

**Forms 990 / 990-EZ Return Summary**For calendar year 2013, or tax year beginning **07/01/13** , and ending **06/30/14****04-3481253****Reach Out and Read, Inc.**

<b>Net Asset / Fund Balance at Beginning of Year</b>		<u><b>2,985,767</b></u>
<b>Revenue</b>		
Contributions	<u><b>10,874,883</b></u>	
Program service revenue	<u><b>88,058</b></u>	
Investment income	<u><b>484</b></u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue	<u><b>9,054</b></u>	
Direct expenses	<u><b>39,349</b></u>	
Net income	<u><b>-30,295</b></u>	
Other income	<u><b>0</b></u>	
<b>Total revenue</b>		<u><b>10,933,130</b></u>
<b>Expenses</b>		
Program services	<u><b>9,019,689</b></u>	
Management and general	<u><b>687,687</b></u>	
Fundraising	<u><b>687,405</b></u>	
<b>Total expenses</b>		<u><b>10,394,781</b></u>
<b>Excess / (deficit)</b>		<u><b>538,349</b></u>
Changes		
<b>Net Asset / Fund Balance at End of Year</b>		<u><u><b>3,524,116</b></u></u>

<b>Reconciliation of Revenue</b>	
Total revenue per financial statements	<u><b>11,399,267</b></u>
Less:	
Unrealized gains	
Donated services	<u><b>426,788</b></u>
Recoveries	
Other	
Plus:	
Investment expenses	
Other	<u><b>-39,349</b></u>
<b>Total revenue per return</b>	<u><u><b>10,933,130</b></u></u>

<b>Reconciliation of Expenses</b>	
Total expenses per financial statements	<u><b>10,860,918</b></u>
Less:	
Donated services	<u><b>426,788</b></u>
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	<u><b>-39,349</b></u>
<b>Total expenses per return</b>	<u><u><b>10,394,781</b></u></u>

	<b>Balance Sheet</b>		
	<b>Beginning</b>	<b>Ending</b>	<b>Differences</b>
Assets	<u><b>4,909,580</b></u>	<u><b>4,483,632</b></u>	
Liabilities	<u><b>1,923,813</b></u>	<u><b>959,516</b></u>	
Net assets	<u><u><b>2,985,767</b></u></u>	<u><u><b>3,524,116</b></u></u>	<u><b>538,349</b></u>

**Miscellaneous Information**

Amended return \_\_\_\_\_  
Return / extended due date **05/15/15**  
Failure to file penalty \_\_\_\_\_

Form **8879-EO**

**IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2013, or fiscal year beginning 7/01, 2013, and ending 6/30, 20 14

**2013**

Department of the Treasury  
Internal Revenue Service

**u Do not send to the IRS. Keep for your records.**  
**u Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).**

Name of exempt organization

**Reach Out and Read, Inc.**

Employer identification number

**04-3481253**

Name and title of officer

**Laurel Ford  
CFO**

**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.

<b>1a</b> Form 990 check here	<input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b>	<b>10,933,130</b>
<b>2a</b> Form 990-EZ check here	<input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9)	<b>2b</b>	
<b>3a</b> Form 1120-POL check here	<input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22)	<b>3b</b>	
<b>4a</b> Form 990-PF check here	<input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5)	<b>4b</b>	
<b>5a</b> Form 8868 check here	<input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, Part I, line 3c or Part II, line 8c)	<b>5b</b>	

**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 2013 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 **Sandberg & Creeden, P.C.** to enter my PIN **12345** as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2013 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 2013 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 } **03/26/15**

**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.

**04467652850**

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 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 } **Theresa J. Creeden**

Date } **03/26/15**

**ERO Must Retain This Form—See Instructions**

**Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2013)

Form **990**

Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**

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

**Do not enter Social Security numbers on this form as it may be made public.**

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

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

**A For the 2013 calendar year, or tax year beginning 07/01/13, and ending 06/30/14**

- B** Check if applicable:
- Address change
  - Name change
  - Initial return
  - Terminated
  - Amended return
  - 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  
**56 Roland Street 100D**

City or town, state or province, country, and ZIP or foreign postal code  
**Boston MA 02129**

**D** Employer identification number  
**04-3481253**

**E** Telephone number  
**617-455-0600**

**G** Gross receipts\$ **10,972,479**

**F** Name and address of principal officer:  
**Laurel Ford**  
**56 Roland Street, 100D**  
**Boston MA 02129**

**H(a)** Is this a group return for subordinates?  Yes  No

**H(b)** Are all subordinates included?  Yes  No

If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) **t** (insert no.)  4947(a)(1) or  527

**J** Website: **WWW.REACHOUTANDREAD.ORG**

**H(c)** Group exemption number **u**

**L** Year of formation: **1999** **M** State of legal domicile: **MA**

**K** Form of organization:  Corporation  Trust  Association  Other **u**

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities:  
**Reach Out and Read prepares America's youngest children to succeed in school by partnering with doctors to prescribe books and encourage families to read together.**

**2** Check this box  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 17**

**4** Number of independent voting members of the governing body (Part VI, line 1b) **4 16**

**5** Total number of individuals employed in calendar year 2013 (Part V, line 2a) **5 50**

**6** Total number of volunteers (estimate if necessary) **6 23800**

**7a** Total unrelated business revenue from Part VIII, column (C), line 12 **7a 0**

**b** Net unrelated business taxable income from Form 990-T, line 34 **7b 0**

	Revenue	
	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	12,606,985	10,874,883
<b>9</b> Program service revenue (Part VIII, line 2g)	47,029	88,058
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	697	484
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-6,706	-30,295
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,648,005	10,933,130

	Expenses	
	Prior Year	Current Year
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,452,202	6,167,007
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,179,014	2,899,675
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>u 687,405</b>		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,575,891	1,328,099
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,207,107	10,394,781
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	440,898	538,349

	Net Assets or Fund Balances	
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	4,909,580	4,483,632
<b>21</b> Total liabilities (Part X, line 26)	1,923,813	959,516
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	2,985,767	3,524,116

**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: **Laurel Ford** Date: \_\_\_\_\_

Type or print name and title: **CFO**

**Paid Preparer Use Only**

Print/Type preparer's name: **Theresa J. Creeden** Preparer's signature: **Theresa J. Creeden** Date: **04/07/15** Check  if self-employed PTIN: **P00747568**

Firm's name: **Sandberg & Creeden, P.C.** Firm's EIN: **04-3195921**

Firm's address: **331 Page St Ste 2 Stoughton, MA 02072-1172** Phone no.: **781-344-0850**

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

1 Briefly describe the organization's mission:

**Reach Out and Read prepares America's youngest children to succeed in school by partnering with doctors to prescribe books and encourage families to read 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  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ **9,019,689** including grants of \$ **6,167,007** ) (Revenue \$ **88,058** )

**Reach Out and Read, Inc. promotes, encourages, and enables early childhood literacy from birth to five years of age. This is done by training physicians and other health care professionals, from across the country, to use an age, culture, and language appropriate children's book during each of their patient's well-baby visits up to five years old. The book is then given to the child to take home. In each of these visits the physician will talk to the parent about the importance of reading aloud to the child. The physician will also use the book as a diagnostic tool to help understand the child's stage of development. For example, does this two year old hold the book and look at the pictures like other two year olds do? The target population is children living below the poverty level.**

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 **u 9,019,689**

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	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? If "Yes," complete Schedule C, Part III		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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	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? If "Yes," complete Schedule D, Part VI	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? If "Yes," complete Schedule D, Part VII		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? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		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)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		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? If "Yes," complete Schedule F, Parts I and IV	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? If "Yes," complete Schedule F, Parts II and IV		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? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		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? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part 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? If so, complete Schedule L, Part II		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? If "Yes," complete Schedule L, Part III		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? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		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? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		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)? If "Yes," complete Schedule R, Part V, line 2		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> 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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>X</b>	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<b>X</b>
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		<b>X</b>
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		<b>X</b>
<b>4b</b>	If "Yes," enter the name of the foreign country: <b>u</b> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>X</b>	
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>X</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>X</b>	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>X</b>	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<b>X</b>
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>X</b>
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>X</b>
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		<b>X</b>
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		<b>X</b>
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		<b>X</b>
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	<b>1a</b> 17		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 16		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **u AL, AR, CO, CT, FL, GA, IL, KS, KY, MA, MD, MI, MN**
- 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.  
 Own website  Another's website  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, physical address, and telephone number of the person who possesses the books and records of the organization: **u The Organization** **56 Roland St Suite 100D**  
**Boston** **MA 02129** **617-455-0600**



**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 organizations compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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) Judith Newman	3.00									
Director	0.00	X					0	0	0	
(2) Jeremy Hastings	3.00									
Director	0.00	X					0	0	0	
(3) Thomas G. Dewitt, MD	3.00									
Director	0.00	X					0	0	0	
(4) Robert LeBuhn	3.00									
Director	0.00	X					0	0	0	
(5) Jay Berkelhamer, MD	3.00									
Director	0.00	X					0	0	0	
(6) Steven Dow	3.00									
Co-Chair	0.00	X		X			0	0	0	
(7) Carol Emig	3.00									
Director	0.00	X					0	0	0	
(8) Linda Fayne Levinson	3.00									
Co-Chair	0.00	X		X			0	0	0	
(9) Lisa Lebovitz	3.00									
Director	0.00	X					0	0	0	
(10) Ann Logan	3.00									
Director	0.00	X					0	0	0	
(11) Mary Jo Kirchner	3.00									
Director	0.00	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 dotted 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			
(12) Timothy Shanahan, PhD Director	3.00 0.00	X						0	0	0
(13) Catherine Snow, PhD Director	3.00 0.00	X						0	0	0
(14) Curtis Gray Treasurer	3.00 0.00	X		X				0	0	0
(15) Robert Needlman, MD Director	3.00 0.00	X						0	0	0
(16) Perri Klass, MD Director	3.00 0.00	X						0	0	0
(17) Brian Gallagher CEO/President	40.00 0.00			X				82,711	0	22,848
(18) Jill Sells Regional Dir WA	40.00 0.00				X			162,381	0	26,519
(19) Anne-Marie Fitzgerald Prior CEO/Pres	40.00 0.00						X	187,409	0	22,893
<b>1b Sub-total</b>								<b>432,501</b>		<b>72,260</b>
<b>c Total from continuation sheets to Part VII, Section A</b>								<b>77,245</b>		
<b>d Total (add lines 1b and 1c)</b>								<b>509,746</b>		<b>72,260</b>

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	<b>X</b>	
<b>4</b> 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	<b>X</b>	
<b>5</b> 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		<b>X</b>

**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

**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 **u 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 dotted 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			
(12) <b>Earl Martin Phalen</b> ..... Prio CEO/President	<b>40.00</b> ..... <b>0.00</b>						<b>X</b>	<b>77,245</b>	<b>0</b>	<b>0</b>
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
<b>1b Sub-total</b> .....							<b>u</b>	<b>77,245</b>		
<b>c Total from continuation sheets to Part VII, Section A</b> .....							<b>u</b>			
<b>d Total (add lines 1b and 1c)</b> .....							<b>u</b>			

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....	<b>3</b>	
<b>4</b> 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 .....	<b>4</b>	
<b>5</b> 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 .....	<b>5</b>	

**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

**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 **u**

**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b> 459,379					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b> 66,667					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b> 1,202,673					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 9,146,164					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	4,603,494					
	<b>h Total.</b> Add lines 1a-1f	<b>u</b> 10,874,883					
	<b>Program Service Revenue</b>	<b>2a</b> Other misc - Service fee	Busn. Code	88,058	88,058		
<b>b</b>							
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f		<b>u</b> 88,058					
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b> 484				484
	<b>4</b> Income from investment of tax-exempt bond proceeds	<b>u</b>					
	<b>5</b> Royalties	<b>u</b>					
	<b>6a</b> Gross rents	(i) Real					
		(ii) Personal					
	<b>b</b> Less: rental exps.						
	<b>c</b> Rental inc. or (loss)						
	<b>d</b> Net rental income or (loss)	<b>u</b>					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
	<b>b</b> Less: cost or other basis & sales exps.						
	<b>c</b> Gain or (loss)						
	<b>d</b> Net gain or (loss)	<b>u</b>					
	<b>8a</b> Gross income from fundraising events (not including \$ 66,667 of contributions reported on line 1c). See Part IV, line 18	<b>a</b> 9,054					
		<b>b</b> Less: direct expenses	<b>b</b> 39,349				
<b>c</b> Net income or (loss) from fundraising events		<b>u</b> -30,295				-30,295	
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities	<b>u</b>					
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory	<b>u</b>					
<b>Miscellaneous Revenue</b>	<b>11a</b>	Busn. Code					
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d	<b>u</b>					
	<b>12 Total revenue.</b> See instructions.	<b>u</b> 10,933,130		88,058	0	-29,811	

**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 governments and organizations in the U.S. See Part IV, line 21	6,167,007	6,167,007		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	334,966	302,164	27,642	5,160
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	137,368	135,669		1,699
7 Other salaries and wages	2,067,773	1,374,636	310,252	382,885
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	359,568	243,715	41,309	74,544
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal	1,531		1,531	
c Accounting	17,270		17,270	
d Lobbying				
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 Schedule O.)	664,742	412,438	130,204	122,100
12 Advertising and promotion	55,735	54,908	827	
13 Office expenses	263,763	115,150	81,107	67,506
14 Information technology				
15 Royalties				
16 Occupancy	215,339	134,477	59,498	21,364
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	95,329	79,525	3,657	12,147
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	14,390		14,390	
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				
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	10,394,781	9,019,689	687,687	687,405
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest bearing	<b>2,871,695</b>	<b>1</b>	<b>2,796,658</b>
	<b>2</b> Savings and temporary cash investments	<b>837,868</b>	<b>2</b>	<b>702,193</b>
	<b>3</b> Pledges and grants receivable, net	<b>1,108,638</b>	<b>3</b>	<b>912,469</b>
	<b>4</b> Accounts receivable, net	<b>5,477</b>	<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> 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 instructions). Complete Part II of Schedule L		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges	<b>32,872</b>	<b>9</b>	<b>26,652</b>
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> <b>297,135</b>		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> <b>284,577</b>	<b>10c</b> <b>19,928</b>	<b>12,558</b>
	<b>11</b> Investments—publicly traded securities		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	<b>33,102</b>	<b>15</b>	<b>33,102</b>
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	<b>4,909,580</b>	<b>16</b>	<b>4,483,632</b>	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	<b>1,870,919</b>	<b>17</b>	<b>858,136</b>
	<b>18</b> Grants payable	<b>52,894</b>	<b>18</b>	<b>96,487</b>
	<b>19</b> Deferred revenue		<b>19</b>	<b>4,893</b>
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25	<b>1,923,813</b>	<b>26</b>	<b>959,516</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	<b>883,390</b>	<b>27</b>	<b>1,347,941</b>
	<b>28</b> Temporarily restricted net assets	<b>1,990,900</b>	<b>28</b>	<b>2,064,698</b>
	<b>29</b> Permanently restricted net assets	<b>111,477</b>	<b>29</b>	<b>111,477</b>
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances	<b>2,985,767</b>	<b>33</b>	<b>3,524,116</b>	
<b>34</b> Total liabilities and net assets/fund balances	<b>4,909,580</b>	<b>34</b>	<b>4,483,632</b>	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>10,933,130</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>10,394,781</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>538,349</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	<b>2,985,767</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	<b>3,524,116</b>

**Part XII Financial Statements and Reporting**

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

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

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

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
**u Attach to Form 990 or Form 990-EZ.**

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**u** Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**Reach Out and Read, Inc.**

Employer identification number

**04-3481253**

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

The organization is not a private foundation because it is: (For lines 1 through 11, 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.)
- 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 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.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  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 that describes the type of supporting organization and complete lines 11e through 11h.  
  - a  Type I
  - b  Type II
  - c  Type III—Functionally integrated
  - d  Type III—Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....
- (ii) A family member of a person described in (i) above? .....
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

**h** Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2013



**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) <b>u</b>	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12,233,833	14,394,944	15,289,529	12,606,985	10,808,217	65,333,508
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	12,233,833	14,394,944	15,289,529	12,606,985	10,808,217	65,333,508
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						32,629,751
<b>6</b> Public support. Subtract line 5 from line 4.						32,703,757

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4	12,233,833	14,394,944	15,289,529	12,606,985	10,808,217	65,333,508
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	608	671	919	697	484	3,379
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on	1,397	436				1,833
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	156,376	91,115	57,022	14,880	35,922	355,315
<b>11 Total support.</b> Add lines 7 through 10						65,694,035

**12** Gross receipts from related activities, etc. (see instructions) 12 1,275,381

**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** ▶

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

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	49.78 %
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14	<b>15</b>	65.66 %

**16a 33 1/3% support test—2013.** 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 ▶

**b 33 1/3% support test—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

**17a 10%-facts-and-circumstances test—2013.** 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

**b 10%-facts-and-circumstances test—2012.** 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

**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 ▶

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

(Complete only if you checked the box on line 9 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) <b>u</b>	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests—2013.** 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—2012.** 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 Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

**Part II, Line 10 - Other Income Detail**

**Special event fees** \$ **355,315**

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

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.

See separate instructions.

Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2013**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**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 expenditures ..... **u \$** .....
- 3 Volunteer hours .....

**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 ..... **u \$** .....
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... **u \$** .....
- 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 ..... **u \$** .....
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... **u \$** .....
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... **u \$** .....
- 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-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2013

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

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

<b>Limits on Lobbying Expenditures</b> <b>(The term "expenditures" means amounts paid or incurred.)</b>	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:70%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?	X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?	X		57,524
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?		X	
<b>j</b> Total. Add lines 1c through 1i			57,524
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV Supplemental Information**

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

**Schedule C, Part II-B, Line 1**

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

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

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

Employer identification number

Reach Out and Read, Inc.

04-3481253

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement and grant use.

Part II Conservation Easements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number of easements, acreage restricted, number of easements on historic structures, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting works of art and historical treasures.



**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" to 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:

- c** Beginning balance .....
- d** Additions during the year .....
- e** Distributions during the year .....
- f** Ending balance .....

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII  Yes  No

**Part V Endowment Funds.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....	130,659	130,368	130,014	129,521	215,720
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....	183	291	354	493	
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					75,000
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....	130,918	130,659	130,368	130,014	129,521

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment **u** 15.00 %
- b** Permanent endowment **u** 85.00 %
- c** Temporarily restricted endowment **u** ..... %

The percentages in 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:

- (i)** unrelated organizations .....
- (ii)** related organizations .....

	Yes	No
<b>3a(i)</b>		<b>X</b>
<b>3a(ii)</b>		<b>X</b>
<b>3b</b>		

**b** If "Yes" to 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" to 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
<b>1a</b> Land .....				
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....		67,667	62,838	4,829
<b>d</b> Equipment .....		229,468	221,739	7,729
<b>e</b> Other .....				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) **u** 12,558

**Part VII Investments—Other Securities.**

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

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

**Part VIII Investments—Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) <b>u</b>		

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" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	11,399,267
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b	426,788	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	426,788
3	Subtract line 2e from line 1		3	10,972,479
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	-39,349	
c	Add lines 4a and 4b		4c	-39,349
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	10,933,130

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

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

1	Total expenses and losses per audited financial statements		1	10,860,918
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	426,788	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	426,788
3	Subtract line 2e from line 1		3	10,434,130
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	-39,349	
c	Add lines 4a and 4b		4c	-39,349
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	10,394,781

**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 - Intended Uses for Endowment Funds**

permanently restricted net assets of \$111,477 consist of endowment funds that permanently restrict the principal. Interest from the investment of these funds is temporarily restricted and released for satisfaction of program expenses. Interest of \$183 was earned and released in fiscal 2014.

**Part XI, Line 4b - Revenue Amounts Included on Return - Other**

Offset special event expenses \$ -39,349

**Part XII, Line 4b - Expense Amounts Included on Return - Other**

Offset special event expenses \$ -39,349



**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2013**

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

u Attach to Form 990. u See separate instructions.

u Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Reach Out and Read, Inc.**

Employer identification number

**04-3481253**

**Part I 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 region	(d) Activities conducted in region (by type) (e.g., 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 region	(f) Total expenditures for and investments in region
<b>Africa</b>					
<b>(1)</b>	<b>1</b>	<b>1</b>	<b>Book distribution</b>	<b>Book distribution</b>	<b>573</b>
<b>(2)</b>					
<b>(3)</b>					
<b>(4)</b>					
<b>(5)</b>					
<b>(6)</b>					
<b>(7)</b>					
<b>(8)</b>					
<b>(9)</b>					
<b>(10)</b>					
<b>(11)</b>					
<b>(12)</b>					
<b>(13)</b>					
<b>(14)</b>					
<b>(15)</b>					
<b>(16)</b>					
<b>(17)</b>					
<b>3a Sub-total</b> .....	<b>1</b>	<b>1</b>			<b>573</b>
<b>b Total from continuation sheets to Part I</b> .....					
<b>c Totals</b> (add lines 3a and 3b)	<b>1</b>	<b>1</b>			<b>573</b>

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

Schedule F (Form 990) 2013

**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 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) .....  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 file Form 5713, International Boycott Report (see Instructions for Form 5713) .....  Yes  No

**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 - Procedures for Monitoring the Use of Grant Funds**

See Schedule I. This site is monitored in the same manner as the domestic sites monitoring process noted on Schedule I.

**Part I, Line 3 - Activities per Region**

Region	Expenditures	Investments
Africa	\$ 573	\$ 0

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

**2013**

Department of the Treasury  
Internal Revenue Service

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

⚡ Attach to Form 990 or Form 990-EZ.

⚡ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

Name of the organization

**Reach Out and Read, Inc.**

Employer identification number

**04-3481253**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
<b>Total</b>							

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<b>Read to Succeed</b> (event type)	_____ (event type)	<b>None</b> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	75,721		75,721
	2	Less: Contributions	66,667		66,667
	3	Gross income (line 1 minus line 2)	9,054		9,054
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	39,349		39,349
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-30,295

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
 a Is the organization licensed to operate gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_



**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" to Form 990, Part IV, line 21 or 22.

u Attach to Form 990.

u Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1)	412 MDOS/Pediatrics Clinic 30 Nightingale Rd Edwards AFB CA 93524				6,050	FMV	Books	Encourage reading
(2)	42MDG, Pediatric Clinic 300 S Twinning St, Bldg 760 Maxwell AFB AL 36112	84-9990000	3		5,715	FMV	Books	Encourage reading
(3)	436 MDG- Dover Air Force 300 Tuskegee Blvd Dover DE 19902	51-0404210	3		9,002	FMV	Books	Encourage reading
(4)	72 Medical Operations Squadron 5700 Arnold Street Tinker AFB OK 73160	12-8561836	GOV		13,434	FMV	Books	Encourage reading
(5)	75 MDOS/SGOLF, Hill Air Force Base 7321 Balmer St, Bldg 570 Hill AFB UT 84056				7,483	FMV	Books	Encourage reading
(6)	78th Medical Group-Pediatric Clinic 655 7th Street Robins Air Force Base GA 31098	58-0586008	3		8,606	FMV	Books	Encourage reading
(7)	7th Avenue Family Health Center 200 Northwest 7th Avenue Fort Lauderdale FL 33311	59-6012065	3		7,179	FMV	Books	Encourage reading
(8)	ACCESS Cmnty Hlth Netwrk 600 W. Fulton Street, Ste 200 Chicago IL 60661	36-3317058	3		9,210	FMV	Books	Encourage reading
(9)	Akron Children's Hospital Pediatric 701 White Pond Drive Akron OH 44320	34-0714357	3		7,200	FMV	Books	Encourage reading

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u 321**
- 3 Enter total number of other organizations listed in the line 1 table **u 0**

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

Schedule I (Form 990) (2013)

**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" to Form 990, Part IV, line 21 or 22.

u Attach to Form 990.

u Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1)	Akron Children's Hospital Pediatric 891 E. Exchange St Akron OH 44306	34-0714357	3		6,533	FMV	Books	Encourage reading
(2)	Alamance Cty Prtnrshp for Chldrn 2322 River Rd Burlington NC 27217	56-6000271	3		5,090	FMV	Books	Encourage reading
(3)	Alaska Native Medical Center, PCC-P 4320 Diplomacy Drive Anchorage AK 99508	92-0086076	3		9,531	FMV	Books	Encourage reading
(4)	Albert Lea Medical Center 404 Fountain Street West Albert Lea MN 56007	41-1404075	3		5,258	FMV	Books	Encourage reading
(5)	All About Children Pediatric Partne 655 Walnut Street West Reading PA 19611	23-3063708	3		7,624	FMV	Books	Encourage reading
(6)	All About Kids Pediatrics 4450 South Rural Rd Tempe AZ 85282	86-0927472	3		24,191	FMV	Books	Encourage reading
(7)	Alliance Medical 1625 Straits Turnpike Middlebury CT 06762	26-3520540	3		6,005	FMV	Books	Encourage reading
(8)	Archdale-Trinity Pediatrics 210 School Road Trinity NC 27370	56-0934933	3		7,290	FMV	Books	Encourage reading
(9)	Arkansas Children's Hospital, Gener 1 Children's Way Little Rock AR 72202	71-0568795	3		5,281	FMV	Books	Encourage reading

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

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

Schedule I (Form 990) (2013)

**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" to Form 990, Part IV, line 21 or 22.  
**u Attach to Form 990.**

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

OMB No. 1545-0047

**2013**

**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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1)	Assc In Peds 246 Granger Rd-Berlin Barre VT 05641	03-0336304	3		5,929	FMV	Books	Encourage reading
(2)	Baystate Mason Square Neighborhood 11 Wilbraham Road Springfield MA 01109	04-2790311	3		6,845	FMV	Books	Encourage reading
(3)	Baystate Medical Practices Greenfie 48 Sanderson Street Greenfield MA 01301	04-3124541	3		8,501	FMV	Books	Encourage reading
(4)	Berkshire Pediatric Associates 777 North Street Pittsfield MA 01201	04-3526865	3		8,240	FMV	Books	Encourage reading
(5)	Blanchfield Army Community Hospital 650 Joel Dr. Fort Campbell KY 42223	54-1595489	GOV		36,022	FMV	Books	Encourage reading
(6)	Blue Ridge Pediatrics LLC , Carey M 457-B Hwy 123 Bypass Seneca SC 29678	26-4453538	3		6,416	FMV	Books	Encourage reading
(7)	Boston Medical Center, Pediatric Pr 850 Harrison Avenue Boston MA 02118	04-2472758	3		12,762	FMV	Books	Encourage reading
(8)	Bowdoin Street Health Center 230 Bowdoin Street Dorchester MA 02122	04-2529788	3		5,160	FMV	Books	Encourage reading
(9)	Bridgeport Hospital, Primary Care C 267 Grant Street Bridgeport CT 06610	22-2908698	3		8,238	FMV	Books	Encourage reading

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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Schedule I (Form 990) (2013)

**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" to Form 990, Part IV, line 21 or 22.

u Attach to Form 990.

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OMB No. 1545-0047

**2013**

**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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1)	Bronson Rambling Road Pediatrics 2680 W. Centre Street Portage MI 49024	38-2511179	3		5,641	FMV	Books	Encourage reading
(2)	Bronx-Lebanon Hospital Center, ACN 1650 Grand Concourse Bronx NY 10457	13-1974191	3		6,532	FMV	Books	Encourage reading
(3)	Brookland Community Pediatrics 500 North 12th St. West Columbia SC 29169	57-0965445	3		20,990	FMV	Books	Encourage reading
(4)	Brownsville Kiddie Health Ctr 95 E Price Road Bldg F Suite A Brownsville TX 78521	74-2925039	3		15,338	FMV	Books	Encourage reading
(5)	Camp Lejeune Naval Hospital, Pediat 100 Brewster Blvd. Camp Lejeune NC 28547	56-1897859	3		8,374	FMV	Books	Encourage reading
(6)	Cape Fear Pediatrics 3505 Converse Drive Wilmington NC 28403	56-1955128	3		6,458	FMV	Books	Encourage reading
(7)	CAPT James A. Lovell Federal Health 3001 North Green Bay Road North Chicago IL 60064				11,121	FMV	Books	Encourage reading
(8)	Carolinas Medical Center / North P 251 Eastway Dr Charlotte NC 28213	56-1398929	3		13,170	FMV	Books	Encourage reading
(9)	Carolinas Medical Center, Myers Par 1350 South Kings Dr. Charlotte NC 28207	56-0621073	3		20,295	FMV	Books	Encourage reading

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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**SCHEDULE I  
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(1)	Carrboro Community Health Center 301 Lloyd Street Carrboro NC 27510	56-0952737	3		38,049	FMV	Books	Encourage reading
(2)	Cedar Rapids Pediatrics 855 A Avenue NE Ste 300 Cedar Rapids IA 52402	42-1411630	3		8,037	FMV	Books	Encourage reading
(3)	Centracare Clinic Women & Children 1900 Centracare Circle, Suite 1300 St. Cloud MN 56303	41-1806657	3		9,080	FMV	Books	Encourage reading
(4)	Charles B. Wang Community Health Ce 125 Walker Street, 2nd Floor New York NY 10013	13-2739694	3		6,037	FMV	Books	Encourage reading
(5)	Charlotte Pediatric Clinic 4501 Cameron Valley Pkwy, Suite 100 Charlotte NC 28277	56-1356858	3		20,163	FMV	Books	Encourage reading
(6)	Chatham Crossing Medical Center 11312 US 15-501 North Chapel Hill NC 27517	52-2168530	3		6,852	FMV	Books	Encourage reading
(7)	Cherokee Nation , Three Rivers Hea 1001 South 41st Street East Muskogee OK 74403	73-0757033	3		5,340	FMV	Books	Encourage reading
(8)	Child and Adlscnt Clnc 971 11th Ave Longview WA 98632	91-1139057	3		5,840	FMV	Books	Encourage reading
(9)	Child Health Associates 105 Millbury Street Auburn MA 01501	04-2929916	3		11,423	FMV	Books	Encourage reading

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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Schedule I (Form 990) (2013)

**SCHEDULE I  
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(1)	Childhood Health Associates of Sale 891 23rd St NE Salem OR 97301	93-1234722	3		6,140	FMV	Books	Encourage reading
(2)	Children's Health Center Continuity 744 1st Street Macon GA 31201	05-8214912	3		6,619	FMV	Books	Encourage reading
(3)	Children's Healthcare of Atlanta at Second Floor Atlanta GA 30303	20-3962330	3		8,559	FMV	Books	Encourage reading
(4)	Children's Hospital Oakland 747 Fifty Second Street Oakland CA 94609	94-0382330	3		8,102	FMV	Books	Encourage reading
(5)	Children's Hospital of New Jersey, 166 Lyons Avenue Newark NJ 07112	02-2545231	3		14,986	FMV	Books	Encourage reading
(6)	Children's Hospital of Orange Count 455 South Main Street Orange CA 92868	33-0838087	3		8,963	FMV	Books	Encourage reading
(7)	Children's Hospital of the King's D 601 Children's Lane Norfolk VA 23507	54-1278830	3		11,980	FMV	Books	Encourage reading
(8)	Children's Hospital Outpatient Cent 14 Medical Park Road Suite 400 Columbia SC 29203	58-2296052	3		6,125	FMV	Books	Encourage reading
(9)	Children's Hospital Primary Care Ce 300 Longwood Avenue Boston MA 02115	04-2774441	3		8,274	FMV	Books	Encourage reading

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(1)	Children's Hospital-Shaker Campus 2801 Martin Luther King Jr. Drive Cleveland OH 44104	34-0714570	3		6,533	FMV	Books	Encourage reading
(2)	Children's Mercy Pediatric Care Cen 3101 Broadway Kansas City MO 64111	48-0547734	3		5,302	FMV	Books	Encourage reading
(3)	Children's National Medical Center, 111 Michigan Avenue, NW Washington DC 20010	53-0196580	3		15,999	FMV	Books	Encourage reading
(4)	Childrens Hospital Los Angeles 4650 Sunset Blvd, MS-64 Los Angeles CA 90027	95-1690977	3		8,886	FMV	Books	Encourage reading
(5)	Chldrns Hlthcare of W GA 690 Dallas Highway Villa Rica GA 30180	58-2634487	3		15,010	FMV	Books	Encourage reading
(6)	Clarke Cty Board of Hlth 220 Research Dr Athens GA 30605	04-5781175	3		7,637	FMV	Books	Encourage reading
(7)	Clinica Family Health Center-Pecos 1701 West 72nd Avenue Denver CO 80221	84-0743432	3		8,147	FMV	Books	Encourage reading
(8)	Coastal Children's Clinic 703 Newman Rd. New Bern NC 28562	56-1018571	3		22,392	FMV	Books	Encourage reading
(9)	Coeur d'Alene Pediatrics 700 W Ironwood Drive, Suite 102 Coeur d'Alene ID 83814	82-0390991	3		5,092	FMV	Books	Encourage reading

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

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**SCHEDULE I  
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Internal Revenue Service

**Grants and Other Assistance to Organizations,  
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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Columbia University / Harlem Hospital 506 Lenox Avenue New York NY 10037	01-3265501	3		6,639	FMV	Books	Encourage reading
(2)	Community Health Center of Buffalo 501 10th Street Niagara Falls NY 14301	01-6566929	3		15,407	FMV	Books	Encourage reading
(3)	Community Health Center of Danbury 8 Delay Street Danbury CT 06810	06-0897105	3		5,907	FMV	Books	Encourage reading
(4)	Community Health Center, Inc. 575 Main Street Middletown CT 06457	06-0897105	3		10,672	FMV	Books	Encourage reading
(5)	Community Health Centers at Clearwater 707 Druid Road East Clearwater FL 33756	59-2097521	3		5,981	FMV	Books	Encourage reading
(6)	Community Health Centers at Pinellas 7550 43rd Street North Pinellas Park FL 33781	59-2097521	3		8,686	FMV	Books	Encourage reading
(7)	Complete Chldrns Hlth 3262 Salt Creek Circle Lincoln NE 68504	26-0274559	3		6,290	FMV	Books	Encourage reading
(8)	Comprehensive Allergy Services 2940 Summit Street Oakland CA 94609	94-2618943	3		7,047	FMV	Books	Encourage reading
(9)	Coney Island Hospital 2601 Ocean Parkway Brooklyn NY 11235	13-2655001	3		5,990	FMV	Books	Encourage reading

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Schedule I (Form 990) (2013)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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OMB No. 1545-0047

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Department of the Treasury  
Internal Revenue Service

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Connecticut Children's Medical Center 282 Washington Street, Suite 1-G Hartford CT 06106	06-0646755	3		10,508	FMV	Books	Encourage reading
(2)	Corpus Christi Tots & Teens PA 6434 Saratoga Blvd Corpus Christi TX 78414	74-2890386	3		6,839	FMV	Books	Encourage reading
(3)	Cottonwood Medical Center, Ltd. 560 N. Camino Mercado, Suite 7 Casa Grande AZ 85122	86-0413582	3		9,339	FMV	Books	Encourage reading
(4)	CRDAMC, Dpt of Peds 421 Battalion Ave Fort Hood TX 76544	28-4981572	3		8,105	FMV	Books	Encourage reading
(5)	Darlington County Health Department 305 Russell Street Darlington SC 29532	57-0725699	3		11,332	FMV	Books	Encourage reading
(6)	David Grant Medical Center, Pediatric 101 Bodin Circle Travis AFB CA 94535				13,538	FMV	Books	Encourage reading
(7)	Deaconess Clinic Pediatrics 4111 Gateway Blvd Newburgh IN 47630	26-3083364	3		6,591	FMV	Books	Encourage reading
(8)	Decatur Pediatric Group 3065 S. Cobb Dr Smyrna GA 30080	05-8198003	3		5,200	FMV	Books	Encourage reading
(9)	Denver Health & Hospital Authority, 1100 Federal Blvd Denver CO 80204	84-1343242	3		7,149	FMV	Books	Encourage reading

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**SCHEDULE I  
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(1)	Dorchester House Multi-Service Center 1353 Dorchester Avenue Dorchester MA 02122	23-7125970	3		6,472	FMV	Books	Encourage reading
(2)	Dothan Pediatric Clinic 126 Clinic Drive Dothan AL 36303	63-0798492	3		5,990	FMV	Books	Encourage reading
(3)	Downtown Health Plaza 1200 Martin Luther King Junior Drive Winston-Salem NC 27101	56-0532138	3		13,906	FMV	Books	Encourage reading
(4)	Duke Children's House Officer Center 4020 Roxboro Road Durham NC 27704	56-0532129	3		9,083	FMV	Books	Encourage reading
(5)	Easley Pediatrics 800 N.A. Street Easley SC 29640	57-1004971	3		5,242	FMV	Books	Encourage reading
(6)	East Carolina School of Medicine 600 Moye Boulevard Greenville NC 27834	23-7138921	3		7,331	FMV	Books	Encourage reading
(7)	East New York D & TC 2094 Pitkin Avenue Brooklyn NY 11207	13-2655001	3		5,666	FMV	Books	Encourage reading
(8)	Edward M. Kennedy Community Health Center 19 Tacoma Street Worcester MA 01605	42-5113817	3		8,357	FMV	Books	Encourage reading
(9)	Eisner Pediatric & Family Medical Center 1500 South Olive Street Los Angeles CA 90015	95-1690966	3		9,971	FMV	Books	Encourage reading

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(1)	El Rio Health Center/Congress Clinic 839 W Congress St Tucson AZ 85745	86-0285857	3		5,181	FMV	Books	Encourage reading
(2)	Elmendorf AFB Pediatric Clinic 5955 Zeamer Avenue Anchorage AK 99506	99-0321871	3		16,251	FMV	Books	Encourage reading
(3)	Elmhurst Hospital Pediatrics 79-01 Broadway Elmhurst NY 11373	13-2655001	3		5,150	FMV	Books	Encourage reading
(4)	Erie Family Health Center 1701 W. Superior Chicago IL 60622	36-3086862	3		20,159	FMV	Books	Encourage reading
(5)	Evans Army Community Hospital, Evans 1650 Cochrane Circle, Bldg 7503 Fort Carson CO 80913	86-1172160	3		18,031	FMV	Books	Encourage reading
(6)	Fair Haven Cmnty HlthCtr 374 Grand Ave New Haven CT 06513	06-0883534	3		6,125	FMV	Books	Encourage reading
(7)	Fairfield Medical Associates PO Box 1218 Winnsboro SC 29180	04-3481253	3		5,671	FMV	Books	Encourage reading
(8)	Fairview Pediatrics 1176 Memorial Drive Chicopee MA 01020	04-3115224	3		6,533	FMV	Books	Encourage reading
(9)	Family Health Care - Newberry 2605 Kinard St. Ste 200 Newberry SC 29108	27-0623555	3		13,921	FMV	Books	Encourage reading

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(1)	Florida State University Pediatric 5153 N 9th Ave Pensacola FL 32504	59-1680273	3		5,092	FMV	Books	Encourage reading
(2)	Floyd Family Medicine Residency 304 Shorter Avenue Rome GA 30165	58-1973570	3		11,800	FMV	Books	Encourage reading
(3)	Gallup Indian Medical Center 516 E. Nizhoni Boulevard Gallup NM 87301	75-0122298	3		5,613	FMV	Books	Encourage reading
(4)	General Leonard Wood Army Community 126 Missouri Ave Ft Leonard Wood MO 65473	43-1712791	3		10,653	FMV	Books	Encourage reading
(5)	General Pediatrics, DuPage Medical 3743 Highland Avenue Downers Grove IL 60515	36-2657618	3		5,684	FMV	Books	Encourage reading
(6)	Georgetown University Hospital , De 3800 Reservoir Road, NW Washington DC 20007	52-2228444	3		5,092	FMV	Books	Encourage reading
(7)	Georgia Health Sciences University, 1446 Harper St. Augusta GA 30912	52-2228444	3		5,591	FMV	Books	Encourage reading
(8)	Glynn County Health Department 2747 Fourth Street Brunswick GA 31520	58-1092888	3		6,000	FMV	Books	Encourage reading
(9)	Golden Valley Health Centers 737 W. Childs Avenue Merced CA 95341	94-2196086	3		16,892	FMV	Books	Encourage reading

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

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

Schedule I (Form 990) (2013)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

u Attach to Form 990.

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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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1)	Goldsboro Pediatrics, P.A. 2706 Medical Office Place Goldsboro NC 27534	31-1657902	3		9,485	FMV	Books	Encourage reading
(2)	Greater Lowell Pediatrics 33 Bartlett Street Lowell MA 01852	04-3420849	3		8,880	FMV	Books	Encourage reading
(3)	Greater New Bedford Community Health 874 Purchase St New Bedford MA 02740	04-2675800	3		5,073	FMV	Books	Encourage reading
(4)	Greenville Memorial Hospital 20 Medical Ridge Drive Greenville SC 29605	57-0932597	3		76,307	FMV	Books	Encourage reading
(5)	Greenwich Hospital, Pediatric Clinic 5 Perryridge Road Greenwich CT 06830	06-0646659	3		5,296	FMV	Books	Encourage reading
(6)	Growing Child Pediatrics 1005 Big Oak Court Knightdale NC 27545	56-2007306	3		8,714	FMV	Books	Encourage reading
(7)	Guilford Child Health 1046 E Wendover Ave Greensboro NC 27405	56-1866773	3		34,187	FMV	Books	Encourage reading
(8)	Gulf Coast Children's Clinic 3650 Groveland Road Ocean Springs MS 39564	72-1372708	3		6,350	FMV	Books	Encourage reading
(9)	Harbin Clinic Pediatrics-Cartersville 150 Gentilly Blvd Cartersville GA 30120	58-2234927	3		5,541	FMV	Books	Encourage reading

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table u
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Schedule I (Form 990) (2013)

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(1)	Harbor-UCLA Medical Center 1000 West Carson Street Torrance CA 90502	95-2138184	3		20,809	FMV	Books	Encourage reading
(2)	Hastings Indian Medical Center, (I 100 S. Bliss Tahlequah OK 74464				13,383	FMV	Books	Encourage reading
(3)	HealthPartners Como Clinic, Dept of 2500 Como Avenue Saint Paul MN 55108	41-0797853	3		5,897	FMV	Books	Encourage reading
(4)	HealthPoint Family Care 1401 Madison Avenue Covington KY 41011	61-0729915	3		5,184	FMV	Books	Encourage reading
(5)	HealthPoint Renton 955 Powell Ave SW Renton WA 98057	91-0884412	3		14,941	FMV	Books	Encourage reading
(6)	Healthy Start/Gary Literacy Coaliti 650 Grant Street, Suite 8 Gary IN 46404	35-0868133	3		21,864	FMV	Books	Encourage reading
(7)	Hennepin County Medical Center Pedi 716 South 7th Street Minneapolis MN 55415	41-0845733	3		9,873	FMV	Books	Encourage reading
(8)	Henry Ford Health System, Departmen One Ford Place, 4B Detroit MI 48202	38-1357020	3		8,886	FMV	Books	Encourage reading
(9)	Hickam AFB Pediatric Clinic 755 Scott Circle Honolulu HI 96853				5,670	FMV	Books	Encourage reading

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(1)	Highland Pediatrics 1030 President Avenue Fall River MA 02720	04-3013890	3		11,536	FMV	Books	Encourage reading
(2)	Holyoke Pediatric Associates 150 Lower Westfield Road Holyoke MA 01040	04-3399973	3		6,001	FMV	Books	Encourage reading
(3)	Hyde Park Pediatrics 695 Truman Parkway Hyde Park MA 02136	04-3066227	3		6,847	FMV	Books	Encourage reading
(4)	Ida Karlin Healing Center for Youth 319 5th Street, S.W. Puyallup WA 98371	91-1285383	3		5,436	FMV	Books	Encourage reading
(5)	Ireland Army Community Hospital Ped 289 Ireland Avenue Fort Knox KY 40121	61-1215768	GOV		10,553	FMV	Books	Encourage reading
(6)	Jacksonville Childrens Clinic 120 Memorial Drive Jacksonville NC 28546	56-1278921	3		10,294	FMV	Books	Encourage reading
(7)	Jewish Renaissance Medical Center 275 Hobart Street Perth Amboy NJ 08861	22-3780067	3		6,398	FMV	Books	Encourage reading
(8)	Johnnie Ruth Clarke Health Center, 1344 22nd Street South Saint Petersburg FL 33712	59-2097521	3		5,092	FMV	Books	Encourage reading
(9)	Keesler Medical Center 301 Fisher Street, Room BF305 Biloxi MS 39534	64-0316984	3		15,330	FMV	Books	Encourage reading

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Schedule I (Form 990) (2013)

**SCHEDULE I  
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**Grants and Other Assistance to Organizations,  
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(1)	Kids First Pediatrics of Raleigh 23 Sunnybrook Rd Raleigh NC 27610	11-3834448	3		7,893	FMV	Books	Encourage reading
(2)	Kings County Hospital Center Pediatric Clinic - Brooklyn NY 11203	13-2655001	3		6,585	FMV	Books	Encourage reading
(3)	Kokua Kalihi Valley Comprehensive F 2239 North School Street Honolulu HI 96819	99-0149797	3		5,384	FMV	Books	Encourage reading
(4)	Komatke Health Center 4213 N 16th Street Phoenix AZ 85016	86-0810876	3		5,423	FMV	Books	Encourage reading
(5)	KU Pediatrics 3901 Rainbow Boulevard Kansas City KS 66160	48-0547734	3		5,488	FMV	Books	Encourage reading
(6)	LAC+USC Medical Center, Pediatric D 2010 Zonal Ave Los Angeles CA 90033	95-3777340	3		16,822	FMV	Books	Encourage reading
(7)	Lancaster General Hospital, Downtow 540 N. Duke Street Lancaster PA 17602	23-1365353	3		20,098	FMV	Books	Encourage reading
(8)	Lawton Chiles Health Center 1515 26th Avenue East Bradenton FL 34208	59-1773262	3		7,488	FMV	Books	Encourage reading
(9)	Legacy Community Health Services-So 6441 High Star Houston TX 77074	76-0009637	3		8,729	FMV	Books	Encourage reading

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(1)	Life Cycle Pediatrics 2739 Felton Drive East Point GA 30344	31-1833868	3		30,883	FMV	Books	Encourage reading
(2)	Lourdes Medical Associates at Osbor 1601 Haddon Avenue Camden NJ 08103	22-3361862	3		5,880	FMV	Books	Encourage reading
(3)	Lowell Community Health Ctr 597 Merrimack St Lowell MA 01854	04-2881348	3		11,621	FMV	Books	Encourage reading
(4)	Lumberton Children's Clinic 400 Liberty Hill Road Lumberton NC 28358	56-1133868	3		10,526	FMV	Books	Encourage reading
(5)	Martin Army Community Hospital Fami 7950 Martin Loop Fort Benning GA 31905	04-3481253	3		8,860	FMV	Books	Encourage reading
(6)	Mass General Charlestown Health Car 73 High Street Charlestown MA 02129	04-2697983	3		33,918	FMV	Books	Encourage reading
(7)	McDonald Army Health Center 576 Jefferson Ave Ft. Eustis VA 23604	54-1738443	3		9,294	FMV	Books	Encourage reading
(8)	Medical University of South Carolin 2750 Dantzler Drive North Charleston SC 29406	57-1098556	3		11,489	FMV	Books	Encourage reading
(9)	Mercy Central Pdtrc Clnc 330 Laurel Street Des Moines IA 50314	42-1193699	3		5,029	FMV	Books	Encourage reading

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Schedule I (Form 990) (2013)

**SCHEDULE I  
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**04-3481253**

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(1)	Metropolitan Hospital, Department 1901 First Avenue, Room 523 New York NY 10029	13-1099420	3		8,305	FMV	Books	Encourage reading
(2)	MGH Chelsea Healthcare Center 151 Everett Avenue Chelsea MA 02150	04-2697983	3		7,790	FMV	Books	Encourage reading
(3)	MGH Revere Healthcare Center 300 Ocean Avenue Revere MA 02151	04-2697980	3		7,509	FMV	Books	Encourage reading
(4)	Michael A Fabrizio MD PC 387 Columbus Ave Ext Pittsfield MA 01201	04-2791748	3		5,109	FMV	Books	Encourage reading
(5)	Midland Cmnty Hlthcare Srvcs 2500 Delano Midland TX 79701	83-0358685	3		5,973	FMV	Books	Encourage reading
(6)	Mike O'Callaghan Federal Hospital, 4700 Las Vegas Blvd North Nellis Air Force Base NV 89191	88-0060272	3		25,094	FMV	Books	Encourage reading
(7)	Mnt ZionPeds/SanFrncscoPeds 2330 Post St San Francisco CA 94115	94-6036493	3		12,801	FMV	Books	Encourage reading
(8)	Montefiore Medical Center, Pediatrics 3444 Kossuth Avenue Bronx NY 10467	13-1740114	3		5,341	FMV	Books	Encourage reading
(9)	Montefiore Medical Group 305 East 161st Street Bronx NY 10451	13-1740114	3		9,116	FMV	Books	Encourage reading

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(1)	Montefiore Medical Group - Medical 1621 Eastchester Road Bronx NY 10461	13-1740114	3		7,388	FMV	Books	Encourage reading
(2)	Montefiore North Ambulatory Care Ce 4234 Bronx Blvd Bronx NY 10466	01-0796859	3		5,092	FMV	Books	Encourage reading
(3)	Monterey Peninsula Pdtrcs 2 Upper Ragsdale Dr Monterey CA 93940	04-3481253	3		6,898	FMV	Books	Encourage reading
(4)	Morris Heights Health Center 85 West Burnside Avenue Bronx NY 10453	06-1081232	3		5,466	FMV	Books	Encourage reading
(5)	Mount Olive Pediatrics, P.A. 327 NC Hwy 55West Mount Olive NC 28365	20-2735990	3		5,654	FMV	Books	Encourage reading
(6)	Mount Sinai Medical Center, Departm 1 Gustave Levy Place, Box 1202A New York NY 10029	13-6271888	3		9,865	FMV	Books	Encourage reading
(7)	Multnomah County Health Department, 5329 NE Martin Luther King Jr. Blvd Portland OR 97211	93-6002309	3		5,530	FMV	Books	Encourage reading
(8)	Muncie Pediatric & Adolescent Group 205 N. Tillotson Avenue Muncie IN 47304	35-1925641	3		5,981	FMV	Books	Encourage reading
(9)	MUSC-Children's Care-North Charlest 2070 Northbrook Blvd. Suite A-16 North Charleston SC 29406	57-0935917	3		6,199	FMV	Books	Encourage reading

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(1)	MUSC-Pediatric Emergency Dept 96 Jonathan Lucas Street Charleston SC 29425	57-0725699	3		7,737	FMV	Books	Encourage reading
(2)	Muskegon Family Care 2201 S. Getty St. Muskegon MI 49444	38-3324611	3		6,225	FMV	Books	Encourage reading
(3)	N East Med Srvcs Stockton 1520 Stockton St San Francisco CA 94133	94-1722562	3		5,901	FMV	Books	Encourage reading
(4)	Nassim and Assc 2305 Green Valley Rd New Albany IN 47150	35-1951862	3		13,478	FMV	Books	Encourage reading
(5)	Naval Health Clinic Hawaii 480 Central Ave Kaneohe HI 96863	31-1575142	3		13,986	FMV	Books	Encourage reading
(6)	Naval Health Clinic, Patuxent River 47149 Buse Road, Bldg 1370 Patuxent River MD 20670				7,166	FMV	Books	Encourage reading
(7)	Naval Hospital Camp Pendleton , Dep Box 555191 Camp Pendleton CA 92055				24,409	FMV	Books	Encourage reading
(8)	Naval Hospital Jacksonville 2080 Shild Street Jacksonville FL 32214	59-3208445	3		7,555	FMV	Books	Encourage reading
(9)	Naval Medical Center Portsmouth, Pe 620 John Paul Jones Circle Portsmouth VA 23708	52-1419213	3		33,369	FMV	Books	Encourage reading

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(1)	Naval Medical Center, San Diego, Br 8808 Balboa Ave San Diego CA 92123				14,763	FMV	Books	Encourage reading
(2)	Navy Medical Center San Diego 34800 Bob Wilson Drive, Suite 100 San Diego CA 92134	56-2595144	3		41,965	FMV	Books	Encourage reading
(3)	Neighborhood Health Clinic 1717 S. Calhoun Street Fort Wayne IN 46802	35-1710780	3		8,686	FMV	Books	Encourage reading
(4)	Neponset Health Center 398 Neponset Avenue Dorchester MA 02122	23-7100550	3		5,601	FMV	Books	Encourage reading
(5)	Nest Clinic, Leech Lake Health Divi 115 Sixth St NW, Suite E Cass Lake MN 56633	41-1242052	3		5,008	FMV	Books	Encourage reading
(6)	New Albany Children's Clinic 462 West Bankhead Street New Albany MS 38652	64-0760755	3		11,516	FMV	Books	Encourage reading
(7)	New Hanover Regional Medical Center 2131 S. 17th St Wilmington NC 28401	27-2791351	3		6,292	FMV	Books	Encourage reading
(8)	New York Presbyterian Hospital, Col 622 West 168th Street VC4-412 New York NY 10032	13-3957095	3		11,381	FMV	Books	Encourage reading
(9)	North Shore Pediatrics 480 Maple Street Danvers MA 01923	04-3235210	3		7,631	FMV	Books	Encourage reading

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

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

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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
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**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1)	Northampton Area Pediatrics 193 Locust Street Northampton MA 01060	72-1576801	3		9,736	FMV	Books	Encourage reading
(2)	Northeast Valley Hlth Crp 1600 San Fernando Road San Fernando CA 91340	23-7120632	3		9,900	FMV	Books	Encourage reading
(3)	NORTHERN BERKSHIRE PEDIATRICS 19 Depot Street North Adams MA 01247	04-2772469	3		6,876	FMV	Books	Encourage reading
(4)	Northwest Pediatric Center 1911 Cooks Hill Road Centralia WA 98531	91-1622914	3		7,868	FMV	Books	Encourage reading
(5)	Norwalk Community Health Center 120 Connecticut Avenue Norwalk CT 06854	06-1436620	3		10,946	FMV	Books	Encourage reading
(6)	Novant Health Forsyth Pediatrics 1351 Westgate Center Dr. Winston-Salem NC 27103	31-1725913	3		15,560	FMV	Books	Encourage reading
(7)	Offutt AFB 2501 Capehart Offutt AFB NE 68113	47-0794422			7,947	FMV	Books	Encourage reading
(8)	Onley Community Health Center 20306 Badger Lane Onley VA 23418	51-0196935	3		6,468	FMV	Books	Encourage reading
(9)	Optimus Health Care 982 East Main Street Bridgeport CT 06608	06-0972166	3		11,521	FMV	Books	Encourage reading

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Schedule I (Form 990) (2013)



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(1)	Optimus Health Care 64 Black Rock Ave. Bridgeport CT 06605	06-0972166	3		5,747	FMV	Books	Encourage reading
(2)	Optimus Heath care / 3180 Main Street Bridgeport CT 06606	06-0972166	3		11,027	FMV	Books	Encourage reading
(3)	Parkside Pediatrics 211 Batesville Road Simpsonville SC 29681	20-3730220	3		15,921	FMV	Books	Encourage reading
(4)	Partners in Pediatrics 4684 Wenmar Saginaw MI 48604	38-3369438	3		6,183	FMV	Books	Encourage reading
(5)	PeaceHealth Medical Group 4545 Cordata Pkwy Bellingham WA 98226	91-0656889	3		5,500	FMV	Books	Encourage reading
(6)	Peak Vista Community Health Centers 2828 International Circle Colorado Springs CO 80910	84-0617567	3		13,335	FMV	Books	Encourage reading
(7)	Pediatric and Adolescent Medicine 2207 Boston Road Wilbraham MA 01095	04-3402361	3		9,360	FMV	Books	Encourage reading
(8)	Pediatric Associates 4500 Sheridan Street Hollywood FL 33021	59-1198552	3		9,884	FMV	Books	Encourage reading
(9)	Pediatric Clinic, LLC 2401 Village Professional Parkway Opelika AL 36801	63-0545981	3		5,641	FMV	Books	Encourage reading

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(1)	Pediatric Clinic-SFCC, ATTN: SGT Va 11335 Ssg Sims Rd East Fort Bliss TX 79916				52,885	FMV	Books	Encourage reading
(2)	Pediatric Healthcare of Brockton 830 Oak Street Brockton MA 02301	04-3442087	3		8,706	FMV	Books	Encourage reading
(3)	Pediatric Specialists of Foxboro an 132 Central Street, Suite 116 Foxboro MA 02035	04-2663142	3		8,617	FMV	Books	Encourage reading
(4)	Pediatrics in Brevard 1755 W. Hibiscus Blvd Melbourne FL 32901	59-3477388	3		5,092	FMV	Books	Encourage reading
(5)	Peds Northwest James Cntr 1628 South Mildred St Tacoma WA 98467	91-2124511	3		21,531	FMV	Books	Encourage reading
(6)	Peninsula Children's Clinic 902 E. Caroline Street Port Angeles WA 98362	91-1604831	3		7,594	FMV	Books	Encourage reading
(7)	Peninsula Community Health Services 616 6th Street Bremerton WA 98337	94-3079770	3		6,205	FMV	Books	Encourage reading
(8)	Phoenix Indian Medical Center 4212 N 16th Street Phoenix AZ 85016	86-0212139	3		12,635	FMV	Books	Encourage reading
(9)	Physicians Primary Care 1261 Viscaya PaPkwy Cape Coral FL 33990	65-0645343	3		8,324	FMV	Books	Encourage reading

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**SCHEDULE I  
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(1)	Port Royal Medical Center 1320 S. Ribaut Road Port Royal SC 29935	57-0523586	3		6,115	FMV	Books	Encourage reading
(2)	Providence Pediatrics North 212 E Central Suite 440 Spokane WA 99208	91-1216033	3		12,921	FMV	Books	Encourage reading
(3)	Quincy Pediatric Associates 191 Independence Avenue Quincy MA 02169	04-2475560	3		5,530	FMV	Books	Encourage reading
(4)	Rainbow Babies and Children's Hospital 11100 Euclid Avenue Cleveland OH 44106	34-1567805	3		5,990	FMV	Books	Encourage reading
(5)	Reach Out and Read - Milwaukee, Ch 1032 S. Cesar E. Chavez Dr. Milwaukee WI 53204	39-0806261	3		6,840	FMV	Books	Encourage reading
(6)	Reach Out and Read Colorado 4380 S Syracuse St, Suite 520 Denver CO 80237	86-1172160	3		7,774	FMV	Books	Encourage reading
(7)	Reach Out and Read Georgia 145 Old Sandhurst Landing Fulton GA 30022	04-3481253	3		21,316	FMV	Books	Encourage reading
(8)	Reach Out and Read HQ 56 Roland Street Boston MA 02129	04-3481253	3		16,819	FMV	Books	Encourage reading
(9)	Reach Out and Read Los Angeles 10 Carolyn Way Mission Hills CA 91345	04-3481253	3		151,628	FMV	Books	Encourage reading

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Schedule I (Form 990) (2013)

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Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
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(1)	Reach Out and Read MA 56 Roland Street Boston MA 02129	04-3481253	3		9,285	FMV	Books	Encourage reading
(2)	Reach Out and Read NJ 2 Orchard Drive Basking Ridge NJ 07920	04-3481253	3		14,145	FMV	Books	Encourage reading
(3)	Reach Out and Read Philadelphia 34th St and Civic Ctr Blvd Philadelphia PA 19104	04-3481253	3		27,827	FMV	Books	Encourage reading
(4)	Reach Out and Read VA 12929 Church Rd Richmond VA 23233	04-3481253	3		16,747	FMV	Books	Encourage reading
(5)	Regenesis Health Care 750 S. Church St. Spartanburg SC 29306	57-1084051	3		11,674	FMV	Books	Encourage reading
(6)	Rehoboth McKinley Christian Health 1901 Red Rock Gallup NM 87301	85-0349559	3		8,324	FMV	Books	Encourage reading
(7)	Reliance Medical Group, Reliance Pe 22 N. Franklin Blvd Pleasantville NJ 08232	22-3687866	3		5,400	FMV	Books	Encourage reading
(8)	Reno-Sparks Indian Colony, Reno-Spa 1715 Kuenzli Ln Reno NV 89502	88-6004349	3		6,882	FMV	Books	Encourage reading
(9)	Riverbend Medical Group 444 Montgomery Street Chicopee MA 01020	04-3400111	3		5,656	FMV	Books	Encourage reading

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

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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(1)	Rivertown Pediatrics 2416 Capstone Court Columbus GA 31909	58-1094505	3		5,640	FMV	Books	Encourage reading
(2)	Robinson Health Clinic 1722 Tagatay Road Fort Bragg NC 28310				6,921	FMV	Books	Encourage reading
(3)	Rochester General Hospital, Department 1425 Portland Avenue Rochester NY 14621	16-0743134	3		9,587	FMV	Books	Encourage reading
(4)	ROR Baltimore Coalition 1211 Cathedral Street Baltimore MD 21201	52-1630552	3		11,998	FMV	Books	Encourage reading
(5)	ROR TX -Parkland Health and Hospital 3310 Live Oak, 3rd Fl Dallas TX 75204	75-6004221	3		21,278	FMV	Books	Encourage reading
(6)	Salisbury Pediatric Associates 129 Woodson Street Salisbury NC 28144	56-0988747	3		6,178	FMV	Books	Encourage reading
(7)	San Antonio Military Medical Center 3851 Roger Brooke Drive Fort Sam Houston TX 78234				31,442	FMV	Books	Encourage reading
(8)	San Antonio Military Pediatric Center 2200 Bergquist Drive, Suite 1 Lackland AFB TX 78236				26,177	FMV	Books	Encourage reading
(9)	San Francisco General Hospital, Department 1001 Potrero Avenue, Mail Stop 6E San Francisco CA 94110	94-6036493	3		14,962	FMV	Books	Encourage reading

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(1)	Sandhills Pediatrics 195 West Illinois Avenue Southern Pines NC 28387	56-0943953	3		10,347	FMV	Books	Encourage reading
(2)	Santa Fe Indian Hospital 1700 Cerrillos Road Santa Fe NM 87505	85-0434679	3		11,514	FMV	Books	Encourage reading
(3)	Scott Air Force Base Pediatric Clin 310 West Losey St. Scott Air Force Base IL 62225	37-1354841	3		6,393	FMV	Books	Encourage reading
(4)	Scott and White , General Pediatric 2401 South 31st Street Temple TX 76508	74-2958277	3		10,782	FMV	Books	Encourage reading
(5)	Sea Mar Community Health Center Sea 8915 14th Avenue South Seattle WA 98108	91-1020139	3		17,841	FMV	Books	Encourage reading
(6)	Sells Indian Hospital 2025 E. Kleindale Tuscon AZ 85719	86-0917603	3		11,442	FMV	Books	Encourage reading
(7)	Shasta Community Health Center 1035 Placer Street Redding CA 96001	68-0165855	3		5,092	FMV	Books	Encourage reading
(8)	Shriners Hospital for Children 516 Carew Street Springfield MA 01104	04-2121377	3		6,409	FMV	Books	Encourage reading
(9)	Skagit Pediatrics, LLP 2101 Little Mountain Lane Mount Vernon WA 98274	91-1147231	3		9,046	FMV	Books	Encourage reading

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(1)	Sound Shore Medical Center of Westc 16 Guion Place New Rochelle NY 10801	46-2931956	3		12,740	FMV	Books	Encourage reading
(2)	Southcoast Pediatrics 49 State Road North Dartmouth MA 02747	04-2985225	3		8,505	FMV	Books	Encourage reading
(3)	St. Barnabas Hospital Pediatric Cli 4487 Third Avenue Bronx NY 10457	27-2892195	3		9,831	FMV	Books	Encourage reading
(4)	St. Francis Hospital & Medical Cent 114 Woodland Street Hartford CT 06105	06-0646813	3		7,097	FMV	Books	Encourage reading
(5)	St. Joseph Heritage Medical Group 2212 E. Fourth St. Santa Ana CA 92705	03-3018503	3		5,981	FMV	Books	Encourage reading
(6)	St. Joseph's Canndle Chldrns 5353 Reynolds Street Savannah GA 31403	31-1126469	3		7,339	FMV	Books	Encourage reading
(7)	Stamford Community Health Center 805 Atlantic Street Stamford CT 06902	06-0972166	3		11,612	FMV	Books	Encourage reading
(8)	Sterling Sharpe Pediatric Center 4605 Monticello Road Columbia SC 29203	57-0965445	3		20,990	FMV	Books	Encourage reading
(9)	Summer Pediatrics 992 High Ridge Road Stamford CT 06905	26-2268694	3		5,226	FMV	Books	Encourage reading

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(1)	Sumter Pediatrics 237 Church Street Sumter SC 29150	57-0339446	3		6,839	FMV	Books	Encourage reading
(2)	Sunset Park Family Health Center Ne 5610 2nd Avenue Brooklyn NY 11220	11-1839567	3		7,327	FMV	Books	Encourage reading
(3)	Sunshine Medical Clinic 156 River Oaks Dr Canton MS 39046	64-0944598	3		6,290	FMV	Books	Encourage reading
(4)	Sutter Regional Medical Foundation 770 Mason Street, 3rd Floor Vacaville CA 95688	68-0342423	3		5,929	FMV	Books	Encourage reading
(5)	Syracuse Community Health Center, I 819 South Salina Street Syracuse NY 13202	16-1080039	3		8,963	FMV	Books	Encourage reading
(6)	The Bristol-Myers Squibb Community One Plainsboro Road Plainsboro NJ 08536	21-0635009	3		6,771	FMV	Books	Encourage reading
(7)	The Children's Clinic of Clarksdale 2245 North State Street Clarksdale MS 38614	64-0847938	3		14,178	FMV	Books	Encourage reading
(8)	The Children's Clinic, Serving Chil 455 Columbia St, Ste 201 Long Beach CA 90806	95-1643332	3		5,535	FMV	Books	Encourage reading
(9)	The Children's Regional Center at C 3 Cooper Plaza, Suite 200 Camden NJ 08103	21-0634462	3		5,641	FMV	Books	Encourage reading

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table u
- 3 Enter total number of other organizations listed in the line 1 table u

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

Schedule I (Form 990) (2013)



**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

u Attach to Form 990.

u Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1)	The High Street Health Center 140 High Street Springfield MA 01199	04-2790311	3		6,794	FMV	Books	Encourage reading
(2)	The Miles and Lib Mason Children's 555 Old Norcross Road Lawrenceville GA 30046	58-2143107	3		55,749	FMV	Books	Encourage reading
(3)	The Vancouver Clinic-Columbia Tech 501 SE 172nd Avenue Vancouver WA 98684	91-0851599	3		15,574	FMV	Books	Encourage reading
(4)	Thomasville Pediatrics 200 Arthur Drive Thomasville NC 27360	56-0934933	3		10,020	FMV	Books	Encourage reading
(5)	Total Health Care-Division Street 1501 Division Street Baltimore MD 21217	23-7267007	3		27,469	FMV	Books	Encourage reading
(6)	Tripler Army Medical Center 1 Jarrett White Road Honolulu HI 96859				15,526	FMV	Books	Encourage reading
(7)	U of South FL /Dpt of Peds 17 Davis Blvd, First Flr Tampa FL 33606	05-9259590	3		5,092	FMV	Books	Encourage reading
(8)	UCSF / Fmly HlthCtr 995 Potrero ave San Francisco CA 94110	94-6036493	3		16,234	FMV	Books	Encourage reading
(9)	Ukiah Valley Primary Care Medical G 260 Hospital Drive, Suite 204 Ukiah CA 95482	68-0345883	3		5,981	FMV	Books	Encourage reading

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table u
- 3 Enter total number of other organizations listed in the line 1 table u

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1)	UNC Health Care, Highgate Family Me 5317 Highgate Drive, Suite 117 Durham NC 27713	56-2089729	3		6,946	FMV	Books	Encourage reading
(2)	Unifour Pediatrics 3411 Graystone Place Hickory NC 28603	20-2998046	3		15,828	FMV	Books	Encourage reading
(3)	Unity Health Care, Upper Cardozo CL 3020 14th Street NW Washington DC 20009	52-1572431	3		6,228	FMV	Books	Encourage reading
(4)	Unity Hlth Care 1220 12th Street, SE Washington DC 20003	52-1572431			6,754	FMV	Books	Encourage reading
(5)	Universal Pediatrics 132 halsted st EAST ORANGE NJ 07018	22-3766143	3		5,556	FMV	Books	Encourage reading
(6)	University of California Davis Medi 2521 Stockton Blvd Sacramento CA 95817	94-6036494	3		14,289	FMV	Books	Encourage reading
(7)	University of Illinois at Chicago M 2045 W Washington Blvd Chicago IL 60612	37-6000511	3		5,523	FMV	Books	Encourage reading
(8)	University of Illinois at Chicago, 1801 W. Taylor Street Chicago IL 60612	37-6000511	3		7,393	FMV	Books	Encourage reading
(9)	University of Iowa Health Care , Ge 105 E Street Coralville IA 52241	42-6004813	3		6,533	FMV	Books	Encourage reading

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table u
- 3 Enter total number of other organizations listed in the line 1 table u

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

Schedule I (Form 990) (2013)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

u Attach to Form 990.

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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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1)	USAF Langley Hospital 77 Nealy Ave New Port News VA 23665				26,970	FMV	Books	Encourage reading
(2)	USAF/Pediatric Clinic, 88 MDOS/SGOC 4881 Sugar Maple Drive Wright Patterson AFB OH 45433				12,730	FMV	Books	Encourage reading
(3)	Valley Health Center at Bascom 750 S. Bascom Avenue San Jose CA 95128	96-6000533	3		5,092	FMV	Books	Encourage reading
(4)	Valley Health Center at Tully 500 Tully San Jose CA 95111	77-0187890	3		6,601	FMV	Books	Encourage reading
(5)	Vanderbilt University-Division of G 2200 Children's Way DOT 8232 Nashville TN 37232	62-0476822	3		5,981	FMV	Books	Encourage reading
(6)	VCU Health Systems - Pediatric Resi 1250 East Marshall Street, Richmond VA 23298	54-1581185	3		5,449	FMV	Books	Encourage reading
(7)	W. Stanley Rule MD,PA 3604 Medical Park Court Morehead City NC 28557	56-1692197	3		7,259	FMV	Books	Encourage reading
(8)	Wake County Human Services Child He 10 Sunnybrook Rd, Clinic B Raleigh NC 27610	56-6000347	3		6,609	FMV	Books	Encourage reading
(9)	Wake Health Services, Inc. 2620 New Bern Avenue Raleigh NC 27610	56-1004791	3		26,151	FMV	Books	Encourage reading

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table u
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**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" to Form 990, Part IV, line 21 or 22.

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OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

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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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1)	WakeMed - Faculty Physicians, Pedia 3000 New Bern Avenue Raleigh NC 27610	54-0749114	3		7,818	FMV	Books	Encourage reading
(2)	Walter Reed Army Medical Center, Pe 8901 Wisconsin Ave Bethesda MD 20889				12,007	FMV	Books	Encourage reading
(3)	Watts Healthcare Corporation 10300 Compton Avenue Los Angeles CA 90002	75-3046480	3		24,671	FMV	Books	Encourage reading
(4)	Wee Kare Pediatrics 19333 Highway 59 North, Suite 145 Humble TX 77338	04-3751219	3		22,063	FMV	Books	Encourage reading
(5)	Weed Army Community Hospital 166 4th Street Fort Irwin CA 92310	95-3658857	GOV		6,891	FMV	Books	Encourage reading
(6)	Western Colorado Pediatric Associat 3150 N 12 Street, PO Box 10700 Grand Junction CO 81506	84-1456669	3		6,789	FMV	Books	Encourage reading
(7)	Wheatfield Pediatrics 2890 Niagara Falls Boulevard North Tonawanda NY 14120	16-1565108	3		20,586	FMV	Books	Encourage reading
(8)	White River IHS 200 W. Hospital Dr Whiteriver AZ 85941	86-0212139	3		5,024	FMV	Books	Encourage reading
(9)	Whiteman Pediatric Clinic 311 Sijan Whiteman AFB MO 65305				14,250	FMV	Books	Encourage reading

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

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

Schedule I (Form 990) (2013)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

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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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1)	Wilkes Community Partnership for Children 1006 F Street North Wilkesboro NC 28659	56-1875083	3		7,942	FMV	Books	Encourage reading
(2)	Will County Community Health Center 1106 Neal Avenue Joliet IL 60433	36-3971168	3		7,123	FMV	Books	Encourage reading
(3)	Willamette Family Medical Center 435 Lancaster Dr. NE Salem OR 97301	93-1180397	3		6,227	FMV	Books	Encourage reading
(4)	Winn ACH, Pediatric Clinic 1601 Harmon Ave Fort Stewart GA 31314	58-1627697	3		15,131	FMV	Books	Encourage reading
(5)	Winnsboro Pediatrics 1136 Kincaid Bridge Road Winnsboro SC 29180	57-0738859	3		9,245	FMV	Books	Encourage reading
(6)	Winston East Pediatrics 2295 East 14th Street Winston-Salem NC 27105	56-0552787	3		9,459	FMV	Books	Encourage reading
(7)	Winthrop Pediatric Associates 222 Station Plaza N. Mineola NY 11501	11-1633486	3		5,281	FMV	Books	Encourage reading
(8)	Winthrop Pediatric Associates at Hempstead 175 Fulton Avenue Hempstead NY 11550	11-1633486	3		12,268	FMV	Books	Encourage reading
(9)	Womack Army Medical Center 4-2817 Reilly Rd Fort Bragg NC 28310				8,056	FMV	Books	Encourage reading

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

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

**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" to Form 990, Part IV, line 21 or 22.

**u** Attach to Form 990.

**u** Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1)	Woodhull Medical Center 760 Broadway Brooklyn NY 11206	13-2655001	3		8,096	FMV	Books	Encourage reading
(2)	Yakima Neighborhood Health Services 12 South 8th Street Yakima WA 98901	91-0928817	3		5,091	FMV	Books	Encourage reading
(3)	Yakima Valley Farm Workers Clinic 518 West First Avenue Toppenish WA 98948	91-1019392	3		11,799	FMV	Books	Encourage reading
(4)	Yale-New Haven Children's Hospital 20 York Street New Haven CT 06510	06-0646652	3		8,199	FMV	Books	Encourage reading
(5)	Yukon-Kuskokwim Health Corp 829 Chief Eddie Hoffman Highway, P. Bethel AK 99559	92-0041414	3		8,832	FMV	Books	Encourage reading
(6)								
(7)								
(8)								
(9)								

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

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

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**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 - Procedures for Monitoring the Use of Grant Funds**

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 to ensure that:

1. The applicant site is represented by a pediatric primary care provider (doctor or nurse) at a clinic, hospital or private practice.
2. The location is a clinical setting where pediatric primary care occurs

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

(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



**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Coalition support. If all other requirements are met, excluding this one, the site is will be waitlisted 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 includes information:

1) about the children they serve; 2) the number of books the provided;

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Compensation Information**

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

u Complete if the organization answered "Yes" to Form 990, Part IV, line 23.  
u Attach to Form 990. u See separate instructions.

u Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public Inspection

**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 in 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 (e.g., 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 in line 1a?

**3** Indicate which, if any, of the following the filing organization uses 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 in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**  Yes  No
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**  Yes  No
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**  Yes  No
- 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) and 501(c)(4) organizations must complete lines 5-9.**

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

- a** The organization? **5a**  Yes  No
- b** Any related organization? **5b**  Yes  No
- If "Yes" to line 5a or 5b, describe in Part III.

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

- a** The organization? **6a**  Yes  No
- b** Any related organization? **6b**  Yes  No
- If "Yes" to line 6a or 6b, describe in Part III.

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

**8** Were any amounts reported in 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" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<input checked="" type="checkbox"/>
<b>4b</b>		<input checked="" type="checkbox"/>
<b>4c</b>		<input checked="" type="checkbox"/>
<b>5a</b>		<input checked="" type="checkbox"/>
<b>5b</b>		<input checked="" type="checkbox"/>
<b>6a</b>		<input checked="" type="checkbox"/>
<b>6b</b>		<input checked="" type="checkbox"/>
<b>7</b>		<input checked="" type="checkbox"/>
<b>8</b>		<input checked="" type="checkbox"/>
<b>9</b>		

**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 in 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 are not 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 reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Jill Sells Regional Dir WA	(i)	162,381	0	0	0	26,519	188,900	0
	(ii)	0	0	0	0	0	0	0
2 Anne-Marie Fitzgerald Prior CEO/Pres	(i)	187,409	0	0	0	22,893	210,302	0
	(ii)	0	0	0	0	0	0	0
3 Earl Martin Phalen Prio CEO/President	(i)	77,245	0	0	0	0	77,245	0
	(ii)	0	0	0	0	0	0	0
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2013**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**u** Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
**u** Attach to Form 990.  
**u** Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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	<b>X</b>		<b>4,599,404</b>	<b>FMV</b>
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 <b>u</b> ( <b>Supplies</b> )	<b>X</b>	<b>1</b>	<b>4,090</b>	<b>FMV</b>
26 Other <b>u</b> ( )				
27 Other <b>u</b> ( )				
28 Other <b>u</b> ( )				

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**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		<b>X</b>
31	<b>X</b>	
32a		<b>X</b>

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.



**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service

Name of the organization

**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.

u Attach to Form 990 or 990-EZ.

u Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013****Open to Public  
Inspection**

Employer identification number

Reach Out and Read, Inc.

04-3481253

**Form 990, Part I, Line 6**

The Reach Out and Read model is delivered by a team of 20,000 volunteer primary health care providers. All Reach Out and Read doctors and nurses volunteer the time they spend promoting early literacy and school readiness. In addition, Reach Out and Read's 3,800 community volunteers dedicate more than 350,000 hours of service annually by serving as volunteer readers, conducting book drives, or helping clinics to create literacy-rich waiting rooms.

**Form 990, Part III, Line 4a - First Accomplishment**

Each pediatric medical office that implements the Reach Out and Read program is called a site. In FY 2014 there were 5,000 sites.

Reach Out and Read, Inc. purchases books that are directly shipped to qualified sites to be used by the physician and then given to child to take home. Book selection is of the highest quality and pricing is favorable reflecting vendor selection and volume discounts. In addition, donated books are also shipped from vendors to qualified sites. In FY14, approximately 1.3 million books were distributed to approximately 1,700 sites.

Part of the work of the organization is to seek and support the growth of new sites in the U.S. Established acceptance criteria must be achieved and adequate training completed before sites can be operational. In addition, sites are encouraged to provide children's' books and other literacy materials in their waiting room areas. Reach Out and Read, Inc. purchases literacy materials, bookshelves, etc... for these areas.



Name of the organization

Reach Out and Read, Inc.

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To ensure continued quality execution and fidelity to the program, training, materials and direct support are provided by the organization to the sites. In addition, sites report their metrics including number of children served by age and race demographic, etc.... This information is consolidated from sites across the country and used to help direct strategy, expand reach, determine book distribution and improve performance.

The governance of the organization is centralized while its programmatic operations are spread throughout the country. By doing this overhead costs are minimized.

Form 990, Part V - Additional Information

Part V #2b Not required to file federal employment tax returns:

The Organization has entered into an administrative services agreement with Boston Medical Center Corporation ("BMC") whereby some employees of Reach Out and Read are compensated by BMC. The Organization reimburses BMC for one-hundred percent of gross salaries, a standard fringe benefit rate and an administrative fee. BMC files all the required federal and state employment tax returns for ROR employees.

ROR has a co-employment agreement with Insperity (a POP provider) whereby some employees of Reach Out and Read are compensated by Insperity.

The Organization reimburses Insperity for 100% percent of gross salaries, actual fringe benefit costs, and an administrative fee. Insperity files all the required federal and state employment tax return for Reach Out and Read employees.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

Name of the organization

Reach Out and Read, Inc.

Employer identification number

04-3481253

After the Form 990 was prepared by the organization's CFO, Senior Management Team, and external tax preparers, and prior to filing the Form 990, the Audit Committee reviewed and approved it for submission.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

The Organization maintains a written Conflict of Interest Policy. The Board reviews the policy annually and updates when necessary. The policy is disseminated to all employees and Board members annually at the end of each fiscal year, prior to the submission of the Form 990. The Executive Director, senior management, officers, and Board of Director members complete a Conflict of Interest Annual Statement which describes any relationships, positions, or circumstances in which an Employee, Officer, or Board member is engaged in any activity which might conflict with the organization's policies during the past fiscal year and any conflict anticipated in the upcoming fiscal year.

Each employee, officer, and Board member is also given the opportunity to describe any activity that they wish reviewed and to disclose all material facts in this annual statement in order to determine if it is a conflict. The information is kept confidential in nature except to the CFO, the CEO, Chair of the Board, and any committee appointed to address Conflicts of Interest.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

Many of the Organization's employees are employees of Boston Medical Center(BMC). BMC reviews each job description and grades them using outside comparable data from both not-for-profits and for-profit organizations with comparable budgets. The Executive Director's

Name of the organization

Reach Out and Read, Inc.

Employer identification number

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compensation was determined by a committee that was appointed by Reach Out Read Board of Directors.

Form 990, Part VI, Line 15b - Compensation Process for Officers

The Board reviews compensation levels during the annual budget review process. The Finance Committee has access to all salaries.

Form 990, Part VI, Line 17 - Other States Where Copy of Return is Filed

Mississippi, North Carolina, North Dakota, New Hampshire, New Jersey, New York, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Utah, Virginia, Washington, Wisconsin

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Organizational documents are available on government and private websites. Reach Out and Read's organizing documents are available online through the Attorney General's Office in Massachusetts. The audited financial statements are also filed with the State, as well as on the Organization website. A summary of the financial statements is included in our Annual Report/Calendar which is mailed to all donors giving \$100.00 or more and all program sites. Reach Out and Read's Form 990 is available online through Guidestar.org. In addition, Reach Out and Read provides copies of the Form 990 and audited financial statements to anyone who requests them.

Form 990, Part XI, Line 9 - Reconciliation of Changes - Other

Offset special event expenses	\$ 39,349
Offset special event expenses	\$ -39,349

Form **4562**

**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No. 1545-0172

**2013**

Department of the Treasury  
Internal Revenue Service (99)

**u** See separate instructions.

**u** Attach to your tax return.

Attachment Sequence No. **179**

Name(s) shown on return

**Reach Out and Read, Inc.**

Identifying number

**04-3481253**

Business or activity to which this form relates

**Indirect Depreciation**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	<b>500,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>2,000,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2012 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12	13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2013	17	<b>3,167</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/>		

**Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

**Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	<b>3,167</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**For Paperwork Reduction Act Notice, see separate instructions.**

Form **4562** (2013)

04-3481253

**Federal Asset Report**

FYE: 6/30/2014

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Prior MACRS:</b>									
1	Furniture and Fixtures	6/30/08	33,563			33,563	5 HY S/L	33,563	0
2	Equipment	6/30/08	199,427			199,427	3 HY 200DB	199,427	0
3	Leasehold Improvements	6/30/08	59,328			59,328	5 HY S/L	59,328	0
4	Thinkpad	7/31/12	1,680			1,680	3 HY S/L	280	560
5	Thinkpad	11/30/12	1,702			1,702	3 HY S/L	284	567
6	Furniture	7/31/12	4,801			4,801	3 HY S/L	800	1,600
7	Communications Equipment	7/24/12	1,319			1,319	3 HY S/L	220	440
			<u>301,820</u>			<u>301,820</u>		<u>293,902</u>	<u>3,167</u>
<b>Grand Totals</b>			301,820			301,820		293,902	3,167
<b>Less: Dispositions and Transfers</b>			0			0		0	0
<b>Less: Start-up/Org Expense</b>			0			0		0	0
<b>Net Grand Totals</b>			<u>301,820</u>			<u>301,820</u>		<u>293,902</u>	<u>3,167</u>