & FAMILIES / ST. ANNE'S HOSPITAL - 795 MIDDLE ST. - FALL RIVER, MA 02721-1733	27-2473637		0.	8,501.	FMV	BOOKS	ENCOURAGE READING
PALMETTO PEDIATRIC AND ADOLESCENT CLINIC - 7448 BROAD RIVER RD. - IRMO, SC 29063	57-0705364		0.	8,433.	FMV	BOOKS	ENCOURAGE READING
SWEETGRASS PEDIATRICS - MT. PLEASANT / SWEETGRASS PEDIATRICS - MT. PLEASANT - 1115 PROFESSIONAL LANE - MT. PLEASANT, SC 29466	81-0568231		0.	8,311.	FMV	BOOKS	ENCOURAGE READING
PORTER PEDIATRICS COMPREHENSIVE PEDIATRIC HEALTH CARE - 354 TREMONT ST - BOSTON, MA 02116-5538	20-3602910		0.	8,271.	FMV	BOOKS	ENCOURAGE READING

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HARVARD FAMILY PHYSICIANS 7912 E 31ST CT TULSA, OK 74145	73-1333199		0.	8,270.	FMV	BOOKS	ENCOURAGE READING
RIVERWALK PEDIATRICS / PENTUCKET MEDICAL - 500 MERRIMACK ST - LAWRENCE, MA 01843-1756	04-3236175		0.	8,264.	FMV	BOOKS	ENCOURAGE READING
TURAL PEDIATRICS 465 WALNUT STREET FALL RIVER, MA 02720-3348	04-3326112		0.	8,247.	FMV	BOOKS	ENCOURAGE READING
SOUTHCOAST PEDIATRICS 49 STATE ROAD NORTH DARTMOUTH, MA 02747	22-2703314	3	0.	8,121.	FMV	BOOKS	ENCOURAGE READING
WHEATFIELD PEDIATRICS / 2890 NIAGARA FALLS BOULEVARD NORTH TONAWANDA, NY 14120	16-1565108		0.	8,116.	FMV	BOOKS	ENCOURAGE READING
OSU PEDIATRICS AT HOUSTON CENTER 717 S HOUSTON AVE STE 400 TULSA, OK 74127-9023	73-6017987	3	0.	8,015.	FMV	BOOKS	ENCOURAGE READING
GLYNN COUNTY HEALTH DEPARTMENT 2747 FOURTH STREET BRUNSWICK, GA 31520-3714	58-1092888		0.	7,980.	FMV	BOOKS	ENCOURAGE READING
COMMUNITY HEALTH CENTER, INC. / MAIN SITE: MIDDLETOWN, CT - 675 MAIN STREET - MIDDLETOWN, CT 06457-2845	06-0897105	3	0.	7,950.	FMV	BOOKS	ENCOURAGE READING
RAINBOW PEDIATRICS, PA 110 A CHADWICK SQUARE COURT HENDERSONVILLE, NC 28739-3238	04-3481253	3	0.	7,929.	FMV	BOOKS	ENCOURAGE READING

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CONNECTICUT CHILDREN'S PRIMARY CARE OF EAST HARTFORD / - 800 CONNECTICUT BLVD, 1ST FL - EAST HARTFORD, CT 06108	06-0646753	3	0.	7,906.	FMV	BOOKS	ENCOURAGE READING
MARTHAS VINEYARD HOSPITAL / PEDIATRICS / DR. MELANIE MILLER - 1 HOSPITAL ROAD - OAK BLUFFS, MA 02557	04-2104691		0.	7,906.	FMV	BOOKS	ENCOURAGE READING
ST. LUKE COMMUNITY HEALTHCARE 126 6TH AVE SW RONAN, MT 59864	81-0221486	3	0.	7,867.	FMV	BOOKS	ENCOURAGE READING
TRI-COUNTY PEDIATRICS - ROCK HILL / 165 AMENDMENT AVE., STE 102 ROCK HILL, SC 29732-3606	57-1106989		0.	7,752.	FMV	BOOKS	ENCOURAGE READING
PEDIATRICS NORTHWEST PS, BAKER CENTER OFFICE - 316 MARTIN LUTHER KING JR. WAY - TACOMA, WA 98405-4252	91-2124511	3	0.	7,743.	FMV	BOOKS	ENCOURAGE READING
MIDDLEBORO PEDIATRICS 2 LAKEVILLE BUSINESS PARK LAKEVILLE, MA 02347-1236	04-2701875		0.	7,602.	FMV	BOOKS	ENCOURAGE READING
LA CLINICA DE LA RAZA/TV PEDIATRICS / - 3451 EAST 12TH STREET - OAKLAND, CA 94601-3425	94-1744108	3	0.	7,602.	FMV	BOOKS	ENCOURAGE READING
SWEETGRASS PEDIATRICS - CARNES CROSSROADS - 2016 1ST AVENUE - SUMMERVILLE, SC 29486	81-0568231		0.	7,562.	FMV	BOOKS	ENCOURAGE READING
MARTHA ELIOT HEALTH CENTER 75 BICKFORD STREET JAMAICA PLAIN, MA 02130-1401	00-4277444	3	0.	7,539.	FMV	BOOKS	ENCOURAGE READING

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BOSTON CHILDREN'S PRIMARY CARE AT LONGWOOD - 300 LONGWOOD AVENUE - BOSTON, MA 02115-5724	04-2774441	3	0.	7,474.	FMV	BOOKS	ENCOURAGE READING
WHITTIER STREET HEALTH CENTER / 1290 TREMONT STREET ROXBURY, MA 02120-3432	04-2619517		0.	7,446.	FMV	BOOKS	ENCOURAGE READING
STARKS PEDIATRICS / 2315 W ARBORS DR CHARLOTTE, NC 28262	20-5258148		0.	7,441.	FMV	BOOKS	ENCOURAGE READING
PALMETTO PEDIATRIC AND ADOLESCENT CLINIC - CLEMSON RD / 326286 - 601 CLEMSON ROAD - COLUMBIA, SC 29229	57-0705364		0.	7,389.	FMV	BOOKS	ENCOURAGE READING
GREATER ROSLINDALE MEDICAL AND DENTAL CENTER / - 4199 WASHINGTON STREET - ROSLINDALE, MA 02131-1733	04-3314093	3	0.	7,353.	FMV	BOOKS	ENCOURAGE READING
CHP BERKSHIRE PEDIATRICS / 777 NORTH STREET PITTSFIELD, MA 01201-4147	04-3526865	3	0.	7,251.	FMV	BOOKS	ENCOURAGE READING
GOLDSBORO PEDIATRICS, P.A. / 2706 MEDICAL OFFICE PLACE GOLDSBORO, NC 27534-9460	57-0672117	3	0.	7,200.	FMV	BOOKS	ENCOURAGE READING
FAMILY MEDICINE CLINIC NAVAL MEDICAL CENTER CAMP LEJEUNE / - 100 BREWSTER BLVD - CAMP LEJEUNE, NC 28547	56-1897859	3	0.	7,150.	FMV	BOOKS	ENCOURAGE READING
TOPPENISH MEDICAL CLINIC / YAKIMA VALLEY FARM WORKERS CLINIC - 510 W FIRST AVENUE - TOPPENISH, WA 98948	91-1019392	3	0.	7,150.	FMV	BOOKS	ENCOURAGE READING

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SUMNER PEDIATRICS 1515 ALLEN STREET SPRINGFIELD, MA 01118-1803	04-3237669		0.	7,131.	FMV	BOOKS	ENCOURAGE READING
PEDIATRIC MEDICAL CARE, INC. 1000 BROADWAY CHELSEA, MA 02150	04-3507160		0.	7,055.	FMV	BOOKS	ENCOURAGE READING
COLUMBUS REGIONAL MEDICAL GROUP / COLUMBUS REGIONAL PEDIATRICS COLUMBUS, GA 31901	58-1719867	3	0.	7,048.	FMV	BOOKS	ENCOURAGE READING
CHILDREN'S NATIONAL MEDICAL CENTER / CHILDREN'S HEALTH CENTER - 111 MICHIGAN AVENUE, NW - WASHINGTON, DC 20010-2916	53-0196580	3	0.	7,010.	FMV	BOOKS	ENCOURAGE READING
MILESTONES PEDIATRIC CARE 4125 SOUTH MINGO TULSA, OK 74146	82-1136414		0.	6,992.	FMV	BOOKS	ENCOURAGE READING
LANCASTER GENERAL HOSPITAL / DOWNTOWN FAMILY MEDICINE - 540 N. DUKE STREET - LANCASTER, PA 17602-2208	23-1365353		0.	6,947.	FMV	BOOKS	ENCOURAGE READING
HAYWOOD PEDIATRIC AND ADOLESCENT MEDICINE GROUP, P.A. / - 15 FACILITY DRIVE - CLYDE, NC 28721-9438	56-1869575		0.	6,935.	FMV	BOOKS	ENCOURAGE READING
ESKENAZI W. 38TH STREET / 5515 W. 38TH ST INDIANAPOLIS, IN 46254	00-1439758	3	0.	6,933.	FMV	BOOKS	ENCOURAGE READING
TULSA PEDIATRIC GROUP / 6465 S YALE AVE STE 715 TULSA, OK 74136	73-1059862		0.	6,913.	FMV	BOOKS	ENCOURAGE READING

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LAKE COUNTY TRIBAL HEALTH / PEDICATRIS OB/GYN - 359 LAKEPORT BLVD - LAKEPORT, CA 95453	94-2847137		0.	6,907.	FMV	BOOKS	ENCOURAGE READING
PEDIATRIC ASSOCIATES OF MALDEN 105 COMMERCIAL ST. MALDEN, MA 02148-5509	04-3485228		0.	6,854.	FMV	BOOKS	ENCOURAGE READING
RIVERTOWN PEDIATRICS / 2416 CAPSTONE COURT COLUMBUS, GA 31909-2795	58-1094505		0.	6,841.	FMV	BOOKS	ENCOURAGE READING
NORTHERN BERKSHIRE PEDIATRICS / 77 HOSPITAL AVENUE NORTH ADAMS, MA 01247-2550	04-2772469		0.	6,826.	FMV	BOOKS	ENCOURAGE READING
RICHMOND COUNTY HEALTH AND HUMAN SERVICES / WIC CLINIC - 127 CAROLINE STREET - ROCKINGHAM, NC 28379	31-1575604	3	0.	6,815.	FMV	BOOKS	ENCOURAGE READING
PEDIATRIC ASSOCIATES OF NEW BEDFORD - 225 FIELD STREET - NEW BEDFORD, MA 02740-2134	04-2501135		0.	6,794.	FMV	BOOKS	ENCOURAGE READING
DORCHESTER HOUSE MULTI-SERVICE CENTER - 1353 DORCHESTER AVENUE - DORCHESTER, MA 02122-2932	23-7125970	3	0.	6,753.	FMV	BOOKS	ENCOURAGE READING
ALLIED PEDIATRICS, BROCKTON 179 QUINCY STREET BROCKTON, MA 02302-2966	04-3340622		0.	6,744.	FMV	BOOKS	ENCOURAGE READING
ALBEMARLE PEDIATRICS / 1420 US-52 ALBEMARLE, NC 28001	56-2000204		0.	6,687.	FMV	BOOKS	ENCOURAGE READING

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PEDIATRIC CARE CENTER / 1301 FARMINGTON AVENUE BRISTOL, CT 06010	37-1552719		0.	6,685.	FMV	BOOKS	ENCOURAGE READING
RIVERSIDE PEDIATRICS - KINGSTREE / 402 NELSON BOULEVARD KINGSTREE, SC 29556	47-3718945		0.	6,670.	FMV	BOOKS	ENCOURAGE READING
THE CHILDREN'S CENTER OF CAROLINA HEALTH CENTERS, INC. / - 113 LINER DRIVE - GREENWOOD, SC 29646-2311	57-0650154	3	0.	6,661.	FMV	BOOKS	ENCOURAGE READING
CAROLINAEAST PEDIATRICS 2604 DR. MARTIN LUTHER KING JR. BLV NEW BERN, NC 28562	04-3481253	3	0.	6,596.	FMV	BOOKS	ENCOURAGE READING
BAYSTATE MEDICAL PRACTICES GREENFIELD PEDIATRIC ASSOCIATES - 48 SANDERSON STREET - GREENFIELD, MA 01301-2715	04-2888373	3	0.	6,581.	FMV	BOOKS	ENCOURAGE READING
PALMETTO PEDIATRIC AND ADOLESCENT CLINIC - DOWNTOWN - 140 PARK CENTRAL DRIVE - COLUMBIA, SC 29203	57-0705364		0.	6,574.	FMV	BOOKS	ENCOURAGE READING
WESTERN MASS PEDIATRICS 10 HOSPITAL DRIVE SUITE 201 HOLYOKE, MA 01040-6604	04-3202198	3	0.	6,546.	FMV	BOOKS	ENCOURAGE READING
OU PHYSICIANS-TULSA / WAYMAN TISDALE SPECIALTY CLINIC - 591 EAST 36TH STREET NORTH - TULSA, OK 74106-1812	14-1883809		0.	6,545.	FMV	BOOKS	ENCOURAGE READING
SOUTHERN JAMAICA PLAIN HEALTH CENTER - 640 CENTRE STREET - JAMAICA PLAIN, MA 02130-2555	04-2312909	3	0.	6,508.	FMV	BOOKS	ENCOURAGE READING

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SUNSHINE PEDIATRICS / 1519 E. BOOKER DAIRY RD SMITHFIELD, NC 27577	20-0958908		0.	6,496.	FMV	BOOKS	ENCOURAGE READING
HARRINGTON PHYSICIAN SERVICES / 100 SOUTH STREET, SUITE 102 SOUTHBRIDGE, MA 01550	13-4366504		0.	6,457.	FMV	BOOKS	ENCOURAGE READING
RICHESON DRIVE PEDIATRICS 105 RICHESON DRIVE LYNCHBURG, VA 24501-2911	81-0635270	3	0.	6,400.	FMV	BOOKS	ENCOURAGE READING
ACMC - EASTMONT WELLNESS CENTER / 6955 FOOTHILL BOULEVARD OAKLAND, CA 94605-2455	56-1992257	3	0.	6,387.	FMV	BOOKS	ENCOURAGE READING
MAIN STREET PEDIATRICS / 77R W MAIN ST HOPKINTON, MA 01748	04-3422897		0.	6,380.	FMV	BOOKS	ENCOURAGE READING
CHILDREN'S MEDICAL CENTER - GREENVILLE / - 703 VERDAE BLVD. - GREENVILLE, SC 29607	56-2212236		0.	6,366.	FMV	BOOKS	ENCOURAGE READING
CHILDREN'S MEDICAL OFFICE OF N ANDOVER - 477 ANDOVER STREET - NORTH ANDOVER, MA 01845-5036	04-3058418		0.	6,315.	FMV	BOOKS	ENCOURAGE READING
PEDIATRICS NORTHWEST PS, FEDERAL WAY OFFICE / - 34503 9TH AVE S - FEDERAL WAY, WA 98003-8727	91-2124511	3	0.	6,300.	FMV	BOOKS	ENCOURAGE READING
GREENVILLE MEMORIAL HOSPITAL / 20 MEDICAL RIDGE DRIVE GREENVILLE, SC 29605-4267	81-1723202	3	0.	6,262.	FMV	BOOKS	ENCOURAGE READING

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LAC+USC MEDICAL CENTER / PEDIATRIC DEPARTMENT - 2010 ZONAL AVE - LOS ANGELES, CA 90033-5000	95-6000927	3	0.	6,236.	FMV	BOOKS	ENCOURAGE READING
MATTAPAN COMMUNITY HEALTH CENTER 1575 BLUE HILL AVENUE MATTAPAN, MA 02126-2253	04-2544151	3	0.	6,229.	FMV	BOOKS	ENCOURAGE READING
MCCHORD PEDIATRIC CLINIC, MADIGAN ARMY MEDICAL CENTER / - 690 BARNES BLVD - LAKEWOOD, WA 98438	91-1636568		0.	6,215.	FMV	BOOKS	ENCOURAGE READING
THE FALLS PEDIATRICS / CALDWELL UNC HEALTHCARE - 4355 HICKORY BLVD - GRANITE FALLS, NC 28630	56-0554202	3	0.	6,170.	FMV	BOOKS	ENCOURAGE READING
COVE PEDIATRICS LLC / 570 R HAWTHORN ST NORTH DARTMOUTH, MA 02747-3925	27-3204802		0.	6,139.	FMV	BOOKS	ENCOURAGE READING
SUMTER PEDIATRICS 237 CHURCH STREET SUMTER, SC 29150-4202	57-0555541		0.	6,108.	FMV	BOOKS	ENCOURAGE READING
CAMBRIDGE HEALTH ALLIANCE / CAMBRIDGE PEDIATRICS - 1493 CAMBRIDGE STREET - CAMBRIDGE, MA 02139-1047	04-2534244	3	0.	6,107.	FMV	BOOKS	ENCOURAGE READING
YALE-NEW HAVEN CHILDREN'S HOSPITAL / PEDIATRIC PRIMARY CARE CENTER - 20 YORK STREET - NEW HAVEN, CT 06510	06-0646652	3	0.	6,074.	FMV	BOOKS	ENCOURAGE READING
NAVAL HOSPITAL CAMP PENDLETON / DEPARTMENT OF PEDIATRICS - NAVAL HOSPITAL CAMP PENDLETON PEDIATRICS - CAMP PENDLETON, CA 92055	12-3456789	3	0.	6,020.	FMV	BOOKS	ENCOURAGE READING

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MILL RIVER PEDIATRICS 41 HARRISON STREET TAUNTON, MA 02780-3960	01-0562299		0.	5,968.	FMV	BOOKS	ENCOURAGE READING
COMMUNITY HEALTH SERVICES, INC. / 500 ALBANY AVENUE HARTFORD, CT 06120-2508	06-0863942	3	0.	5,941.	FMV	BOOKS	ENCOURAGE READING
NAVY MEDICAL CENTER SAN DIEGO / 34800 BOB WILSON DRIVE SAN DIEGO, CA 92134-1098	56-2595144	3	0.	5,923.	FMV	BOOKS	ENCOURAGE READING
STERLING SHARPE PEDIATRIC CENTER 4605 MONTICELLO ROAD COLUMBIA, SC 29203-4156	57-0965445	3	0.	5,905.	FMV	BOOKS	ENCOURAGE READING
FHCHC / FAIR HAVEN OFFICE 374 GRAND AVENUE NEW HAVEN, CT 06513-3733	06-0883545	3	0.	5,903.	FMV	BOOKS	ENCOURAGE READING
CAMBRIDGE HEALTH ALLIANCE - MALDEN FAMILY MEDICINE CENTER - 195 CANAL STREET - MALDEN, MA 02148-6701	04-2534244	3	0.	5,843.	FMV	BOOKS	ENCOURAGE READING
FRAMINGHAM PEDIATRICS 125 NEWBURY STREET FRAMINGHAM, MA 01701-4592	04-3165789	3	0.	5,806.	FMV	BOOKS	ENCOURAGE READING
MOUNTAIN VIEW PEDIATRICS / C/O BURKE COUNTY LITERACY COUNCIL - 517 W. FLEMING DR - CO NCSD BOX 30 - MORGANTON, NC 28655	56-1484668	3	0.	5,800.	FMV	BOOKS	ENCOURAGE READING
SWEETGRASS PEDIATRICS-MONCKS CORNER / SWEETGRASS PEDIATRICS - 401 N. LIVE OAK DRIVE - MONCKS CORNER, SC 29461	81-0568231		0.	5,774.	FMV	BOOKS	ENCOURAGE READING

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ST. JOHN CLINIC PEDIATRIC & ADOLESCENT MEDICINE - 1919 S. WHEELING AVE - TULSA, OK 74104	73-1333199		0.	5,721.	FMV	BOOKS	ENCOURAGE READING
VARIETY CARE, INC - PORTLAND 5320 N PORTLAND OKLAHOMA CITY, OK 73112	73-1088577	3	0.	5,700.	FMV	BOOKS	ENCOURAGE READING
HARVARD VANGUARD - CAMBRIDGE MEDICAL ASSOCIATES - 1611 CAMBRIDGE STREET - CAMBRIDGE, MA 02138-4302	04-3397450	3	0.	5,666.	FMV	BOOKS	ENCOURAGE READING
PIRATE PEDIATRICS, PA 118 OAKMONT DRIVE GREENVILLE, NC 27858	45-2635255		0.	5,653.	FMV	BOOKS	ENCOURAGE READING
LAUREL PEDIATRICS / 3055 MACARTHUR BLVD. OAKLAND, CA 94602-3211	80-0173010		0.	5,650.	FMV	BOOKS	ENCOURAGE READING
RELIANT MEDICAL GROUP - MILFORD / 101 CEDAR STREET MILFORD, MA 01757-2236	04-2472266		0.	5,614.	FMV	BOOKS	ENCOURAGE READING
PEDIATRIC ASSOCIATES - GREER 318 MEMORIAL DR. GREER, SC 29650	57-1004971	3	0.	5,585.	FMV	BOOKS	ENCOURAGE READING
PALMETTO PEDIATRIC AND ADOLESCENT CLINIC - LEXINGTON / - 1970 AUGUSTA HWY - LEXINGTON, SC 29072	57-0705364		0.	5,543.	FMV	BOOKS	ENCOURAGE READING
CAROLYN J. BOONE, MD 110 N. ROBINSON STREET RICHMOND, VA 23220	54-1376016		0.	5,513.	FMV	BOOKS	ENCOURAGE READING

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NOVANT HEALTH TODAY'S PEDIATRICS 2001 TODAY'S WOMAN AVENUE WINSTON-SALEM, NC 27105	05-6137317	3	0.	5,461.	FMV	BOOKS	ENCOURAGE READING
TRI RIVER FAMILY HEALTH CENTER 281 EAST HARTFORD AVENUE UXBRIDGE, MA 01569	04-2911067		0.	5,449.	FMV	BOOKS	ENCOURAGE READING
MGH EVERETT FAMILYCARE / 19 NORWOOD STREET EVERETT, MA 02149-2709	04-2534244	3	0.	5,412.	FMV	BOOKS	ENCOURAGE READING
COMMUNITY HEALTH CENTERS AT PINELLAS PARK - 7550 43RD STREET NORTH - PINELLAS PARK, FL 33781	59-2097521	3	0.	5,374.	FMV	BOOKS	ENCOURAGE READING
CAMBRIDGE HEALTH ALLIANCE / SOMERVILLE PEDIATRICS - 300 BROADWAY - SOMERVILLE, MA 02145-2935	04-2534244	3	0.	5,363.	FMV	BOOKS	ENCOURAGE READING
GREATER DANBURY COMMUNITY HEALTH CENTER - 120 MAIN ST - DANBURY, CT 06810	06-0646597	3	0.	5,358.	FMV	BOOKS	ENCOURAGE READING
BLACKFEET COMMUNITY HOSPITAL / WELL CHILD CLINIC - 760 HOSPITAL CIRCLE - BROWNING, MT 59417		3	0.	5,322.	FMV	BOOKS	ENCOURAGE READING
FRANKLIN PEDIATRIC AND ADOLESCENT CARE - 835 WEST CENTRAL STREET - FRANKLIN, MA 02038-3188	04-3159969	3	0.	5,315.	FMV	BOOKS	ENCOURAGE READING
OFFUTT AFB / 2501 CAPEHART OFFUTT AFB, NE 68113-1043	47-0794422		0.	5,292.	FMV	BOOKS	ENCOURAGE READING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTERN WAKE PEDIATRICS, P.A. / 940 SE CARY PARKWAY CARY, NC 27518	20-2023756		0.	5,285.	FMV	BOOKS	ENCOURAGE READING
MEMORIAL UNIVERSITY MEDICAL CENTER / CHILDREN'S HOSPITAL: OUT-PT. DEPT - 4700 WATERS AVENUE - SAVANNAH, GA 31404-6220	58-1618486	3	0.	5,266.	FMV	BOOKS	ENCOURAGE READING
SOUTH COUNTY PEDIATRICS 336 THOMPSON RD WEBSTER, MA 01570-1509	04-2911067	3	0.	5,255.	FMV	BOOKS	ENCOURAGE READING
CENTER FOR PEDIATRIC MEDICINE WEST 5 WEST MAIN STREET GREENVILLE, SC 29611	81-1723202	3	0.	5,251.	FMV	BOOKS	ENCOURAGE READING
ASIAN HEALTH SERVICES / 818 WEBSTER STREET OAKLAND, CA 94607-4220	94-2235908	3	0.	5,239.	FMV	BOOKS	ENCOURAGE READING
SOUTHCENTRAL FOUNDATION / PRIMARY CARE CLINICS - 4320 DIPLOMACY DRIVE, SUITE 2121 - ANCHORAGE, AK 99508	92-0086076	3	0.	5,212.	FMV	BOOKS	ENCOURAGE READING
BROCKTON PEDIATRICS 65 LIBBY ST. BROCKTON, MA 02302-2949	04-2583457		0.	5,211.	FMV	BOOKS	ENCOURAGE READING
SKAGIT PEDIATRICS, LLP / 2101 LITTLE MOUNTAIN LANE MOUNT VERNON, WA 98274-8752	91-1147231		0.	5,203.	FMV	BOOKS	ENCOURAGE READING
SOUTHERNMED PEDIATRICS / HILLCREST OFFICE - 1740 VILLAGE PARK DR - ORANGEBURG, SC 29118	26-1960517		0.	5,200.	FMV	BOOKS	ENCOURAGE READING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAWTON CHILES HEALTH CENTER 1515 26TH AVENUE EAST BRADENTON, FL 34208-7707	59-1773262	3	0.	5,198.	FMV	BOOKS	ENCOURAGE READING
JACKSON COUNTY MEMORIAL HOSPITAL PEDIATRIC CLINIC - 101 SOUTH PARK LANE - ALTUS, OK 73521	26-2174483	3	0.	5,187.	FMV	BOOKS	ENCOURAGE READING
BAYSTATE MASON SQUARE NEIGHBORHOOD HEALTH CENTER - 11 WILBRAHAM ROAD - SPRINGFIELD, MA 01109-3161	04-2790311	3	0.	5,165.	FMV	BOOKS	ENCOURAGE READING
MIDDLESEX HOSPITAL FAMILY MEDICINE RESIDENCY PROGRAM / MIDDLETOWN OFFICE - 90 SOUTH MAIN ST - MIDDLETOWN, CT 06457-3649	06-0646718	3	0.	5,140.	FMV	BOOKS	ENCOURAGE READING
SOUTH POINTE PEDIATRICS 1615 SOUTH EUCALYPTUS AVENUE BROKEN ARROW, OK 74012	90-1152279		0.	5,138.	FMV	BOOKS	ENCOURAGE READING
RILEY PRIMARY CARE / 705 RILEY HOSPITAL DRIVE INDIANAPOLIS, IN 46202	23-7427350		0.	5,099.	FMV	BOOKS	ENCOURAGE READING
SWEETGRASS PEDIATRICS-WEST ASHLEY / 12 FARMFIELD AVENUE CHARLESTON, SC 29407	81-0568231		0.	5,056.	FMV	BOOKS	ENCOURAGE READING
IN HIS IMAGE / FAMILY MEDICAL CARE 7501 S RIVERSIDE PARKWAY TULSA, OK 74136	73-1321032		0.	5,040.	FMV	BOOKS	ENCOURAGE READING
EASTSIDE MEDICAL CLINIC / COMMUNITY HEALTH CARE - 1708 EAST 44TH STREET - TACOMA, WA 98404-4611	91-1349657	3	0.	5,025.	FMV	BOOKS	ENCOURAGE READING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRINITY HEALTH OF NEW ENGLAND MEDICAL GROUP / - 230 MAIN STREET - AGAWAM, MA 01001-1838	04-3400111	3	0.	5,024.	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

2017

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 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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2017

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) BRIAN GALLAGHER CEO/PRESIDENT/CLERK	(i)	170,445.	0.	0.	7,088.	20,853.	198,386.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) AMY ERICKSON REGIONAL EXECUTIVE DIRECTOR	(i)	126,465.	0.	0.	5,374.	24,976.	156,815.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CALLEE BOULWARE REGIONAL EXECUTIVE DIRECTOR	(i)	152,672.	0.	0.	25,044.	5,686.	183,402.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DIANE MALCOLMSON CHIEF DEVELOPMENT OFFICER	(i)	153,863.	0.	0.	20,823.	0.	174,686.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JILL SELLS REGIONAL EXECUTIVE DIRECTOR	(i)	203,973.	0.	0.	9,563.	7,428.	220,964.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2017

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

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

Open To Public Inspection

Name of the organization

REACH OUT AND READ, INC.

Employer identification number

04-3481253

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						▶ \$ _____						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
JUDITH NEWMAN AND JESSIE LYONS	PRESIDENT & VP, RES	1,216,391.	PURCHASE OF		X

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: JUDITH NEWMAN AND JESSIE LYONS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

PRESIDENT & VP, RESPECTIVELY, AT SCHOLASTIC BOOKS

(C) AMOUNT OF TRANSACTION \$ 1,216,391.

(D) DESCRIPTION OF TRANSACTION: PURCHASE OF BOOKS FROM SCHOLASTIC BOOKS

(E) SHARING OF ORGANIZATION REVENUES? = NO

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

**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 for 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		4,647,596.	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 IV, 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) 2017

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.

Ruled area for supplemental information with horizontal lines.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

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:

AND PARENTS AT EACH WELL-CHILD VISIT UP TO THE 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 FY18, REACH OUT AND READ'S 32,000 PEDIATRIC CLINICIANS SERVED 4.7

MILLION CHILDREN AND SHARED 7.2 MILLION BOOKS AT 6,000 PROGRAM SITES

AROUND THE COUNTRY.

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

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.

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

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.

2018 ESTIMATED TAX FILING INSTRUCTIONS

FORM 990-W

FOR THE YEAR ENDING

June 30, 2019

Prepared for	Reach Out and Read, Inc. 89 South Street No. 201 Boston, MA 02111																											
Prepared by	Kevin P Martin Associates, P.C. 10 Forbes West Braintree, MA 02184																											
Amount of tax	<table><tr><td>Total Estimated Tax</td><td>\$</td><td>560</td></tr><tr><td>Less credit from prior year</td><td>\$</td><td>0</td></tr><tr><td>Less amount already paid on 2018 estimate</td><td>\$</td><td>0</td></tr><tr><td>Balance due</td><td>\$</td><td>560</td></tr></table> <p>Payable in full or in installments as follows:</p> <table><thead><tr><th>Installment</th><th>Amount</th><th>Due Date</th></tr></thead><tbody><tr><td>No. 1</td><td>\$ None required</td><td></td></tr><tr><td>No. 2</td><td>\$ None required</td><td></td></tr><tr><td>No. 3</td><td>\$ None required</td><td></td></tr><tr><td>No. 4</td><td>\$ 560</td><td>June 17, 2019</td></tr></tbody></table>	Total Estimated Tax	\$	560	Less credit from prior year	\$	0	Less amount already paid on 2018 estimate	\$	0	Balance due	\$	560	Installment	Amount	Due Date	No. 1	\$ None required		No. 2	\$ None required		No. 3	\$ None required		No. 4	\$ 560	June 17, 2019
Total Estimated Tax	\$	560																										
Less credit from prior year	\$	0																										
Less amount already paid on 2018 estimate	\$	0																										
Balance due	\$	560																										
Installment	Amount	Due Date																										
No. 1	\$ None required																											
No. 2	\$ None required																											
No. 3	\$ None required																											
No. 4	\$ 560	June 17, 2019																										
Make check payable to	Payments should be made using the Electronic Federal Tax Payment System (EFTPS).																											
Mail voucher and check (if applicable) to	Not applicable																											
Special Instructions																												

Form **990-W**
 (Worksheet)
 Department of the Treasury
 Internal Revenue Service

**Estimated Tax on Unrelated Business Taxable
 Income for Tax-Exempt Organizations**

(and on Investment Income for Private Foundations) FORM 990-T

OMB No. 1545-0976

2018

▶ Go to www.irs.gov/F990W for instructions and the latest information.
 ▶ Keep for your records. Do not send to the Internal Revenue Service.

1	Unrelated business taxable income expected in the tax year	1	2,907.
2	Tax on the amount on line 1. See instructions for tax computation	2	610.
3	Alternative minimum tax for trusts. See instructions	3	
4	Total. Add lines 2 and 3	4	610.
5	Estimated tax credits. See instructions	5	
6	Subtract line 5 from line 4	6	610.
7	Other taxes. See instructions	7	
8	Total. Add lines 6 and 7	8	610.
9	Credit for federal tax paid on fuels. See instructions	9	
10a	Subtract line 9 from line 8. Note: If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions	10a	610.
b	Enter the tax shown on the 2017 return. See instructions. Caution: If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b	522.
c	2018 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c	10c	560.

		(a)	(b)	(c)	(d)
11	Installment due dates. See instructions	11			06/17/19
12	Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization."	12			560.
13	2017 Overpayment. See instructions	13			
14	Payment due (Subtract line 13 from line 12)	14			560.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2018)

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

June 30, 2018

Prepared for	Reach Out and Read, Inc. 89 South Street No. 201 Boston, MA 02111
Prepared by	Kevin P Martin Associates, P.C. 10 Forbes West Braintree, MA 02184
Amount due or refund	Balance due of \$522
Make check payable to	Payments should be made using the Electronic Federal Tax Payment System (EFTPS).
Mail tax return and check (if applicable) to	Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027
Return must be mailed on or before	May 15, 2019
Special Instructions	The return should be signed and dated.

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0687

2017

For calendar year 2017 or other tax year beginning **JUL 1, 2017**, and ending **JUN 30, 2018**

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury
Internal Revenue Service

Open to Public Inspection for
501(c)(3) Organizations Only

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p>	Print or Type	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) REACH OUT AND READ, INC.</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 89 SOUTH STREET, NO. 201</p> <p>City or town, state or province, country, and ZIP or foreign postal code BOSTON, MA 02111</p>	<p>D Employer identification number (Employees' trust, see instructions.) 04-3481253</p> <p>E Unrelated business activity codes (See instructions.) 900099</p>
--	---------------------	--	--

C Book value of all assets at end of year **7,517,877.**

F Group exemption number (See instructions.) ▶

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity. ▶ **QUALIFIED TRANSPORTATION FRINGE BENEFITS**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
 If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **WENDY HART** Telephone number ▶ **617-455-0600**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances			
c Balance ▶	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)...	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule) STATEMENT 1	12	3,907.	
13 Total. Combine lines 3 through 12	13	3,907.	3,907.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14		
15 Salaries and wages	15		
16 Repairs and maintenance	16		
17 Bad debts	17		
18 Interest (attach schedule)	18		
19 Taxes and licenses	19		
20 Charitable contributions (See instructions for limitation rules)	20		
21 Depreciation (attach Form 4562)	21		
22 Less depreciation claimed on Schedule A and elsewhere on return	22a		
23 Depletion	23		
24 Contributions to deferred compensation plans	24		
25 Employee benefit programs	25		
26 Excess exempt expenses (Schedule I)	26		
27 Excess readership costs (Schedule J)	27		
28 Other deductions (attach schedule)	28		
29 Total deductions. Add lines 14 through 28	29		0.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30		3,907.
31 Net operating loss deduction (limited to the amount on line 30)	31		
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32		3,907.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33		1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34		2,907.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:		
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____		
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____		
c Income tax on the amount on line 34 SEE STATEMENT 2	35c	522.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	36	
37 Proxy tax. See instructions	37	
38 Alternative minimum tax	38	
39 Tax on Non-Compliant Facility Income. See instructions	39	
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40	522.

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a	
b Other credits (see instructions)	41b	
c General business credit. Attach Form 3800	41c	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	41d	
e Total credits. Add lines 41a through 41d	41e	
42 Subtract line 41e from line 40	42	522.
43 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	43	
44 Total tax. Add lines 42 and 43	44	522.
45a Payments: A 2016 overpayment credited to 2017	45a	
b 2017 estimated tax payments	45b	
c Tax deposited with Form 8868	45c	
d Foreign organizations: Tax paid or withheld at source (see instructions)	45d	
e Backup withholding (see instructions)	45e	
f Credit for small employer health insurance premiums (Attach Form 8941)	45f	
g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	45g	
46 Total payments. Add lines 45a through 45g	46	
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	47	
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	48	522.
49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49	
50 Enter the amount of line 49 you want: Credited to 2018 estimated tax Refunded	50	

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
		X
52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
53 Enter the amount of tax-exempt interest received or accrued during the tax year \$		

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

Signature of officer _____ Date _____ CEO/PRESIDENT _____ Title _____

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JOLANTA TUCK, CPA	JOLANTA TUCK, CPA	03/20/19		P01340068
	Firm's name ▶ KEVIN P MARTIN ASSOCIATES, P.C.	Firm's EIN ▶ 04-3097400			
	Firm's address ▶ 10 FORBES WEST BRAINTREE, MA 02184		Phone no. (781) 380-3520		

FORM 990-T	OTHER INCOME	STATEMENT	1
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<u>DESCRIPTION</u>	<u>AMOUNT</u>
QUALIFIED TRANSPORTATION FRINGE BENEFITS	3,907.
TOTAL TO FORM 990-T, PAGE 1, LINE 12	3,907.

FORM 990-T	LINE 35C TAX COMPUTATION	STATEMENT	2
1.	TAXABLE INCOME	2,907	
2.	LESSER OF LINE 1 OR FIRST BRACKET AMOUNT . .	2,907	
3.	LINE 1 LESS LINE 2	0	
4.	LESSER OF LINE 3 OR SECOND BRACKET AMOUNT . .	0	
5.	LINE 3 LESS LINE 4	0	
6.	INCOME SUBJECT TO 34% TAX RATE	0	
7.	INCOME SUBJECT TO 35% TAX RATE	0	
8.	15 PERCENT OF LINE 2	436	
9.	25 PERCENT OF LINE 4	0	
10.	34 PERCENT OF LINE 6	0	
11.	35 PERCENT OF LINE 7	0	
12.	ADDITIONAL 5% SURTAX	0	
13.	ADDITIONAL 3% SURTAX	0	
14.	TOTAL INCOME TAX	<u>436</u>	
15.	TAX AT 21% RATE EFFECTIVE AFTER 12/31/2017	<u>610</u>	
	DAYS		
16.	TAX PRORATED FOR NUMBER OF DAYS IN 2017 184	220	
17.	TAX PRORATED FOR NUMBER OF DAYS IN 2018 181	302	
18.	TOTAL TAX PRORATED	<u>365</u>	<u>522</u>

Underpayment of Estimated Tax by Corporations

Department of the Treasury
Internal Revenue Service

▶ Attach to the corporation's tax return. **FORM 990-T**

2017

▶ Go to www.irs.gov/Form2220 for instructions and the latest information.

Name REACH OUT AND READ, INC.	Employer identification number 04-3481253
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Note: Generally, the corporation isn't required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment			
1 Total tax (see instructions)		1	522.
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b		
c Credit for federal tax paid on fuels (see instructions)	2c		
d Total. Add lines 2a through 2c		2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation doesn't owe the penalty		3	522.
4 Enter the tax shown on the corporation's 2016 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5		4	
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3		5	522.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation must file Form 2220 even if it doesn't owe a penalty. See instructions.	
6 <input type="checkbox"/> The corporation is using the adjusted seasonal installment method.	
7 <input type="checkbox"/> The corporation is using the annualized income installment method.	
8 <input type="checkbox"/> The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.	

Part III Figuring the Underpayment					
		(a)	(b)	(c)	(d)
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	10/15/17	12/15/17	03/15/18	06/15/18
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10	131.	130.	131.	130.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11				
Complete lines 12 through 18 of one column before going to the next column.					
12 Enter amount, if any, from line 18 of the preceding column	12				
13 Add lines 11 and 12	13				
14 Add amounts on lines 16 and 17 of the preceding column	14		131.	261.	392.
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	0.	0.	0.	0.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		131.	261.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17	131.	130.	131.	130.
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18				

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.
LHA For Paperwork Reduction Act Notice, see separate instructions. Form 2220 (2017)

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C Corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19			
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2017 and before 7/1/2017	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 4\% (0.04)}{365}$...	22 \$	\$	\$	\$
23 Number of days on line 20 after 06/30/2017 and before 10/1/2017	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 4\% (0.04)}{365}$...	24 \$	\$	\$	\$
25 Number of days on line 20 after 9/30/2017 and before 1/1/2018	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 4\% (0.04)}{365}$...	26 \$	\$	\$	\$
27 Number of days on line 20 after 12/31/2017 and before 4/1/2018	27	SEE ATTACHED WORKSHEET		
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 4\% (0.04)}{365}$...	28 \$	\$	\$	\$
29 Number of days on line 20 after 3/31/2018 and before 7/1/2018	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	30 \$	\$	\$	\$
31 Number of days on line 20 after 6/30/2018 and before 10/1/2018	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32 \$	\$	\$	\$
33 Number of days on line 20 after 9/30/2018 and before 1/1/2019	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	34 \$	\$	\$	\$
35 Number of days on line 20 after 12/31/2018 and before 3/16/2019	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$	36 \$	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37 \$	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 33; or the comparable line for other income tax returns	38			20.

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

**FORM 990-T
UNDERPAYMENT OF ESTIMATED TAX WORKSHEET**

Name(s)					Identifying Number
REACH OUT AND READ, INC.					04-3481253
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
10/15/17	131.	131.	61	.000109589	1.
12/15/17	130.	261.	90	.000109589	3.
03/15/18	131.	392.	16	.000109589	1.
03/31/18	0.	392.	76	.000136986	4.
06/15/18	130.	522.	153	.000136986	11.
Penalty Due (Sum of Column F)					20.

* Date of estimated tax payment, withholding credit date or installment due date.

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.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

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/efile, click on Charities & Non-Profits, and click on 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.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. REACH OUT AND READ, INC.	Employer identification number (EIN) or 04-3481253
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. 89 SOUTH STREET, NO. 201	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BOSTON, MA 02111	

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 990-T (corporation)	07
Form 990-BL	02	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

WENDY HART

• The books are in the care of ▶ **89 SOUTH STREET, NO. 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 EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2019**, 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, 2017**, and ending **JUN 30, 2018**.

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

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

**MAIL TO: DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0045**

TAX RETURN FILING INSTRUCTIONS

MASSACHUSETTS FORM PC

FOR THE YEAR ENDING

June 30, 2018

Prepared for	Reach Out and Read, Inc. 89 South Street No. 201 Boston, MA 02111
Prepared by	Kevin P Martin Associates, P.C. 10 Forbes West Braintree, MA 02184
Amount due or refund	Balance due of \$1,000.00
Make check payable to	Not Applicable
Mail tax return and check (if applicable) to	Non-Profit Org/Public Charities Div Office of the Attorney General One Ashburton Place Boston, MA 02108
Return must be mailed on or before	May 15, 2019
Special Instructions	<p>The report should be signed and dated by the authorized individual(s).</p> <p>Payment for the balance due must be made electronically via the Commonwealth of Massachusetts website at:</p> <p>Www.mass.gov/ago/epay</p> <p>All the necessary attachments should be included with Form PC before filing.</p>

THE COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE ATTORNEY GENERAL
NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION
ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108

(617) 727-2200, ext. 2101
www.mass.gov/ago/charities

Form PC

Report for the Fiscal Period: 07/01/17 to 06/30/18

Attorney General's Account #: 040219

Federal ID #: 04-3481253

Electronic Payment Confirmation #: _____

When did the organization first engage in charitable work in Massachusetts? 07/29/1999

Has the organization applied for or been granted IRS tax exempt status? [X] Yes [] No

If yes, date of application OR date of determination letter: 12/13/1999

IRS Exemption under 501(c): 3

If exempt under 501(c), are contributions to the organization tax deductible as charitable contributions? [X] Yes [] No

- Check all items attached (if applicable)
[] Filing Fee or Printout of
[X] Electronic Payment Confirmation
[X] Copy of IRS Return
[X] Audited Financial Statements/Review
[] Amended Articles/By-Laws
[X] Schedule A-1
[X] Schedule A-2
[] Schedule RO
[] Schedule VCO
[] Probate Account

Organization Data

Name: REACH OUT AND READ, INC.

Mailing Address: 89 SOUTH STREET, NO. 201

City: BOSTON State: MA ZIP: 02111

Phone Number: 617-455-0600 Fax Number: 614-455-0601

Email: WENDY.HART@REACHOUTANDREAD.ORG Website: WWW.REACHOUTANDREAD.ORG

In the table below, please enter the appropriate codes from the corresponding tables found in the instructions. Enter up to 2 codes from Table 3 for your organization's main purpose(s)

Table with 4 columns: Category, Code, Category, Code. Rows include County (Table 1) with code 13, and Type of Organization (Table 2) with code 2. Organization Purpose Code 1 is 41, and Organization Purpose Code 2 is 47.

Please check box if final return prior to dissolution: []

Office Use Only: Payment Received

All questions must be completed in their entirety whether or not similar questions are answered in an attached federal form. See instructions and definition section for guidance.

- On what date was the organization created? 07/29/1999
- Where was the organization created? MASSACHUSETTS
- What is the form of organization? (check one)

Corporation <input checked="" type="checkbox"/>	Testamentary Trust <input type="checkbox"/>
Unincorporated Association <input type="checkbox"/>	Inter Vivos Trust <input type="checkbox"/>

Other (please describe): _____

- Was your organization related to any other organization(s) during the reporting year (see definition of "Related Organization")? If yes, please complete the Schedule RO on pages 13 and 14. Yes No
- Enter your summary of financial data:

Financial Data		Amounts
A.	Contributions, gifts, grants, and similar amounts received	14,661,823.
B.	Gross support and revenue	14,666,473.
C.	Program services and similar amounts paid out	11,220,353.
D.	Fundraising expenses	1,197,256.
E.	Management and general expenses	1,029,747.
F.	Payments to affiliates	0.
G.	Total expenses	13,447,356.
H.	Net assets or fund balances at the end of the year	6,979,152.

- List the total compensation you provided to your five highest paid employees:

	Name/Title	Hrs/Week	Salary and Other Income	Benefit Plans	Other Compensation
1.	BRIAN GALLAGHER CEO/PRESIDENT	40.00	184,712.	28,744.	0.
2.	AMY ERICKSON REGIONAL EXECUTIVE DIRECTOR	40.00	132,850.	31,121.	0.
3.	DIANE MARIE MALCOLMSON CHIEF DEVELOPMENT OFFICER	40.00	167,308.	21,824.	0.
4.	CALLEE BOULWARE REGIONAL EXECUTIVE DIRECTOR	40.00	153,734.	31,265.	0.
5.	CHRISTINE GARBER REGIONAL EXECUTIVE DIRECTOR	40.00	120,049.	27,258.	0.

- Was any compensation provided to any of the individuals listed in question 6 above which was not quantified in your response to 6? If yes, please provide explanation (attach separate sheet). Yes No

8. List the name, amount of compensation paid, and the nature of services rendered by each of the organization's five highest paid consultants providing professional services (e.g. attorneys, architects, accountants, management companies, investment advisors, professional solicitors, professional fundraising counsel).

	Name/Title	Amount of Compensation	Type(s) of Service
1.	JOEL HORWICH	66,188.	STRATEGY AND DEVELOPMENT
2.	DEWEY SQUARE GROUP	65,000.	MASSACHUSETTS LOBBYING
3.	CAUSE CONSULTING	62,500.	SOCIAL IMPACT STRATEGY
4.	E-CRATCHIT	52,646.	OUTSOURCED CFO
5.	UNIVERSITY OF SOUTH CAROLINA	48,750.	LATINO RELATIONSHIP

9. Bank(s) in which the organization's funds are deposited (include bank addresses and phone number):

Bank	Address	Phone Number
BNY MELLON, NA	ONE BOSTON PLACE, BOSTON, MA 02108	617-722-7000

10. What is the organization's accounting method? Cash Accrual

Other (specify): _____

11. If organization's mailing address is a P.O. Box, list the organization's full street address:

Address: _____

City: _____ State: _____ ZIP Code: _____

12. Contact Person Name: WENDY HART

Street Address: 89 SOUTH STREET, NO. 201

City: BOSTON State: MA ZIP Code: 02129

Phone Number: 617-455-0600

13. During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf? Yes No

14. At any time during the fiscal year following the year reported here, will your organization, or others acting on its behalf, solicit contributions? Yes No

If you answered yes to Question 13 or 14, you must complete Schedule A-1 and/or Schedule A-2 unless you are exempt from the solicitation certificate requirement.

15. If you are claiming an exemption from the solicitation certificate requirement, please indicate by checking the box to the right to identify which exemption applies to your organization.

a religious organization	<input type="checkbox"/>
an organization which: (a) does not raise more than \$5,000 during a calendar year Or does not receive contributions from more than ten persons during a calendar year; AND (b) carries out all of its activities, including fundraising, through unpaid volunteers. (The conditions at both (a) and (b) must be met for your organization to qualify for this exemption.)	<input type="checkbox"/>

16. Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/chapters/branches/affiliates.

17. Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees, and the principal salaried executives of organization.

STATEMENT 1

18. Attach a list of names, titles, and addresses (street and/or mailing) of any individual(s) authorized to sign checks, and any individual(s) responsible for: custody of funds; distribution of funds; fundraising; and custody of financial records.

STATEMENT 2

19. Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any other state? Yes No

STATEMENT 3

If you attach list of states where solicitation was conducted, including registered agency, dates of registration, registration numbers, any other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted.

FORM PC OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES STATEMENT 1

<u>NAME AND ADDRESS</u>	<u>TITLE</u>
BRIAN GALLAGHER 89 SOUTH STREET, NO. 201 BOSTON, MA 02111	CEO/PRESIDENT/CLERK
LAUREL FORD 89 SOUTH STREET, NO. 201 BOSTON, MA 02111	CHIEF FINANCIAL OFFICER (THR
ROBERT NEEDLMAN 89 SOUTH STREET, NO. 201 BOSTON, MA 02111	DIRECTOR
CURTIS GRAY 89 SOUTH STREET, NO. 201 BOSTON, MA 02111	TREASURER
LISA LEOVITZ 89 SOUTH STREET, NO. 201 BOSTON, MA 02111	DIRECTOR
PERRI KLASS 89 SOUTH STREET, NO. 201 BOSTON, MA 02111	DIRECTOR
JEREMY HASTINGS 89 SOUTH STREET, NO. 201 BOSTON, MA 02111	DIRECTOR
THOMAS DEWITT 89 SOUTH STREET, NO. 201 BOSTON, MA 02111	CHAIR
ANN LOGAN 89 SOUTH STREET, NO. 201 BOSTON, MA 02111	DIRECTOR
JAY BERKELHAMER 89 SOUTH STREET, NO. 201 BOSTON, MA 02111	DIRECTOR
BENITA SOMERFIELD 89 SOUTH STREET, NO. 201 BOSTON, MA 02111	DIRECTOR
DIPESH NAVSARIA 89 SOUTH STREET, NO. 201 BOSTON, MA 02111	DIRECTOR

SUSAN HILDRETH
89 SOUTH STREET, NO. 201
BOSTON, MA 02111

DIRECTOR

ROBERT LEBUHN
89 SOUTH STREET, NO. 201
BOSTON, MA 02111

DIRECTOR

CLAUDIA ARISTY
89 SOUTH STREET, NO. 201
BOSTON, MA 02111

DIRECTOR

EVAN KEYSER
89 SOUTH STREET, NO. 201
BOSTON, MA 02111

DIRECTOR

KYU RHEE
89 SOUTH STREET, NO. 201
BOSTON, MA 02111

DIRECTOR

ROBBIE HARRIS
89 SOUTH STREET, NO. 201
BOSTON, MA 02111

DIRECTOR

JESSIE LYONS
89 SOUTH STREET, NO. 201
BOSTON, MA 02111

DIRECTOR

TERRI MCFADDEN
89 SOUTH STREET, NO. 201
BOSTON, MA 02111

DIRECTOR

LEORA MOGILNER
89 SOUTH STREET, NO. 201
BOSTON, MA 02111

DIRECTOR

TODD NICOLET
89 SOUTH STREET, NO. 201
BOSTON, MA 02111

DIRECTOR

FORM PC

PAGE 4, LINE 18

STATEMENT 2

NAME AND ADDRESS	AREA OF RESPONSIBILITY
BRIAN GALLAGHER 89 SOUTH STREET, SUITE 2 BOSTON, MA 02111	RESPONSIBLE FOR CUSTODY OF FUNDS
LAUREL FORD 89 SOUTH STREET, SUITE 2 BOSTON, MA 02111	RESPONSIBLE FOR CUSTODY OF FUNDS
LAUREL FORD 89 SOUTH STREET, SUITE 2 BOSTON, MA 02111	RESPONSIBLE FOR DISTRIBUTION OF FUNDS
BRIAN GALLAGHER 89 SOUTH STREET, SUITE 2 BOSTON, MA 02111	RESPONSIBLE FOR FUNDRAISING
LAUREL FORD 89 SOUTH STREET, SUITE 2 BOSTON, MA 02111	RESPONSIBLE FOR FUNDRAISING
LAUREL FORD 89 SOUTH STREET, SUITE 2 BOSTON, MA 02111	CUSTODY OF FINANCIAL RECORDS
LAUREL FORD 89 SOUTH STREET, SUITE 2 BOSTON, MA 02111	AUTHORIZED TO SIGN CHECKS
BRIAN GALLAGHER 89 SOUTH STREET, SUITE 2 BOSTON, MA 02111	AUTHORIZED TO SIGN CHECKS
WENDY HART 89 SOUTH STREET, SUITE 2 BOSTON, MA 02111	RESPONSIBLE FOR CUSTODY OF FUNDS
WENDY HART 89 SOUTH STREET, SUITE 2 BOSTON, MA 02111	RESPONSIBLE FOR DISTRIBUTION OF FUNDS
WENDY HART 89 SOUTH STREET, SUITE 2 BOSTON, MA 02111	RESPONSIBLE FOR FUNDRAISING
WENDY HART 89 SOUTH STREET, SUITE 2 BOSTON, MA 02111	CUSTODY OF FINANCIAL RECORDS

REACH OUT AND READ, INC.

04-3481253

WENDY HART
89 SOUTH STREET, SUITE 2
BOSTON, MA 02111

AUTHORIZED TO SIGN CHECKS

FORM PC

PAGE 4, LINE 19

STATEMENT 3

<u>STATE</u>	<u>REG AGENCY</u>
ALABAMA	ATTORNEY GENERAL

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
06/30/14	AL-10-300	

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
06/30/18	GRANT PROPOSALS

<u>STATE</u>	<u>REG AGENCY</u>
ALASKA	ATTORNEY GENERAL

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
06/30/14		

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
06/30/18	GRANT PROPOSALS

<u>STATE</u>	<u>REG AGENCY</u>
ARKANSAS	ATTORNEY GENERAL

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
06/30/14		

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
06/30/18	GRANT PROPOSALS

<u>STATE</u>	<u>REG AGENCY</u>
CALIFORNIA	ATTORNEY GENERAL

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
06/30/14	CT0119709	

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
06/30/18	GRANT PROPOSALS

<u>STATE</u>	<u>REG AGENCY</u>
COLORADO	ATTORNEY GENERAL

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
06/30/14	2004301072	

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
06/30/18	GRANT PROPOSALS

<u>STATE</u>	<u>REG AGENCY</u>
CONNECTICUT	ATTORNEY GENERAL

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
06/30/14	CHR.001170	

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
06/30/18	GRANT PROPOSALS

<u>STATE</u>	<u>REG AGENCY</u>
FLORIDA	ATTORNEY GENERAL

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
06/30/14	CH16112	

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
06/30/18	GRANT PROPOSALS

<u>STATE</u>	<u>REG AGENCY</u>
GEORGIA	ATTORNEY GENERAL

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
06/30/14	CH06671	

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
06/30/18	GRANT PROPOSALS

<u>STATE</u>	<u>REG AGENCY</u>
HAWAII	ATTORNEY GENERAL

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
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06/30/14

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
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06/30/18 GRANT PROPOSALS

<u>STATE</u>	<u>REG AGENCY</u>
ILLINOIS	ATTORNEY GENERAL

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
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06/30/14 01-043,403

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
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06/30/18 GRANT PROPOSALS

<u>STATE</u>	<u>REG AGENCY</u>
KANSAS	ATTORNEY GENERAL

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
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06/30/14 351-728-1

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
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06/30/18 GRANT PROPOSALS

<u>STATE</u>	<u>REG AGENCY</u>
KENTUCKY	ATTORNEY GENERAL

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
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06/30/14 7335

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
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06/30/18 GRANT PROPOSALS

<u>STATE</u>		<u>REG AGENCY</u>
MAINE		ATTORNEY GENERAL
<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
06/30/14	CO11030	
<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>	
06/30/18	GRANT PROPOSALS	

<u>STATE</u>		<u>REG AGENCY</u>
MARYLAND		ATTORNEY GENERAL
<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
06/30/14	21200	
<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>	
06/30/18	GRANT PROPOSALS	

<u>STATE</u>		<u>REG AGENCY</u>
MASSACHUSETTS		ATTORNEY GENERAL
<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
06/30/14	040219	
<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>	
06/30/18	GRANT PROPOSALS	

<u>STATE</u>		<u>REG AGENCY</u>
MICHIGAN		ATTORNEY GENERAL
<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
06/30/14	MICS 28519	
<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>	
06/30/18	GRANT PROPOSALS	

<u>STATE</u>	<u>REG AGENCY</u>
MINNESOTA	ATTORNEY GENERAL

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
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06/30/14

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
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06/30/18 GRANT PROPOSALS

<u>STATE</u>	<u>REG AGENCY</u>
MISSISSIPPI	ATTORNEY GENERAL

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
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06/30/14 100017083

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
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06/30/18 GRANT PROPOSALS

<u>STATE</u>	<u>REG AGENCY</u>
NEW HAMPSHIRE	ATTORNEY GENERAL

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
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06/30/14 18770

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
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06/30/18 GRANT PROPOSALS

<u>STATE</u>	<u>REG AGENCY</u>
NEW JERSEY	ATTORNEY GENERAL

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
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06/30/14 CH-23774-0

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
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06/30/18 GRANT PROPOSALS

<u>STATE</u>		<u>REG AGENCY</u>
NEW MEXICO		ATTORNEY GENERAL
<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
06/30/14		
<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>	
06/30/18	GRANT PROPOSALS	

<u>STATE</u>		<u>REG AGENCY</u>
NEW YORK		ATTORNEY GENERAL
<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
06/30/14	20-41-63	
<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>	
06/30/18	GRANT PROPOSALS	

<u>STATE</u>		<u>REG AGENCY</u>
NORTH CAROLINA		ATTORNEY GENERAL
<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
06/30/14	SL003326	
<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>	
06/30/18	GRANT PROPOSALS	

<u>STATE</u>		<u>REG AGENCY</u>
NORTH DAKOTA		ATTORNEY GENERAL
<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
06/30/14	9130	
<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>	
06/30/18	GRANT PROPOSALS	

<u>STATE</u>	<u>REG AGENCY</u>
OHIO	ATTORNEY GENERAL

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
06/30/14		

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
06/30/18	GRANT PROPOSALS

<u>STATE</u>	<u>REG AGENCY</u>
OKLAHOMA	ATTORNEY GENERAL

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
06/30/14	4312273298	

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
06/30/18	GRANT PROPOSALS

<u>STATE</u>	<u>REG AGENCY</u>
OREGON	ATTORNEY GENERAL

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
06/30/14	39840	

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
06/30/18	GRANT PROPOSALS

<u>STATE</u>	<u>REG AGENCY</u>
PENNSYLVANIA	ATTORNEY GENERAL

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
06/30/14	29780	

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
06/30/18	GRANT PROPOSALS

<u>STATE</u>	<u>REG AGENCY</u>
RHODE ISLAND	ATTORNEY GENERAL

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
06/30/14	CO.9702228	

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
06/30/18	GRANT PROPOSALS

<u>STATE</u>	<u>REG AGENCY</u>
SOUTH CAROLINA	ATTORNEY GENERAL

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
06/30/14	P18750	

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
06/30/18	GRANT PROPOSALS

<u>STATE</u>	<u>REG AGENCY</u>
TENNESSEE	ATTORNEY GENERAL

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
06/30/14	CO6037	

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
06/30/18	GRANT PROPOSALS

<u>STATE</u>	<u>REG AGENCY</u>
UTAH	ATTORNEY GENERAL

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
06/30/14	6534609-CH	

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
06/30/18	GRANT PROPOSALS

<u>STATE</u>	<u>REG AGENCY</u>
VIRGINIA	ATTORNEY GENERAL

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
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06/30/14

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
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06/30/18 GRANT PROPOSALS

<u>STATE</u>	<u>REG AGENCY</u>
WASHINGTON	ATTORNEY GENERAL

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
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06/30/14 2020974

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
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06/30/18 GRANT PROPOSALS

<u>STATE</u>	<u>REG AGENCY</u>
WEST VIRGINIA	ATTORNEY GENERAL

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
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06/30/14

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
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06/30/18 GRANT PROPOSALS

<u>STATE</u>	<u>REG AGENCY</u>
WISCONSIN	ATTORNEY GENERAL

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
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06/30/14 12785-800

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
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06/30/18 GRANT PROPOSALS

20. Has this organization or any of its officers, directors, or employees:

If yes, please attach an explanation.

- (a) Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions? Yes No
- (b) Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency? Yes No
- (c) Been the subject of a proceeding regarding any solicitation or registration? Yes No
- (d) Entered into a voluntary agreement of compliance or consent judgment with any government agency or in a case before a court or administrative agency? Yes No

21. Have any restrictions been removed during the year from donor-restricted funds?

If yes, please attach an explanation.

Yes No

22. Have donor-restricted funds been loaned to unrestricted funds?

If yes, please attach an explanation.

Yes No

23. This question involves "Termination of Employment or Changes of Control Compensatory Arrangements" with certain "Related Parties" (see *instructions and definition sections*). Report only if payments made or promised to any individual are in excess of four months salary or \$100,000, whichever dollar amount is less.

- (a) Did you make actual payments or otherwise transfer value under such an arrangement to any individual described in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above? Yes No
- (b) Do you have an agreement with any individual described in Related Party definition, sections (a) or (b), containing such an agreement? Yes No

If you answered yes for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s) involved, stating the amount of any payments made or value transferred, and describing the terms of each agreement.

24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relative, and organizations they own or control. Please consult the instructions and definition sections for the definition of a "Related Party" and "Indebtedness" before answering. Note that transactions involving related parties must be reported even when there is no accounting recognition (e.g. in-kind gifts, waiver of interest not otherwise reported).

If the answer to any part of Question 24 is yes, attach a schedule stating the name and address of the related party, the nature of the transaction, the value or the amounts involved in the transaction, and the procedure followed in authorizing the transaction.

During the year:		
A.	Has your organization sold or transferred assets to or purchased assets from or exchanged assets with a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B.	Has your organization leased assets to or leased assets from a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
C.	Has your organization been indebted to a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D.	Has your organization allowed a related party to be indebted to it?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
E.	Has your organization made or held an investment in a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F.	Has your organization furnished goods, services, or facilities to a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
G.	Has your organization acquired goods, services, or facilities from a related party who received compensation or other value in return?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
H.	Has your organization paid or became obligated to pay wages, salary, or other compensation to a related party?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
I.	Has your organization transferred income or assets to or for use by a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J.	Was your organization a party to any transaction in which any of its officers, directors, or trustees has a material financial interest, or did any officer, director or trustee receive anything of value not reported as compensation?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
K.	Has your organization invested in any corporate stock of a company in which any officer, director, or trustee owns more than 10% of the outstanding shares?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
L.	Is any property of the organization held in the name of or commingled with the property of any other person or organization?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
M.	Did your organization make a grant award or contribution to any other organization in which any of this organization's officers, directors or trustees has a relationship?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

STATEMENT 4

FORM PC

PAGE 6, LINE 24

STATEMENT 4

NAME AND ADDRESS

BRIAN GALLAGHER
89 SOUTH STREET
BOSTON, MA 02129

NATURE OF TRANSACTION

24H) COMPENSATION PAID TO OFFICER

AMOUNT INVOLVED

213,456.

PROCEDURE FOLLOWED

BOD APPROVAL

NAME AND ADDRESS

LAUREL FORD
89 SOUTH STREET
BOSTON, MA

NATURE OF TRANSACTION

24H) COMPENSATION PAID TO OFFICER

AMOUNT INVOLVED

85,997.

PROCEDURE FOLLOWED

BOD APPROVAL

Signature Required

Under penalty of perjury, I declare that the information furnished in this report, including all attachments, is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Printed Name: BRIAN GALLAGHER

Title: CEO/PRESIDENT

Name of Preparer: KEVIN P MARTIN ASSOCIATES, P.C.

Address 10 FORBES WEST

City BRAINTREE State MA ZIP Code 02184

Phone Number (781)380-3520

Schedule A-1
Solicitation Activities During Fiscal Year Covered By This Report

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

REACH OUT AND READ NATIONAL CENTER

FRIENDS OF REACH OUT AND READ

Types of solicitation activities in which you expect to engage (check all that apply):

Table with 2 columns of solicitation activities and checkboxes. Checked items include: Mass Mailing, Entertainment event, Individual Mailings, Corporate solicitations, Grant Proposals, Via the Internet, and Raffle, beano, bingo or gaming event.

Other (specify):

Identify the method or methods you expect to use for the fundraising (check all that apply):

Table with 2 columns of fundraising methods and checkboxes. Checked items include: Own employees and Volunteers.

* Provide applicable names and addresses:

Professional Solicitor Name:

Address

City State ZIP Code

Professional Fundraising Counsel Name:

Address

City State ZIP Code

Commercial Co-Venturer Name:

Address

City State ZIP Code

Schedule A-1 ctd.
Solicitation Activities During Fiscal Year Covered By This Report

Identify the individuals who will have final responsibility for the charity's custody of contributions:

BRIAN GALLAGHER

Name and Title: PRESIDENT/CEO

Address 89 SOUTH STREET, SUITE 201

City BOSTON State MA ZIP Code 02111

LAUREL FORD

Name and Title: CFO

Address 89 SOUTH STREET, SUITE 201

City BOSTON State MA ZIP Code 02111

Name and Title:

Address

City State ZIP Code

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

LAUREL FORD

Name and Title: CFO

Address 89 SOUTH STREET, SUITE 201

City BOSTON State MA ZIP Code 02111

Name and Title:

Address

City State ZIP Code

Name and Title:

Address

City State ZIP Code

**Schedule A-2
Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year**

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

REACH OUT AND READ NATIONAL CENTER

FRIENDS OF REACH OUT AND READ

Types of solicitation activities in which you expect to engage (check all that apply):

Mass Mailing	<input checked="" type="checkbox"/>	Via the Internet	<input checked="" type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input type="checkbox"/>	Sale of goods other than by telephone	<input type="checkbox"/>
Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual Mailings	<input checked="" type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input checked="" type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input checked="" type="checkbox"/>
<input type="checkbox"/> Other (specify): _____			

Identify the method or methods you expect to use for the fundraising (check all that apply):

Professional solicitor*	<input type="checkbox"/>	Own employees	<input checked="" type="checkbox"/>
Professional fundraising counsel*	<input type="checkbox"/>	Volunteers	<input checked="" type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

* Provide applicable names and addresses:

Professional Solicitor Name: _____

Address _____

City _____ State _____ ZIP Code _____

Professional Fundraising Counsel Name: _____

Address _____

City _____ State _____ ZIP Code _____

Commercial Co-Venturer Name: _____

Address _____

City _____ State _____ ZIP Code _____

Schedule A-2 ctd.

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

Identify the individuals who will have final responsibility for the charity's custody of contributions:

BRIAN GALLAGHER

Name and Title: **PRESIDENT/CEO**

Address **89 SOUTH STREET, SUITE 201**

City **BOSTON** State **MA** ZIP Code **02111**

WENDY HART

Name and Title: **DIRECTOR OF FINANCE AND OPERATIONS**

Address **89 SOUTH STREET, SUITE 201**

City **BOSTON** State **MA** ZIP Code **02111**

Name and Title: _____

Address _____

City _____ State _____ ZIP Code _____

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

WENDY HART

Name and Title: **DIRECTOR OF FINANCE AND OPERATIONS**

Address **89 SOUTH STREET**

City **BOSTON** State **MA** ZIP Code **02111**

Name and Title: _____

Address _____

City _____ State _____ ZIP Code _____

Name and Title: _____

Address _____

City _____ State _____ ZIP Code _____

Certification by Organization

Two different signatures required. Signers must be organization president or other authorized officer or trustee.

Under penalty of perjury, we declare that the information furnished in this report, including all attachments, is true and correct to the best of our knowledge.

Signature: _____ Date: _____

Printed Name: **BRIAN GALLAGHER** _____

Title: **CEO/PRESIDENT** _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____

2017 TAX RETURN FILING INSTRUCTIONS

MASSACHUSETTS FORM M-990T

FOR THE YEAR ENDING

June 30, 2018

Prepared for	Reach Out and Read, Inc. 89 South Street No. 201 Boston, MA 02111
Prepared by	Kevin P Martin Associates, P.C. 10 Forbes West Braintree, MA 02184
To be signed and dated by	The authorized individual(s).
Amount of tax	Total tax \$ 233.00 Less: payments and credits \$ 0.00 Plus: other amount \$ 0.00 Plus: interest and penalties \$ 0.00 Balance due \$ 233.00
Overpayment	Credited to your estimated tax \$ 0.00 Other amount \$ 0.00 Refunded to you \$ 0.00
Make check payable to	Commonwealth of Massachusetts
Mail tax return and check (if applicable) to	Mass. Department of Revenue P.O. Box 7067 Boston, MA 02204
Return must be mailed on or before	June 17, 2019
Special Instructions	



**Massachusetts Department of Revenue
Form M-990T
Unrelated Business Income Tax Return**

2017

For calendar year 2017 or taxable period beginning **JULY 1, 2017** and ending **JUNE 30, 2018**

Name of company **REACH OUT AND READ, INC.** Federal Identification number **04-3481253**

Mailing address
89 SOUTH STREET, NO. 201

City/Town **BOSTON** State **MA** ZIP **02111** Phone number **617-455-0600**

Name of treasurer _____ Fill in if a Taxpayer Disclosure Statement is enclosed

Fill in if:

Amended return (see "Amended return" in instructions) Federal amendment Federal audit Final return

Exempt under IRC section (fill in one only)

501 408(e) 408A 529(a) 220(e) 530(a)

Organization type (fill in one only)

501(c) corporation 501(c) trust 401(a) trust Other

Excise calculation. Use whole dollar method.

1	Unrelated business taxable income (from U.S. Form 990T, line 34)	▶ 1	2,907
2	Foreign, state or local income, franchise, excise or capital stock taxes deducted from U.S. net income	▶ 2	
3	Section 168(k) "bonus" depreciation adjustment	▶ 3	
4	Section 31I and 31K intangible expense add back adjustment	▶ 4	
5	Federal NOL add back adjustment (from U.S. Form 990T, line 31)	▶ 5	
6	Section 31J and 31K interest expense add back adjustment	▶ 6	
7	Federal production activity add back adjustment	▶ 7	
8	Abandoned Building Renovation deduction Total cost <input type="text"/> x .10 =	▶ 8	
9	Other adjustments, including research and development expenses (enclose explanation)	▶ 9	
10	Income subject to apportionment. See instructions	▶ 10	2,907
11	Income apportionment percentage (from Schedule F, line 5 or 1.0, whichever applies)	▶ 11	1.000000
12	Multiply line 10 by line 11	▶ 12	2,907
13	Income not subject to apportionment	▶ 13	
14	Add lines 12 and 13	▶ 14	2,907
15	Certified Massachusetts solar or wind power deduction	▶ 15	
16	Taxable income before net operating loss deduction	▶ 16	2,907

Declaration

Under penalties of perjury, I declare that to the best of my knowledge and belief, this return and enclosures are true, correct and complete.

Signature of appropriate corporate officer (see instructions)	Date	Social Security number	Phone number
Signature of paid preparer	Date	Employer Identification number	Address
	03/20/19	04-3097400	BRAINTREE, MA 02184

If you are signing as an authorized delegate of the appropriate corporate officer, check here and enclose Massachusetts Form M-2848, Power of Attorney. The Privacy Act Notice is available upon request. Mail to: **Massachusetts Department of Revenue, PO Box 7067, Boston, MA 02204.**



Name of company
REACH OUT AND READ, INC.

Federal Identification number
04-3481253

Excise calculation (cont'd.)

17	Loss carryover deduction (from Schedule NOL)	▶ 17	<input type="text"/>
18	Taxable income. Subtract line 17 from line 16	▶ 18	<input type="text" value="2,907."/>
19	Multiply line 18 by .08	19	<input type="text" value="233."/>
20	Credit recapture (enclose Credit Recapture Schedule) and/or additional tax on installment sales. See instructions	▶ 20	<input type="text"/>
21	Excise due before credits. Add lines 19 and 20	21	<input type="text" value="233."/>

Credits. Any credit being claimed must be determined with respect to the unrelated business activity being reported on this return.

22	Total Credits. Enclose Credit Manager Schedule	▶ 22	<input type="text"/>
----	--	------	----------------------

Excise after credits

23	Excise due before voluntary contributions. Subtract line 22 from line 21. Not less than "0"	23	<input type="text" value="233."/>
24	Voluntary contribution for endangered wildlife conservation	▶ 24	<input type="text"/>
25	Total excise plus voluntary contribution. Add lines 23 and 24	▶ 25	<input type="text" value="233."/>

Payments

26	2016 overpayment applied to 2017 estimated tax	▶ 26	<input type="text"/>
27	2017 Massachusetts estimated tax payments (do not include amount in line 26)	▶ 27	<input type="text"/>
28	Payment made with extension	▶ 28	<input type="text"/>
29	Payment with original return. Use only if amending a return	▶ 29	<input type="text"/>
30	Pass-through entity withholding	Payer Identification number ▶ <input type="text"/>	▶ 30 <input type="text"/>
31	Total refundable credits. Enclose Credit Manager Schedule	▶ 31	<input type="text"/>
32	Total payments. Add lines 26 through 31	32	<input type="text"/>

Refund or balance due

33	Amount overpaid. Subtract line 25 from line 32	33	<input type="text"/>
34	Amount overpaid to be credit to 2018 estimated tax	▶ 34	<input type="text"/>
35	Amount overpaid to be refunded. Subtract line 34 from line 33	▶ 35	<input type="text"/>
36	Balance due. Subtract line 32 from line 25	▶ 36	<input type="text" value="233."/>
37a	M-2220 penalty	▶ 37a	<input type="text"/>
37b	Other penalties	▶ 37b	<input type="text"/>
37	Total penalty. Add lines 37a and 37b	37	<input type="text"/>
38	Interest on unpaid balance	▶ 38	<input type="text"/>
39	Total payment due at time of filing	▶ 39	<input type="text" value="233."/>



Reach Out and Read, Inc.

Financial Statements

June 30, 2018



where great stories begin™

Kevin P. Martin & Associates, P.C.

Reach Out and Read, Inc.

Index

June 30, 2018

Independent Auditors' Report

Independent Auditors' Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance With *Government Auditing Standards*

Financial Statements:

Statements of Financial Position as of June 30, 2018 with Comparative Totals as of June 30, 2017	1
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Statements of Cash Flows for the Year Ended June 30, 2018 with Comparative Totals for the Year Ended June 30, 2017	3
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Independent Auditors' Report

To the Board of Directors of
Reach Out and Read, Inc.

Report on the Financial Statements

We have audited the accompanying financial statements of Reach Out and Read, Inc. (a nonprofit organization), (the Organization), which comprise the statement of financial position as of June 30, 2018, and the related statements of activities, cash flows and functional expenses for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Organization as of June 30, 2018, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Summarized Comparative Information

We have previously audited the Organization's 2017 financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated April 11, 2018. The prior year summarized comparative information is not intended to constitute a presentation in conformity with accounting principles generally accepted in the United States of America. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2017, is consistent, in all material respects, with the audited financial statements from which it has been derived.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated November 15, 2018, on our consideration of the Organization's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Organization's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control over financial reporting and compliance.

Munir P. Martini & Associates, P.C.

November 15, 2018



Independent Auditors' Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance With *Government Auditing Standards*

To the Board of Directors of
Reach Out and Read, Inc.

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Reach Out and Read, Inc. (a nonprofit organization), (the Organization), which comprise the statement of financial position as of June 30, 2018, and the related statements of activities, cash flows and functional expenses for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated November 15, 2018.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Organization's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Organization's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

 Nimir P. Martini & Associates, P.C.

November 15, 2018

Reach Out and Read, Inc.

Statement of Financial Position

As of June 30, 2018

With Comparative Totals as of June 30, 2017

	2018	2017
Current Assets		
Operating cash	\$ 3,718,565	\$ 4,572,988
Cash reserves	839,924	835,193
Total cash and cash equivalents	4,558,489	5,408,181
Accounts receivable	2,985	9,733
Grants receivable, current	2,334,130	1,240,510
Prepaid expenses	13,085	21,728
Total current assets	6,908,689	6,680,152
Property and Equipment		
Furniture and fixtures	23,410	23,410
Computer equipment and software	274,928	21,889
Construction in process	-	26,700
Subtotal	298,338	71,999
Less: accumulated depreciation	(50,627)	(29,745)
Total property and equipment, net	247,711	42,254
Other Assets		
Cash restricted for endowment	111,477	111,477
Grants receivable, long-term	250,000	-
Total other assets	361,477	111,477
Total Assets	\$ 7,517,877	\$ 6,833,883
Current Liabilities		
Accounts payable	\$ 159,262	\$ 81,083
Accrued expenses	356,367	917,034
Grants payable	23,096	75,584
Deferred revenue	-	147
Total current liabilities	538,725	1,073,848
Net Assets		
Unrestricted		
Board designated	1,000,000	816,133
Undesignated	1,666,851	1,318,351
Total unrestricted	2,666,851	2,134,484
Temporarily restricted	4,200,824	3,514,074
Permanently restricted	111,477	111,477
Total net assets	6,979,152	5,760,035
Total Liabilities and Net Assets	\$ 7,517,877	\$ 6,833,883

The accompanying notes are an integral part of the financial statements.

Reach Out and Read, Inc.

Statement of Activities

For the Year Ended June 30, 2018

With Comparative Totals for the Year Ended June 30, 2017

	2018			Total	2017 Total
	Unrestricted	Temporarily Restricted	Permanently Restricted		
Support and Revenue					
Contributions	\$ 1,798,026	\$ 5,495,316	\$ -	\$ 7,293,342	\$ 6,273,970
Donated goods and services	4,702,043	-	-	4,702,043	4,167,236
Special events	-	-	-	-	2,055
Government grants	2,720,885	-	-	2,720,885	2,017,217
Other	-	-	-	-	293
Interest	4,650	-	-	4,650	1,950
Total Support and Revenue	<u>9,225,604</u>	<u>5,495,316</u>	<u>-</u>	<u>14,720,920</u>	<u>12,462,721</u>
Net assets released from restrictions	4,808,566	(4,808,566)	-	-	-
Total	<u>14,034,170</u>	<u>686,750</u>	<u>-</u>	<u>14,720,920</u>	<u>12,462,721</u>
Expenses					
Program	11,244,171	-	-	11,244,171	9,943,380
Management and general	1,034,786	-	-	1,034,786	843,017
Fundraising	1,222,846	-	-	1,222,846	1,393,975
Total Expenses	<u>13,501,803</u>	<u>-</u>	<u>-</u>	<u>13,501,803</u>	<u>12,180,372</u>
Change in Net Assets	532,367	686,750	-	1,219,117	282,349
Net Assets - Beginning of Year	<u>2,134,484</u>	<u>3,514,074</u>	<u>111,477</u>	<u>5,760,035</u>	<u>5,477,686</u>
Net Assets - End of Year	<u>\$ 2,666,851</u>	<u>\$ 4,200,824</u>	<u>\$ 111,477</u>	<u>\$ 6,979,152</u>	<u>\$ 5,760,035</u>

The accompanying notes are an integral part of the financial statements.

Reach Out and Read, Inc.

Statement of Cash Flows

For the Year Ended June 30, 2018
With Comparative Totals for the Year Ended June 30, 2017

Cash Flows from Operating Activities	2018	2017
Change in net assets	\$ 1,219,117	\$ 282,349
Adjustments to reconcile change in net assets to net cash (used in) provided by operating activities:		
Depreciation	20,882	8,230
Decrease (increase) in assets:		
Accounts receivable	6,748	30,672
Grants receivable	(1,343,620)	(46,907)
Prepaid expenses	8,643	9,448
Security deposits	-	3,145
Increase (decrease) in liabilities:		
Accounts payable	78,179	(393,409)
Accrued expenses	(560,667)	651,657
Grants payable	(52,488)	(14,884)
Deferred revenue	(147)	(22,794)
Net Cash (Used in) Provided by Operating Activities	(623,353)	507,507
Cash Flows from Investing Activities		
Purchase of property and equipment	(226,339)	(26,700)
Net Cash Used in Investing Activities	(226,339)	(26,700)
Net (Decrease) Increase in Cash and Cash Equivalents	(849,692)	480,807
Cash and Cash Equivalents - Beginning	5,408,181	4,927,374
Cash and Cash Equivalents - Ending	\$ 4,558,489	\$ 5,408,181

The accompanying notes are an integral part of the financial statements.

Reach Out and Read, Inc.

Statement of Functional Expenses

For the Year Ended June 30, 2018

With Comparative Totals for the Year Ended June 30, 2017

	Total Program	Management and General	Fundraising	2018 Total	2017 Total
Salaries	\$ 2,189,170	\$ 347,329	\$ 709,531	\$ 3,246,030	\$ 2,834,300
Payroll taxes and benefits	575,589	81,860	159,716	817,165	719,614
Total employee compensation	2,764,759	429,189	869,247	4,063,195	3,553,914
Books	7,133,303	-	8,006	7,141,309	6,381,652
Coalitions	172,050	-	-	172,050	53,949
Conferences and travel	257,136	21,796	32,156	311,088	270,097
Consulting	448,466	326,790	159,750	935,006	1,173,360
Depreciation	-	20,882	-	20,882	8,230
Equipment rental and maintenance	63,668	30,266	9,642	103,576	69,669
Literacy materials	37,616	-	-	37,616	45,599
Fiscal sponsorship fees	13,060	-	-	13,060	-
Other expenses	12,550	33,263	35,062	80,875	55,070
Communications and marketing	50,128	25	16,556	66,709	106,853
Other occupancy expenses	1,939	-	120	2,059	11,485
Payroll and HR administration	46,338	575	27,565	74,478	136,182
Postage and delivery	7,783	3,934	29,788	41,505	21,645
Printing and copying	24,173	3,512	10,012	37,697	25,238
Professional fees	-	29,454	-	29,454	19,948
Recruitment	1,409	17,995	9,177	28,581	48,986
Rent	2,641	79,050	800	82,491	71,884
Research and evaluation	36,078	-	-	36,078	18,000
Staff development, education and training	3,230	20,917	326	24,473	11,346
Supplies	11,071	4,999	6,485	22,555	32,156
Telephone and internet	36,715	9,812	8,154	54,681	38,726
Training	120,058	-	-	120,058	22,640
Utilities	-	2,327	-	2,327	3,743
Total Functional Expenses	\$ 11,244,171	\$ 1,034,786	\$ 1,222,846	\$ 13,501,803	\$ 12,180,372

The accompanying notes are an integral part of these financial statements.

Reach Out and Read, Inc.

Notes to Financial Statements

June 30, 2018

(1) Summary of Significant Accounting Policies

The financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP). The significant accounting policies followed by Reach Out and Read, Inc. (the Organization) are described below to enhance the usefulness of the financial statements to the reader.

(a) Nature of Activities

The Organization was incorporated in the Commonwealth of Massachusetts as a not-for-profit organization under the laws of Massachusetts on July 29, 1999. The Organization is the only national early literacy organization working directly with pediatric care providers to train them to model the value to parents of reading aloud to their children every day. The Organization is driven by the mission to give young children a foundation for success by incorporating books into pediatric care and encouraging families to read aloud together. When families read aloud to their young children, they can give them a better start to life.

The program begins in infancy and continues through age five, with a special emphasis on children growing up in low-income communities. Pediatricians who are involved in the organization share brand-new, age and language appropriate books and literacy advice with children and parents at each well-child visit up to the age of 5. The effectiveness of the Organization'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.

Through generous support and revenue from individual contributions, corporate foundations, donated goods and services and government grants, the Organization provides books and training to approved program sites in all 50 states and Washington, DC. Approved program sites are medical facilities that have demonstrated the ability to implement the model and have signed a letter of agreement with the Organization. Funding sources are generated by program sites, regional coalitions and the national center. During the year ending June 30, 2018, approximately 7.2 million books were distributed to approximately 6,000 sites.

(b) Basis of Presentation

The statement of activities reports all changes in net assets, including changes in unrestricted net assets, from operating activities. Operating revenues consist of those monies received and other contributions attributable to the Organization's ongoing efforts.

Reach Out and Read, Inc.

Notes to Financial Statements

June 30, 2018

(1) Summary of Significant Accounting Policies - continued

(c) Standards of Accounting and Reporting

The Organization's net assets (excess of its assets over liabilities) and its revenues, expenses, gains and losses are classified based on the existence or absence of donor-imposed restrictions.

The statement of financial position presents three classes of net assets (unrestricted, temporarily restricted and permanently restricted) and the statement of activities displays the change in each class of net assets. The classes of net assets applicable to the Organization are presented as follows:

Unrestricted - Unrestricted net assets are not subject to donor-imposed restrictions. Unrestricted net assets consist of assets and contributions available for the support of operations. Unrestricted net assets may be designated for specific purposes by management or the Board of Directors. Gains and losses on investments are reported as increases or decreases in unrestricted net assets unless their use is restricted by explicit donor stipulations or law.

Temporarily Restricted - Temporarily restricted net assets are subject to donor-imposed stipulations that may or will be met, either by actions of the Organization and/or passage of time. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.

Permanently Restricted - Reflects the original amount of gifts and investment earnings required by the donor to be permanently retained. Generally, the donors of these assets permit the Organization to use all or part of the income earned on related investments for general or specific purposes.

(d) Cash and Cash Equivalents

The Organization considers all highly liquid investments purchased with an original maturity of three months or less to be cash equivalents.

The Organization maintains its cash balances at a financial institution located in Massachusetts. The cash balances are secured by the Federal Deposit Insurance Corporation (FDIC). At times these balances may exceed the federal insurance limits; however, the Organization has not experienced any losses with respect to its bank balances in excess of government provided insurance. Cash and deposit balance over FDIC limits with BNY Mellon amounted to \$5,499,064 as of June 30, 2018. The Organization did not maintain cash balances in excess of FDIC limits in any other financial institution as of June 30, 2018.

Reach Out and Read, Inc.

Notes to Financial Statements

June 30, 2018

(1) Summary of Significant Accounting Policies - continued

(e) Revenue Recognition

The Organization earns revenue as follows:

Government Grants - Grants are recorded as revenue as costs related to the services provided are incurred.

Contributions - Contributions are recorded upon receipt or pledge as unrestricted, temporarily restricted or permanently restricted support depending on the existence and/or nature of any donor restrictions. All contributions are considered to be available for unrestricted use unless specifically restricted by the donor.

Donated Goods - Donated goods are recorded as contributions at fair value at the date of donation. Such donations are reported as increases in unrestricted net assets unless the donor has restricted the donated goods to a specific purpose.

Donated Services - Donated services are recognized as contributions if the services (a) create or enhance nonfinancial assets or (b) require specialized skills, are performed by individuals with those skills, and would otherwise be purchased by the Company. Volunteers also provided fund-raising and client services throughout the year that are not recognized as contributions in the financial statements since the recognition criteria were not met.

Special Events - Special events revenue is primarily derived from contributions collected and fees charged for admission at various sponsored events. Special events revenue is recognized when earned and is shown net of related direct expenses in the accompanying statement of activities.

Deferred revenue represents government grant income received prior to year-end. These amounts are deferred and recognized over the periods to which the fees relate.

During the year ended June 30, 2018, the Organization derived approximately 81% of its total revenue from corporations and individual grants and contributions, 18% from governmental agencies and 1% from all other sources. All revenue is recorded at the estimated net realizable amounts.

Reach Out and Read, Inc.

Notes to Financial Statements

June 30, 2018

(1) Summary of Significant Accounting Policies - continued

(f) Accounts Receivable

Accounts receivable are stated at the amount management expects to collect from outstanding balances. Management provides for probable uncollectible amounts through a provision for bad debt expense and an adjustment to a valuation allowance based on its assessment of the current status of individual accounts. Balances that are outstanding after management has used reasonable collection efforts are written off through a charge to the valuation allowance and a credit to accounts receivable. As of June 30, 2018, management has determined any allowance would be immaterial.

The Organization does not have a policy to accrue interest on receivables. The Organization has no policies requiring collateral or other security to secure the accounts receivable.

(g) Grants Receivable

Conditional grants are not recognized in the financial statements until the conditions are substantially met. Unconditional grants that are expected to be collected within one year are recorded at net realizable value. Unconditional grants that are expected to be collected in more than one year are recorded at fair value, which is measured as the present value of their future cash flows. The discounts on those amounts are computed using risk-adjusted interest rates applicable to the years in which the promises are received. Amortization of the discounts is included in contribution revenue. In the absence of donor stipulations to the contrary, grants with payments due in future periods are restricted to use after the due date.

Unconditional grants are periodically reviewed to estimate an allowance for doubtful accounts. Management estimates the allowance by review of historical experience and a specific review of collections trends that differ from scheduled collections on individual grants. As of June 30, 2018, management has determined any allowance would be immaterial.

All grants receivable as of June 30, 2018 are expected to be collected in fiscal year 2019 with the exception of one grant that is expected to be received over a two-year period with the final installment of \$250,000 collected in fiscal year 2020. As of June 30, 2018, management has determined any discount on grants receivable due in more than one year would be immaterial. In addition, credit risk with respect to grants receivable is considered low as a significant portion of the grants receivable are from foundations which have been in operation for multiple years and have reported significant assets.

As of June 30, 2018, the Organization's grants receivable consisted of approximately 78% due from corporations and individuals and 22% due from governmental agencies.

Reach Out and Read, Inc.

Notes to Financial Statements

June 30, 2018

(1) Summary of Significant Accounting Policies - continued

(h) Property and Equipment

Property and equipment are recorded at cost or if donated, fair value on the date of receipt. Depreciation is provided for in amounts sufficient to relate the cost of depreciable assets to operations over their estimated service lives. Improvements, including planned major maintenance activities are capitalized, while expenditures for routine maintenance and repairs are charged to expense as incurred. Upon disposal of depreciable property, the appropriate property accounts are reduced by the related costs and accumulated depreciation. The resulting gains and losses are reflected in the statement of activities.

The Organization computes depreciation using the straight-line method over the following estimated lives:

Furniture and fixtures	3-5 years
Computer equipment and software	3-10 years

(i) Fundraising

Fundraising relates to the activities of raising general and specific contributions to the Organization and promoting special events.

(j) Special Events

The Organization has determined that special events are incidental to its operations and therefore the direct costs of benefit to the donors is reported with fundraising expense and is not included with special events revenue.

(k) Functional Allocation of Expenses

The costs of providing various programs and other activities have been summarized on a functional basis in the statement of activities and in the statement of functional expenses. Directly identifiable expenses are charged to programs and supporting services. Expenses related to more than one function are allocated to programs and supporting services. Administration expenses include those expenses that are not directly identifiable with any other specific function but provide for the overall support and direction of the Organization.

Payroll and associated costs are allocated to functions based upon actual time charges. Occupancy costs are allocated directly to a given function.

Reach Out and Read, Inc.

Notes to Financial Statements

June 30, 2018

(1) Summary of Significant Accounting Policies - continued

(l) Use of Estimates

In preparing the Organization's financial statements in conformity with GAAP, management is required to make estimates and assumptions that affect the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

(m) Income Taxes

The Organization qualifies as an organization formed for charitable purposes under Section 501(c)(3) of the Internal Revenue Code (IRC) and is generally not subject to income tax. However, income from certain activities not directly related to the Organization's tax-exempt purpose is subject to taxation as unrelated business income. In addition, the Organization is not a private foundation under Section 509(a)(1).

(n) Summarized Financial Information for 2017

The financial statements include certain prior year summarized comparative information in total but not by net asset class. Also, the financial statements do not include a full presentation of the statement of functional expenses, as certain prior year summarized comparative information is presented in total but not by functional classification. In addition, the financial statements do not include full financial statement disclosures for the prior year. Such information does not include sufficient detail to constitute a presentation in conformity with GAAP. Accordingly, such information should be read in conjunction with the Organization's financial statements for the year ended June 30, 2017, from which the summarized information was derived.

(o) Reclassifications

Certain amounts in the prior year have been reclassified to conform to the current year presentation.

Reach Out and Read, Inc.

Notes to Financial Statements

June 30, 2018

(2) Donated Goods and Services

Donated goods and services for the year ended June 30, 2018 were as follows:

Pro-bono outside services:	
Professional services	\$ 54,447
Gifts in kind:	
Books and literacy materials	<u>4,647,596</u>
Total revenue recognized	<u>\$ 4,702,043</u>

Donated books and literacy materials from one corporation accounted for 83% of the donated goods and services received during the year ended June 30, 2018.

(3) Operating Lease Commitments

The Organization occupies office space under non-cancelable, operating lease agreements with expiration dates through fiscal year 2021. The Organization is also liable for certain real estate tax increases and operating cost adjustments under the office lease terms. The minimum annual operating non-cancelable lease commitments on property for the Organization are as follows:

2019	\$ 85,485
2020	87,130
2021	88,775

Rent, common area and property tax expense for the year ended June 30, 2018 was \$84,550.

The Organization also leases equipment for use within their office locations. The Organization's current lease agreement goes through January 2021. Future minimum lease payments are as follows:

2019	\$ 10,986
2020	10,986
2021	6,409

Reach Out and Read, Inc.

Notes to Financial Statements

June 30, 2018

(4) Commitments and Contingencies - continued

(a) *Insperty*

The Organization has a co-employee relationship with Insperty, whereby all employees are compensated by Insperty. The Organization pays Insperty for 100% of gross salaries, as well as 25.35% of gross salaries for taxes, benefits and related fees. As of June 30, 2018, \$241,599 is owed to Insperty and is included in accrued expenses on the accompanying statement of financial position.

The total salaries, fringe benefits and administrative service fees paid under this agreement were \$4,137,674 for the year ended June 30, 2018.

(b) *Governmental Agencies*

The Organization receives a portion of its funding from governmental agencies. The ultimate determination of amounts received under these programs generally is based upon allowable costs reported to and audited by the government. Until such audits have been completed, if any, and final settlement reached, there exists a contingency to refund any amount received in excess of allowable costs. Management is of the opinion that no material liability will result from such audits.

The Organization's operations are concentrated in the educational field. As such, the Organization operates in a heavily regulated environment. The operations of the Organization are subject to administrative directives, rules and regulations of federal, state and local regulatory agencies.

Such administrative directives, rules and regulations are subject to change by an act of Congress, act of the state and local legislature or an administrative change mandated by a governmental agency. Such changes may occur with little notice or inadequate funding to pay for the related cost, including the additional administrative burden, to comply with a change. Additionally, contractual funding may decrease or be withdrawn with little notice.

(5) Restricted Net Assets

(a) *Board Restricted Net Assets*

The Board of Directors has designated \$1,000,000 of accumulated earnings to be used for reserves.

Reach Out and Read, Inc.

Notes to Financial Statements

June 30, 2018

(5) Restricted Net Assets - continued

(b) Temporarily Restricted Net Assets

Temporarily restricted net assets consist of resources available to meet future obligations, but only in compliance with the restrictions specified by donors. As of June 30, 2018, temporarily restricted net assets are restricted for the following purposes:

Program	\$	3,035,358
Time		<u>1,165,466</u>
Total Temp Restricted Net assets	\$	<u>4,200,824</u>

Included in the time restricted net assets is a pledge of \$500,000 which the Board of Directors has voted to use the funds, once received, to establish a Board designated endowment; the proceeds of which will be used for new program initiatives.

(c) Permanently Restricted Net Assets

Permanently restricted net assets represent donations with stipulations that they be invested to provide a permanent source of income to defray programmatic costs in accordance with the Organization's endowment spending policy. The permanently restricted donations are being held in money market accounts in order to preserve their fair value. These amounts have been classified as long-term cash reserves on the statement of financial position. Consistent with donor restrictions unrealized gains and losses on these investments follow the treatment of investment income. Accordingly, unrealized gains and losses are reported in the statement of activities as increases or decreases in temporarily restricted net assets. Any excess unrealized losses over corpus are classified as decreases in unrestricted net assets. No excess losses over corpus have occurred as of June 30, 2018.

As of June 30, 2018, permanently restricted net assets totaled \$111,477. An immaterial amount of interest was earned and released on these permanent restricted net assets during the year ended June 30, 2018.

(6) Related Party Transactions

The Organization maintains a written conflict of interest policy under which all Directors, Officers, employees and significant consultants provide specific notice to the Organization. The information requested is specific by class of individual and is requested prior to the engagement in any transaction with the Organization. Management is not aware of any transaction occurring with any identified class during the tax year without prior full disclosure of the relationship in accordance with this policy. All compensation rates are approved by independent board members and/or determined by the same policy and processes used to determine rates of compensation for all other employees and/or vendors. All identified transactions received heightened Board of Directors scrutiny in accordance with this policy.

Reach Out and Read, Inc.

Notes to Financial Statements

June 30, 2018

(6) Related Party Transactions - continued

The following transactions were processed in accordance with the Organization's conflict of interest policy:

- a Board member holds a significant position with a major vendor that provides the Organization both donated and purchased books for distribution in their programs, and;
- a Board member holds a significant position with a customer that receives donated books from the Organization.

(7) Endowment

The Organization accepts endowment gifts under the stipulation that the funds are invested in perpetuity. Unless otherwise restricted by the donor, the investment income is to be used in accordance with the Organization's endowment spending policy. The goals of the endowment fund are to provide unrestricted support for the Organization. The Organization's Board of Directors oversees the establishment and revision of goals, spending plans and asset allocations for endowments.

The Organization's endowment consists of \$111,477 established for donor-restricted endowment funds. Net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

(a) Uniform Prudent Management of Institutional Funds Act

The Organization's management and investment of donor-restricted endowment funds are subject to the provisions of the Uniform Management of Institutional Funds Act (UMIFA). In 2006, the Uniform Law Commission approved the model act, Uniform Prudent Management of Institutional Funds Act (UPMIFA), which serves as a guideline to states to use enacting legislation. UPMIFA was adopted by the Commonwealth of Massachusetts effective June 30, 2009. Among UPMIFA's most significant changes is the elimination of UMIFA's important concept of historic dollar value threshold, the amount below which an organization could not spend from the fund, in favor of a more robust set of guidelines about what constitutes prudent spending.

The Board of Directors has interpreted the UPMIFA as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. Further, per the interpretation, the UPMIFA classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund.

Reach Out and Read, Inc.

Notes to Financial Statements

June 30, 2018

(7) Endowment - continued

(b) Appropriation of Endowment Assets for Expenditure

The Organization considers the following factors in making a determination to appropriate endowment funds for expenditure:

- (1) The duration and preservation of the fund
- (2) The purposes of the Organization and the donor-restricted endowment fund
- (3) General economic conditions
- (4) The possible effect of inflation and deflation
- (5) The expected total return from income and the appreciation of investments
- (6) Other resources of the Organization
- (7) The investment policies of the Organization

(c) Return Objectives and Risk Parameters

The Organization has adopted investment and spending policies for endowment assets that invest in a thoughtful and prudent manner to preserve and/or enhance the Organization's ability to help provide for the future benefit of the Organization's programs. The oversight of the endowment funds is the responsibility of the Board of Directors. Endowment assets include those assets of donor-restricted funds that the Organization must hold in perpetuity. Under this policy, as approved by the Board of Directors, the endowment assets are invested in a manner that is intended to preserve the endowment funds' principal, considering inflation and to regulate the long term ability and short term needs to distribute income.

(d) Strategies Employed for Achieving Investment Objectives

To satisfy its objectives, the Organization relies on a return strategy in which investment returns are achieved through current yield (interest and dividends).

(e) Funds with Deficiencies

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor requires the Organization to retain as a fund of perpetual duration. In accordance with GAAP, deficiencies of this nature are reported in unrestricted net assets. These deficiencies may result from unfavorable market fluctuations that occurred shortly after the investment of new permanently restricted contributions. Subsequent gains that restore the fair value of the assets of the endowment fund to the required level will be classified as an increase in unrestricted net assets. There were no such deficiencies as of June 30, 2018.

Reach Out and Read, Inc.

Notes to Financial Statements

June 30, 2018

(7) Endowment - continued

(f) Composition and Reconciliation of Endowment Funds

The endowment fund is solely comprised of donor-restricted contributions including in permanently restricted net assets on the statement of activities. There are no board-designated endowment funds.

(8) Subsequent Events

The Organization has performed an evaluation of subsequent events through November 15, 2018, which is the date the Organization's financial statements were available to be issued. No material subsequent events have occurred since June 30, 2018 that required recognition or disclosure in these financial statements.