

EXTENDED TO MAY 16, 2016

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)

OMB No. 1545-0047

2014Open to Public
Inspection

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**A** For the 2014 calendar year, or tax year beginning **JUL 1, 2014** and ending **JUN 30, 2015****B** Check if applicable:

- ☒ Address change
☐ Name change
☐ Initial return
☐ Final 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)

89 SOUTH STREET

Room/suite

201

City or town, state or province, country, and ZIP or foreign postal code

BOSTON, MA 02129**F** Name and address of principal officer: **BRIAN GALLAGHER****SAME AS C ABOVE****D** Employer identification number**04-3481253****E** Telephone number**617-455-0620****G** Gross receipts \$**12,071,900.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

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

H(c) Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.REACHOUTANDREAD.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **1999** **M** State of legal domicile: **MA****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: REACH OUT AND READ GIVES YOUNG CHILDREN A FOUNDATION FOR SUCCESS BY INCORPORATING BOOKS INTO
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a) 18
	4	Number of independent voting members of the governing body (Part VI, line 1b) 18
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a) 43
	6	Total number of volunteers (estimate if necessary) 23800
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 0.
7b	Net unrelated business taxable income from Form 990-T, line 34 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 10,874,883.
	9	Program service revenue (Part VIII, line 2g) 88,058.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 484.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -30,295.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 10,933,130.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 6,167,007.
	14	Benefits paid to or for members (Part IX, column (A), line 4) 0.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,899,675.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 0.
	b	Total fundraising expenses (Part IX, column (D), line 25) 666,311.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,328,099.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 10,394,781.
	19	Revenue less expenses. Subtract line 18 from line 12 538,349.
	20	Total assets (Part X, line 16) 4,483,632.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26) 959,516.
	22	Net assets or fund balances. Subtract line 21 from line 20 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	Date			
	LAUREL FORD, CFO				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	THERESA J. CREEDEN	THERESA J. CREEDEN	05/12/16		P00747568
	Firm's name	Firm's EIN			
	KEVIN P MARTIN ASSOCIATES, P.C.	04-3097400			
	Firm's address	Phone no. (781) 380-3520			
	10 FORBES WEST				
	BRAINTREE, MA 02184				

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

432001 11-07-14

LHA For Paperwork Reduction Act Notice, see the separate instructions.

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SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

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

☒ X**1** Briefly describe the organization's mission:

TO GIVE YOUNG CHILDREN A FOUNDATION FOR SUCCESS BY INCORPORATING BOOKS INTO PEDIATRIC CARE AND ENCOURAGING FAMILIES TO READ ALOUD TOGETHER.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☒ Yes ☐ 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 \$ 9,771,281. including grants of \$ 6,651,910.) (Revenue \$ 100,671.)

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 ARE CHILDREN LIVING BELOW THE POVERTY LEVEL. EACH PEDIATRIC

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 **9,771,281.**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

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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 domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 26		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 43		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a 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?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
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	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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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**

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

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► AL, AR, CO, CT, FL, GA, IL, KS, KY, MA, MD, MI

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ 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, address, and telephone number of the person who possesses the organization's books and records: ►
LAUREL FORD - 617-455-0620
89 SOUTH STREET, NO. 201, BOSTON, MA 02129

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBERT NEEDLMAN DIRECTOR	3.00	X						0.	0.	0.
(2) CURTIS GRAY TREASURER	3.00	X		X				0.	0.	0.
(3) ROBERT LEBUHN DIRECTOR	3.00	X						0.	0.	0.
(4) LISA LEBOVITZ DIRECTOR	3.00	X						0.	0.	0.
(5) JUDY NEWMAN DIRECTOR	3.00	X						0.	0.	0.
(6) STEVEN DOW CO-CHAIR	3.00	X		X				0.	0.	0.
(7) LINDA FAYNE LEVINSON CO-CHAIR	3.00	X		X				0.	0.	0.
(8) PERRI KLASS DIRECTOR	3.00	X						0.	0.	0.
(9) JEREMY HASTINGS DIRECTOR	3.00	X						0.	0.	0.
(10) JO KIRCHNER DIRECTOR	3.00	X						0.	0.	0.
(11) CATHERINE SNOW DIRECTOR	3.00	X						0.	0.	0.
(12) THOMAS DEWITT DIRECTOR	3.00	X						0.	0.	0.
(13) ANN LOGAN DIRECTOR	3.00	X						0.	0.	0.
(14) CAROL EMIG DIRECTOR	3.00	X						0.	0.	0.
(15) JAY BERKELHAMER DIRECTOR	3.00	X						0.	0.	0.
(16) BENITA SOMERFIELD DIRECTOR	3.00	X						0.	0.	0.
(17) DIPESH NAVSARIA DIRECTOR	3.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SUSAN HILDRETH DIRECTOR	3.00	X						0.	0.	0.
(19) BRIAN GALLAGHER CEO / PRESIDENT/CLERK	40.00			X				134,979.	0.	38,398.
(20) LAUREL FORD CFO	40.00			X				121,950.	0.	24,795.
(21) JILL SELLS REGIONAL DIRECTOR WASHINGTON STATE	40.00				X			176,759.	0.	27,075.
1b Sub-total								433,688.	0.	90,268.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								433,688.	0.	90,268.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	0	

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	37,848.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	1,324,461.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	10,607,580.			
	g	Noncash contributions included in lines 1a-1f: \$		5,021,340.			
	h	Total. Add lines 1a-1f		11,969,889.			
	Program Service Revenue	2 a	TRAINING FEES	Business Code 611430	77,241.	77,241.	
b		RENTAL EXCESS SPACE	531390	23,430.	23,430.		
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		100,671.			
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)		384.		
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real (ii) Personal				
		Less: rental expenses					
		Rental income or (loss)					
		Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		Less: cost or other basis and sales expenses					
		Gain or (loss)					
		Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ 37,848. of contributions reported on line 1c). See Part IV, line 18	a	956.			
		Less: direct expenses	b	11,597.			
		Net income or (loss) from fundraising events		-10,641.			-10,641.
		9 a	Gross income from gaming activities. See Part IV, line 19	a			
	9 b	Less: direct expenses	b				
		Net income or (loss) from gaming activities					
10 a		Gross sales of inventory, less returns and allowances	a				
	Less: cost of goods sold	b					
	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a							
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions.		12,060,303.	100,671.	0.	-10,257.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,651,910.	6,651,910.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	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	1,875,468.	1,252,764.	309,573.	313,131.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	489,322.	331,695.	72,912.	84,715.
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	17,096.		17,096.	
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 Sch O.)	1,039,362.	672,796.	203,877.	162,689.
12 Advertising and promotion	10,421.	995.	175.	9,251.
13 Office expenses	251,845.	127,236.	77,626.	46,983.
14 Information technology				
15 Royalties				
16 Occupancy	309,292.	173,913.	109,985.	25,394.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	145,510.	122,139.	6,082.	17,289.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	10,755.		10,755.	
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	11,273,315.	9,771,281.	835,723.	666,311.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,796,658.	1	3,249,407.
	2 Savings and temporary cash investments	590,716.	2	520,974.
	3 Pledges and grants receivable, net	912,469.	3	1,532,482.
	4 Accounts receivable, net		4	27,804.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	26,652.	9	25,516.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 60,374.		
	b Less: accumulated depreciation	10b 26,557.	10c	33,817.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	144,579.	15	114,575.
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,483,632.	16	5,504,575.	
Liabilities	17 Accounts payable and accrued expenses	858,136.	17	985,303.
	18 Grants payable	96,487.	18	87,246.
	19 Deferred revenue	4,893.	19	120,922.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	959,516.	26	1,193,471.
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		1,347,941.	27	1,102,121.
28 Temporarily restricted net assets		2,064,698.	28	3,097,506.
29 Permanently restricted net assets		111,477.	29	111,477.
Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		3,524,116.	33	4,311,104.
34 Total liabilities and net assets/fund balances		4,483,632.	34	5,504,575.

Form 990 (2014)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,060,303.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,273,315.
3	Revenue less expenses. Subtract line 2 from line 1	3	786,988.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,524,116.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,311,104.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

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

Form 990 (2014)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see Instructions)	(vi) Amount of other support (see Instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	14,394,944.	15,289,529.	12,606,985.	10,808,217.	11,969,889.	65,069,564.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	14,394,944.	15,289,529.	12,606,985.	10,808,217.	11,969,889.	65,069,564.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						26,034,713.
6 Public support. Subtract line 5 from line 4.						39,034,851.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	14,394,944.	15,289,529.	12,606,985.	10,808,217.	11,969,889.	65,069,564.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	671.	919.	697.	484.	384.	3,155.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	436.					436.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	91,115.	57,022.	14,880.	35,922.	956.	199,895.
11 Total support. Add lines 7 through 10						65,273,050.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	59.80 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	49.78 %
16a 33 1/3% support test - 2014. 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 - 2013. 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 - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		
b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		
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		

Schedule A (Form 990 or 990-EZ) 2014

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) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. 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 - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2014

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

Section D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2014 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.
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Also complete this part for any additional information. (See instructions).

This image shows a full page of a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page, typical of notebook paper or a document template. There are no margins, text, or other markings present.

2014

*** Not Open to Public Inspection ***

423171 05-01-14

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of organization

REACH OUT AND READ, INC.

Employer identification number

04-3481253

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 ▶ \$

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 ▶ \$

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2014

LHA
432041
10-21-14

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

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

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2014

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
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		X	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ...		X	
c	Media advertisements?		X	
d	Mailings to members, legislators, or the public?		X	
e	Publications, or published or broadcast statements?		X	
f	Grants to other organizations for lobbying purposes?		X	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		76,704.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i	Other activities?		X	
j	Total. Add lines 1c through 1i			76,704.
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **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.**
▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

REACH OUT AND READ, INC.

Employer identification number

04-3481253

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

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

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 d ☐ Loan or exchange programs
 b ☐ Scholarly research e ☐ Other _____
 c ☐ Preservation for future generations

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:

	Amount
1c	
1d	
1e	
1f	

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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
1a Beginning of year balance	130,659.	130,368.	130,014.	129,521.	215,720.
b Contributions					
c Net investment earnings, gains, and losses	258.	291.	354.	493.	
d Grants or scholarships					
e Other expenditures for facilities and programs					75,000.
f Administrative expenses					
g End of year balance	131,176.	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 ☐ 15.00 %
 b Permanent endowment ☐ 85.00 %
 c Temporarily restricted endowment ☐ %

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 ☐ Yes ☒ No
 (ii) related organizations ☐ Yes ☒ No

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
1a Land				
b Buildings				
c Leasehold improvements		2,639.	2,199.	440.
d Equipment		57,735.	24,358.	33,377.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				33,817.

Schedule D (Form 990) 2014

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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

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)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

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)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		

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

Schedule D (Form 990) 2014

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	12,129,941.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	58,041.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	11,597.
e	Add lines 2a through 2d	2e	69,638.
3	Subtract line 2e from line 1	3	12,060,303.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	12,060,303.

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	11,342,953.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	58,041.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	11,597.
e	Add lines 2a through 2d	2e	69,638.
3	Subtract line 2e from line 1	3	11,273,315.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	11,273,315.

Part XIII Supplemental Information.

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

PART V, LINE 4:

PERMANENTLY RESTRICTED NET ASSETS CONSIST OF ENDOWMENT FUNDS THAT

PERMANENTLY RESTRICT THE PRINCIPAL. INTEREST FROM THESE ENDOWMENTS IS

TEMPORARILY RESTRICTED AND RELEASED FOR SATISFACTION OF PROGRAM EXPENSES.

PART X, LINE 2:

GAAP PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR

FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR

EXPECTED TO BE TAKEN IN A TAX RETURN. FOR THOSE BENEFITS TO BE

RECOGNIZED, A TAX POSITION MUST BE MORE-LIKELY-THAN-NOT TO BE SUSTAINED

UPON EXAMINATION BY TAXING AUTHORITIES. FOR THE YEAR ENDED JUNE 30, 2015,

THE ORGANIZATION HAS DETERMINED THAT IT HAS NOT TAKEN ANY TAX POSITIONS

Part XIII Supplemental Information *(continued)*

WHICH WOULD RESULT IN AN UNCERTAINTY REQUIRING RECOGNITION IN THE
ACCOMPANYING FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES 11,597.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES 11,597.

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.

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

OMB No. 1545-0047

2014

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

- 2 a** 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			
Total						

Total

- 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 (add col. (a) through col. (c))
		BBB - SOUTH CAROLINA (event type)	MINNESOTA 4TH ANNUAL F (event type)	NONE (total number)	
Revenue	1 Gross receipts	28,614.	10,190.		38,804.
	2 Less: Contributions	27,658.	10,190.		37,848.
	3 Gross income (line 1 minus line 2)	956.			956.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	4,078.	2,334.		6,412.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	4,362.	823.		5,185.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				11,597.
11 Net income summary. Subtract line 10 from line 3, column (d)				-10,641.	

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 conducts gaming activities: _____

a Is the organization licensed to conduct 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: _____

63058001

Part IV	Supplemental Information <i>(continued)</i>
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[illegible]

SCHEDULE I
(Form 990)

**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.

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047
2014
Open to Public
Inspection

Name of the organization

REACH OUT AND READ, INC.

Employer identification number
04-3481253

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" 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
QUALITY OF LIFE HEALTH SERVICES 1411 PIEDMONT CUT-OFF GADSDEN, AL 35903	63-0727804	3	0.	8,110. FMV		BOOKS	ENCOURAGE READING
ALASKA NATIVE MEDICAL CENTER, PCC-PEDIATRIC CLINIC - 4320 DIPLOMACY DRIVE - ANCHORAGE, AK 99508	92-0086076		0.	10,406. FMV		BOOKS	ENCOURAGE READING
MOUNTAIN PARK HEALTH CENTER 635 E BASELINE RD PHOENIX, AZ 85042	86-0498020		0.	5,494. FMV		BOOKS	ENCOURAGE READING
SELLS INDIAN HOSPITAL HOSPITAL COMPOUND SELLS, AZ 85634	86-0917603	3	0.	7,648. FMV		BOOKS	ENCOURAGE READING
ARKANSAS CHILDREN'S HOSPITAL, GENERAL PEDIATRIC CLINIC - 1 CHILDREN'S WAY - LITTLE ROCK, AR 72202	71-0236857	3	0.	7,865. FMV		BOOKS	ENCOURAGE READING
THE CHILDREN'S CLINIC, SERVING CHILDREN AND THEIR FAMILIES - 455 COLUMBIA ST, STE 201 - LONG BEACH, CA 90806	95-1643332	3	0.	6,690. FMV		BOOKS	ENCOURAGE READING

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **222.**

3 Enter total number of other organizations listed in the line 1 table **128.**

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

Schedule I (Form 990) (2014)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IFC 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
CHILDRENS HOSPITAL LOS ANGELES 4650 SUNSET BLVD, MS-64 LOS ANGELES, CA 90027	95-1690977	3	0.	8,840.	FMV	BOOKS	ENCOURAGE READING
LAC+USC MEDICAL CENTER, PEDIATRIC DEPARTMENT - 2010 ZONAL AVE - LOS ANGELES, CA 90033	95-6000927	3	0.	5,743.	FMV	BOOKS	ENCOURAGE READING
GOLDEN VALLEY HEALTH CENTERS 737 W. CHILDS AVENUE MERCED, CA 95341	94-2196086	3	0.	9,320.	FMV	BOOKS	ENCOURAGE READING
CHILDREN'S HOSPITAL OAKLAND 747 FIFTY SECOND STREET OAKLAND, CA 94609	94-0382330	3	0.	12,922.	FMV	BOOKS	ENCOURAGE READING
CHILDREN'S HEALTH CENTER, SAN FRANCISCO GENERAL HOSPITAL, MS6E - 1001 POTRERO AVE - SAN FRANCISCO, CA 94110	94-6036493	3	0.	5,583.	FMV	BOOKS	ENCOURAGE READING
VALLEY HEALTH CENTER AT EAST VALLEY, PEDIATRIC CLINIC - 1993 MCKEE ROAD - SAN JOSE, CA 95116	77-0187890	3	0.	5,583.	FMV	BOOKS	ENCOURAGE READING
SIMMS/MANN HEALTH & WELLNESS CENTER - 2509 PICO BLVD. - SANTA MONICA, CA 90405	95-2769432	3	0.	6,503.	FMV	BOOKS	ENCOURAGE READING
VALLEY-WIDE HEALTH SYSTEMS 128 MARKET STREET ALAMOSA, CO 81101	84-0706945	3	0.	10,248.	FMV	BOOKS	ENCOURAGE READING
DENVER HEALTH & HOSPITAL AUTHORITY, SANDOS WESTSIDE FAMILY HEALTH CENTER - 1100 FEDERAL BLVD - DENVER, CO 80204	84-1085196	3	0.	9,967.	FMV	BOOKS	ENCOURAGE READING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IFC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
WESTERN COLORADO PEDIATRIC ASSOCIATES - 3150 N 12 STREET, PO BOX 10700 - GRAND JUNCTION, CO 81506	84-1456669	3	0.	10,790.FMV		BOOKS	ENCOURAGE READING	
COMMUNITY HEALTH SERVICES, INC. 500 ALBANY AVENUE HARTFORD, CT 06120	06-0863942	3	0.	12,113.FMV		BOOKS	ENCOURAGE READING	
CONNECTICUT CHILDREN'S MEDICAL CENTER - 76 NEW BRITAIN AVE. - HARTFORD, CT 06106	06-1446900	3	0.	16,351.FMV		BOOKS	ENCOURAGE READING	
ST. FRANCIS HOSPITAL & MEDICAL CENTER - DPT OF PEDIATRICS - HARTFORD, CT 06105	06-0646813	3	0.	31,060.FMV		BOOKS	ENCOURAGE READING	
COMMUNITY HEALTH CENTER, INC. 675 MAIN STREET MIDDLETOWN, CT 06457	06-0897105	3	0.	30,337.FMV		BOOKS	ENCOURAGE READING	
FAIR HAVEN COMMUNITY HEALTH CENTER 374 GRAND AVENUE NEW HAVEN, CT 06513	06-0883545	3	0.	17,474.FMV		BOOKS	ENCOURAGE READING	
NORWALK COMMUNITY HEALTH CENTER 120 CONNECTICUT AVENUE NORWALK, CT 06854	06-1436620	3	0.	5,819.FMV		BOOKS	ENCOURAGE READING	
DAY KIMBALL HOSPITAL, PEDIATRIC CENTER - 320 POMFRET STREET - PUTNAM, CT 06260	45-4077626		0.	15,563.FMV		BOOKS	ENCOURAGE READING	
STAMFORD COMMUNITY HEALTH CENTER 805 ATLANTIC STREET STAMFORD, CT 06302	06-0972166	3	0.	7,844.FMV		BOOKS	ENCOURAGE READING	

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IFC 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
STAYWELL CHILDREN'S HEALTH CENTER 95 SCOYLL ST. THIRD FLOOR WATERBURY, CT 06706	22-3160873		0.	12,064.FMV		BOOKS	ENCOURAGE READING
CHILDREN'S NATIONAL MEDICAL CENTER, CHILDREN'S HEALTH CENTER - 111 MICHIGAN AVENUE, NW - WASHINGTON, DC 20010	53-0196580	3	0.	9,576.FMV		BOOKS	ENCOURAGE READING
COMMUNITY HEALTH CENTERS AT PINELLAS PARK - 7550 43RD STREET NORTH - PINELLAS PARK, FL 33781	59-2097521	3	0.	6,988.FMV		BOOKS	ENCOURAGE READING
JOHNNIE RUTH CLARKE HEALTH CENTER, COMMUNITY HEALTH CENTERS OF PINELLAS - 1344 22ND STREET SOUTH - SAINT PETERSBURG, FL 33712	59-2097521	3	0.	8,554.FMV		BOOKS	ENCOURAGE READING
UNIVERSITY OF SOUTH FLORIDA, DEPT OF PEDIATRICS - 2 TAMPA GENERAL CIRCLE - TAMPA, FL 33606	59-0879015	3	0.	11,887.FMV		BOOKS	ENCOURAGE READING
CHILDREN'S HEALTHCARE OF ATLANTA AT HUGHES SPALDING - SECOND FLOOR - ATLANTA, GA 30303	58-2130437	3	0.	16,327.FMV		BOOKS	ENCOURAGE READING
GEORGIA REGENTS UNIVERSITY, DPT OF PEDIATRICS CONTINUITY CLINIC - 1446 HARPER STREET - AUGUSTA, GA 30912	35-2310573		0.	12,066.FMV		BOOKS	ENCOURAGE READING
COVINGTON PEDIATRICS 4181 HOSPITAL DRIVE COVINGTON, GA 30014	42-1470935		0.	5,356.FMV		BOOKS	ENCOURAGE READING
MEMORIAL UNIVERSITY MEDICAL CENTER, CHILDREN'S HOSPITAL: OUT-PT. DEPT - 4700 WATERS AVENUE - SAVANNAH, GA 31404	58-1618486	3	0.	42,650.FMV		BOOKS	ENCOURAGE READING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IFC 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
ERIE FAMILY HEALTH CENTER 1701 W. SUPERIOR CHICAGO, IL 60622	36-3088628	3	0.	9,615.	FMV	BOOKS	ENCOURAGE READING
NEIGHBORHOOD HEALTH CLINICS, PEDIATRICS/PRENATAL/DENTAL - 1717 S. CALHOUN STREET - FORT WAYNE, IN 46802	35-1710780	3	0.	11,920.	FMV	BOOKS	ENCOURAGE READING
HEALTHY START/GARY LITERACY COALITION - 650 GRANT STREET - GARY, IN 46404	20-1323689	3	0.	16,948.	FMV	BOOKS	ENCOURAGE READING
FOREST MANOR COMMUNITY HEALTH CENTER - 3840 NORTH SHERMAN DRIVE - INDIANAPOLIS, IN 46226	35-6005697	3	0.	6,905.	FMV	BOOKS	ENCOURAGE READING
PEDIATRIC AND ADOLESCENT CARE CENTER - 1633 NORTH CAPITOL AVENUE - INDIANAPOLIS, IN 46202	35-1579827		0.	6,629.	FMV	BOOKS	ENCOURAGE READING
UNIVERSITY OF IOWA HEALTH CARE, GENERAL PEDIATRIC CLINIC - IOWA RIVER LANDING - CORALVILLE, IA 52241	42-6004333	3	0.	7,812.	FMV	BOOKS	ENCOURAGE READING
FAMILY CARE CENTER, UK HEALTH CARE - 1135 RED MILE PLACE - LEXINGTON, KY 40504	61-1249041	3	0.	5,588.	FMV	BOOKS	ENCOURAGE READING
BOSTON CHILDREN'S PRIMARY CARE AT LONGWOOD - 300 LONGWOOD AVENUE - BOSTON, MA 02115	04-2774441	3	0.	6,967.	FMV	BOOKS	ENCOURAGE READING
MGH CHELSEA HEALTHCARE CENTER 151 EVERETT AVENUE CHELSEA, MA 02150	04-2697983	3	0.	5,558.	FMV	BOOKS	ENCOURAGE READING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IFC 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
EAST BOSTON NEIGHBORHOOD HEALTH CENTER - 10 GOVE STREET - EAST BOSTON, MA 02128	23-7425849	3	0.	9,816.FMV		BOOKS	ENCOURAGE READING
HOLYOKE HEALTH CENTER 230 MAPLE STREET HOLYOKE, MA 01040	04-2492730	3	0.	5,571.FMV		BOOKS	ENCOURAGE READING
HOLYOKE PEDIATRIC ASSOCIATES 150 LOWER WESTFIELD ROAD HOLYOKE, MA 01040	04-3399973	3	0.	7,363.FMV		BOOKS	ENCOURAGE READING
LYNN COMMUNITY HEALTH CENTER 269 UNION STREET LYNN, MA 01901	04-2525066	3	0.	5,703.FMV		BOOKS	ENCOURAGE READING
BAYSTATE MASON SQUARE NEIGHBORHOOD HEALTH CENTER - 11 WILBRAHAM ROAD - SPRINGFIELD, MA 01109	04-2790311	3	0.	6,325.FMV		BOOKS	ENCOURAGE READING
FAMILY HEALTH CENTER OF WORCESTER 26 QUEEN STREET WORCESTER, MA 01610	08-5605046		0.	8,320.FMV		BOOKS	ENCOURAGE READING
EDWARD M. KENNEDY COMMUNITY HEALTH CENTER - 19 TACOMA STREET - WORCESTER, MA 01605	04-2513817	3	0.	6,328.FMV		BOOKS	ENCOURAGE READING
CHILDREN'S MERCY PEDIATRIC CARE CENTER - 3101 BROADWAY - KANSAS CITY, MO 64111	44-0605373	3	0.	5,552.FMV		BOOKS	ENCOURAGE READING
CHILDREN'S HOSPITAL AT DARTMOUTH, PEDI CLINIC 6L - 1 MEDICAL CENTER DRIVE - LEBANON, NH 03756	02-0222140		0.	5,916.FMV		BOOKS	ENCOURAGE READING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IFC 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
THE CHILDREN'S REGIONAL CENTER AT CAMDEN, COOPER UNIVERSITY HOSPITAL - 3 COOPER PLAZA, SUITE 200 - CAMDEN, NJ 08103	22-3361862	3	0.	9,629.FMV		BOOKS	ENCOURAGE READING
CHILDREN'S HOSPITAL OF NEW JERSEY, NEWARK BETH ISRAEL MEDICAL CENTER, PEDIA - 166 LYONS AVENUE - NEWARK, NJ 07112	02-2345231	3	0.	8,145.FMV		BOOKS	ENCOURAGE READING
GALLUP INDIAN MEDICAL CENTER 516 E. NIZHONI BOULEVARD GALLUP, NM 87301	75-0122298	3	0.	5,674.FMV		BOOKS	ENCOURAGE READING
WOODHULL MEDICAL CENTER 760 BROADWAY BROOKLYN, NY 11206	13-2655001	3	0.	10,491.FMV		BOOKS	ENCOURAGE READING
MOUNT VERNON NEIGHBORHOOD HEALTH CENTER - 107 WEST 4TH STREET - MOUNT VERNON, NY 10550	13-3315508	3	0.	14,225.FMV		BOOKS	ENCOURAGE READING
STEVEN AND ALEXANDRA COHEN CHILDREN'S MEDICAL CENTER OF NY, GENERAL PEDIATR - 410 LAKEVILLE ROAD - NEW HYDE PARK, NY 11042	11-2241326		0.	14,857.FMV		BOOKS	ENCOURAGE READING
GOVERNNEUR DIAGNOSTIC AND TREATMENT CENTER - 227 MADISON STREET - NEW YORK, NY 10002	13-2655001	3	0.	7,336.FMV		BOOKS	ENCOURAGE READING
MOUNT SINAI MEDICAL CENTER, DEPARTMENT OF AMBULATORY PEDIATRICS - 1 GUSTAVE LEVY PLACE - NEW YORK, NY 10029	13-6271888	3	0.	11,980.FMV		BOOKS	ENCOURAGE READING
NEWYORK-PRESBYTERIAN HOSPITAL, COLUMBIA UNIVERSITY MEDICAL CENTER - 622 WEST 168TH STREET - NEW YORK, NY 10032	13-3957095	3	0.	23,438.FMV		BOOKS	ENCOURAGE READING

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
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HUDSON RIVER HEALTHCARE 1037 MAIN STREET PEESKILL, NY 10566	13-2828349		0.	11,175.	FMV	BOOKS	ENCOURAGE READING
WESTCHESTER MEDICAL CENTER, THE OPEN BOOK: READING ALOUD IS AGELESS - PLAZA WEST - VALHALLA, NY 10595	13-1739956	3	0.	6,116.	FMV	BOOKS	ENCOURAGE READING
CAROLINAS MEDICAL CENTER, MYERS PARK PEDIATRICS - 1350 SOUTH KINGS DR. - CHARLOTTE, NC 28207	56-0621073	3	0.	12,454.	FMV	BOOKS	ENCOURAGE READING
ELIZABETH FAMILY MEDICINE 2001 VAIL AVENUE CHARLOTTE, NC 28207	56-1398929	3	0.	5,788.	FMV	BOOKS	ENCOURAGE READING
CAROLINAS MEDICAL CENTER, NORTH PARK - 251 EASTWAY DRIVE - CHARLOTTE, NC 28213	56-0621073	3	0.	17,257.	FMV	BOOKS	ENCOURAGE READING
DUKE CHILDREN'S HOUSE OFFICER CONTINUITY CLINIC - 4020 ROXBORO ROAD - DURHAM, NC 27704	56-0532129	3	0.	8,907.	FMV	BOOKS	ENCOURAGE READING
TRIAD ADULT AND PEDIATRIC MEDICINE - GUILFORD CHILD HEALTH - 1046 E WENDOVER AVE - GREENSBORO, NC 27405	56-1991438	3	0.	15,680.	FMV	BOOKS	ENCOURAGE READING
EAST CAROLINA SCHOOL OF MEDICINE, PEDIATRIC OUTPATIENT CENTER - BIOTECH BUILDING ECU SCHOOL OF MEDICINE - GREENVILLE, NC 27834	56-6000403	3	0.	8,378.	FMV	BOOKS	ENCOURAGE READING
LUMBERTON CHILDREN'S CLINIC 400 LIBERTY HILL ROAD LUMBERTON, NC 28358	56-1133868		0.	10,545.	FMV	BOOKS	ENCOURAGE READING

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WAKEMED PHYSICIAN PRACTICES, PEDIATRICS - 3024 NEW BERN AVENUE - RALEIGH, NC 27610	56-6017737	3	0.	10,614.FMV		BOOKS	ENCOURAGE READING	
NEW HANOVER REGIONAL MEDICAL CENTER, NUNNELLEE PEDIATRIC CLINICS - 2131 S. 17TH ST - WILMINGTON, NC 28401	27-2791351	3	0.	7,810.FMV		BOOKS	ENCOURAGE READING	
RAINBOW BABIES AND CHILDREN'S HOSPITAL, GENERAL ACADEMIC PEDIATRICS - 11100 EUCLID AVENUE - CLEVELAND, OH 44106	34-6532528	3	0.	9,930.FMV		BOOKS	ENCOURAGE READING	
ROCKET PEDIATRICS, RUPPERT HEALTH CENTER - 3000 ARLINGTON AVENUE - TOLEDO, OH 43614	34-6555110	3	0.	5,996.FMV		BOOKS	ENCOURAGE READING	
MULTNOMAH COUNTY HEALTH DEPARTMENT, NE HEALTH CENTER - 5329 NE MARTIN LUTHER KING JR. BLVD. - PORTLAND, OR 97211	93-6002309	3	0.	6,328.FMV		BOOKS	ENCOURAGE READING	
SOUTHEAST LANCASTER HEALTH SERVICES - 333 N. ARCH ST. - LANCASTER, PA 17603	23-2160896	3	0.	7,712.FMV		BOOKS	ENCOURAGE READING	
NEMOURS DUPONT PEDIATRICS, PHILADELPHIA - 833 CHESTNUT STREET, SUITE 300 - PHILADELPHIA, PA 19107	59-0634433		0.	8,030.FMV		BOOKS	ENCOURAGE READING	
HASBRO CHILDREN'S HOSPITAL 593 EDDY STREET PROVIDENCE, RI 02903	05-0258952	3	0.	10,335.FMV		BOOKS	ENCOURAGE READING	
AIKEN COUNTY HEALTH DEPARTMENT 222 BEAUFORT STREET NE AIKEN, SC 29801	57-6000286		0.	6,240.FMV		BOOKS	ENCOURAGE READING	

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BEAUFORT PEDIATRICS, P.A. 964 RIBAUT ROAD, SUITE 1 BEAUFORT, SC 29902	57-1104728		0.	6,554.FMV		BOOKS	ENCOURAGE READING
BROOKLAND COMMUNITY PEDIATRICS 500 NORTH 12TH ST. WEST COLUMBIA, SC 29169	57-0965445	3	0.	6,917.FMV		BOOKS	ENCOURAGE READING
MUSC PEDIATRIC PRIMARY CARE 135 RUTLEDGE AVE, 3RD FLOOR CHARLESTON, SC 29425	57-6000722		0.	8,198.FMV		BOOKS	ENCOURAGE READING
CHILDREN'S HOSPITAL OUTPATIENT CENTER - 14 MEDICAL PARK ROAD SUITE 400 - COLUMBIA, SC 29203	58-2296052	3	0.	6,995.FMV		BOOKS	ENCOURAGE READING
STERLING SHARPE PEDIATRIC CENTER 4605 MONTICELLO ROAD COLUMBIA, SC 29203	57-0965445	3	0.	7,351.FMV		BOOKS	ENCOURAGE READING
EASLEY PEDIATRICS 800 N.A. STREET EASLEY, SC 29640	57-1004971		0.	6,531.FMV		BOOKS	ENCOURAGE READING
PEDIATRIC ASSOCIATES OF FLORENCE 204 E CHEVES STREET FLORENCE, SC 29506	20-2935692	3	0.	5,231.FMV		BOOKS	ENCOURAGE READING
ROCK HILL PEDIATRIC ASSOCIATES - FORT MILL - 704 GOLD HILL ROAD - FORT MILL, SC 29715	20-3146968	3	0.	6,160.FMV		BOOKS	ENCOURAGE READING
GREENVILLE MEMORIAL HOSPITAL 20 MEDICAL RIDGE DRIVE GREENVILLE, SC 29605	57-6007863	3	0.	5,028.FMV		BOOKS	ENCOURAGE READING

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BLUE RIDGE PEDIATRICS LLC, CAREY MOLIN GULLY, MD - 457-B HWY 123 BYPASS - SENECA, SC 29678	26-4453538		0.	6,253.FMV		BOOKS	ENCOURAGE READING
SUMTER COUNTY HEALTH DEPARTMENT 105 NORTH MAGNOLIA SUMTER, SC 29151	57-6000286	3	0.	11,248.FMV		BOOKS	ENCOURAGE READING
VANDERBILT UNIVERSITY, DIVISION OF GENERAL PEDIATRICS - 2200 CHILDREN'S WAY DOT 8232 - NASHVILLE, TN 37232	62-0476822	3	0.	8,845.FMV		BOOKS	ENCOURAGE READING
OAK WEST HEALTH CENTER, PARKLAND HEALTH AND HOSPITAL SYSTEM - 4201 BROOK SPRING DR. - DALLAS, TX 75224	91-1349657	3	0.	7,994.FMV		BOOKS	ENCOURAGE READING
THE KIDS PLACE 6410 FANNIN, SUITE 500 HOUSTON, TX 77030	74-1761309	3	0.	6,384.FMV		BOOKS	ENCOURAGE READING
TEXAS TECH PEDIATRICS: TEXAS TECH UNIVERSITY HEALTH CENTER, DEPARTMENT OF P - 3601 4TH STREET - LUBBOCK, TX 79430	75-6002622	3	0.	8,041.FMV		BOOKS	ENCOURAGE READING
SCOTT AND WHITE, GENERAL PEDIATRICS - 1902 SW HK DODGEN LOOP - TEMPLE, TX 76502	26-4532547	3	0.	19,059.FMV		BOOKS	ENCOURAGE READING
TYLER FAMILY CIRCLE OF CARE 2990 NORTH BROADWAY TYLER, TX 75702	75-2028241	3	0.	6,384.FMV		BOOKS	ENCOURAGE READING
PEDIATRIC ASSOCIATES OF FRIENDSWOOD - 128 WEST PARKWOOD - FRIENDSWOOD, TX 77546	76-0010407		0.	5,275.FMV		BOOKS	ENCOURAGE READING

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CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS MEDICAL GROUP - 601 CHILDREN'S LANE - NORFOLK, VA 23507	54-0506321	3	0.	13,711.FMV		BOOKS	ENCOURAGE READING
SEA MAR COMMUNITY HEALTH CENTERS, SEATTLE MEDICAL - 8720 14TH AVENUE SOUTH - SEATTLE, WA 98108	91-1020139	3	0.	22,964.FMV		BOOKS	ENCOURAGE READING
PEDIATRICS NORTHWEST, P.S., JAMES CENTER OFFICE - 1628 S. MILDRED #101 - TACOMA, WA 98465	91-2124511	3	0.	22,131.FMV		BOOKS	ENCOURAGE READING
YAKIMA VALLEY FARM WORKERS CLINIC 518 W FIRST AVENUE TOPPENISH, WA 98948	91-1019392	3	0.	16,582.FMV		BOOKS	ENCOURAGE READING
YAKIMA NEIGHBORHOOD HEALTH SERVICES - 12 SOUTH 8TH STREET - YAKIMA, WA 98901	91-0928817	3	0.	5,484.FMV		BOOKS	ENCOURAGE READING
REACH OUT AND READ - MILWAUKEE, MARTIN LUTHER KING HERITAGE HEALTH CENTER (- 2555 N. MARTIN LUTHER KING DR. - MILWAUKEE, WI 53212	39-0806261	3	0.	9,164.FMV		BOOKS	ENCOURAGE READING
REACH OUT AND READ - MILWAUKEE, CHAVEZ COMMUNITY HEALTH CENTER (SSCHC) - 1032 S. CESAR E. CHAVEZ DR. - MILWAUKEE, WI 53204	39-0806261	3	0.	6,026.FMV		BOOKS	ENCOURAGE READING
UTIAH VALLEY PRIMARY CARE MEDICAL GROUP/ADVENTIST HEALTH, PEDIATRICS - 260 HOSPITAL DRIVE - UTIAH, CA 95482	68-0345883		0.	8,022.FMV		BOOKS	ENCOURAGE READING
COEUR D'ALENE PEDIATRICS 700 W IRONWOOD DRIVE COEUR D'ALENE, ID 83814	82-0390991		0.	9,316.FMV		BOOKS	ENCOURAGE READING

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ADVOCATE HOPE CHILDREN'S HOSPITAL AMBULATORY CARE - 4440 WEST 95TH STREET - OAK LAWN, IL 60453	36-2169147		0.	9,215. ^{FMV}		BOOKS	ENCOURAGE READING
CHARLOTTE PEDIATRIC CLINIC 6235 BLAKENEY PARK DRIVE CHARLOTTE, NC 28277	56-0529945	3	0.	24,247. ^{FMV}		BOOKS	ENCOURAGE READING
SOONER PEDIATRICS 1200 CHILDREN'S AVENUE OKLAHOMA CITY, OK 73104	73-6017987	3	0.	7,156. ^{FMV}		BOOKS	ENCOURAGE READING
PORT ROYAL MEDICAL CENTER 1320 S. RIBAUT ROAD PORT ROYAL, SC 29935	57-0523586	3	0.	8,390. ^{FMV}		BOOKS	ENCOURAGE READING
SUMTER PEDIATRICS 237 CHURCH STREET SUMTER, SC 29150	57-0555541	3	0.	20,994. ^{FMV}		BOOKS	ENCOURAGE READING
SHANNON HEALTH 120 E BEAUREGARD SAN ANGELO, TX 76903	75-2600873	3	0.	14,208. ^{FMV}		BOOKS	ENCOURAGE READING
PENINSULA CHILDREN'S CLINIC 902 CAROLINE STREET PORT ANGELES, WA 98362	91-1604831	3	0.	12,136. ^{FMV}		BOOKS	ENCOURAGE READING
COMMUNITY HEALTH CENTERS AT CLEARWATER/MOTHER & CHILD CARE - 707 DRUID ROAD EAST - CLEARWATER, FL 33756	59-2097521	3	0.	10,926. ^{FMV}		BOOKS	ENCOURAGE READING
CHICAGO FAMILY HEALTH CENTER - SOUTH CHICAGO - 9119 S. EXCHANGE - CHICAGO, IL 60617	36-2893854	3	0.	9,865. ^{FMV}		BOOKS	ENCOURAGE READING

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RANDOLPH PEDIATRIC ASSOCIATES 6324 FAIRVIEW RD CHARLOTTE, NC 28210	58-1728803	3	0.	11,048.FMV		BOOKS	ENCOURAGE READING
WINTHROP PEDIATRIC ASSOCIATES 222 STATION PLAZA N. MINEOLA, NY 11501	11-1633486	3	0.	25,339.FMV		BOOKS	ENCOURAGE READING
LOCUST PEDIATRIC CARE GROUP, AKRON CHILDREN'S HOSPITAL - ONE PERKINS SQUARE - AKRON, OH 44308	34-0714357	3	0.	7,495.FMV		BOOKS	ENCOURAGE READING
LEHIGH VALLEY HOSPITAL, OUTPATIENT PEDIATRICS - 17TH AND CHEW STREETS - ALLENTOWN, PA 18105	23-1689692	3	0.	8,839.FMV		BOOKS	ENCOURAGE READING
CENTER FOR THE URBAN CHILD AT ST. CHRISTOPHER'S HOSPITAL FOR CHILDREN - 3645 NORTH FRONT STREET - PHILADELPHIA, PA 19140	23-2274198		0.	18,563.FMV		BOOKS	ENCOURAGE READING
CARRBORO COMMUNITY HEALTH CENTER 301 LLOYD STREET CARRBORO, NC 27510	56-0952737	3	0.	12,448.FMV		BOOKS	ENCOURAGE READING
LEGACY COMMUNITY HEALTH SERVICES-SOUTHWEST CLINIC - 6441 HIGH STAR - HOUSTON, TX 77074	76-0009637	3	0.	16,014.FMV		BOOKS	ENCOURAGE READING
BROWNSVILLE KIDDIE HEALTH CENTER 95 E. PRICE ROAD BROWNSVILLE, TX 78521	74-2925039		0.	6,084.FMV		BOOKS	ENCOURAGE READING
UNIVERSITY OF CALIFORNIA DAVIS MEDICAL CENTER, AMBULATORY PEDIATRICS - 2521 STOCKTON BLVD - SACRAMENTO, CA 95817	94-6036494	3	0.	13,183.FMV		BOOKS	ENCOURAGE READING

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CCP/LAUREL PEDIATRICS, PC 140 WAYLANDSMITH DRIVE UNIONTOWN, PA 15401	25-1781887	3	0.	5,106.FMV		BOOKS	ENCOURAGE READING
TSEHOOTSOTI MEDICAL CENTER, PEDIATRIC CLINIC - CORNER OF N12 AND N7 - FORT DERIANCE, AZ 86504	86-0719856		0.	5,351.FMV		BOOKS	ENCOURAGE READING
METROHEALTH MEDICAL CENTER 2500 METROHEALTH DRIVE CLEVELAND, OH 44109	34-6607695	3	0.	10,226.FMV		BOOKS	ENCOURAGE READING
NORTHWEST TEXAS HOSPITAL, WOMEN'S AND CHILDREN'S HEALTH CARE CENTER - 814 MARTIN ROAD - AMARILLO, TX 79107	23-2238976		0.	6,606.FMV		BOOKS	ENCOURAGE READING
SALISBURY PEDIATRIC ASSOCIATES 129 WOODSON STREET SALISBURY, NC 28144	56-0988747		0.	12,093.FMV		BOOKS	ENCOURAGE READING
LAWTON CHILDS HEALTH CENTER 1515 26TH AVENUE EAST BRADENTON, FL 34208	59-1773262	3	0.	15,716.FMV		BOOKS	ENCOURAGE READING
HARLEM HOSPITAL CENTER, DEPARTMENT OF PEDIATRICS - 506 LENOX AVENUE - NEW YORK, NY 10037	13-2655001	3	0.	15,475.FMV		BOOKS	ENCOURAGE READING
7TH AVENUE FAMILY HEALTH CENTER 200 NORTHWEST 7TH AVENUE FORT LAUDERDALE, FL 33311	59-6012065	3	0.	14,575.FMV		BOOKS	ENCOURAGE READING
BETH ISRAEL PEDIATRIC ASSOCIATES 10 UNION SQUARE EAST NEW YORK, NY 10003	13-5564934	3	0.	7,979.FMV		BOOKS	ENCOURAGE READING

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ALEXANDRIA HEALTH DEPARTMENT 4480 KING ST. ALEXANDRIA, VA 22302	54-0534600	3	0.	5,717.FMV		BOOKS	ENCOURAGE READING	
PEDIATRIC RESIDENTS CONTINUITY CLINIC- LSUSHSC - 1501 KINGS HIGHWAY - SHREVEPORT, LA 71103	72-0702002	3	0.	5,340.FMV		BOOKS	ENCOURAGE READING	
VISTA COMMUNITY CLINIC-VT PEDS 1000 VALE TERRACE VISTA, CA 92084	95-2815615		0.	7,409.FMV		BOOKS	ENCOURAGE READING	
STONY BROOK CHILDREN'S, SERVICES AT TECH PARK - 4 TECHNOLOGY DRIVE - EAST SETAUKET, NY 11733	11-2571524	3	0.	7,353.FMV		BOOKS	ENCOURAGE READING	
WINTHROP PEDIATRIC ASSOCIATES, HEMPSTEAD - 175 FULTON AVENUE - HEMPSTEAD, NY 11550	11-1633486	3	0.	19,995.FMV		BOOKS	ENCOURAGE READING	
SAVANNAH PEDIATRICS, P.C. 1000 TOWN CENTER BLVD., SUITE 301 POOLER, GA 31322	58-1108800		0.	8,889.FMV		BOOKS	ENCOURAGE READING	
KINGS COUNTY HOSPITAL CENTER 541 CLARKSON AVENUE BROOKLYN, NY 11203	13-2655001	3	0.	53,367.FMV		BOOKS	ENCOURAGE READING	
SAN MATEO MEDICAL CENTER 222 WEST 39TH AVENUE SAN MATEO, CA 94403	91-2159949		0.	5,630.FMV		BOOKS	ENCOURAGE READING	
HARLINGEN PEDIATRIC ASSOCIATES 321 SOUTH 21ST STREET HARLINGEN, TX 78550	74-2543766		0.	7,203.FMV		BOOKS	ENCOURAGE READING	

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PEDIATRICS NORTHWEST, PS - GIG HARBOR OFFICE - 4700 PT. FOSDICK DRIVE SUITE 103 - GIG HARBOR, WA 98335	91-2124511	3	0.	6,000.	FMV	BOOKS	ENCOURAGE READING	
INOVA CARES CLINIC FOR CHILDREN 6400 ARLINGTON BLVD., SUITE 200 FALLS CHURCH, VA 22042	54-1071867	3	0.	5,158.	FMV	BOOKS	ENCOURAGE READING	
MECKLENBURG COUNTY HEALTH DEPARTMENT, IMMUNIZATION CLINIC - 2845 BEATTIES FORD ROAD - CHARLOTTE, NC 28216	56-6000319	3	0.	10,254.	FMV	BOOKS	ENCOURAGE READING	
PROFESSIONAL ASSOCIATION FOR PEDIATRICS - 1850 HICKORY STREET - ABILENE, TX 79601	75-1371323	3	0.	9,817.	FMV	BOOKS	ENCOURAGE READING	
BURGDORF/BANK OF AMERICA, PEDIATRIC CLINIC - 131 COVENTRY STREET - HARTFORD, CT 06112	06-0646813	3	0.	15,542.	FMV	BOOKS	ENCOURAGE READING	
NORTH DEKALB HEALTH CENTER 3807 CLAIRMONT ROAD CHAMBLEE, GA 30341	58-6001198	3	0.	6,830.	FMV	BOOKS	ENCOURAGE READING	
TOTAL HEALTH CARE-DIVISION STREET 1501 DIVISION STREET BALTIMORE, MD 21217	23-7267007	3	0.	41,098.	FMV	BOOKS	ENCOURAGE READING	
CHILDREN'S HEALTHCARE OF ATLANTA PRIMARY CARE CENTER - CHAMBLEE - 4166 BUFORD HIGHWAY, SUITE 1102 - CHAMBLEE, GA 30345	58-2367819		0.	10,256.	FMV	BOOKS	ENCOURAGE READING	
STACY MCKAY HEALTH & EDUCATION CENTER - 6450 U.S. HIGHWAY 6 - PORTAGE, IN 46368	35-2028588	3	0.	5,106.	FMV	BOOKS	ENCOURAGE READING	

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ST. VINCENT'S PRIMARY CARE CENTER 8414 NAAB ROAD INDIANAPOLIS, IN 46260	35-0869066	3	0.	9,336.FMV		BOOKS	ENCOURAGE READING	
LOUIS S. DAMIANO PEDIATRIC HEALTH CENTER, ST. PETER'S PEDIATRIC FACULTY GRO - 123 HOW LANE - NEW BRUNSWICK, NJ 08901	22-1487330		0.	7,353.FMV		BOOKS	ENCOURAGE READING	
CHILDREN'S HEALTH CENTER AT MARTIN LUTHER KING - 3029 MARTIN LUTHER KING, JR. AVENUE, SE - WASHINGTON, DC 20032	53-0196580	3	0.	5,206.FMV		BOOKS	ENCOURAGE READING	
OAKLAND BAY PEDIATRICS 247 PROFESSIONAL WAY SHELTON, WA 98584	91-0836763		0.	5,555.FMV		BOOKS	ENCOURAGE READING	
FIRST STEP PEDIATRIC CENTER 390 CALLE DE ALBIRA LAS CRUCES, NM 88005	41-2094639	3	0.	6,481.FMV		BOOKS	ENCOURAGE READING	
PEDIATRICS IN BREVARD 1755 W. HIBISCUS BLVD MELBOURNE, FL 32901	59-3477388	3	0.	9,141.FMV		BOOKS	ENCOURAGE READING	
MOUNT OLIVE PEDIATRICS, P.A. 327 NC HWY 55WEST MOUNT OLIVE, NC 28365	57-0672117	3	0.	11,494.FMV		BOOKS	ENCOURAGE READING	
GOLDSBORO PEDIATRICS, P.A. 2706 MEDICAL OFFICE PLACE GOLDSBORO, NC 27534	57-0672117	3	0.	22,298.FMV		BOOKS	ENCOURAGE READING	
WASHINGTON PEDIATRIC ASSOCIATES, PC - 1145 19TH STREET NW - WASHINGTON, DC 20036	16-1629866		0.	6,251.FMV		BOOKS	ENCOURAGE READING	

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IFC 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
SAINT ALPHONSUS MEDICAL GROUP PEDIATRICS - 1072 N LIBERTY ST - BOISE, ID 83704	82-0200895		0.	6,225.	FMV	BOOKS	ENCOURAGE READING
VISALIA HEALTH CENTER, TULARE COUNTY HEALTH AND HUMAN SERVICES AGENCY - 2611 NORTH DINUBA BOULEVARD - VISALIA, CA 93291	94-6000545		0.	5,481.	FMV	BOOKS	ENCOURAGE READING
LITTLE ROCK PEDIATRIC CLINIC 500 SOUTH UNIVERSITY LITTLE ROCK, AR 72205	71-0859428		0.	5,202.	FMV	BOOKS	ENCOURAGE READING
LIFETIME MEDICAL ASSOCIATES 1645 WEST JACKSON BOULEVARD CHICAGO, IL 60612	91-1780120	3	0.	5,202.	FMV	BOOKS	ENCOURAGE READING
ROXBORO INTERNAL MEDICINE AND PEDIATRICS - 796 DOCTORS COURT - ROXBORO, NC 27573	56-2032082		0.	8,565.	FMV	BOOKS	ENCOURAGE READING
MUNCIE PEDIATRIC & ADOLESCENT GROUP - 205 N. TILLOTSON AVENUE - MUNCIE, IN 47304	35-1925641	3	0.	8,109.	FMV	BOOKS	ENCOURAGE READING
DINOSAURLAND PEDIATRICS 175 NORTH 100 WEST VERNAL, UT 84078	72-1545000		0.	5,955.	FMV	BOOKS	ENCOURAGE READING
SANDHILLS PEDIATRICS 195 WEST ILLINOIS AVENUE SOUTHERN PINES, NC 28387	56-0943953		0.	13,156.	FMV	BOOKS	ENCOURAGE READING
ERIC B CHANDLER HEALTH CENTER, UMDNJ-RWJMS - 277 GEORGE STREET - NEW BRUNSWICK, NJ 08901	22-1980408	3	0.	5,085.	FMV	BOOKS	ENCOURAGE READING

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PHOENIX INDIAN MEDICAL CENTER, DEPARTMENT OF PEDIATRICS - 4212 NORTH 16TH STREET - PHOENIX, AZ 85016	86-0212139	3	0.	11,138.	FMV	BOOKS	ENCOURAGE READING	
DARLINGTON COUNTY HEALTH DEPARTMENT - 305 RUSSELL STREET - DARLINGTON, SC 29532	57-6000286	3	0.	8,907.	FMV	BOOKS	ENCOURAGE READING	
YUKON-KUSKOKWIM HEALTH CORP, WELL CHILD PROGRAM - 829 CHIEF EDDIE HOFFMAN HIGHWAY - BETHEL, AK 99559	92-0041414	3	0.	9,332.	FMV	BOOKS	ENCOURAGE READING	
BRYAN COLLEGE STATION COMMUNITY HEALTH CENTER - 1301 MEMORIAL DR - BRYAN, TX 77802	74-1715140		0.	6,734.	FMV	BOOKS	ENCOURAGE READING	
DOTHAN PEDIATRIC CLINIC 126 CLINIC DRIVE DOTHAN, AL 36303	63-0579356	3	0.	9,848.	FMV	BOOKS	ENCOURAGE READING	
ASHLEY PEDIATRICS DAY & NIGHT CLINIC - 3135 S SUGAR RD - EDINBURG, TX 78539	32-0014517		0.	8,185.	FMV	BOOKS	ENCOURAGE READING	
WASHINGTON PEDIATRICS, PA 1206 BROWN STREET WASHINGTON, NC 27889	20-1548516	3	0.	10,808.	FMV	BOOKS	ENCOURAGE READING	
NORTHEAST VALLEY HEALTH CORPORATION, SAN FERNANDO HEALTH CENTER - 1172 N MACLAY AVE - SAN FERNANDO, CA 91340	23-7120632	3	0.	16,308.	FMV	BOOKS	ENCOURAGE READING	
KEESLER MEDICAL CENTER 301 FISHER STREET BILOXI, MS 39534	64-0316984	3	0.	8,255.	FMV	BOOKS	ENCOURAGE READING	

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SKAGIT PEDIATRICS, LLP 2101 LITTLE MOUNTAIN LANE MOUNT VERNON, WA 98274	91-1147231		0.	20,180.	FMV	BOOKS	ENCOURAGE READING
MULTICARE MARY BRIDGE EVERGREEN PEDIATRICS - 1910 MERIDIAN STREET SOUTH - PUYALLUP, WA 98371	91-2158392		0.	5,261.	FMV	BOOKS	ENCOURAGE READING
CHARTER OAK HEALTH CENTER, INC 21 GRAND STREET HARTFORD, CT 06106	06-0986747		0.	9,002.	FMV	BOOKS	ENCOURAGE READING
CHILDREN'S HEALTH CENTER CONTINUITY CLINIC - 700 SPRING STREET - MACON, GA 31201	58-2149128	3	0.	17,541.	FMV	BOOKS	ENCOURAGE READING
MEDICAL GROUP OF THE CAROLINAS PEDIATRICS-UNION - 407 WEST SOUTH STREET - UNION, SC 29379	57-6009340		0.	7,239.	FMV	BOOKS	ENCOURAGE READING
CHILDREN'S PRIMARY CARE MEDICAL GROUP, CHILDREN'S WAY - 3030 CHILDREN'S WAY - SAN DIEGO, CA 92123	33-0662258		0.	5,742.	FMV	BOOKS	ENCOURAGE READING
HOSPITAL OF SAINT RAPHAEL, PEDIATRIC PRIMARY CARECENTER - 1450 CHAPEL STREET - NEW HAVEN, CT 06511	06-0646652		0.	15,058.	FMV	BOOKS	ENCOURAGE READING
RIVERTOWN PEDIATRICS 2416 CAPSTONE COURT COLUMBUS, GA 31909	58-1094505		0.	8,531.	FMV	BOOKS	ENCOURAGE READING
RIVERSIDE PEDIATRIC AND FAMILY MEDICINE CENTER - 10510 JEFFERSON AVENUE - NEWPORT NEWS, VA 23601	52-1245746		0.	8,792.	FMV	BOOKS	ENCOURAGE READING

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LEXINGTON-PAYETTE COUNTY HEALTH DEPARTMENT, HEALTH FIRST OF THE BLUEGRASS - 2433 REGENCY ROAD - LEXINGTON, KY 40503	000-000-000		0.	6,734.FMV		BOOKS	ENCOURAGE READING
SAN JUAN PEDIATRICS 407 SOUTH SCHWARTZ AVE. FARMINGTON, NM 87401	85-0127924		0.	5,246.FMV		BOOKS	ENCOURAGE READING
REGENESIS HEALTH CARE 750 S. CHURCH ST. SPARTANBURG, SC 29306	57-1084051	3	0.	9,183.FMV		BOOKS	ENCOURAGE READING
SOUTHEASTERN VIRGINIA HEALTH SYSTEM - 1033 28TH STREET - NEWPORT NEWS, VA 23607	54-1083954		0.	6,732.FMV		BOOKS	ENCOURAGE READING
FIRST CHOICE HEALTH CENTER 110 CONNECTICUT BLVD EAST HARTFORD, CT 06108	06-1416492		0.	12,765.FMV		BOOKS	ENCOURAGE READING
INDIAN HEALTH CENTER - ROR 1333 MERIDIAN AVENUE SAN JOSE, CA 95125	94-2476242		0.	7,796.FMV		BOOKS	ENCOURAGE READING
WATTS HEALTHCARE CORPORATION 10300 COMPTON AVENUE LOS ANGELES, CA 90002	75-3046480	3	0.	13,592.FMV		BOOKS	ENCOURAGE READING
PEDIATRIC ASSOCIATES OF WINCHESTER, APPLE VALLEY ROR - 1002 AMHERST ST, BLDG C - WINCHESTER, VA 22601	54-1147384		0.	5,812.FMV		BOOKS	ENCOURAGE READING
CONEY ISLAND HOSPITAL 2601 OCEAN PARKWAY BROOKLYN, NY 11235	13-2655001	3	0.	6,717.FMV		BOOKS	ENCOURAGE READING

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LAMDALE CHRISTIAN HEALTH CENTER 3808 W. OGDEN AVENUE CHICAGO, IL 60623	36-3308953	3	0.	6,504.FMV		BOOKS	ENCOURAGE READING
MILESTONE PEDIATRICS & FAMILY MEDICINE - 1438 MCLENDON DRIVE - DECATUR, GA 30033	03-0535194		0.	19,331.FMV		BOOKS	ENCOURAGE READING
COTTONWOOD MEDICAL CENTER, LTD. 560 N. CAMINO MERCADO, SUITE 7 CASA GRANDE, AZ 85122	86-0413582		0.	6,666.FMV		BOOKS	ENCOURAGE READING
ALL ABOUT CHILDREN PEDIATRIC PARTNERS - 655 WALNUT STREET - WEST READING, PA 19601	23-3063708		0.	9,219.FMV		BOOKS	ENCOURAGE READING
DECATUR PEDIATRIC GROUP 4112 E. PONCE DE LEON AVENUE CLARKSTON, GA 30021	58-1093003	3	0.	18,897.FMV		BOOKS	ENCOURAGE READING
GEORGIA REGENTS UNIVERSITY, GENERAL PEDIATRICS CLINIC - 1446 HARPER ST. - AUGUSTA, GA 30912	35-2310573	3	0.	12,224.FMV		BOOKS	ENCOURAGE READING
WEE KARE PEDIATRICS 19333 HIGHWAY 59 NORTH HUMBLE, TX 77338	04-3751219		0.	38,360.FMV		BOOKS	ENCOURAGE READING
SUNSHINE MEDICAL CLINIC 156 RIVER OAKS DR CANTON, MS 39046	64-0944598		0.	9,527.FMV		BOOKS	ENCOURAGE READING
PARK PEDIATRICS 7610 CARROLL AVENUE TAKOMA PARK, MD 20912	52-1747503		0.	6,417.FMV		BOOKS	ENCOURAGE READING

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THE PEDIATRIC CENTER 5405 MEMORIAL DR, STONE MOUNTAIN, GA 30083	58-1265636		0.	5,315.FMV		BOOKS	ENCOURAGE READING
FRANKLIN SQUARE PEDIATRICS AT PERRY HALL - 5009 HONEYGO CENTER DR, SUITE 225 - PERRY HALL, MD 21128	52-0608007	3	0.	5,574.FMV		BOOKS	ENCOURAGE READING
TCL PEDIATRICS 2600 MARTIN LUTHER KING JR. DRIVE ATLANTA, GA 30311	26-2897457		0.	7,298.FMV		BOOKS	ENCOURAGE READING
CEDAR RAPIDS PEDIATRICS 855 A AVENUE NE STE 300 CEDAR RAPIDS, IA 52402	42-1411630	3	0.	11,648.FMV		BOOKS	ENCOURAGE READING
TEXOMACARE DENISON PEDIATRICS 5012 SOUTH US HWY 75 DENISON, TX 75020	75-2617462		0.	5,241.FMV		BOOKS	ENCOURAGE READING
GREATER LOWELL PEDIATRICS 33 BARLETT STREET LOWELL, MA 01852	04-3420849		0.	10,105.FMV		BOOKS	ENCOURAGE READING
NEW CASTLE PEDIATRICS 1000 N. 16TH STREET, STE. G10 NEW CASTLE, IN 47362	35-6001583	3	0.	5,071.FMV		BOOKS	ENCOURAGE READING
ALTAMED HEALTH SERVICES CORPORATION, EAST LOS ANGELES BOYLE HEIGHTS CLINIC - 3945 WHITTIER BLVD. - LOS ANGELES, CA	95-2810095	3	0.	6,276.FMV		BOOKS	ENCOURAGE READING
PEDIATRIC ASSOCIATES 4500 SHERIDAN STREET HOLLYWOOD, FL 33021	59-1198552		0.	17,670.FMV		BOOKS	ENCOURAGE READING

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CIRCLE CITY PEDIATRICS 10122 EAST 10TH STREET INDIANAPOLIS, IN 46229	32-0073095	3	0.	15,342.FMV		BOOKS	ENCOURAGE READING
MUSC-PEDIATRIC EMERGENCY DEPT 96 JONATHAN LUCAS STREET CHARLSTON, SC 29425	57-1098556	3	0.	11,154.FMV		BOOKS	ENCOURAGE READING
FAMILY HEALTH CENTERS OF GA 868 YORK AVENUE, S.W. ATLANTA, GA 30310	58-1233448	3	0.	6,151.FMV		BOOKS	ENCOURAGE READING
CHILD AND ADOLESCENT CLINIC 971 11TH AVE. LONGVIEW, WA 98632	91-1139057		0.	14,161.FMV		BOOKS	ENCOURAGE READING
CLARKE COUNTY BOARD OF HEALTH 220 RESEARCH DRIVE ATHENS, GA 30605	58-6000351	3	0.	10,497.FMV		BOOKS	ENCOURAGE READING
SANTA FE INDIAN HOSPITAL 1700 CERRILLOS ROAD SANTA FE, NM 87505	85-0434679		0.	8,513.FMV		BOOKS	ENCOURAGE READING
LITCHFIELD COUNTY PEDIATRICS 20 FELICITY LANE TORINGTON, CT 06790	06-1637300		0.	7,621.FMV		BOOKS	ENCOURAGE READING
LYNCHBURG FAMILY MEDICINE CENTER 2323 MEMORIAL AVENUE, SUITE 10 LYNCHBURG, VA 24501	54-0715569	3	0.	7,802.FMV		BOOKS	ENCOURAGE READING
MONTEREY PENINSULA PEDIATRIC MEDICAL GROUP - 2 UPPER RAGSDALE DR. - MONTEREY, CA 93940	94-2753417	3	0.	7,041.FMV		BOOKS	ENCOURAGE READING

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NEW BRITAIN PEDIATRIC GROUP 1095 WEST MAIN STREET NEW BRITAIN, CT 06053	06-0768562		0.	12,638.	FMV	BOOKS	ENCOURAGE READING
NAVAL MEDICAL CENTER PORTSMOUTH, PEDIATRIC CLINIC - 620 JOHN PAUL JONES CIRCLE - PORTSMOUTH, VA 23708	52-1419213	3	0.	12,815.	FMV	BOOKS	ENCOURAGE READING
SOUTH PHILADELPHIA PEDIATRICS, PCC 1400 SOUTH 5TH STREET PHILADELPHIA, PA 19147	23-2654679		0.	5,729.	FMV	BOOKS	ENCOURAGE READING
NAVY MEDICAL CENTER SAN DIEGO 34800 BOB WILSON DRIVE SAN DIEGO, CA 92134	56-2595144	3	0.	20,483.	FMV	BOOKS	ENCOURAGE READING
UNHS-MONTEZUMA CREEK CLINIC EAST HIGHWAY 262 MONTEZUMA CREEK, UT 84534	87-0560763	3	0.	8,479.	FMV	BOOKS	ENCOURAGE READING
UNHS-BLANDING FAMILY PRACTICE 802 SOUTH 200 WEST SUITE B BLANDING, UT 84511	87-0560763	3	0.	6,717.	FMV	BOOKS	ENCOURAGE READING
UNHS-MONUMENT VALLEY CLINIC P.O. BOX 360005 MONUMENT VALLEY, UT 84536	87-0560763	3	0.	8,453.	FMV	BOOKS	ENCOURAGE READING
AUGUSTA PEDIATRICS 57 BEAM LANE SUITE 202 FISHERSVILLE, VA 22939	54-1124769		0.	6,942.	FMV	BOOKS	ENCOURAGE READING
NASSIM AND ASSOCIATES, P.S.C. 2305 GREEN VALLEY ROAD NEW ALBANY, IN 47150	35-1951862		0.	6,721.	FMV	BOOKS	ENCOURAGE READING

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DEPARTMENT OF PEDIATRICS, MADIGAN ARMY MEDICAL CENTER - MADIGAN ARMY MEDICAL CENTER, - TACOMA, WA 98431	000-000-000		0.	7,317.FMV		BOOKS	ENCOURAGE READING
KERSHAW COUNTY HEALTH DEPARTMENT 1116 CHURCH STREET CAMDEN, SC 29020	57-6000286		0.	6,852.FMV		BOOKS	ENCOURAGE READING
THE VANCOUVER CLINIC COLUMBIA TECH CENTER VANCOUVER, WA 98684	91-1456753	3	0.	41,662.FMV		BOOKS	ENCOURAGE READING
VIRGINIA GARCIA MEMORIAL HEALTH CENTER - 1151 N. ADAIR STREET - CORNELIUS, OR 97116	91-2077840	3	0.	12,459.FMV		BOOKS	ENCOURAGE READING
HENRY FORD HEALTH SYSTEM, DEPARTMENT OF PEDIATRICS - ONE FORD PLACE, 4B - DETROIT, MI 48202	38-1357020	3	0.	15,054.FMV		BOOKS	ENCOURAGE READING
MUSKEGON FAMILY CARE 2201 S. GETTY ST. MUSKEGON, MI 49444	38-3324611	3	0.	11,797.FMV		BOOKS	ENCOURAGE READING
HIGHLAND PEDIATRICS 1030 PRESIDENT AVENUE FALL RIVER, MA 02720	04-3013890		0.	8,733.FMV		BOOKS	ENCOURAGE READING
WHITE HOUSE CLINIC, RICHMOND 401 HIGHLAND PARK DRIVE RICHMOND, KY 40475	61-0843731	3	0.	9,303.FMV		BOOKS	ENCOURAGE READING
RIVERBEND MEDICAL GROUP 444 MONTGOMERY STREET CHICOPPE, MA 01020	04-3400111	3	0.	5,390.FMV		BOOKS	ENCOURAGE READING

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HEALTHPOINT RENTON 955 POWELL AVE SW RENTON, WA 98057	91-0884412	3	0.	13,753.FMV		BOOKS	ENCOURAGE READING	
SAN LUIS VALLEY REGIONAL MEDICAL CENTER, DEPARTMENT OF PEDIATRICS - 106 BLANCA AVE - ALAMOSA, CO 81101	84-0255530	3	0.	5,517.FMV		BOOKS	ENCOURAGE READING	
PEDIATRIC AND ADULT MEDICINE 13132 NEWPORT AVE, SUITE 100 TUSTIN, CA 92780	33-0822221		0.	6,026.FMV		BOOKS	ENCOURAGE READING	
SAN ANTONIO MILITARY PEDIATRIC CENTER - 2200 BERGQUIST DRIVE - LACKLAND AFB, TX 78236	000-000-000	3	0.	9,751.FMV		BOOKS	ENCOURAGE READING	
PEDIATRIC HEALTHCARE OF BROCKTON 830 OAK STREET BROCKTON, MA 02301	04-3442087		0.	5,036.FMV		BOOKS	ENCOURAGE READING	
RIVERBEND MEDICAL GROUP 305 BICENTENNIAL HIGHWAY SPRINGFIELD, MA 01118	04-3473929		0.	6,128.FMV		BOOKS	ENCOURAGE READING	
PEDIATRIC SPECIALISTS OF FOXBORO AND WRENTHAM - 132 CENTRAL STREET, SUITE 116 - FOXBORO, MA 02035	04-2663142		0.	8,654.FMV		BOOKS	ENCOURAGE READING	
NEW RIVER VALLEY PEDIATRICS 805 DAVIS ST BLACKSBURG, VA 24060	54-1567372		0.	6,385.FMV		BOOKS	ENCOURAGE READING	
PEDIATRIC HEALTH CARE ASSOCIATES 225 BOSTON STREET LYNN, MA 01904	04-2942275		0.	6,002.FMV		BOOKS	ENCOURAGE READING	

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RIVERSIDE PEDIATRICS 36 NORTH BROADWAY YONKERS, NY 10701	13-4128231		0.	10,837.FMV		BOOKS	ENCOURAGE READING
WAKE COUNTY HUMAN SERVICES CHILD HEALTH CLINIC, ATTN: DR. ALKA MEHTA - 10 SUNNYBROOK RD, CLINIC B - RALEIGH, NC 27610	56-6000347		0.	6,935.FMV		BOOKS	ENCOURAGE READING
AKRON CHILDREN'S HOSPITAL MAHONING VALLEY, PEDIATRIC SPECIALTIES - 8423 MARKET STREET - BOARDMAN, OH 44512	34-0714357	3	0.	6,718.FMV		BOOKS	ENCOURAGE READING
SOUTHWEST AREA CHILDREN'S HUB, MLK MACC FOSTER CARE PROGRAM - 1679 EAST 120TH STREET - LOS ANGELES, CA 90059	95-6151774	3	0.	18,598.FMV		BOOKS	ENCOURAGE READING
UNIVERSITY OF KENTUCKY PEDIATRIC CLINIC - J201, KENTUCKY CLINIC - LEXINGTON, KY 40536	61-6001218		0.	18,375.FMV		BOOKS	ENCOURAGE READING
VERNON PEDIATRICS 357 HARTFORD TPKE VERNON, CT 06066	06-1496224		0.	18,016.FMV		BOOKS	ENCOURAGE READING
UW NEIGHBORHOOD KENT/DES MOINES CLINIC - 23213 PACIFIC HWY SO - KENT, WA 98032	91-1715882	3	0.	5,908.FMV		BOOKS	ENCOURAGE READING
HARBIN CLINIC PEDIATRICS-CARTERSVILLE - 150 GENTILITY BLVD - CARTERSVILLE, GA 30120	58-2234927		0.	10,662.FMV		BOOKS	ENCOURAGE READING
PEAK VISTA COMMUNITY HEALTH CENTERS, PEDIATRICS - 2828 INTERNATIONAL CIRCLE - COLORADO SPRINGS, CO 80910	84-0617567	3	0.	11,559.FMV		BOOKS	ENCOURAGE READING

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CHILD HEALTH ASSOCIATES 105 MILLBURY STREET AUBURN, MA 01501	04-2929916	3	0.	7,892.FMV		BOOKS	ENCOURAGE READING
UMASS MEMORIAL PEDIATRIC PRIMARY CARE - 55 LAKE AVENUE N. - WORCESTER, MA 01655	04-2911067	3	0.	8,069.FMV		BOOKS	ENCOURAGE READING
UNIVERSAL PEDIATRICS 132 HALSTED ST EAST ORANGE, NJ 07018	22-3766143		0.	6,064.FMV		BOOKS	ENCOURAGE READING
MANSFIELD PEDIATRICS 12A LEDGEBROOK DRIVE MANSFIELD, CT 06250	06-1469068		0.	9,311.FMV		BOOKS	ENCOURAGE READING
PENINSULA COMMUNITY HEALTH SERVICES, SIXTH STREET MEDICAL CLINIC - 616 6TH STREET - BREMERTON, WA 98337	94-3079770	3	0.	5,107.FMV		BOOKS	ENCOURAGE READING
DUNDALK PEDIATRIC ASSOCIATES 2112 DUNDALK AVENUE BALTIMORE, MD 21222	52-1749215		0.	6,499.FMV		BOOKS	ENCOURAGE READING
SOUTHBORO MEDICAL GROUP 761 WORCESTER ROAD FRAMINGHAM, MA 01701	04-2487729	3	0.	9,860.FMV		BOOKS	ENCOURAGE READING
NORTH SHORE PEDIATRICS 480 MAPLE STREET DANVERS, MA 01923	04-3235210		0.	5,698.FMV		BOOKS	ENCOURAGE READING
MERCY CENTRAL PEDIATRIC CLINIC 330 LAUREL ST DES MOINES, IA 50314	43-1564302	3	0.	6,102.FMV		BOOKS	ENCOURAGE READING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IFC 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	
LAKE MURRAY PEDIATRICS 448 OLD CHEROKEE ROAD LEXINGTON, SC 29072	26-1960517		0.	5,864.FMV		BOOKS	ENCOURAGE READING	
CLINCH VALLEY PHYSICIANS, ASSOC.- PEDIATRICS DEPT. - ONE CLINIC DRIVE - RICHLANDS, VA 24641	34-2051378	3	0.	6,287.FMV		BOOKS	ENCOURAGE READING	
PEDIATRIC CLINIC, LLC 2401 VILLAGE PROFESSIONAL PARKWAY OPELIKA, AL 36801	63-0545981	3	0.	10,459.FMV		BOOKS	ENCOURAGE READING	
CHILDREN'S HEALTHCARE OF WEST GEORGIA - 690 DALLAS HIGHWAY - VILLA RICA, GA 30180	58-2634487	3	0.	11,106.FMV		BOOKS	ENCOURAGE READING	
USAF/PEDIATRIC CLINIC, 88 MDOS/SGOCP - 4881 SUGAR MAPLE DRIVE - WRIGHT PATTERSON AFB, OH 45433	000-000-000	3	0.	5,574.FMV		BOOKS	ENCOURAGE READING	
WINN ACH, PEDIATRIC CLINIC 1061 HARMON AVE FORT STEWART, GA 31314	000-000-000	3	0.	23,544.FMV		BOOKS	ENCOURAGE READING	
HAVERSTRAW PEDIATRICS 48 NEW MAIN STREET HAVERSTRAW, NY 10927	13-3028764		0.	7,024.FMV		BOOKS	ENCOURAGE READING	
DAVID GRANT MEDICAL CENTER, PEDIATRIC CLINIC - 60 MDOS/SGOC - TRAVIS AFB, CA 94535	000-000-000	3	0.	5,174.FMV		BOOKS	ENCOURAGE READING	
PEDIATRIC CLINIC-SFCC 11335 SSG SIMS RD EAST FORT BLISS, TX 79918	35-9990000	3	0.	18,500.FMV		BOOKS	ENCOURAGE READING	

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
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NAVAL HOSPITAL CAMP PENDLETON , DEPARTMENT OF PEDIATRICS - NAVAL HOSPITAL CAMP PENDLETON PEDIATRICS - CAMP PENDLETON, CA 92055	000-000-000	3	0.	18,296.FMV		BOOKS	ENCOURAGE READING
MIKE O'CALLAGHAN FEDERAL HOSPITAL, PEDIATRIC CLINIC - 4700 LAS VEGAS BLVD NORTH - NELLIS AIR FORCE BASE, NV 89191	88-0060272		0.	6,396.FMV		BOOKS	ENCOURAGE READING
NORTHWEST ARKANSAS PEDIATRIC CLINIC - 3380 FUTRALL DR. - FAYETTEVILLE, AR 72703	62-1692966		0.	8,782.FMV		BOOKS	ENCOURAGE READING
WALTER REED MILITARY NATIONAL MEDICAL CENTER - 4954 NORTH PALMER ROAD - BETHESDA, MD 20889	000-000-000		0.	5,174.FMV		BOOKS	ENCOURAGE READING
WOMACK ARMY MEDICAL CENTER, DEPARTMENT OF PEDIATRICS - 4-2817 REILLY RD - FORT BRAGG, NC 28310	000-000-000		0.	6,449.FMV		BOOKS	ENCOURAGE READING
ELEMENDORF AFB PEDIATRIC CLINIC 5955 ZEAMER AVENUE ANCHORAGE, AK 99506	99-0321871	3	0.	6,243.FMV		BOOKS	ENCOURAGE READING
TRIPLER ARMY MEDICAL CENTER 1 JARRETT WHITE ROAD HONOLULU, HI 96859	000-000-000	3	0.	8,359.FMV		BOOKS	ENCOURAGE READING
CORPUS CHRISTI TOTS & TEENS PA 6434 SARATOGA BLVD CORPUS CHRISTI, TX 78414	74-2890386		0.	11,822.FMV		BOOKS	ENCOURAGE READING
CRDAMC, DPT OF PEDIATRICS BUILDING 421 FT. HOOD, TX 76544	000-000-000	3	0.	5,002.FMV		BOOKS	ENCOURAGE READING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IFC 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
UNIFOR PEDIATRICS BOX 1347 HICKORY, NC 28603	20-2298046		0.	13,705.	FMV	BOOKS	ENCOURAGE READING
OCHSNER CHILDREN'S HEALTH CENTER 1315 JEFFERSON HIGHWAY NEW ORLEANS, LA 70121	72-0502505	3	0.	5,873.	FMV	BOOKS	ENCOURAGE READING
SWEDISH FAMILY MEDICINE CHERRY HILL - 550 16TH AVE SUITE #100 - SEATTLE, WA 98122	91-2000020	3	0.	5,208.	FMV	BOOKS	ENCOURAGE READING
THE CHILDREN'S READING FOUNDATION OF LICKING COUNTY - 1671 WEST MAIN ST. - NEWARK, OH 43055	26-4755542		0.	6,224.	FMV	BOOKS	ENCOURAGE READING
KOMATKE HEALTH CENTER 17487 S. HEALTH CENTER LAVEEN, AZ 85339	86-0810876	3	0.	5,597.	FMV	BOOKS	ENCOURAGE READING
LA MAESTRA COMMUNITY HEALTH CENTERS - 4060 FAIRMOUNT AVENUE - SAN DIEGO, CA 92105	33-0473171	3	0.	5,727.	FMV	BOOKS	ENCOURAGE READING
SAN ANTONIO MILITARY MEDICAL CENTER - 3551 ROGER BROOKE DRIVE - FORT SAM HOUSTON, TX 78234	000-000-000	3	0.	9,677.	FMV	BOOKS	ENCOURAGE READING
NORTHWEST PEDIATRIC CENTER 1911 COOKS HILL ROAD CENTRALIA, WA 98531	91-1622914	3	0.	7,991.	FMV	BOOKS	ENCOURAGE READING
ST. JOSEPH HERITAGE MEDICAL GROUP 2212 E. FOURTH ST. SANTA ANA, CA 92705	33-0185031		0.	6,048.	FMV	BOOKS	ENCOURAGE READING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
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CORBIN PEDIATRICS 60 BRYAN BLVD CORBIN, KY 40701	61-1397947		0.	8,611.FMV		BOOKS	ENCOURAGE READING
INTOWN PEDIATRIC & ADOLESCENT MEDICINE, PC - 490 BILL KENNEDY WAY - ATLANTA, GA 30316	20-4906570		0.	9,150.FMV		BOOKS	ENCOURAGE READING
BLACKFEET COMMUNITY HOSPITAL, WELL CHILD CLINIC - 760 HOSPITAL CIRCLE - BROWNING, MT 59417	000-000-000		0.	5,377.FMV		BOOKS	ENCOURAGE READING
MEDLINK COLBERT 11 CHARLIE MORRIS ROAD COLBERT, GA 30628	58-1394645	3	0.	7,021.FMV		BOOKS	ENCOURAGE READING
78TH MEDICAL GROUP-PEDIATRIC CLINIC, ROBINS APB - 655 7TH STREET - ROBINS AIR FORCE BASE, GA 31098	58-0586008	3	0.	7,773.FMV		BOOKS	ENCOURAGE READING
ALL ABOUT KIDS PEDIATRICS 7517 S. MCCLINTOCK DRIVE TEMPE, AZ 85283	86-0927472		0.	12,008.FMV		BOOKS	ENCOURAGE READING
USAF LANGLEY HOSPITAL 77 NEALY AVE HAMPTON, VA 23665	12-3456789		0.	11,318.FMV		BOOKS	ENCOURAGE READING
PEACEHEALTH MEDICAL GROUP 4545 CORDATA PKWY BELLINGHAM, WA 98226	91-0565889	3	0.	6,470.FMV		BOOKS	ENCOURAGE READING
CLINICA WEE CARE ASSOCIATES 403 S. LONG BEACH BLVD COMPTON, CA 90221	26-0577510	3	0.	10,455.FMV		BOOKS	ENCOURAGE READING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IFC 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
JEWISH RENAISSANCE MEDICAL CENTER 275 HOBART STREET PERTH AMBOY, NJ 08861	22-3780067	3	0.	7,741.FMV		BOOKS	ENCOURAGE READING
WHITES PEDIATRICS 1575 CHATTANOOGA AVE DALTON, GA 30721	58-1441246		0.	8,822.FMV		BOOKS	ENCOURAGE READING
STATEN ISLAND UNIVERSITY HOSPITAL 475 SEAVIEW AVENUE STATEN ISLAND, NY 10305	11-2868878	3	0.	15,060.FMV		BOOKS	ENCOURAGE READING
KIDS ON THE COMMON PEDIATRICS, BARBARA RUGO FOCHT, M.D. - 28 GRAFTON COMMON - GRAFTON, MA 01519	45-2118280		0.	5,487.FMV		BOOKS	ENCOURAGE READING
JACKSONVILLE CHILDRENS CLINIC 120 MEMORIAL DRIVE JACKSONVILLE, NC 28546	58-1278921		0.	10,133.FMV		BOOKS	ENCOURAGE READING
72 MEDICAL OPERATIONS SQUADRON 7050 AIR DEBOT TINKER AFB, OK 73145	000-000-000		0.	5,349.FMV		BOOKS	ENCOURAGE READING
GREATER HUDSON VALLEY FAMILY HEALTH CENTER - 147 LAKE STREET - NEWBURGH, NY 12550	06-1036715	3	0.	8,276.FMV		BOOKS	ENCOURAGE READING
SUNSET COMMUNITY HEALTH CENTER 115 NORTH SOMERTON AVENUE SOMERTON, AZ 85350	86-0893305	3	0.	5,769.FMV		BOOKS	ENCOURAGE READING
MARTIN ARMY COMMUNITY HOSPITAL FAMILY MEDICAL HOME, FAMILY MEDICINE RESIDEN - 6600 VAN ALST BLVD - FORT BENNING, GA 31905	04-3481253	3	0.	11,296.FMV		BOOKS	ENCOURAGE READING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
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NAVAL HEALTH CLINIC HAWAII, BRANCH MEDICAL CLINIC, KANEOHE BAY - D STREET, BUILDING 3089 - KANEOHE, HI 96863	31-1575142	3	0.	5,349.FMV		BOOKS	ENCOURAGE READING
NAVAL HOSPITAL OAK HARBOR 3475 N SARATOGA ST. OAK HARBOR, WA 98278	91-1385272		0.	6,389.FMV		BOOKS	ENCOURAGE READING
MEDICAL UNIVERSITY OF SOUTH CAROLINA, CHILDREN'S HOSPITAL AFTER HOURS CARE - 2750 DANTZLER DRIVE - NORTH CHARLESTON, SC 29406	57-6000722	3	0.	10,584.FMV		BOOKS	ENCOURAGE READING
THOCC PEDIATRIC CLINIC 100 GRAND ST NEW BRITAIN, CT 06052	06-0646768	3	0.	11,459.FMV		BOOKS	ENCOURAGE READING
ALLIANCE MEDICAL 1625 STRAITS TURNPIKE MIDDLEBURY, CT 06762	26-3520540	3	0.	6,275.FMV		BOOKS	ENCOURAGE READING
SUMMER PEDIATRICS 992 HIGH RIDGE ROAD STAMFORD, CT 06905	26-2268694	3	0.	9,816.FMV		BOOKS	ENCOURAGE READING
WE CARE PEDIATRIC AND ADOLESCENT GROUP - 1422 CLEVELAND AVENUE - EAST POINT, GA 30344	58-2548548		0.	8,196.FMV		BOOKS	ENCOURAGE READING
OLDE TOWNE PEDIATRICS 9430 FORESTWOOD LANE MANASSAS, VA 20110	20-0637142		0.	5,842.FMV		BOOKS	ENCOURAGE READING
COASTAL CHILDREN'S CLINIC 703 NEWMAN RD. NEW BERN, NC 28562	56-1018571		0.	14,080.FMV		BOOKS	ENCOURAGE READING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
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WHITEMAN PEDIATRIC CLINIC 311 STJAN WHITEMAN AVE, MO 65305	000-000-000	3	0.	5,893.FMV		BOOKS	ENCOURAGE READING
ARCHDALE-TRINITY PEDIATRICS 210 SCHOOL ROAD TRINITY, NC 27370	56-0934933		0.	7,441.FMV		BOOKS	ENCOURAGE READING
ST JOHN'S WELL CHILD AND FAMILY CENTER - 5701 S. HOOVER STREET - LOS ANGELES, CA 90037	95-4067758	3	0.	6,808.FMV		BOOKS	ENCOURAGE READING
EVANS ARMY COMMUNITY HOSPITAL, EVANS PEDIATRIC CLINIC - 1650 COCHRANE CIRCLE, BLDG 7503 - FORT CARSON, CO 80913	84-1199082	3	0.	22,338.FMV		BOOKS	ENCOURAGE READING
SOUTH SOUND COMMUNITY MEDICAL HOME, MADIGAN ARMY MEDICAL CENTER - 500 LILLY RD NE - OLYMPIA, WA 98506	91-1636568		0.	8,439.FMV		BOOKS	ENCOURAGE READING
LIFE CYCLE PEDIATRICS 2739 FELTON DRIVE EAST POINT, GA 30344	31-1833868		0.	8,254.FMV		BOOKS	ENCOURAGE READING
PARKSIDE PEDIATRICS 525 VERDAE BLVD GREENVILLE, SC 29607	20-3730220		0.	12,481.FMV		BOOKS	ENCOURAGE READING
CORNERSTONE PEDIATRICS, DR. STELLA SABILE - 1425 BEDFORD STREET SUITE 1E - STAMFORD, CT 06305	04-6647569		0.	10,249.FMV		BOOKS	ENCOURAGE READING
PROVIDENCE PEDIATRICS NORTH 212 E CENTRAL SUITE 440 SPOKANE, WA 99208	91-1216033		0.	12,000.FMV		BOOKS	ENCOURAGE READING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
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NEW ALBANY CHILDREN'S CLINIC 462 WEST BANKHEAD STREET NEW ALBANY, MS 38652	64-0760755		0.	7,362.	FMV	BOOKS	ENCOURAGE READING
BOYNTON BEACH PEDIATRICS 10301 HAGEN RANCH RD BOYNTON BEACH, FL 33437	59-1198552		0.	22,972.	FMV	BOOKS	ENCOURAGE READING
MASON CHILDREN'S ASSOCIATES OF GWINNETT - 555 OLD NORCROSS ROAD - LAWRENCEVILLE, GA 30046	58-2143107		0.	15,603.	FMV	BOOKS	ENCOURAGE READING
ST CHRIS CARE AT FALLS CENTER 3300 HENRY AVE PHILADELPHIA, PA 19129	23-2274198		0.	5,356.	FMV	BOOKS	ENCOURAGE READING
PEDIATRIC ASSOCIATES OF CT, PC 160 ROBBINS STREET WATERBURY, CT 06708	06-1089184		0.	26,763.	FMV	BOOKS	ENCOURAGE READING
WHEATFIELD PEDIATRICS 2890 NIAGARA FALLS BOULEVARD NORTH TONAWANDA, NY 14120	16-1565108		0.	5,863.	FMV	BOOKS	ENCOURAGE READING
VALLEY CHILDREN'S CLINIC 4011 TALBOT RD S #220 RENTON, WA 98055	42-1729293		0.	7,921.	FMV	BOOKS	ENCOURAGE READING
PEDIATRIC CARE CENTER 780 FARMINGTON AVENUE BRISTOL, CT 06010	37-1552719		0.	5,024.	FMV	BOOKS	ENCOURAGE READING
WILMINGTON HEALTH PEDIATRICS 2421 SILVER STREAM WILMINGTON, NC 28403	56-1980160		0.	6,792.	FMV	BOOKS	ENCOURAGE READING

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IFC 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
MOREHOUSE HEALTHCARE 1800 HOWELL MILL ROAD ATLANTA, GA 30318	58-1627800	3	0.	6,600.	FMV	BOOKS	ENCOURAGE READING
PRINCETON LAKES PEDIATRICS 3885 PRINCETON LAKES WAY ATLANTA, GA 30331	20-5607405		0.	7,820.	FMV	BOOKS	ENCOURAGE READING
SOUTHSIDE MEDICAL CENTER 1046 RIDGE AVE ATLANTA, GA 30315	58-1131002	3	0.	11,624.	FMV	BOOKS	ENCOURAGE READING
REACH OUT AND READ ILLINOIS 1400 WEST HUBBARD, SUITE 100 CHICAGO, IL 60642	51-0183494		0.	6,470.	FMV	BOOKS	ENCOURAGE READING
REACH OUT AND READ ORANGE COUNTY/AAP CA4 - 17322 MURPHY AVE - IRVINE, CA 92614	95-3731523		0.	7,738.	FMV	BOOKS	ENCOURAGE READING
PALM BEACH LITERACY COALITION 3651 QUANTUM BLVD., SUITE 101 BOYNTON, FL 33426	65-0169781		0.	8,621.	FMV	BOOKS	ENCOURAGE READING
REACH OUT AND READ COLORADO 4380 S SYRACUSE ST, SUITE 520 DENVER, CO 80237	86-1172160		0.	9,145.	FMV	BOOKS	ENCOURAGE READING
REACH OUT AND READ TEXAS 7000 FANNIN UCT 1900 HOUSTON, TX 77030	74-1761309		0.	10,363.	FMV	BOOKS	ENCOURAGE READING
REACH OUT AND READ SAN JOAQUIN P.O. BOX 7576 STOCKTON, CA 95267	51-0536117		0.	14,203.	FMV	BOOKS	ENCOURAGE READING

Schedule I (Form 990)

Part III

Grants and Other Assistance to Domestic Individuals. 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

Part IV

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

PART I, LINE 2:

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

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

Part IV Supplemental Information

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

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

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

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

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

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

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

- **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
► **Attach to Form 990.**

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

REACH OUT AND READ, INC.

Employer identification number

04-3481253

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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 used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

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

5 For persons listed 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?
- b** Any related organization?
- 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?
- b** Any related organization?
- 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

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2014

Part III
Supplemental Information

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

[illegible]

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

OMB No. 1545-0047

2014

Open To Public Inspection

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

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

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

Name of the organization

REACH OUT AND READ, INC.

Employer identification number

04-3481253

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

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

[illegible]

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II	Loans to and/or From Interested Persons.
----------------	---

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

If you reported an amount on Form 990, Part X, line 3, 6, or 22:												
(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
							</					

Total

Part III	Grants or Assistance Benefiting Interested Persons.
-----------------	--

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

[illegible]

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
JUDITH NEWMAN	VP & PRESIDENT SCHO	1,526,754.	PURCHASE AN		X

Part V Supplemental Information

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

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

(A) NAME OF PERSON: JUDITH NEWMAN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

VP & PRESIDENT SCHOLASTIC BOOKS

(C) AMOUNT OF TRANSACTION \$ 1,526,754.

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2014

Open To Public
Inspection

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Information about Schedule M (Form 990) and its instructions is at 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	X		5,000,661.	FMV
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (SOFTWARE)	X	0	13,598.	FMV
26 Other ▶ (SUPPLIES)	X	0	7,080.	FMV
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

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

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.

	Yes	No
30a		X
31		X
32a		X
33		

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

Schedule M (Form 990) (2014)

Part II

Supplemental Information.

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

REACH OUT AND READ, INC.

Employer identification number

04-3481253

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

PEDIATRIC CARE AND ENCOURAGING FAMILIES TO READ ALOUD TOGETHER.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

DURING THE YEAR ENDED JUNE 30, 2015, APPROXIMATELY 1.4 MILLION BOOKS

WERE DISTRIBUTED TO APPROXIMATELY 1,700 SITES DURING THE FISCAL YEAR.

THE GOAL IS TO PROVIDE SUFFICIENT BOOKS TO ALL OF THE APPROXIMATELY

5,000 APPROVED SITES IN THE U.S.

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

MEDICAL OFFICE THAT IMPLEMENTS THE REACH OUT AND READ PROGRAM IS CALLED

A SITE. IN FY 2015 THERE WERE 5,500 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 FY15, APPROXIMATELY 1.4 MILLION BOOKS WERE DISTRIBUTED TO

APPROXIMATELY 2,200 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.

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

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08-27-14

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization

REACH OUT AND READ, INC.

Employer identification number

04-3481253

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 VI, SECTION B, LINE 11:

THE CFO REVIEWS THE 990 WITH THE PREPARER WITH THE ASSISTANCE OF THE SENIOR MANAGEMENT TEAM. AND PRIOR TO FILING THE FORM 990 IS PROVIDED TO THE AUDIT COMMITTEE FOR REVIEW AND APPROVAL PRIOR TO SUBMISSION.

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

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 AS PART TO THE SUBMISSION OF THE FORM 990. THE EXECUTIVE DIRECTOR, SENIOR MANAGEMENT, OFFICERS, AND BOARD OF DIRECTOR MEMBERS COMPLETE A CONFLICT OF INTERST ANNUAL STATEMENT WHICH DESCRIBES ANY RELATIONS, 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

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08-27-14

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization

REACH OUT AND READ, INC.

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DESCRIBE ANY ACTIVITY THAT THEY WISH REVIEWED AND TO DISCLOSURE 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, SECTION B, LINE 15:

THE ORGANIZATION REVIEWS JOB DESCRIPTIONS AND GRADES EACH EMPLOYEE USING OUTSIDE COMPARABLE DATA FROM BOTH NOT-FOR-PROFITS AND FOR-PROFIT ORGANIZATIONS WITH COMPARABLE BUDGETS. THE EXECUTIVE'S COMPENSATION WAS DETERMINED BY A COMMITTEE THAT WAS APPOINTED BY THE BOARD OF DIRECTORS AND MEETS ANNUALLY FOR APPROVAL OF COMPENSATION DURING THE ANNUAL REVIEW PROCESS. THE BOARD OF DIRECTOR CHAIR LEADS THE PERFORMANCE REVIEW PROCESS THAT PROCEEDS ANY SALARY INCREASE.

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

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

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

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'S WEBSITE. A SUMMARY OF THE FINANCIAL STATEMENTS IS INCLUDED IN THE ANNUAL REPORT/CALENDAR WHICH IS MAILED TO ALL DONORS GIVING \$100 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

Name of the organization

REACH OUT AND READ, INC.

Employer identification number

04-3481253

990 AND AUDITED FINANCIAL STATEMENTS TO ANYONE WHO REQUESTS THEM.

FORM 990, PART XII, LINE 2C:

NO CHANGE IN PROCESS

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions	
Type or print Name of exempt organization or other filer, see instructions. REACH OUT AND READ, INC.	Employer identification number (EIN) or 04-3481253
Number, street, and room or suite no. If a P.O. box, see instructions. 89 SOUTH STREET, NO. 201	Social security number (SSN)
City, town or post office, state, and ZIP code. For a foreign address, see instructions. BOSTON, MA 02129	

Enter the Return code for the return that this application is for (file a separate application for each return) **011**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

LAUREL FORD

- The books are in the care of **89 SOUTH STREET, NO. 201 - BOSTON, MA 02129**
 Telephone No. **617-455-0620** Fax No. **617-455-0600**
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4** I request an additional 3-month extension of time until **MAY 15, 2016**
- 5** For calendar year **JUL 1, 2014**, or other tax year beginning **JUL 1, 2014**, and ending **JUN 30, 2015**.
- 6** If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

- 7** State in detail why you need the extension
AN ATTEMPT TO OBTAIN INFORMATION NECESSARY FOR FILING A RETURN WAS REQUESTED IN A TIMELY FASHION, BUT THE INFORMATION WAS NOT FURNISHED IN SUFFICIENT TIME TO PERMIT THE TIMELY FILING OF THE RETURN, OR THE TAXPAYER PERSONALLY VISITED AN IRS OFFICE FOR THE PURPOSE OF SECURING INFORMATION OR ADVICE AND WAS UNABLE TO MEET WITH AN IRS REPRESENTATIVE

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **CFO** Title **CFO** Date