

Form **8879-EO****IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

Department of the Treasury  
Internal Revenue ServiceFor calendar year 2015, or fiscal year beginning JUL 1, 2015, and ending JUN 30, 2016▶ **Do not send to the IRS. Keep for your records.****2015**

Name of exempt organization

▶ **Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).**

Employer identification number

**REACH OUT AND READ, INC.****04-3481253**

Name and title of officer

**LAUREL FORD****CFO****Part I Type of Return and Return Information** (Whole Dollars Only)

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

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>11,919,959.</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, Part I, line 3c or Part II, line 8c) .....	<b>5b</b> _____

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize KEVIN P MARTIN ASSOCIATES, P.C.

ERO firm name

to enter my PIN 55555Enter five numbers, but  
do not enter all zeros

as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☒ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ Laurel FordDate ▶ 4/10/17**Part III Certification and Authentication**

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

0408305555

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶ 04/10/17

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



EXTENDED TO MAY 15, 2017

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**2015**Open to Public  
Inspection**A** For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016****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 02111

**F** Name and address of principal officer: BRIAN GALLAGHER

SAME AS C ABOVE

**D** Employer identification number

04-3481253

**E** Telephone number

617-455-0620

**G** Gross receipts \$ 11,925,982.**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No  
If "No," attach a list. (see instructions)**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)	3	14
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	49
	6	Total number of volunteers (estimate if necessary)	6	23800
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	11,969,889.	11,909,756.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	100,671.	5,959.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	384.	1,274.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-10,641.	2,970.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	12,060,303.	11,919,959.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	6,651,910.	5,445,590.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	2,837,124.	3,183,772.
	16b	Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,784,281.	2,124,015.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,273,315.	10,753,377.
	19	Revenue less expenses. Subtract line 18 from line 12	786,988.	1,166,582.
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	5,504,575.	6,330,964.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,193,471.	853,278.
			4,311,104.	5,477,686.

**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	4/10/17
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature
	JOLANTA TUCK, CPA	JOLANTA TUCK, CPA
	Date	Check if self-employed <input type="checkbox"/>
	04/10/17	PTIN P01340068
	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

**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 \$ 9,197,849. including grants of \$ 5,445,590. ) (Revenue \$ 14,672. )

**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 **9,197,849.**

**Part IV Checklist of Required Schedules**

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

Form 990 (2015)

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 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
<b>27</b> 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
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
<b>b</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
<b>c</b> 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
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O .....Form **990** (2015)

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

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b> 43		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	X	
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 49		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	<b>3b</b>		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		X
<b>b</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).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>		

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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**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... <b>1a</b> 14 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent ..... <b>1b</b> 14		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....	<b>2</b>	X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .....	<b>3</b>	X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....	<b>4</b>	X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....	<b>5</b>	X
<b>6</b> Did the organization have members or stockholders? .....	<b>6</b>	X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....	<b>7a</b>	X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....	<b>7b</b>	X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? .....	<b>8a</b>	X
<b>b</b> Each committee with authority to act on behalf of the governing body? .....	<b>8b</b>	X
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O .....	<b>9</b>	X

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

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

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **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 02111**

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBERT NEEDLMAN DIRECTOR	3.00	X						0.	0.	0.
(2) CURTIS GRAY TREASURER	3.00	X		X				0.	0.	0.
(3) LISA LEOVITZ DIRECTOR	3.00	X						0.	0.	0.
(4) JUDY NEWMAN DIRECTOR	3.00	X						0.	0.	0.
(5) PERRI KLASS DIRECTOR	3.00	X						0.	0.	0.
(6) JEREMY HASTINGS DIRECTOR	3.00	X						0.	0.	0.
(7) CATHERINE SNOW DIRECTOR	3.00	X						0.	0.	0.
(8) THOMAS DEWITT CHAIR	3.00	X		X				0.	0.	0.
(9) ANN LOGAN DIRECTOR	3.00	X						0.	0.	0.
(10) JAY BERKELHAMER DIRECTOR	3.00	X						0.	0.	0.
(11) BENITA SOMERFIELD DIRECTOR	3.00	X						0.	0.	0.
(12) DIPESH NAVSARIA DIRECTOR	3.00	X						0.	0.	0.
(13) SUSAN HILDRETH DIRECTOR	3.00	X						0.	0.	0.
(14) BRIAN GALLAGHER CEO/PRESIDENT/CLERK	40.00	X		X				135,561.	0.	35,932.
(15) ROBERT LEBUHN DIRECTOR	3.00	X						0.	0.	0.
(16) LAUREL FORD CHIEF FINANCIAL OFFICER	40.00			X				112,085.	0.	24,212.
(17) JILL SELLS REGIONAL DIRECTOR WASHINGT	40.00				X			172,750.	0.	27,869.





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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	36,825.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	4,016,371.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	7,856,560.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		2,978,957.				
	<b>h Total.</b> Add lines 1a-1f .....						
<b>Program Service Revenue</b>	<b>2 a</b> TRAINING FEES .....	<b>Business Code</b>	611430	5,959.	5,959.		
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....			5,959.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			1,274.			1,274.
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
	<b>b</b> Less: rental expenses .....						
	<b>c</b> Rental income or (loss) .....						
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....						
	<b>c</b> Gain or (loss) .....						
	<b>d</b> Net gain or (loss) .....						
	<b>8 a</b> Gross income from fundraising events (not including \$ 36,825. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	280.				
	<b>b</b> Less: direct expenses .....	<b>b</b>	6,023.				
	<b>c</b> Net income or (loss) from fundraising events .....			-5,743.			-5,743.
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
<b>b</b> Less: cost of goods sold .....	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11 a</b> .....							
<b>b</b> .....							
<b>c</b> .....							
<b>d</b> All other revenue .....		900099	8,713.	8,713.			
<b>e Total.</b> Add lines 11a-11d .....			8,713.				
<b>12 Total revenue.</b> See instructions. ....			11,919,959.	14,672.	0.	-4,469.	

**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 ☒ X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,443,515.	5,443,515.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	2,075.	2,075.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	320,512.	228,613.	33,727.	58,172.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	2,288,149.	1,632,077.	240,780.	415,292.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	575,111.	384,858.	64,923.	125,330.
<b>10</b> Payroll taxes				
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	7,400.		7,400.	
<b>c</b> Accounting	17,377.		17,377.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	1,261,408.	986,644.	52,666.	222,098.
<b>12</b> Advertising and promotion	2,812.	1,328.	502.	982.
<b>13</b> Office expenses	202,171.	96,044.	39,657.	66,470.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	203,371.	75,114.	119,909.	8,348.
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	375,383.	336,190.	8,671.	30,522.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	10,033.		10,033.	
<b>23</b> Insurance				
<b>24</b> 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.)				
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses	44,060.	11,391.	9,466.	23,203.
<b>25</b> Total functional expenses. Add lines 1 through 24e	10,753,377.	9,197,849.	605,111.	950,417.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	3,249,407.	<b>1</b>	4,280,299.
	<b>2</b> Savings and temporary cash investments .....	520,974.	<b>2</b>	647,075.
	<b>3</b> Pledges and grants receivable, net .....	1,532,482.	<b>3</b>	1,193,603.
	<b>4</b> Accounts receivable, net .....	27,804.	<b>4</b>	40,405.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	25,516.	<b>9</b>	28,176.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 45,299.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 21,515.	<b>10c</b>	23,784.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	114,575.	<b>15</b>	117,622.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	5,504,575.	<b>16</b>	6,330,964.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	985,303.	<b>17</b>	739,869.
	<b>18</b> Grants payable .....	87,246.	<b>18</b>	90,468.
	<b>19</b> Deferred revenue .....	120,922.	<b>19</b>	22,941.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	1,193,471.	<b>26</b>	853,278.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	1,102,121.	<b>27</b>	2,252,563.
	<b>28</b> Temporarily restricted net assets .....	3,097,506.	<b>28</b>	3,113,646.
	<b>29</b> Permanently restricted net assets .....	111,477.	<b>29</b>	111,477.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
	<b>33</b> <b>Total net assets or fund balances</b> .....	4,311,104.	<b>33</b>	5,477,686.
	<b>34</b> <b>Total liabilities and net assets/fund balances</b> .....	5,504,575.	<b>34</b>	6,330,964.

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	11,919,959.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	10,753,377.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,166,582.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	4,311,104.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	5,477,686.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
<b>b</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 _____		

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**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.

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Name of the organization

REACH OUT AND READ, INC.

Employer identification number

04-3481253

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

The organization is not a private foundation because it is: (For lines 1 through 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 (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An 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 (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	15,289,529.	12,606,985.	10,808,217.	11,969,889.	11,909,756.	62,584,376.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	15,289,529.	12,606,985.	10,808,217.	11,969,889.	11,909,756.	62,584,376.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						24,852,990.
<b>6 Public support.</b> Subtract line 5 from line 4.						37,731,386.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>7</b> Amounts from line 4 .....	15,289,529.	12,606,985.	10,808,217.	11,969,889.	11,909,756.	62,584,376.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	919.	697.	484.	384.	1,274.	3,758.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	57,022.	14,880.	35,922.	956.	8,713.	117,493.
<b>11 Total support.</b> Add lines 7 through 10						62,705,627.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	60.17 %
<b>15</b> Public support percentage from 2014 Schedule A, Part II, line 14 .....	<b>15</b>	59.80 %
<b>16a 33 1/3% support test - 2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2014.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2015.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2014.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2015

**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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2015.** 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 - 2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ☐

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



**Part IV Supporting Organizations**

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

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

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

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

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

Section D - Distributions			Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes		
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations		
<b>4</b>	Amounts paid to acquire exempt-use assets		
<b>5</b>	Qualified set-aside amounts (prior IRS approval required)		
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.		
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.		
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.		
<b>9</b>	Distributable amount for 2015 from Section C, line 6		
<b>10</b>	Line 8 amount divided by Line 9 amount		

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013			
<b>e</b> From 2014			
<b>f</b> <b>Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2015 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7</b> <b>Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013			
<b>d</b> Excess from 2014			
<b>e</b> Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015



**Part VI**

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

# 2015

**\*\*\* Not Open to Public Inspection \*\*\***

523171 04-01-15

**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and  
its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Name of the organization

REACH OUT AND READ, INC.

Employer identification number

04-3481253

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

**Special Rules**

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

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

**LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)**

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MASSACHUSETTS DEPARTMENT OF EARLY EDUCATION AND CARE  51 SLEEPER STREET, 4TH FLOOR  BOSTON, MA 02210	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	SAVE THE CHILDREN  126 MAIN ST  BEREA, KY 40403	\$ 707,492.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	SOUTH CAROLINA OFFICE OF STATE TREASURER  PO BOX 11867, 227 BLATT BUILDING  COLUMBIA, SC 29211	\$ 1,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	WASHINGTON STATE DEPARTMENT OF EARLY LEARNING  PO BOX 40970  OLYMPIA, WA 98504	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	SCHOLASTIC  P.O BOX 3720  JEFFERSON CITY, MO 65102	\$ 2,796,343.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

04-3481253

## Part II

[illegible]

Name of organization

Employer identification number

**REACH OUT AND READ, INC.****04-3481253****Part III**

**Exclusively** religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) **\$** \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>
	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>
	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>	
	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>	
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	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>	
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	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>	
	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>	
	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>	
	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>
	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>
	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>	
	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>	
	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>	

**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](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

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

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

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

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

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

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

Name of organization

REACH OUT AND READ, INC.

Employer identification number

04-3481253

**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) 2015

LHA  
532041  
10-05-15



**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												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....															
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....															
<b>d</b> Other exempt purpose expenditures .....															
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....															
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <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.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....															
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....															
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....															
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

**4-Year Averaging Period Under section 501(h)**

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2015



**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

**Name of the organization**

REACH OUT AND READ, INC.

**Employer identification number**

04-3481253

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

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

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

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

<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, handling of violations, and enforcing conservation easements during the year ▶ .....

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

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

☐ Yes ☐ No

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X .....

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

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

b Assets included in Form 990, Part X .....

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations  
 d ☐ Loan or exchange programs  
 e ☐ Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	131,176.	130,659.	130,368.	130,014.	129,521.
b Contributions					
c Net investment earnings, gains, and losses	260.	258.	291.	354.	493.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	131,436.	131,176.	130,659.	130,368.	130,014.

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

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

	Yes	No
(i) unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		45,299.	21,515.	23,784.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				23,784.

Schedule D (Form 990) 2015

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

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

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	11,989,588.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	63,606.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	6,023.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	69,629.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	11,919,959.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	11,919,959.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	10,823,006.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	63,606.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	6,023.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	69,629.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	10,753,377.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	10,753,377.

**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 XI, LINE 2D - OTHER ADJUSTMENTS:**

SPECIAL EVENT EXPENSES RECLASSIFIED TO REVENUE

6,023.

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

SPECIAL EVENT EXPENSES RECLASSIFIED TO REVENUE

6,023.

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

Supplemental information area with horizontal lines for text entry.

Department of the Treasury  
Internal Revenue Service

### Supplemental Information Regarding Fundraising or Gaming Activities

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

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

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

OMB No. 1545-0047

# 2015

### 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" on 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			
<b>Total</b> .....						

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



**Part II Fundraising Events.** Complete if the organization answered "Yes" on 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)	MN 5TH ANNUAL BREAK (event type)	NONE (total number)	
Revenue	1 Gross receipts .....	12,540.	24,565.		37,105.
	2 Less: Contributions .....	12,260.	24,565.		36,825.
	3 Gross income (line 1 minus line 2) .....	280.			280.
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....				
	6 Rent/facility costs .....	2,007.	1,688.		3,695.
	7 Food and beverages .....				
	8 Entertainment .....				
	9 Other direct expenses .....	377.	1,951.		2,328.
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				6,023.
	11 Net income summary. Subtract line 10 from line 3, column (d) .....				-5,743.

**Part III Gaming.** Complete if the organization answered "Yes" on 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: \_\_\_\_\_



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

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Name of the organization

**REACH OUT AND READ, INC.**

**Employer identification number**

**04-3481253**

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

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....

☒ **Yes** ☐ **No**

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHINLE COMPREHENSIVE HEALTH CARE FACILITY - HGHWY 191 & HOSPITAL DRIVE - CHINLE, AZ 86503	86-0998388		0.	10,584.	FMV	BOOKS	ENCOURAGE READING
KAYENTA HEALTH CENTER HGWHY 160, MP 394.3 KAYENTA, AZ 86033	00-0000000		0.	12,705.	FMV	BOOKS	ENCOURAGE READING
TUBA CITY REGIONAL HEALTH CARE CORPORATION - 167 N MAIN STREET - TUBA CITY, AZ 86045	00-0000000		0.	9,980.	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.	16,421.	FMV	BOOKS	ENCOURAGE READING
CHILDRENS HOSPITAL LOS ANGELES 4650 SUNSET BLVD, MS-64 LOS ANGELES, CA 90027	95-1690977	3	0.	7,708.	FMV	BOOKS	ENCOURAGE READING
MATTEL CHILDREN'S HOSPITAL UCLA, - CHILDREN'S HEALTH CENTER - 200 UCLA MEDICAL PLAZA - LOS ANGELES, CA 90095	95-4372298		0.	10,000.	FMV	BOOKS	ENCOURAGE READING

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **90.**

**3** Enter total number of other organizations listed in the line 1 table ..... **186.**

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

**Schedule I (Form 990) (2015)**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HOSPITAL OAKLAND 747 FIFTY SECOND STREET OAKLAND, CA 94609	94-0382330	3	0.	9,493.	FMV	BOOKS	ENCOURAGE READING
HIGHLAND HOSPITAL PEDIATRIC CLINIC 1411 EAST 31ST STREET OAKLAND, CA 94602	94-3223467		0.	6,645.	FMV	BOOKS	ENCOURAGE READING
CHILDREN'S HEALTH CENTER, SAN FRANCISCO GENERAL HOSPITAL, MS6E - 1001 POTRERO AVE - SAN FRANCISCO, CA 94110	94-6036493	3	0.	8,630.	FMV	BOOKS	ENCOURAGE READING
VALLEY-WIDE HEALTH SYSTEMS 128 MARKET STREET ALAMOSA, CO 81101	84-0706945	3	0.	14,680.	FMV	BOOKS	ENCOURAGE READING
OPTIMUS HEALTH CARE - EAST MAIN STREET - 982 EAST MAIN STREET - BRIDGEPORT, CT 06608	06-0972166		0.	5,770.	FMV	BOOKS	ENCOURAGE READING
PEDIATRIC PRIMARY CARE CENTER AT BRIDGEPORT CAMPUS OF YALE NEW HAVEN CHILDR - 226 MILL HILL AVENUE - BRIDGEPORT, CT 06610	22-2908698		0.	8,668.	FMV	BOOKS	ENCOURAGE READING
COMMUNITY HEALTH SERVICES, INC. 500 ALBANY AVENUE HARTFORD, CT 06120	06-0863942	3	0.	13,297.	FMV	BOOKS	ENCOURAGE READING
CHC@CCMC 76 NEW BRITAIN AVE. HARTFORD, CT 06106	06-1446900	3	0.	25,943.	FMV	BOOKS	ENCOURAGE READING
ST. FRANCIS HOSPITAL & MEDICAL CENTER - 114 WOODLAND STREET - HARTFORD, CT 06105	06-0646813	3	0.	13,180.	FMV	BOOKS	ENCOURAGE READING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTH CENTER, INC. 675 MAIN STREET MIDDLETOWN, CT 06457	06-0897105	3	0.	13,591.	FMV	BOOKS	ENCOURAGE READING
FAIR HAVEN COMMUNITY HEALTH CENTER 374 GRAND AVENUE NEW HAVEN, CT 06513	06-0883545	3	0.	15,786.	FMV	BOOKS	ENCOURAGE READING
YALE-NEW HAVEN CHILDREN'S HOSPITAL, PEDIATRIC PRIMARY CARE - 20 YORK STREET - NEW HAVEN, CT 06504	06-0646652		0.	9,731.	FMV	BOOKS	ENCOURAGE READING
NORWALK COMMUNITY HEALTH CENTER 120 CONNECTICUT AVENUE NORWALK, CT 06854	06-1436620	3	0.	10,329.	FMV	BOOKS	ENCOURAGE READING
DAY KIMBALL HOSPITAL, PEDIATRIC CENTER - 320 POMFRET STREET - PUTNAM, CT 06260	45-4077626	3	0.	12,348.	FMV	BOOKS	ENCOURAGE READING
PRO HEALTH PHYSICIANS WINDHAM PEDIATRICS - 150 MANSFIELD AVENUE - WILLIMANTIC, CT 06226	06-1469068		0.	6,031.	FMV	BOOKS	ENCOURAGE READING
MEMORIAL UNIVERSITY MEDICAL CENTER, CHILDREN'S HOSPITAL: OUT-PT. DEPT - 4700 WATERS AVENUE - SAVANNAH, GA 31404	58-1618486	3	0.	22,116.	FMV	BOOKS	ENCOURAGE READING
HEALTHY START/GARY LITERACY COALITION - 650 GRANT STREET - GARY, IN 46404	20-1323689	3	0.	12,516.	FMV	BOOKS	ENCOURAGE READING
PEDIATRIC AND ADOLESCENT CARE CENTER - 1633 NORTH CAPITOL AVENUE - INDIANAPOLIS, IN 46202	35-1579827		0.	5,752.	FMV	BOOKS	ENCOURAGE READING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF IOWA HEALTH CARE , GENERAL PEDIATRIC CLINIC - 105 E 9TH STREET - CORALVILLE, IA 52241	42-6004333	3	0.	7,605.	FMV	BOOKS	ENCOURAGE READING
FAMILY CARE CENTER, UK HEALTH CARE - 1135 RED MILE PLACE - LEXINGTON, KY 40504	61-1249041	3	0.	6,202.	FMV	BOOKS	ENCOURAGE READING
STURDY PEDIATRICS ASSOCIATES 303 N. MAIN STREET ATTLEBORO, MA 02703	04-2709501		0.	5,805.	FMV	BOOKS	ENCOURAGE READING
BOSTON MEDICAL CENTER, PEDIATRIC PRIMARY CARE - 1 BOSTON MEDICAL CENTER PL - BOSTON, MA 02118	04-3314093		0.	26,870.	FMV	BOOKS	ENCOURAGE READING
THE FLOATING HOSPITAL FOR CHILDREN, THE GENERAL PEDIATRIC CLINIC - 800 WASHINGTON STREET - BOSTON, MA 02124	04-3400617		0.	11,905.	FMV	BOOKS	ENCOURAGE READING
SOUTH END COMMUNITY HEALTH CENTER 1601 WASHINGTON STREET BOSTON, MA 02118	04-2456134		0.	7,734.	FMV	BOOKS	ENCOURAGE READING
BOSTON CHILDREN'S PRIMARY CARE AT LONGWOOD - 300 LONGWOOD AVENUE - BOSTON, MA 02115	04-2774441	3	0.	8,916.	FMV	BOOKS	ENCOURAGE READING
BROCKTON HOSPITAL, CHILD & YOUTH CLINIC - 680 CENTRE STREET - BROCKTON, MA 02302	04-3306782		0.	6,124.	FMV	BOOKS	ENCOURAGE READING
CAMBRIDGE HEALTH ALLIANCE, WINDSOR STREET HEALTH CENTER - 119 WINDSOR STREET - CAMBRIDGE, MA 02139	04-2534244		0.	5,057.	FMV	BOOKS	ENCOURAGE READING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MGH CHELSEA HEALTHCARE CENTER 151 EVERETT AVENUE CHELSEA, MA 02150	04-2697983	3	0.	24,118.	FMV	BOOKS	ENCOURAGE READING
CODMAN SQUARE HEALTH CENTER 637 WASHINGTON STREET DORCHESTER, MA 02124	04-2678774		0.	5,000.	FMV	BOOKS	ENCOURAGE READING
UPHAMS CORNER HEALTH CENTER 415 COLUMBIA ROAD DORCHESTER, MA 02125	23-7211732		0.	8,338.	FMV	BOOKS	ENCOURAGE READING
EAST BOSTON NEIGHBORHOOD HEALTH CENTER - 10 GOVE STREET - EAST BOSTON, MA 02128	23-7425849	3	0.	30,233.	FMV	BOOKS	ENCOURAGE READING
HOLYOKE HEALTH CENTER 230 MAPLE STREET HOLYOKE, MA 01040	04-2492730	3	0.	13,628.	FMV	BOOKS	ENCOURAGE READING
HOLYOKE PEDIATRIC ASSOCIATES 150 LOWER WESTFIELD ROAD HOLYOKE, MA 01040	04-3399973	3	0.	17,774.	FMV	BOOKS	ENCOURAGE READING
BROOKSIDE COMMUNITY HEALTH CENTER 3297 WASHINGTON STREET JAMAICA PLAIN, MA 02130	04-2312909		0.	7,449.	FMV	BOOKS	ENCOURAGE READING
MARTHA ELIOT HEALTH CENTER 75 BICKFORD STREET JAMAICA PLAIN, MA 02130	04-2774444		0.	8,720.	FMV	BOOKS	ENCOURAGE READING
SOUTHERN JAMAICA PLAIN HEALTH CENTER - 640 CENTRE STREET - JAMAICA PLAIN, MA 02130	04-2312909		0.	6,188.	FMV	BOOKS	ENCOURAGE READING

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER LAWRENCE FAMILY HEALTH CENTER (HAVERHILL SITE) - 34 HAVERHILL STREET - LAWRENCE, MA 01841	04-2708824		0.	6,736.	FMV	BOOKS	ENCOURAGE READING
LYNN COMMUNITY HEALTH CENTER 269 UNION STREET LYNN, MA 01901	04-2525066	3	0.	13,442.	FMV	BOOKS	ENCOURAGE READING
NORTHAMPTON AREA PEDIATRICS 193 LOCUST STREET NORTHAMPTON, MA 01060	72-1576801		0.	6,430.	FMV	BOOKS	ENCOURAGE READING
PLYMOUTH PEDIATRIC ASSOCIATES, PEDIATRICS - 139 SANDWICH STREET - PLYMOUTH, MA 02360	04-3170543		0.	7,423.	FMV	BOOKS	ENCOURAGE READING
MGH REVERE HEALTHCARE CENTER 300 OCEAN AVENUE REVERE, MA 02151	04-2534244		0.	5,455.	FMV	BOOKS	ENCOURAGE READING
WHITTIER STREET HEALTH CENTER 1290 TREMONT STREET ROXBURY, MA 02120	04-2619517		0.	6,224.	FMV	BOOKS	ENCOURAGE READING
CAMBRIDGE HEALTH ALLIANCE, EAST SOMERVILLE FAMILY MEDICINE DEPARTMENT - 300 BROADWAY - SOMERVILLE, MA 02145	04-2534244		0.	5,475.	FMV	BOOKS	ENCOURAGE READING
BAYSTATE MASON SQUARE NEIGHBORHOOD HEALTH CENTER - 11 WILBRAHAM ROAD - SPRINGFIELD, MA 01109	04-2790311	3	0.	11,387.	FMV	BOOKS	ENCOURAGE READING
BAYSTATE HIGH STREET HEALTH CENTER 140 HIGH STREET SPRINGFIELD, MA 01199	04-2790311		0.	13,233.	FMV	BOOKS	ENCOURAGE READING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIGHTWOOD HEALTH CENTER 380 PLAINFIELD STREET SPRINGFIELD, MA 01107	04-2888373		0.	7,406.	FMV	BOOKS	ENCOURAGE READING
SHRINERS HOSPITAL FOR CHILDREN 516 CAREW STREET SPRINGFIELD, MA 01104	04-2121377		0.	19,981.	FMV	BOOKS	ENCOURAGE READING
FAMILY HEALTH CENTER OF WORCESTER 26 QUEEN STREET WORCESTER, MA 01610	08-5605046		0.	14,555.	FMV	BOOKS	ENCOURAGE READING
THE CHILDREN'S REGIONAL CENTER AT CAMDEN, COOPER UNIVERSITY HOSPITAL - 3 COOPER PLAZA, SUITE 200 - CAMDEN, NJ 08103	22-2965846	3	0.	17,190.	FMV	BOOKS	ENCOURAGE READING
JACOBI MEDICAL CENTER, DEPARTMENT OF PEDIATRICS - 1340 PELHAM PARKWAY SOUTH - BRONX, NY 10461	13-2655001		0.	6,084.	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.	6,084.	FMV	BOOKS	ENCOURAGE READING
MOUNT SINAI MEDICAL CENTER, DEPARTMENT OF AMBULATORY PEDIATRICS - 1 GUSTAVE LEVY PLACE - NEW YORK, NY 10029	13-6271888	3	0.	6,084.	FMV	BOOKS	ENCOURAGE READING
NEWYORK-PRESBYTERIAN HOSPITAL, COLUMBIA UNIVERSITY MEDICAL CENTER - 622 WEST 168TH STREET - NEW YORK, NY 10032	13-3957095	3	0.	15,558.	FMV	BOOKS	ENCOURAGE READING
CAROLINAS MEDICAL CENTER, MYERS PARK PEDIATRICS - 1350 SOUTH KINGS DR. - CHARLOTTE, NC 28207	56-0621073	3	0.	9,658.	FMV	BOOKS	ENCOURAGE READING

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CAROLINAS MEDICAL CENTER, BIDDLE POINT - 1801 ROZZELLES FERRY ROAD - CHARLOTTE, NC 28208	56-0621073		0.	5,024.	FMV	BOOKS	ENCOURAGE READING
ELIZABETH FAMILY MEDICINE 2001 VAIL AVENUE CHARLOTTE, NC 28207	56-1398929	3	0.	10,616.	FMV	BOOKS	ENCOURAGE READING
DUKE CHILDREN'S HOUSE OFFICER CONTINUITY CLINIC - 4020 ROXBORO ROAD - DURHAM, NC 27704	56-0532129	3	0.	8,663.	FMV	BOOKS	ENCOURAGE READING
LUMBERTON CHILDREN'S CLINIC 400 LIBERTY HILL ROAD LUMBERTON, NC 28358	56-1133868		0.	10,935.	FMV	BOOKS	ENCOURAGE READING
WAKEMED PHYSICIAN PRACTICES, PEDIATRICS - 3024 NEW BERN AVENUE - RALEIGH, NC 27610	56-6017737	3	0.	5,120.	FMV	BOOKS	ENCOURAGE READING
NEW HANOVER REGIONAL MEDICAL CENTER, NUNNELEE PEDIATRIC CLINICS - 2131 S. 17TH ST - WILMINGTON, NC 28401	27-2791351	3	0.	19,316.	FMV	BOOKS	ENCOURAGE READING
CHILDREN'S HOSPITAL OF PHILADELPHIA, NICHOLAS AND ATHENA KARABOTS PEDIATRIC - 4865 MARKET STREET - PHILADELPHIA, PA 19139	23-1352166		0.	50,910.	FMV	BOOKS	ENCOURAGE READING
HASBRO CHILDREN'S HOSPITAL 593 EDDY STREET PROVIDENCE, RI 02903	05-0258952	3	0.	5,236.	FMV	BOOKS	ENCOURAGE READING
AIKEN COUNTY HEALTH DEPARTMENT 222 BEAUFORT STREET NE AIKEN, SC 29801	57-6000286		0.	16,512.	FMV	BOOKS	ENCOURAGE READING

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ANMED CHILD HEALTH CENTER 500 NORTH FANT STREET ANDERSON, SC 29621	57-0359174		0.	15,888.	FMV	BOOKS	ENCOURAGE READING
BEAUFORT PEDIATRICS, P.A. 964 RIBAUT ROAD, SUITE 1 BEAUFORT, SC 29902	57-1104728		0.	11,390.	FMV	BOOKS	ENCOURAGE READING
MUSC-CHILDREN'S CARE-NORTH CHARLESTON - 2070 NORTHBROOK BLVD. SUITE A-16 - NORTH CHARLESTON, SC 29406	57-6000722		0.	14,088.	FMV	BOOKS	ENCOURAGE READING
MUSC PEDIATRIC PRIMARY CARE 135 RUTLEDGE AVE, 3RD FLOOR CHARLESTON, SC 29425	57-6000722		0.	7,875.	FMV	BOOKS	ENCOURAGE READING
CHILDREN'S HOSPITAL OUTPATIENT CENTER - 14 MEDICAL PARK ROAD SUITE 400 - COLUMBIA, SC 29203	58-2296052	3	0.	8,337.	FMV	BOOKS	ENCOURAGE READING
STERLING SHARPE PEDIATRIC CENTER 4605 MONTICELLO ROAD COLUMBIA, SC 29203	57-0965445	3	0.	5,276.	FMV	BOOKS	ENCOURAGE READING
EASLEY PEDIATRICS 800 N.A. STREET EASLEY, SC 29640	57-1004971		0.	11,817.	FMV	BOOKS	ENCOURAGE READING
PEDIATRIC ASSOCIATES OF FLORENCE 204 E CHEVES STREET FLORENCE, SC 29506	20-2935692	3	0.	10,226.	FMV	BOOKS	ENCOURAGE READING
GREENVILLE MEMORIAL HOSPITAL 20 MEDICAL RIDGE DRIVE GREENVILLE, SC 29605	57-6007863	3	0.	24,325.	FMV	BOOKS	ENCOURAGE READING

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THE CHILDREN'S CENTER OF CAROLINA HEALTH CENTERS, INC. - 113 LINER DRIVE - GREENWOOD, SC 29646	57-0650154		0.	7,774.	FMV	BOOKS	ENCOURAGE READING
BLUE RIDGE PEDIATRICS LLC , CAREY MOLIN GULLY, MD - 457-B HWY 123 BYPASS - SENECA, SC 29678	26-4453538		0.	13,604.	FMV	BOOKS	ENCOURAGE READING
OCONEE PEDIATRICS 15579 WELLS HWY SENECA, SC 29678	20-0160615		0.	5,344.	FMV	BOOKS	ENCOURAGE READING
SPARTANBURG REGIONAL HEALTH SERVICES DISTRICT, INC - 853 NORTH CHURCH STREET, SUITE 401 - SPARTANBURG, SC 29303	57-6000934		0.	11,658.	FMV	BOOKS	ENCOURAGE READING
SUMTER COUNTY HEALTH DEPARTMENT 105 NORTH MAGNOLIA SUMTER, SC 29151	57-6000286	3	0.	16,459.	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.	12,168.	FMV	BOOKS	ENCOURAGE READING
SCOTT AND WHITE , GENERAL PEDIATRICS - 1902 SW HK DODGEN LOOP - TEMPLE, TX 76502	26-4532547	3	0.	12,168.	FMV	BOOKS	ENCOURAGE READING
THE UNIVERSITY OF TEXAS HEALTH CENTER @ TYLER, FAMILY MEDICINE ADMINISTRATI - 11937 US HIGHWAY 271 - TYLER, TX 75708	74-1761309		0.	6,990.	FMV	BOOKS	ENCOURAGE READING
UNIVERSITY OF VIRGINIA CHILDRENS HOSPITAL, CHILDREN'S OUTPUT CLINIC 6TH FLO - 1204 WEST MAIN STREET - CHARLOTTESVILLE, VA 22903	54-6001796		0.	10,947.	FMV	BOOKS	ENCOURAGE READING

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VCU HEALTH SYSTEMS - PEDIATRIC RESIDENCY PROGRAM - 1250 EAST MARSHALL STREET - RICHMOND, VA 23298	54-1581185		0.	6,990.	FMV	BOOKS	ENCOURAGE READING
SEA MAR COMMUNITY HEALTH CENTERS, SEATTLE MEDICAL - 8720 14TH AVENUE SOUTH - SEATTLE, WA 98108	91-1020139	3	0.	10,213.	FMV	BOOKS	ENCOURAGE READING
PEDIATRICS NORTHWEST PS, JAMES CENTER OFFICE. - 1628 S. MILDRED #101 - TACOMA, WA 98465	91-2124511	3	0.	6,542.	FMV	BOOKS	ENCOURAGE READING
YAKIMA VALLEY FARM WORKERS CLINIC, TOPPENISH MEDICAL CLINIC - 510 W FIRST AVENUE - TOPPENISH, WA 98948	91-1019392	3	0.	11,023.	FMV	BOOKS	ENCOURAGE READING
REACH OUT AND READ - MILWAUKEE, MIDTOWN CLINIC - 5544 W FOND DU LAC AVE - MILWAUKEE, WI 53216	39-0806261		0.	7,605.	FMV	BOOKS	ENCOURAGE READING
ADVOCATE HOPE CHILDREN'S HOSPITAL AMBULATORY CARE - 4440 WEST 95TH STREET - OAK LAWN, IL 60453	36-2169147		0.	5,485.	FMV	BOOKS	ENCOURAGE READING
MEDICAL ASSOCIATES, PEDIATRICS 100 HOSPITAL ROAD SUITE #4 LEOMINSTER, MA 01453	04-3414523		0.	10,233.	FMV	BOOKS	ENCOURAGE READING
LOWELL COMMUNITY HEALTH CENTER 161 JACKSON STREET LOWELL, MA 01852	04-2881348		0.	21,736.	FMV	BOOKS	ENCOURAGE READING
CHARLOTTE PEDIATRIC CLINIC 6235 BLAKENEY PARK DRIVE CHARLOTTE, NC 28277	56-0529945	3	0.	34,100.	FMV	BOOKS	ENCOURAGE READING

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SUMTER PEDIATRICS 237 CHURCH STREET SUMTER, SC 29150	57-0555541	3	0.	23,888.	FMV	BOOKS	ENCOURAGE READING
SHANNON HEALTH 120 E BEAUREGARD SAN ANGELO, TX 76903	75-2600873	3	0.	6,084.	FMV	BOOKS	ENCOURAGE READING
PEDIATRICS NORTHWEST PS, FEDERAL WAY OFFICE - 34503 9TH AVE S - FEDERAL WAY, WA 98003	91-2124511		0.	6,000.	FMV	BOOKS	ENCOURAGE READING
CHICAGO FAMILY HEALTH CENTER - SOUTH CHICAGO - 9119 S. EXCHANGE - CHICAGO, IL 60617	36-2893854	3	0.	5,216.	FMV	BOOKS	ENCOURAGE READING
RANDOLPH PEDIATRIC ASSOCIATES 6324 FAIRVIEW RD CHARLOTTE, NC 28210	58-1728803	3	0.	8,390.	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.	12,549.	FMV	BOOKS	ENCOURAGE READING
WHITNEY M. YOUNG JR. HEALTH CENTER 920 LARK DRIVE ALBANY, NY 12207	13-2922147		0.	14,509.	FMV	BOOKS	ENCOURAGE READING
TSEHOOTSOOI MEDICAL CENTER, PEDIATRIC CLINIC - PO BOX 649, CORNER OF N12 AND N7 - FORT DEFIANCE, AZ 86504	86-0719856		0.	30,773.	FMV	BOOKS	ENCOURAGE READING
HARLEM HOSPITAL CENTER, DEPARTMENT OF PEDIATRICS - 506 LENOX AVENUE - NEW YORK, NY 10037	13-2655001	3	0.	6,084.	FMV	BOOKS	ENCOURAGE READING

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KINGS COUNTY HOSPITAL CENTER 451 CLARKSON AVENUE BROOKLYN, NY 11203	13-2655001	3	0.	10,995.	FMV	BOOKS	ENCOURAGE READING
SAN MATEO MEDICAL CENTER 222 WEST 39TH AVENUE SAN MATEO, CA 94403	91-2159949		0.	8,616.	FMV	BOOKS	ENCOURAGE READING
FAIR OAKS MEDICAL CENTER 2710 MIDDLEFIELD ROAD REDWOOD CITY, CA 94063	91-2159949		0.	7,584.	FMV	BOOKS	ENCOURAGE READING
BAYSTATE PEDIATRIC GROUP 3300 MAIN STREET SPRINGFIELD, MA 01199	04-2790311		0.	7,417.	FMV	BOOKS	ENCOURAGE READING
ORANGEBURG FAMILY HEALTH CENTER 3310 MAGNOLIA STREET ORANGEBURG, SC 29115	57-0524498		0.	8,129.	FMV	BOOKS	ENCOURAGE READING
MECKLENBURG COUNTY HEALTH DEPARTMENT, IMMUNIZATION CLINIC - 2845 BEATTIES FORD ROAD - CHARLOTTE, NC 28216	56-6000319	3	0.	8,054.	FMV	BOOKS	ENCOURAGE READING
CHEROKEE CHILDREN'S CLINIC, 1307 N. LOGAN STREET GAFFNEY, SC 29341	24-5803549		0.	5,783.	FMV	BOOKS	ENCOURAGE READING
BURGDORF/BANK OF AMERICA, PEDIATRIC CLINIC - 131 COVENTRY STREET - HARTFORD, CT 06112	06-0646813	3	0.	5,928.	FMV	BOOKS	ENCOURAGE READING
ST. VINCENT'S PRIMARY CARE CENTER 8414 NAAB ROAD INDIANAPOLIS, IN 46260	35-0869066	3	0.	6,633.	FMV	BOOKS	ENCOURAGE READING

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ACMC - EASTMONT WELLNESS CENTER 6955 FOOTHILL BOULEVARD OAKLAND, CA 94605	56-1992257		0.	13,425.	FMV	BOOKS	ENCOURAGE READING
MOUNT OLIVE PEDIATRICS, P.A. 327 NC HWY 55WEST MOUNT OLIVE, NC 28365	57-0672117	3	0.	12,019.	FMV	BOOKS	ENCOURAGE READING
SANDHILLS PEDIATRICS 195 WEST ILLINOIS AVENUE SOUTHERN PINES, NC 28387	56-0943953		0.	8,191.	FMV	BOOKS	ENCOURAGE READING
HARVARD VANGUARD MEDICAL ASSOCIATES - KENMORE SQUARE, DEPARTMENT OF PEDIATR - 133 BROOKLINE AVENUE - BOSTON, MA	04-3397450		0.	6,700.	FMV	BOOKS	ENCOURAGE READING
MARION COUNTY HEALTH DEPARTMENT P.O. BOX 609 MULLINS, SC 29574	57-6000286		0.	5,722.	FMV	BOOKS	ENCOURAGE READING
DILLON COUNTY HEALTH DEPARTMENT 201 WEST HAMPTON STREET DILLON, SC 29536	57-6000286		0.	5,010.	FMV	BOOKS	ENCOURAGE READING
FLORENCE COUNTY HEALTH DEPARTMENT 145 E. CHEVES STREET FLORENCE, SC 29506	57-6000286		0.	5,233.	FMV	BOOKS	ENCOURAGE READING
MARLBORO COUNTY HEALTH DEPARTMENT 711 S. PARSONAGE STREET BENNETTSVILLE, SC 29512	57-6000286		0.	5,471.	FMV	BOOKS	ENCOURAGE READING
CHESTERFIELD COUNTY HEALTH DEPARTMENT - 203 NORTH PAGE STREET - CHESTERFIELD, SC 29709	57-6000286		0.	7,084.	FMV	BOOKS	ENCOURAGE READING

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SOUTHCOAST PEDIATRICS - RICHMOND HILL - 10055 FORD AVENUE - RICHMOND HILL, GA 31324	58-2194871		0.	8,086.	FMV	BOOKS	ENCOURAGE READING
HIGH MOUNTAIN HEALTHCARE, LLC 63 PLEASANT HILL RD BLAIRSVILLE, GA 30514	20-8504885		0.	6,324.	FMV	BOOKS	ENCOURAGE READING
DOTHAN PEDIATRIC CLINIC 126 CLINIC DRIVE DOTHAN, AL 36303	63-0579356	3	0.	11,206.	FMV	BOOKS	ENCOURAGE READING
ASHLEY PEDIATRICS DAY & NIGHT CLINIC - 3135 S SUGAR RD - EDINBURG, TX 78539	32-0014517		0.	6,084.	FMV	BOOKS	ENCOURAGE READING
PIEDMONT PEDIATRICS 996 MEDICAL RIDGE ROAD CLINTON, SC 29325	57-0650154		0.	6,366.	FMV	BOOKS	ENCOURAGE READING
WASHINGTON PEDIATRICS, PA 1206 BROWN STREET WASHINGTON, NC 27889	20-1548516	3	0.	10,499.	FMV	BOOKS	ENCOURAGE READING
NORTHEAST VALLEY HEALTH CORPORATION, SAN FERNANDO HEALTH CENTER - 1172 N MACLAY AVE - SAN FERNANDO, CA 91340	23-7120632	3	0.	17,468.	FMV	BOOKS	ENCOURAGE READING
SKAGIT PEDIATRICS, LLP 2101 LITTLE MOUNTAIN LANE MOUNT VERNON, WA 98274	91-1147231		0.	6,084.	FMV	BOOKS	ENCOURAGE READING
CHARTER OAK HEALTH CENTER, INC 21 GRAND STREET HARTFORD, CT 06106	06-0986747		0.	5,126.	FMV	BOOKS	ENCOURAGE READING

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CHILDREN'S HEALTH CENTER CONTINUITY CLINIC - 700 SPRING STREET - MACON, GA 31201	58-2149128	3	0.	19,450.	FMV	BOOKS	ENCOURAGE READING
YNHH-SAINT RAPHAEL CAMPUS, PEDIATRIC PRIMARY CARE CENTER - 1450 CHAPEL STREET - NEW HAVEN, CT 06511	06-0646652		0.	9,036.	FMV	BOOKS	ENCOURAGE READING
CAROLINA PEDIATRIC ASSOCIATES 301 W. PINE STREET BLACKSBURG, SC 29702	03-0519110		0.	5,895.	FMV	BOOKS	ENCOURAGE READING
REGENESIS HEALTH CARE 750 S. CHURCH ST. SPARTANBURG, SC 29306	57-1084051	3	0.	10,606.	FMV	BOOKS	ENCOURAGE READING
FIRST CHOICE HEALTH CENTER 110 CONNECTICUT BLVD EAST HARTFORD, CT 06108	06-1416492		0.	7,573.	FMV	BOOKS	ENCOURAGE READING
FAIRCHILD AIR FORCE BASE, PEDIATRICS DEPARTMENT - 92ND MEDICAL GROUP - FAIRCHILD AIR FORCE BASE, WA 99011	91-6054448		0.	5,469.	FMV	BOOKS	ENCOURAGE READING
BYRD MEDICAL ASSOCIATES, LLC 7280 C REIDVILLE ROAD WOODRUFF, SC 29388	26-0695848		0.	5,667.	FMV	BOOKS	ENCOURAGE READING
CONEY ISLAND HOSPITAL 2601 OCEAN PARKWAY BROOKLYN, NY 11235	13-2655001	3	0.	6,084.	FMV	BOOKS	ENCOURAGE READING
MIDDLE GEORGIA PEDIATRICS, LLC 1508-B HARDEMAN AVENUE MACON, GA 31201	58-2566360		0.	8,668.	FMV	BOOKS	ENCOURAGE READING

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LAWNDALE CHRISTIAN HEALTH CENTER 3808 W. OGDEN AVENUE CHICAGO, IL 60623	36-3308953	3	0.	6,184.	FMV	BOOKS	ENCOURAGE READING
NORTH GREENVILLE PEDIATRIC CLINIC 807 N. MAIN STREET TRAVELERS REST, SC 29690	57-6007863		0.	7,635.	FMV	BOOKS	ENCOURAGE READING
RICHESON DRIVE PEDIATRICS 105 RICHESON DRIVE LYNCHBURG, VA 24501	81-0635270		0.	6,143.	FMV	BOOKS	ENCOURAGE READING
NEPONSET HEALTH CENTER (PEDIATRICS) - 398 NEPONSET AVENUE - DORCHESTER, MA 02122	23-7100550		0.	6,284.	FMV	BOOKS	ENCOURAGE READING
WEE KARE PEDIATRICS 19333 HIGHWAY 59 NORTH HUMBLE, TX 77338	04-3751219		0.	18,252.	FMV	BOOKS	ENCOURAGE READING
GREATER NEW BEDFORD COMMUNITY HEALTH CENTER - 874 PURCHASE ST - NEW BEDFORD, MA 02740	04-2675800		0.	18,222.	FMV	BOOKS	ENCOURAGE READING
HARVARD VANGUARD MEDICAL ASSOCIATES - 228 BILLERICA ROAD - CHELMSFORD, MA 01824	04-3397450		0.	7,228.	FMV	BOOKS	ENCOURAGE READING
BROCKTON NEIGHBORHOOD HEALTH CENTER - 63 MAIN ST - BROCKTON, MA 02301	04-3165044		0.	9,573.	FMV	BOOKS	ENCOURAGE READING
CEDAR RAPIDS PEDIATRICS 855 A AVENUE NE STE 300 CEDAR RAPIDS, IA 52402	42-1411630	3	0.	6,084.	FMV	BOOKS	ENCOURAGE READING

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PEOPLES HEALTH CENTER 2340 E. 10TH STREET INDIANAPOLIS, IN 46201	35-1579827		0.	5,342.	FMV	BOOKS	ENCOURAGE READING
GREATER LOWELL PEDIATRICS 33 BARTLETT STREET LOWELL, MA 01852	04-3420849		0.	7,713.	FMV	BOOKS	ENCOURAGE READING
PEDIATRIC ASSOCIATES 4500 SHERIDAN STREET HOLLYWOOD, FL 33021	59-1198552		0.	7,953.	FMV	BOOKS	ENCOURAGE READING
CIRCLE CITY PEDIATRICS 10122 EAST 10TH STREET INDIANAPOLIS, IN 46229	32-0073095	3	0.	11,525.	FMV	BOOKS	ENCOURAGE READING
MUSC-PEDIATRIC EMERGENCY DEPT 96 JONATHAN LUCAS STREET CHARLESTON, SC 29425	57-1098556	3	0.	14,953.	FMV	BOOKS	ENCOURAGE READING
LANCASTER COUNTY HEALTH DEPARTMENT PO BOX 817 LANCASTER, SC 29721	57-6000286		0.	6,780.	FMV	BOOKS	ENCOURAGE READING
PORTER PEDIATRICS COMPREHENSIVE PEDIATRIC HEALTH CARE - 354 TREMONT ST - BOSTON, MA 02116	20-3602910		0.	6,202.	FMV	BOOKS	ENCOURAGE READING
CHILD AND ADOLESCENT CLINIC 971 11TH AVE. LONGVIEW, WA 98632	91-1139057		0.	7,000.	FMV	BOOKS	ENCOURAGE READING
HARVARD VANGUARD MEDICAL ASSOC-MEDFORD - 26 CITY HALL MALL - MEDFORD, MA 02155	04-3397450		0.	8,080.	FMV	BOOKS	ENCOURAGE READING

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RELIANT MEDICAL GROUP - WORCESTER, PLANTATION STREET - 630 PLANTATION STREET - WORCESTER, MA 01605	04-2472266		0.	9,006.	FMV	BOOKS	ENCOURAGE READING
LITCHFIELD COUNTY PEDIATRICS 20 FELICITY LANE TORRINGTON, CT 06790	06-1637300		0.	5,067.	FMV	BOOKS	ENCOURAGE READING
NEW BRITAIN PEDIATRIC GROUP 1095 WEST MAIN STREET NEW BRITAIN, CT 06053	06-0768562	3	0.	11,199.	FMV	BOOKS	ENCOURAGE READING
PEDIATRIC ASSOCIATES OF FALL RIVER 851 MIDDLE STREET FALL RIVER, MA 02721	04-2547627		0.	7,445.	FMV	BOOKS	ENCOURAGE READING
FARMINGTON PEDIATRIC & ADOLESCENT MEDICINE, LLC - 1 FOREST PARK - FARMINGTON, CT 06032	04-3740317		0.	5,092.	FMV	BOOKS	ENCOURAGE READING
DEPARTMENT OF PEDIATRICS, MADIGAN ARMY MEDICAL CENTER - 9040 JACOSON AVENUE - TACOMA, WA 98431	00-0000000	3	0.	19,887.	FMV	BOOKS	ENCOURAGE READING
SC DHEC REGION 2, SPARTANBURG CO PUBLIC HEALTH OFFICE - 151 EAST WOOD ST, BOX 4217 - SPARTANBURG, SC 29303	57-6000286		0.	9,239.	FMV	BOOKS	ENCOURAGE READING
CLARENDON COUNTY HEALTH DEPARTMENT 110 E. BOYCE STREET MANNING, SC 29102	57-6000286		0.	6,481.	FMV	BOOKS	ENCOURAGE READING
KERSHAW COUNTY HEALTH DEPARTMENT 1116 CHURCH STREET CAMDEN, SC 29020	57-6000286		0.	6,293.	FMV	BOOKS	ENCOURAGE READING

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THE VANCOUVER CLINIC AT COLUMBIA TECH CENTER - 501 SE 172ND AVE - VANCOUVER, WA 98684	91-1456753	3	0.	13,390.	FMV	BOOKS	ENCOURAGE READING
PEOPLE'S HEALTH CENTER 5701 DELMAR BLVD SAINT LOUIS, MO 63112	43-1036785		0.	12,516.	FMV	BOOKS	ENCOURAGE READING
MUSKEGON FAMILY CARE 2201 S. GETTY ST. MUSKEGON, MI 49444	38-3324611	3	0.	9,126.	FMV	BOOKS	ENCOURAGE READING
HIGHLAND PEDIATRICS 1030 PRESIDENT AVENUE FALL RIVER, MA 02720	04-3013890		0.	13,153.	FMV	BOOKS	ENCOURAGE READING
BERKSHIRE PEDIATRIC ASSOCIATES 777 NORTH STREET PITTSFIELD, MA 01201	04-3526865		0.	5,168.	FMV	BOOKS	ENCOURAGE READING
PEDIATRIC ASSOCIATES OF NEW BEDFORD - 225 FIELD STREET - NEW BEDFORD, MA 02740	04-2501135		0.	5,275.	FMV	BOOKS	ENCOURAGE READING
RIVERBEND MEDICAL GROUP 444 MONTGOMERY STREET CHICOPEE, MA 01020	04-3400111	3	0.	5,936.	FMV	BOOKS	ENCOURAGE READING
HEALTHPOINT 955 POWELL AVE SW RENTON, WA 98057	91-0884412	3	0.	5,471.	FMV	BOOKS	ENCOURAGE READING
SAN LUIS VALLEY REGIONAL MEDICAL CENTER, DEPARTMENT OF PEDIATRICS - 106 BLANCA AVE - ALAMOSA, CO 81101	84-0255530	3	0.	6,678.	FMV	BOOKS	ENCOURAGE READING

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BON SECOURS KILMARNOCK PEDIATRICS 86 HARRIS DRIVE KILMARNOCK, VA 22482	54-1857174		0.	5,910.	FMV	BOOKS	ENCOURAGE READING
PEDIATRIC ASSOCIATES OF BROCKTON 370 OAK ST # A BROCKTON, MA 02301	04-2591197		0.	5,794.	FMV	BOOKS	ENCOURAGE READING
HAWTHORN PEDIATRICS 531 FAUNCE CORNER ROAD NORTH DARTMOUTH, MA 02747	04-2985225		0.	24,464.	FMV	BOOKS	ENCOURAGE READING
PENTUCKET MEDICAL ASSOCIATES 1 PARK WAY HAVERHILL, MA 01830	04-3236175		0.	5,284.	FMV	BOOKS	ENCOURAGE READING
PEDIATRIC HEALTHCARE OF BROCKTON 830 OAK STREET BROCKTON, MA 02301	04-3442087		0.	6,023.	FMV	BOOKS	ENCOURAGE READING
RIVERBEND MEDICAL GROUP 305 BICENTENNIAL HIGHWAY SPRINGFIELD, MA 01118	04-3473929		0.	11,196.	FMV	BOOKS	ENCOURAGE READING
PEDIATRIC SPECIALISTS OF FOXBORO AND WRENTHAM - 132 CENTRAL STREET, SUITE 116 - FOXBORO, MA 02035	04-2663142		0.	5,455.	FMV	BOOKS	ENCOURAGE READING
QUINCY PEDIATRIC ASSOCIATES 191 INDEPENDENCE AVENUE QUINCY, MA 02169	04-2475560		0.	6,099.	FMV	BOOKS	ENCOURAGE READING
UNIVERSITY OF OKLAHOMA PEDIATRIC CLINIC - 4444 E 41ST STREET - TULSA, OK 74135	14-1883809		0.	18,925.	FMV	BOOKS	ENCOURAGE READING

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PEDIATRIC HEALTH CARE ASSOCIATES 225 BOSTON STREET LYNN, MA 01904	04-2942275		0.	7,465.	FMV	BOOKS	ENCOURAGE READING
JUAN E. BATISTA, MD, PA 1840 FOREST HILL BOULEVARD WEST PALM BEACH, FL 33406	65-1051594		0.	7,795.	FMV	BOOKS	ENCOURAGE READING
WAKE COUNTY HUMAN SERVICES CHILD HEALTH CLINIC, ATTN: DR. ALKA MEHTA - 10 SUNNYBROOK RD, CLINIC C - RALEIGH, NC 27610	56-6000347		0.	7,114.	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.	15,046.	FMV	BOOKS	ENCOURAGE READING
UNIVERSITY OF KENTUCKY PEDIATRIC CLINIC - 2400 GREATSTONE POINT - LEXINGTON, KY 40504	61-6001218		0.	18,221.	FMV	BOOKS	ENCOURAGE READING
VERNON PEDIATRICS 357 HARTFORD TPKE VERNON, CT 06066	06-1496224		0.	9,935.	FMV	BOOKS	ENCOURAGE READING
UW NEIGHBORHOOD KENT/DES MOINES CLINIC - 23213 PACIFIC HWY SO - KENT, WA 98032	91-1715882	3	0.	6,642.	FMV	BOOKS	ENCOURAGE READING
MOUNTAIN AREA HEALTH EDUCATION CENTER, DIV OF FAMILY MEDICINE /MEDICAL STUD - 123 HENDERSONVILLE RD. - ASHEVILLE, NC 28803	56-1071426		0.	11,644.	FMV	BOOKS	ENCOURAGE READING
CHILD HEALTH ASSOCIATES 105 MILLBURY STREET AUBURN, MA 01501	04-2929916	3	0.	11,449.	FMV	BOOKS	ENCOURAGE READING

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ASYLUM HILL FAMILY PRACTICE 99 WOODLAND STREET HARTFORD, CT 06105	06-1450170		0.	5,415.	FMV	BOOKS	ENCOURAGE READING
A. L. MORALES 50 MAIN ST. W. SPRINGFIELD, MA 01089	05-4402451		0.	5,481.	FMV	BOOKS	ENCOURAGE READING
GLYNN COUNTY HEALTH DEPARTMENT 2747 FOURTH STREET BRUNSWICK, GA 31520	58-1092888		0.	10,880.	FMV	BOOKS	ENCOURAGE READING
UMASS MEMORIAL PEDIATRIC PRIMARY CARE - 55 LAKE AVENUE N. - WORCESTER, MA 01655	04-2911067	3	0.	6,501.	FMV	BOOKS	ENCOURAGE READING
MANSFIELD PEDIATRICS 12A LEDGEBROOK DRIVE MANSFIELD, CT 06250	06-1469068		0.	7,468.	FMV	BOOKS	ENCOURAGE READING
PEDIATRIC CARE ASSOCIATES 299 CAREW STREET SPRINGFIELD, MA 01104	56-2413222		0.	5,711.	FMV	BOOKS	ENCOURAGE READING
NORTH SHORE PEDIATRICS 480 MAPLE STREET DANVERS, MA 01923	04-3235210		0.	9,445.	FMV	BOOKS	ENCOURAGE READING
SOUTHERNMED PEDIATRICS, LAKE MURRAY OFFICE - 448 OLD CHEROKEE ROAD - LEXINGTON, SC 29072	26-1960517		0.	8,260.	FMV	BOOKS	ENCOURAGE READING
CHILDREN'S HEALTHCARE OF WEST GEORGIA - 690 DALLAS HIGHWAY - VILLA RICA, GA 30180	58-2634487	3	0.	22,022.	FMV	BOOKS	ENCOURAGE READING

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ELLIS PEDIATRIC HEALTH CENTER 624 MCCLELLAN ST SCHENECTADY, NY 12304	141-338500		0.	30,276.	FMV	BOOKS	ENCOURAGE READING
USAF/PEDIATRIC CLINIC, 88 MDOS/SGOCP - 4881 SUGAR MAPLE DRIVE - WRIGHT PATTERSON AFB, OH 45433	00-0000000	3	0.	7,605.	FMV	BOOKS	ENCOURAGE READING
SUMNER PEDIATRICS 1515 ALLEN STREET SPRINGFIELD, MA 01118	04-3237669		0.	8,180.	FMV	BOOKS	ENCOURAGE READING
WINN ACH, PEDIATRIC CLINIC 1061 HARMON AVE FORT STEWART, GA 31314	00-0000000	3	0.	6,050.	FMV	BOOKS	ENCOURAGE READING
DAVID GRANT MEDICAL CENTER , PEDIATRIC CLINIC - 60 MDOS/SGOC - TRAVIS AFB, CA 94535	00-0000000	3	0.	6,084.	FMV	BOOKS	ENCOURAGE READING
CAMP LEJEUNE NAVAL HOSPITAL, PEDIATRIC CLINIC - 100 BREWSTER BLVD. - CAMP LEJEUNE, NC 28547	56-1897859		0.	10,821.	FMV	BOOKS	ENCOURAGE READING
CORPUS CHRISTI TOTS & TEENS PA 6434 SARATOGA BLVD CORPUS CHRISTI, TX 78414	74-2890386		0.	7,605.	FMV	BOOKS	ENCOURAGE READING
UNIFOUR PEDIATRICS PO BOX 1347 HICKORY, NC 28603	20-2998046		0.	13,921.	FMV	BOOKS	ENCOURAGE READING
RIVERWALK PEDIATRICS, PENTUCKET MEDICAL - 500 MERRIMACK ST - LAWRENCE, MA 01843	04-3236175		0.	7,066.	FMV	BOOKS	ENCOURAGE READING

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HARDING PEDIATRICS, LLP 45 OAK AVENUE WORCESTER, MA 01605	26-0478694		0.	9,846.	FMV	BOOKS	ENCOURAGE READING
STEWART METHUEN PEDIATRICS-PEDIATRIC HEALTHCARE CENTER - 380R MERRIMACK STREET - METHUEN, MA 01844	27-2777455		0.	7,178.	FMV	BOOKS	ENCOURAGE READING
NORTH EAST MEDICAL SERVICES - STOCKTON - 1520 STOCKTON STREET - SAN FRANCISCO, CA 94133	94-1722562		0.	26,104.	FMV	BOOKS	ENCOURAGE READING
CHARLOTTE PEDIATRIC CLINIC-STEELE CREEK - 6235 BLAKENEY PARK DRIVE - CHARLOTTE, NC 28277	56-0529945		0.	13,559.	FMV	BOOKS	ENCOURAGE READING
WALLA WALLA CLINIC, DEPARTMENT OF PEDIATRICS - 55 W. TIETAN STREET - WALLA WALLA, WA 99362	91-0862542		0.	5,034.	FMV	BOOKS	ENCOURAGE READING
CORBIN PEDIATRICS 57 SUMMIT DR CORBIN, KY 40701	61-1397947		0.	26,195.	FMV	BOOKS	ENCOURAGE READING
FIVE POINTS PEDIATRICS 1228 HARDEN STREET COLUMBIA, SC 29204	57-0965445		0.	7,885.	FMV	BOOKS	ENCOURAGE READING
INTOWN PEDIATRIC & ADOLESCENT MEDICINE, PC - 490 BILL KENNEDY WAY - ATLANTA, GA 30316	20-4906570		0.	5,401.	FMV	BOOKS	ENCOURAGE READING
CENTER FOR PEDIATRIC MEDICINE WEST 5 WEST MAIN STREET GREENVILLE, SC 29611	57-6007863		0.	6,269.	FMV	BOOKS	ENCOURAGE READING

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STAYWELL HEALTH CENTER 80 PHOENIX AVENUE WATERBURY, CT 06702	22-3160873		0.	5,537.	FMV	BOOKS	ENCOURAGE READING
RAINBOW PEDIATRICS, PA 110 A CHADWICK SQUARE COURT HENDERSONVILLE, NC 28739	04-3481253		0.	6,142.	FMV	BOOKS	ENCOURAGE READING
PRIMARY CARE CENTERS OF EASTERN KY 101 TOWN & COUNTRY LANE HAZARD, KY 41701	06-1685195		0.	6,871.	FMV	BOOKS	ENCOURAGE READING
PEACEHEALTH MEDICAL GROUP - WHATCOM, PEDIATRICS - 4545 CORDATA PKWY - BELLINGHAM, WA 98226	91-0565889	3	0.	7,605.	FMV	BOOKS	ENCOURAGE READING
CHILDREN'S MEDICAL OFFICE OF N ANDOVER - 477 ANDOVER STREET - NORTH ANDOVER, MA 01845	04-3058418		0.	5,638.	FMV	BOOKS	ENCOURAGE READING
WHITES PEDIATRICS 1575 CHATTANOOGA AVE DALTON, GA 30721	58-1441246		0.	8,326.	FMV	BOOKS	ENCOURAGE READING
KIDS ON THE COMMON PEDIATRICS, BARBARA RUGO FOCHT, M.D. - 28 GRAFTON COMMON - GRAFTON, MA 01519	45-2118280		0.	6,169.	FMV	BOOKS	ENCOURAGE READING
JACKSONVILLE CHILDRENS CLINIC 120 MEMORIAL DRIVE JACKSONVILLE, NC 28546	58-1278921		0.	6,520.	FMV	BOOKS	ENCOURAGE READING
HAYWOOD PEDIATRIC AND ADOLESCENT MEDICINE GROUP, P.A. - 15 FACILITY DRIVE - CLYDE, NC 28721	56-1869575		0.	9,024.	FMV	BOOKS	ENCOURAGE READING

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MARTIN ARMY COMMUNITY HOSPITAL FAMILY MEDICAL HOME, FAMILY MEDICINE RESIDEN - 6600 VAN AALST BLVD - FORT BENNING, GA 31905	04-3481253	3	0.	18,557.	FMV	BOOKS	ENCOURAGE READING
ADVANCE COMMUNITY HEALTH PEDIATRICS - 1011 ROCK QUARRY ROAD - RALEIGH, NC 27610	56-1004791		0.	6,455.	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.	17,158.	FMV	BOOKS	ENCOURAGE READING
MICHAEL ROKOSKY, MD 1404 WEST MAIN STREET WATERBURY, CT 06708	06-1136386		0.	5,171.	FMV	BOOKS	ENCOURAGE READING
ALLIANCE MEDICAL 1625 STRAITS TURNPIKE MIDDLEBURY, CT 06762	26-3520540	3	0.	8,616.	FMV	BOOKS	ENCOURAGE READING
MCDOWELL PEDIATRICS 387 US HWY 70 W MARION, NC 28752	56-0623938		0.	6,911.	FMV	BOOKS	ENCOURAGE READING
COASTAL CHILDREN'S CLINIC 703 NEWMAN RD. NEW BERN, NC 28562	56-1018571		0.	11,002.	FMV	BOOKS	ENCOURAGE READING
MCCHORD PEDIATRIC CLINIC, MADIGAN ARMY MEDICAL CENTER - 690 BARNES BLVD - LAKEWOOD, WA 98439	91-1636568		0.	5,280.	FMV	BOOKS	ENCOURAGE READING
ST JAMES SANTEE FHC DBA GEORGETOWN PEDIATRIC CENTER - 57 JESSAMINE AVENUE - GEORGETOWN, SC 29440	57-0923547		0.	7,265.	FMV	BOOKS	ENCOURAGE READING

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LIFE CYCLE PEDIATRICS 2739 FELTON DRIVE EAST POINT, GA 30344	31-1833868		0.	6,107.	FMV	BOOKS	ENCOURAGE READING
PARKSIDE PEDIATRICS 525 VERDAE BLVD #200 GREENVILLE, SC 29607	20-3730220		0.	22,536.	FMV	BOOKS	ENCOURAGE READING
MARSHFIELD CLINIC, WESTON CENTER PEDIATRICS - 3501 CRANBERRY BLVD - WESTON, WI 54476	39-0452970		0.	6,561.	FMV	BOOKS	ENCOURAGE READING
LOCKPORT PEDIATRICS 139 PROFESSIONAL PARKWAY LOCKPORT, NY 14094	20-5838384		0.	5,675.	FMV	BOOKS	ENCOURAGE READING
NEW ALBANY CHILDREN'S CLINIC 462 WEST BANKHEAD STREET NEW ALBANY, MS 38652	64-0760755		0.	5,795.	FMV	BOOKS	ENCOURAGE READING
SOUTHERNMED PEDIATRICS, HILLCREST OFFICE - 1740 VILLAGE PARK DR - ORANGEBURG, SC 29118	26-1960517		0.	9,688.	FMV	BOOKS	ENCOURAGE READING
BOYNTON BEACH PEDIATRICS 10301 HAGEN RANCH RD BOYNTON BEACH, FL 33437	59-1198552		0.	22,990.	FMV	BOOKS	ENCOURAGE READING
CHILDREN'S MEDICAL CENTER - GREENVILLE - 131 COMMONWEALTH DR. - GREENVILLE, SC 29615	56-2212236		0.	10,892.	FMV	BOOKS	ENCOURAGE READING
PEDIATRIC ASSOCIATES OF CT, PC 160 ROBBINS STREET WATERBURY, CT 06708	06-1089184		0.	13,016.	FMV	BOOKS	ENCOURAGE READING

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WHEATFIELD PEDIATRICS 2890 NIAGARA FALLS BOULEVARD NORTH TONAWANDA, NY 14120	16-1565108		0.	12,304.	FMV	BOOKS	ENCOURAGE READING
SOUTHCOAST PEDIATRICS 49 STATE ROAD NORTH DARTMOUTH, MA 02747	22-2703314		0.	14,444.	FMV	BOOKS	ENCOURAGE READING
VALLEY CHILDREN'S CLINIC 4011 TALBOT RD S #220 RENTON, WA 98055	42-1729293		0.	10,100.	FMV	BOOKS	ENCOURAGE READING
GRAND STRAND PEDIATRIC AND ADOLESCENTS MEDICINE, PA - 8120 ROURK ST. - MYRTLE BEACH, SC 29572	57-0783896		0.	31,420.	FMV	BOOKS	ENCOURAGE READING
NICU BOSTON MEDICAL CENTER 840 HARRISON AVENUE BOSTON, MA 02118	04-2472758		0.	10,804.	FMV	BOOKS	ENCOURAGE READING
BARNWELL PEDIATRICS 10706 MARLBORO AVENUE BARNWELL, SC 29812	58-2366697		0.	5,908.	FMV	BOOKS	ENCOURAGE READING
BIRTH AND BEYOND PEDIATRICS 10011 S YALE TULSA, OK 74137	20-0327700		0.	9,464.	FMV	BOOKS	ENCOURAGE READING
PEDIATRIC ASSOCIATES OF CHARLOTTESVILLE - 1011 EAST JEFFERSON STREET - CHARLOTTESVILLE, VA 22902	54-9026111		0.	18,159.	FMV	BOOKS	ENCOURAGE READING
VIDANT PEDIATRICS EDENTON 203 EARNHARDT DR. SUITE A EDENTON, NC 27932	38-3740839		0.	6,857.	FMV	BOOKS	ENCOURAGE READING

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PALMETTO PEDIATRIC AND ADOLESCENT CLINIC - 7448 BROAD RIVER RD. - IRMO, SC 29063	57-0705364		0.	27,596.	FMV	BOOKS	ENCOURAGE READING
PELICAN PEDIATRICS, PELICAN PEDIATRICS - 354 FOLLY RD SUITE #5 - CHARLESTON, SC 29412	47-1016035		0.	9,364.	FMV	BOOKS	ENCOURAGE READING
NEIGHBORHOOD HEALTH CENTER 155 LAWN AVENUE BUFFALO, NY 14207	14-1294477		0.	5,115.	FMV	BOOKS	ENCOURAGE READING
CAROUSEL PEDIATRICS 804 DIXIE STREET CARROLLTON, GA 30117	26-4045534		0.	5,212.	FMV	BOOKS	ENCOURAGE READING
PEDIATRIC ASSOCIATES 1485 JESSE JEWELL PKWY GAINESVILLE, GA 30501	58-1089267		0.	43,861.	FMV	BOOKS	ENCOURAGE READING
ORANGEBURG COUNTY HEALTH DEPARTMENT - 1550 CAROLINA AVENUE - ORANGEBURG, SC 29115	57-6000286		0.	20,977.	FMV	BOOKS	ENCOURAGE READING
DHEC 219 S LEMACKS ST WALTERBORO, SC 29488	57-6000286		0.	11,072.	FMV	BOOKS	ENCOURAGE READING
DHEC 500 N MAIN ST #9 SUMMERVILLE, SC 29483	57-6000286		0.	22,688.	FMV	BOOKS	ENCOURAGE READING
MIAMI DADE FAMILY LEARNING PARTNERSHIP - 10800 BISCAYNE BLVD. - MIAMI, FL 33161	14-1916606		0.	29,916.	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) 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
REACH OUT AND READ ARIZONA 2600 N CENTRAL AVE PHOENIX, AZ 85004	86-0917603		0.	73,696.	FMV	BOOKS	ENCOURAGE READING
LITERACY COALITION OF PALM BEACH 3651 QUANTUM BLVD. BOYNTON BEACH, FL 33426	65-0169781	3	0.	25,379.	FMV	BOOKS	ENCOURAGE READING
REACH OUT AND READ GEORGIA 145 OLD SANDHURST LANDING JOHNS CREEK, GA 30022	043-48-1253	3	0.	5,263.	FMV	BOOKS	ENCOURAGE READING
REACH OUT AND READ MASSACHUSETTS 89 SOUTH ST, STE 201 BOSTON, MA 02111	043-48-1253	3	0.	19,980.	FMV	BOOKS	ENCOURAGE READING
REACH OUT AND READ GREATER PHILADELPHIA - 4865 MARKET STREET - PHILADELPHIA, PA 19139	043-48-1253	3	0.	51,651.	FMV	BOOKS	ENCOURAGE READING
REACH OUT AND READ WISCONSIN 1716 FORDEM AVE. MADISON, WI 53704	39-0812532	3	0.	6,990.	FMV	BOOKS	ENCOURAGE READING
STEPPING STONES MUSEUM FOR CHILDREN - 303 WEST AVENUE - NORWALK, CT 06850	22-3199269	3	0.	5,620.	FMV	BOOKS	ENCOURAGE READING
REACH OUT AND READ SAN JOAQUIN P.O. BOX 7576 STOCKTON, CA 95267	51-0536117	3	0.	6,432.	FMV	BOOKS	ENCOURAGE READING
REACH OUT AND READ SOLANO 1150 KENTUCKY STREET FAIRFIELD, CA 94533	68-0342423	3	0.	6,084.	FMV	BOOKS	ENCOURAGE READING

Schedule I (Form 990)

**Part III****Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of 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 PEDICATRIC PRIMARY CARE OCCURS (E.G., CANNOT BE A WIC ORGANIZATION OR HEAD START PROGRAM).

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

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

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

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

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

**SCHEDULE J  
(Form 990)**

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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (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 on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

**a** Receive a severance payment or change-of-control payment? .....

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....

**c** Participate in, or receive payment from, an equity-based compensation arrangement? .....

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

**a** The organization? .....

**b** Any related organization? .....

If "Yes" to line 5a or 5b, describe in Part III.

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

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

Yes No

<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2015

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

532112  
10-14-15

<b>Part III</b>	<b>Supplemental Information</b>
-----------------	---------------------------------

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]

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

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

- ▶ **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](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2015**

**Open To Public  
Inspection**

Name of the organization

REACH OUT AND READ, INC.

Employer identification number

04-3481253

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

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

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

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

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

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

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

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

Total ..... ▶ \$

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

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

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

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

Schedule L (Form 990 or 990-EZ) 2015



**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	1,815,232.	PURCHASE OF		X

**Part V Supplemental Information**

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

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

(A) NAME OF PERSON: JUDITH NEWMAN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

VP &amp; PRESIDENT SCHOLASTIC BOOKS

(C) AMOUNT OF TRANSACTION \$ 1,815,232.

(D) DESCRIPTION OF TRANSACTION: PURCHASE 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

**2015**

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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](http://www.irs.gov/form990).**

Name of the organization

REACH OUT AND READ, INC.

Employer identification number

04-3481253

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....	X		2,976,026.	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	10	2,931.	FMV
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

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

29

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) (2015)

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

SCHEDULE M, PART I, COLUMN (B):

SCHEDULE M PART I REPRESENTS THE NUMBER OF SOFTWARE LICENSES THAT WERE  
DONATED.

**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](http://www.irs.gov/form990).

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Open to Public  
Inspection

Name of the organization

REACH OUT AND READ, INC.

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04-3481253

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

PEDIATRIC CARE AND ENCOURAGING FAMILIES TO READ ALOUD TOGETHER.

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

MEDICAL OFFICE THAT IMPLEMENTS THE REACH OUT AND READ PROGRAM IS CALLED  
A SITE. IN FY 2016 THERE WERE 5,000 SITES.

REACH OUT AND READ, INC. PURCHASES BOOKS THAT ARE DIRECTLY SHIPPED TO  
QUALIFIED SITES TO BE USED BY THE PHYSICIAN AND THEN GIVEN TO CHILD TO  
TAKE HOME. BOOK SELECTION IS OF THE HIGHEST QUALITY AND PRICING IS  
FAVORABLE REFLECTING VENDOR SELECTION AND VOLUME DISCOUNTS. IN  
ADDITION, DONATED BOOKS ARE ALSO SHIPPED FROM VENDORS TO QUALIFIED  
SITES. IN FY16, APPROXIMATELY 1.2 MILLION BOOKS WERE DISTRIBUTED TO  
APPROXIMATELY 1,850 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.

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

Name of the organization

REACH OUT AND READ, INC.

Employer identification number

04-3481253

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

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

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

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

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

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

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

Name of the organization

REACH OUT AND READ, INC.

Employer identification number

04-3481253

TN, UT, VA, WA, WI

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

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

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER CONSULTANTS:

PROGRAM SERVICE EXPENSES	895,098.
MANAGEMENT AND GENERAL EXPENSES	39,787.
FUNDRAISING EXPENSES	197,196.
TOTAL EXPENSES	1,132,081.

PAYROLL AND HR ADMINISTRATION:

PROGRAM SERVICE EXPENSES	91,546.
MANAGEMENT AND GENERAL EXPENSES	12,879.
FUNDRAISING EXPENSES	24,902.
TOTAL EXPENSES	129,327.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,261,408.

- 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	
<b>Type or print</b>	Name of exempt organization or other filer, see instructions.
File by the due date for filing your return. 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 02111

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

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 02111  
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, 2017.

5 For calendar year 2015, or other tax year beginning JUL 1, 2015, and ending JUN 30, 2016.

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  
**THE INFORMATION NEEDED TO FILE A COMPLETE AND ACCURATE TAX RETURN IS NOT YET AVAILABLE.**

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

Form **8868** (Rev. 1-2014)