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PUBLIC DISCLOSURE COPY

Form **990**

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

OMB No. 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

B Chest Power of Control Contr	A	For the	2020 calendar year, or tax year beginning JUL 1, 2020 and ending	JUN 30, 2021	
REACH OUT AND READ, INC. Cong business as Number and street (of P.O. box if mail is not delivered to street address) Reports	В	Check if	C Name of organization		cation number
	á	applicable		' '	
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Number and street (or P.D. tox It mail is not delivered to street address) Reconvisite E Telephone number 201	F	□Name	-	│ 04-34812	53
Reserve	F	Initial	9		
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Rosendon BOSTON MA 0.2111		termin-			
Same and address of principal officer MARTY MARTINEZ SAME AS C ABOVE Tax-exempt status: X5 SU(c)(3) 501(c)(1) 4 (insert no.) 4947(a)(1) or 527 Website: WWW. REACHOUTANDREAD. ORG H(b) Average industrial status is a subcriminate included H(c) Average i		Amend		<u> </u>	
SAME AS C ABOVE	F				
Tax-exempt status:		pendin			—
J Webste: ► WWW . REACHOUTANDREAD. ORG Form of organization: X Corporation Irust Association Other ► Lycar of formation: 1999 M State of legal demicie; MA Part Summary 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 Check this box ► If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 2.3 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 2.3 5 Total number of individuals employed in calendar year 2020 (Part VI, line 1b) 4 2.3 5 Total number of unmber of produces (estimate if necessary) 6 6 40000 5 Net unrelated business revenue (Part VIII, column (C), line 12 7a 0. 5 Net unrelated business revenue (Part VIII, column (C), line 12 7a 0. 6 Total number of voting members of the governing body (Part VI, line 2a) 5 6 6 40000 7 Net unrelated business revenue from Part VIII, column (C), line 12 7a 0. 8 Contributions and grants (Part VIII, column (F), line 11 7b 0. 9 Program service revenue (Part VIII, ine 1b) 12, 15, 112, 670. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 30, 108, 3, 697. 11 Other revenue (Part VIII, column (A), lines 13) 4, 749, 932. 4, 7821, 526. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 13) 4, 749, 932. 4, 7821, 526. 13 Grants and similar amounts paid (Part IX, column (A), lines 13) 4, 749, 932. 4, 7821, 526. 14 Breefits paid too for members (Part IX, column (A), lines 13) 4, 749, 932. 4, 7821, 526. 15 Grants and similar amounts paid (Part IX, column (A), lines 13) 5, 366, 588, 54, 5376. 16 Total supenness, Add lines 31-31? (must equal Part IX, column (A), lines 510) 5, 366, 588, 54, 5376. 16 Firm's paid paid paid paid paid paid paid paid	$\overline{}$	Tax-exe			
Form Forgranization IX Corporation Trust Association Other L Year of formation: 1999 M State of legal domicile: MA				—	
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19 Revenue less expenses. Subtract line 18 from line 12 -184,394. 2,554,594. Beginning of Current Year					
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true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here MARTY MARTINEZ, CEO/PRESIDENT Type or print name and title Print/Type preparer's name JOLANTA TUCK, CPA Firm's name Firm's name COHNREZNICK LLP Firm's address 10 FORBES ROAD, STE 200 BRAINTREE, MA 02184 Passed on all information of which preparer has any knowledge. Date Date PTIN PTIN POLANTA TUCK, CPA D3/11/22 Self-employed P01340068 Preparer Prim's EIN 22-1478099 Phone no. (781) 380-3520				.,,	
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BRAINTREE, MA 02184 Phone no. (781)380-3520				2 2	
		-		Phone no. (7	81)380-3520
way the IRS discuss this return with the preparer shown above? See instructions	Ma	y the IF	S discuss this return with the preparer shown above? See instructions	1	X Yes No

Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	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?
	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 X 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 \$10 , 123 , 983 • including grants of \$4 , 821 , 526 •) (Revenue \$)
	REACH OUT AND READ IS THE ONLY NATIONAL EARLY LITERACY ORGANIZATION
	WORKING DIRECTLY WITH PEDIATRIC CARE PROVIDERS TO INCORPORATE THE
	PROMOTION OF READING ALOUD TO CHILDREN EVERY DAY. REACH OUT AND READ'S
	MISSION IS TO GIVE YOUNG CHILDREN A FOUNDATION FOR SUCCESS BY
	INCORPORATING BOOKS INTO PEDIATRIC CARE AND ENCOURAGING FAMILIES TO
	READ ALOUD TOGETHER. READING ALOUD TO YOUNG CHILDREN IS ONE CORE
	STRATEGY FOR PROMOTING HEALTHY RELATIONSHIPS AND POSITIVE INTERACTIONS
	EARLY IN LIFE. THE PROGRAM BEGINS IN INFANCY AND CONTINUES THROUGH AGE
	FIVE, WITH A SPECIAL EMPHASIS ON CHILDREN GROWING UP IN UNDER-RESOURCED
	COMMUNITIES.
	PEDIATRIC TEAMS WHO ARE INVOLVED IN THE ORGANIZATION GIVE BRAND-NEW,
	·
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ \text{including grants of \$} \text{) (Revenue \$} \text{)}
4e	Total program service expenses ► 10,123,983. Form 990 (2020)
	Form 990 (2020)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			3,7
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_	v	
_	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0		8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		
J	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			 ₩
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	110		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	<u> </u>

Part IV Checklist of Required Schedules (continued)

22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, counny (A), line 2 Pf 1 Ves, 'complete Schedule (Part a land III) 22 A S Did the organization answer "Ves' to Part IXI, Section A, line 3, 4, or 5 about compensation of the organization's current and former offices, directors, trustees, key employees, and highest compensated employees? If "Ves, 'complete Schedule (Part IXI) 24 Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule IXI "No." go or line 25s. 25 Did the organization mixed any proceeds of tax exempt bonds beyond a temporary period exception? 26 Did the organization mixed any proceeds of tax exempt bonds beyond a temporary period exception? 26 Did the organization mixed any another of the second of the second and the second of the seco				Yes	No
23 Did the organization answer "Yes" to Part VII, Section A, Ine 9. 4, or 5 shout compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year. that was issued after December 31, 2002 if "Yes," answer lines 24th through 24d and complete Schedule K. If "No." or to be 25a. 25b Did the organization marks an year proceeds of tax-exempt bonds beyond a temporary period exception? 26c Did the organization marks an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 26d Did the organization and an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 27d Did the organization and an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 27d Did the organization and an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 27d Did the organization and an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 27d Did the organization and the tax density of the organization and the tax density of the organization and that the transaction has not been reported on any of the organization part of the organization and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-527 if "Yes," complete Schedule L, Part II 27d Did the organization any mount on Part X, line 5 or 22, for receivables from or psystelles on any current or former officer, director, fustee, key employee, creator or founder, substantial contributor or any or three persons? If "Yes," complete Schedule L, Part III 27d Did the organization member of any of three persons? If "Yes," complete Schedule L, Part III 28d W	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officen, directors, nustees, key employees, and highest compensated employees? If "Yes," complete Schedule L, and the set at a exercite to bord issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule L, "No." go to him 25a. 24a		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
Schedule // Proposition of the page of the proposition of the page	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
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stat day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." to to the Dec 25 b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization ministal an escrow account other than a refunding escrow at any time during the year of decease any tax exempt bonds? d Did the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year of the period of t			23	Х	
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Schedule L. Part I 10 bit the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26	b				
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controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 27 27 28 27 29 29 29 29 29 29 29	26				
Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 39% controlled entity (including an employee) thereof or family member of any of these persons? If "Yes," complete Schedule L, Part III at a selection, and exceptions): 27					\ _{3,7}
creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part II			26		Α.
entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28b X b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b X c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 X 31 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 X 33 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 34 X 35a Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 34 X 35a Section 501c(I3) organizations. Did the organization make any transfers to an exempt non-charitable related organization. If "Yes," complete Schedule R, Part V, Iine 2 36 X 36 Section 501c(I3) organizations. Did the organization make any transfers to an exempt non-charitable related organization. If "Yes," complete Schedule R, Part V, Iine 2 36 X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, Iines 11b and 19? Note: All Form 990 fleers are required to complet	27				
Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 288 X b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b X c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization iliquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b X 35 Bection 501(s)3 organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 35b X 36 Section 501(s)3 organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 35b X 37 Did the organization complete Schedule O and					 ₩
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and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O 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 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X	37				
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X			37		Х
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 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X	38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X			38	X	
Ta Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming to be comply with backup withholding rules for reportable payments to vendors and reportable gaming to be comply with backup withholding rules for reportable payments to vendors and reportable gaming to be comply with backup withholding rules for reportable payments to vendors and reportable gaming to be comply with backup withholding rules for reportable payments to vendors and reportable gaming to be comply with backup withholding rules for reportable payments to vendors and reportable gaming to be comply with backup withholding rules for reportable payments to vendors and reportable gaming to be comply with backup withholding rules for reportable payments to vendors and reportable gaming to be comply with backup withholding rules for reportable payments to vendors and reportable gaming to be comply with backup withholding rules for reportable payments to vendors and reportable gaming to be comply with backup withholding rules for reportable gaming to be comply with backup withholding rules for reportable gaming to be comply with backup withholding rules for reportable gaming to be comply with backup withholding rules for reportable gaming to be comply with backup withholding rules for reportable gaming to be comply with backup withholding rules for reportable gaming to be comply with backup withholding rules for reportable gaming to be comply with backup withholding rules for reportable gaming to be comply with backup withholding rules for reportable gaming to be comply with backup withholding rules for reportable gaming to be comply with backup withholding rules for reportable g	Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 24 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X		Check if Schedule O contains a response or note to any line in this Part V			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X			4		
(gambling) winnings to prize winners?	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
0 0/ 0	С				
		(gambling) winnings to prize winners?	1c		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
	filed for the calendar year ending with or within the year covered by this return 2a 67										
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х								
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)										
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X							
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O										
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a										
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X							
b	If "Yes," enter the name of the foreign country ▶										
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).										
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X							
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X							
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c									
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit										
	any contributions that were not tax deductible as charitable contributions?	6a		Х							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts										
	were not tax deductible?	6b									
7	Organizations that may receive deductible contributions under section 170(c).										
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b									
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required										
	to file Form 8282?	7c		Х							
d	If "Yes," indicate the number of Forms 8282 filed during the year										
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g									
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the										
	sponsoring organization have excess business holdings at any time during the year?	8									
9	Sponsoring organizations maintaining donor advised funds.										
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a									
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b									
10	Section 501(c)(7) organizations. Enter:										
а	Initiation fees and capital contributions included on Part VIII, line 12										
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities										
11	Section 501(c)(12) organizations. Enter:										
а	Gross income from members or shareholders										
b	Gross income from other sources (Do not net amounts due or paid to other sources against										
40	amounts due or received from them.)	40									
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a									
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year										
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a									
	Note: See the instructions for additional information the organization must report on Schedule O.										
D	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 Inter the amount of receives an head										
	Enter the amount of reserves on hand	140		Х							
		14a 14b		-22							
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1 4 D									
15		15		Х							
	excess parachute payment(s) during the year? If "Vos " see instructions and file Form 4720. Schedule N.	10		22							
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х							
10	If "Yes," complete Form 4720, Schedule O.	10									
	ii 103, complete i dilli 4720, conedule o.	Form	990	(2020							

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 23			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37	
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		v	
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Λ	
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
Iba	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16-		Х
b	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		21
D				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Sec	exempt status with respect to such arrangements?	IOD		
17	List the states with which a copy of this Form 990 is required to be filed ►AL, AR, CO, CT, FL, GA, IL, KS, KY	, MA	, MD	,MI
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)			
.0	for public inspection. Indicate how you made these available. Check all that apply.	o or my	, 4 4 4 11	2210
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finar	ncial	
	statements available to the public during the tax year.	ai	Joiai	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	MASHAEL AL-ASOUSI - 617-455-0600			
	89 SOUTH STREET, NO. 201, BOSTON, MA 02111		000	(000 = 1

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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.

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

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

(A)	(B)	J. g.		((C)		, iou	(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle	heck ss pe	rsoni	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) CALLEE BOULWARE	40.00	-						160 027	0.	26 041
REGIONAL EXECUTIVE DIRECTOR	40.00					X		169,937.	0.	36,941.
(2) AMY ERICKSON REGIONAL EXECUTIVE DIRECTOR	40.00	1				x		141,579.	0.	36,254.
(3) BRIAN GALLAGHER	40.00					^		141,379.	0.	30,234.
CEO/PRESIDENT/CLERK	40.00	x		х				158,166.	0.	19,372.
(4) LAMBRINA KLESS	40.00	122		<u> </u>				150,100.	0.	17,512.
CHIEF OPERATING OFFICER	40.00	ł				x		142,034.	0.	23,598.
(5) JESSICA MORTENSEN	40.00							112,0310	•	2373301
REGIONAL EXECUTIVE DIRECTOR		1				x		133,481.	0.	16,842.
(6) ERIN HENRY	40.00					╫				
CHIEF DEVELOPMENT OFFICER		1				х		130,270.	0.	12,005.
(7) ROBERT NEEDLMAN	3.00							,		
DIRECTOR		X						0.	0.	0.
(8) CURTIS GRAY	3.00									
CHAIR		Х		Х				0.	0.	0.
(9) LISA LEBOVITZ	3.00									
EX OFFICIO DIRECTOR		Х						0.	0.	0.
(10) PERRI KLASS	3.00									
DIRECTOR		Х						0.	0.	0.
(11) THOMAS DEWITT	3.00									
DIRECTOR		Х						0.	0.	0.
(12) BENITA SOMERFIELD	3.00									
EX OFFICIO DIRECTOR		Х						0.	0.	0.
(13) DIPESH NAVSARIA	3.00									
VICE CHAIR		Х		Х				0.	0.	0.
(14) CLAUDIA ARISTY	3.00									
DIRECTOR		Х						0.	0.	0.
(15) EVAN KEYSER	3.00	l		l				_	_	_
TREASURER		Х		Х				0.	0.	0.
(16) KYU RHEE	3.00	l							_	_
DIRECTOR		Х						0.	0.	0.
(17) ROBBIE HARRIS	3.00	۱							_	_
DIRECTOR		Х						0.	0.	0 • Form 990 (2020)

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A)	(B)			(((D)	(E)		(F)	
	Name and title	Average hours per		Position (do not check more than one box, unless person is both an			than		Reportable compensation	Reportable compensation		timate nount	
		week		cer an					from	from related		other	
		(list any	ector						the	organizations	com	pensa	tion
		hours for related	or dir	8			ated		organization	(W-2/1099-MISC)		om th	
		organizations	rustee	l trust		ee	nbens		(W-2/1099-MISC)			anizat d relat	
		below	Individual trustee or director	Institutional trustee	_	Key employee	st cor	ъ				anizati	
		line)	Indivi	Institu	Officer	Key er	Highest compensated employee	Former					
(18) AN	DRES SATIZABAL	3.00											
DIRECTO	PR .		Х						0.	0.			0.
(19) TE	RRI MCFADDEN	3.00											
DIRECTO	R		Х						0.	0.			0.
(20) TO	DD NICOLET	3.00											
DIRECTO	R		Х						0.	0.			0.
	ANA HOFFMAN	3.00											•
DIRECTO		2 00	Х						0.	0.			0.
	LLY DESOUZA BURR	3.00											_
DIRECTO		2 00	Х						0.	0.			0.
	DY NEWMAN	3.00	٠,,										^
DIRECTO		2 00	Х						0.	0.			0.
	RK DEL MONTE	3.00	X						0.	0.			0.
DIRECTO:	UDE HAECKER	3.00	^						0.	0.			<u> </u>
DIRECTO		3.00	X						0.	0.			0.
	URA BAILET	3.00	^						0.	0.			<u> </u>
DIRECTO		3.00	x						0.	0.			0.
1b Suk			_		<u> </u>				875,467.	0.	14	5,0	
	tal from continuation sheets to Part VI								0.	0.		- , -	0.
	tal (add lines 1b and 1c)								875,467.	0.	14	5,0	<u>12.</u>
	al number of individuals (including but n								eceived more than \$100	0,000 of reportable		-	
	mpensation from the organization						,			,			10
												Yes	No
3 Did	the organization list any former officer,	director, truste	ee, ł	кеу е	emp	loye	e, oı	hig	hest compensated emp	oloyee on			
line	a 1a? If "Yes," complete Schedule J for se	uch individual									3		Х
	any individual listed on line 1a, is the su												
	d related organizations greater than \$150										4	Х	
	any person listed on line 1a receive or a	•				-			-				
	dered to the organization? If "Yes," com	plete Schedule	e J f	or su	ıch	pers	on .				5		X
Section	B. Independent Contractors												

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
E-CRATCHIT	CONTRACT CFO:	
2 SHARP STREET, HINGHAM, MA 02043	FINANCIAL, ACCT AND	149,240.
POSITIVELY PARTNERS	SOCIAL IMPACT	
89 SOUTH STREET, BOSTON, MA 02111	STRATEGY	114,195.
CHRISTINE HUGHES		
CMR 489 BOX 456, APO, AE 09751	CONSULTING	111,914.

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2020)

Form 990 REACH OU'	I, AND KI	ĿΑΙ) <u>,</u>	II	NC.	•			04-348	1253
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos	ition	1		Reportable	Reportable	Estimated
	hours	(cl	heck	k all	that	app	ly)	compensation	compensation	amount of
	per week (list any hours for related organizations below	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
	line)	Individ	Institut	Officer	Keyerr	Highes	Former			
(27) NATHAN CHOMILO	3.00									
DIRECTOR		Х						0.	0.	0
(28) NIA HEARD-GARRIS	3.00									
DIRECTOR		Х						0.	0.	0
(29) TIFFANY KUEHNER	3.00									
DIRECTOR		Х						0.	0.	0
(30) PAUL LEBLANC	3.00							_	_	_
DIRECTOR		Х						0.	0.	0
(31) LEORA MOGILNER	3.00								0	•
DIRECTOR	2 00	Х			<u> </u>			0.	0.	0
(32) EDWARD MULHERIN OUTSOURCED CHIEF FINANCIAL OFFICER	2.00			x				0.	0.	0
JUISOURCED CHIEF FINANCIAL OFFICER				^				0.	0.	0
otal to Part VII, Section A, line 1c										

Ра	rt V	Ш						
			Check if Schedule O contains a response	e or note to any lin		(B)	(C)	
					(A) Total revenue	Related or exempt		(D) Revenue excluded
					Total revenue		business revenue	
(0.10								sections 512 - 514
ints			Federated campaigns 1a					
Gra			Membership dues 1b					
ts, An		С	Fundraising events 1c					
Gif		d	Related organizations 1d					
ns, Sim			Government grants (contributions) 1e	4,529,865.				
er S		f	All other contributions, gifts, grants, and					
ξĖ			similar amounts not included above 1f	10,582,805.				
Contributions, Gifts, Grants and Other Similar Amounts		_	Noncash contributions included in lines 1a-1f	2,423,716.				
<u>a C</u>		h	Total. Add lines 1a-1f		15,112,670.			
				Business Code				
Ce	2	а						
ervi Ie		b						
n Si ent		С						
ran ?ev		d						
Program Service Revenue		е						
Ь		f	All other program service revenue					
		g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, inter	<i>'</i>				
			other similar amounts)	▶	3,697.			3,697.
	4		Income from investment of tax-exempt bond	'				
	5		Royalties					
			(i) Real	(ii) Personal				
	6		Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
o.		b	Less: cost or other basis					
ň			and sales expenses 7b					
Revenue			Gain or (loss) 7c					
er B			Net gain or (loss)	>				
Othe	8	а	Gross income from fundraising events (not					
0			including \$ of					
			contributions reported on line 1c). See					
		.	Part IV, line 18 8a Less: direct expenses 8a					
			Net income or (loss) from fundraising events	P				
	9	d	Gross income from gaming activities. See Part IV, line 19 9a	,				
		L						
			Less: direct expenses9t Net income or (loss) from gaming activities					
			Gross sales of inventory, less returns					
	10	а	• •					
		h	and allowances 10 Less: cost of goods sold 10					
			_					
		U	Net income or (loss) from sales of inventory	Business Code				
snc	11	2		Submices Code				
nec		a b						
Miscellaneous Revenue		C						
Sc.			All other revenue	900099	57,361.	57,361.		
≥			Total. Add lines 11a-11d		57,361.	,		
	12		Total revenue. See instructions		15,173,728.	57,361.	0.	3,697.
					, ,	,	·	

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).

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	4 001 506	4 001 506		
	and domestic governments. See Part IV, line 21	4,821,526.	4,821,526.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	4.60 0.00		4.60 0.00	
	trustees, and key employees	162,959.		162,959.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,322,537.	3,157,325.	645,083.	520,129
8	Pension plan accruals and contributions (include				. – – ·
	section 401(k) and 403(b) employer contributions)	134,891.	95,343.	23,842.	15,706
9	Other employee benefits	505,552.	370,419.	74,111.	61,022
0	Payroll taxes	339,437.	239,919.	59,994.	39,524
1	Fees for services (nonemployees):				
а	Management				
	Legal	1,050.		1,050.	
	Accounting	180,513.		180,513.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	1,014,766.	728,828.	39,958.	245,980
12	Advertising and promotion	17,878.			17,878
13	Office expenses	504,988.	212,088.	179,868.	113,032
14	Information technology				
15	Royalties				
16	Occupancy	66,841.	33,419.	16,711.	16,711
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	101,554.	99,506.	1,268.	780
20	Interest		-		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	79,032.		79,032.	
23	Insurance			·	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	COALITIONS	322,830.	322,830.		
b	RESEARCH AND EVALUATION	27,803.	27,803.		
c	LITERACY MATERIALS	14,977.	14,977.		
d		,	,		
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	12,619,134.	10,123,983.	1,464,389.	1,030,762
<u>.5</u> 26	Joint costs. Complete this line only if the organization	, . = - , =	., -= -,	,,	, , , , , , , ,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	The same and				

Part X Balance Sheet

Fai	ιΛ	Dalance Sneet					
		Check if Schedule O contains a response or	note to ar	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			4,025,738.	1	6,460,833.
	2	Savings and temporary cash investments			864,574.	2	865,520.
	3	Pledges and grants receivable, net			1,425,990.	3	1,668,305.
	4	Accounts receivable, net	117,027.	4	514,418.		
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descri	-			6	
ठ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥	9	Prepaid expenses and deferred charges			30,814.	9	51,541.
	10a	Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D		584,458.			
	b	Less: accumulated depreciation		185,055.	425,295.	10c	399,403.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lir		Г		12	
	13	Investments - program-related. See Part IV, lii			13		
	14	Intangible assets	66,217.	14	52,517.		
	15	Other assets. See Part IV, line 11	111,477.	15	111,477.		
	16	Total assets. Add lines 1 through 15 (must e			7,067,132.	16	10,124,014.
	17	Accounts payable and accrued expenses	539,229.	17	1,046,627.		
	18	Grants payable	10,514.	18	5,404.		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
Se	22	Loans and other payables to any current or for	ormer offi	cer, director,			
Liabilities		trustee, key employee, creator or founder, su	bstantial	contributor, or 35%			
iabi		controlled entity or family member of any of t		22			
	23	Secured mortgages and notes payable to un	related th	ird parties		23	
	24	Unsecured notes and loans payable to unrela	ated third	parties		24	
	25	Other liabilities (including federal income tax,	payables	to related third			
		parties, and other liabilities not included on li	nes 17-24). Complete Part X			
		of Schedule D			933,180.	25	933,180.
	26	Total liabilities. Add lines 17 through 25			1,482,923.	26	1,985,211.
v		Organizations that follow FASB ASC 958, or	heck he	re ▶ X			
če		and complete lines 27, 28, 32, and 33.					
alar	27	Net assets without donor restrictions			3,174,846.	27	5,538,599.
β	28	Net assets with donor restrictions		<u></u>	2,409,363.	28	2,600,204.
ŭ		Organizations that do not follow FASB AS6	C 958, ch	eck here 🕨 📖			
r F		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fun				29	
SSe	30	Paid-in or capital surplus, or land, building, or	equipme	nt fund		30	
ايد	31	Retained earnings, endowment, accumulated				31	
Se	32	Total net assets or fund balances			5,584,209.	32	8,138,803.
	33	Total liabilities and net assets/fund balances			7,067,132.	33	10,124,014.

Form **990** (2020)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 2	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)		15,17 12,61		
3	Revenue less expenses. Subtract line 2 from line 1	3	2,55		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,58		
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	8,13	8,8	03.
Pa	rt XII Financial Statements and Reporting	L			
	Check if Schedule O contains a response or note to any line in this Part XII				
_	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No
1	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a		O.	2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			77	
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			Х	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Λ	
2-	If the organization changed either its oversight process or selection process during the tax year, explain on Sci				
зa	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Act and OMB Circular A-133?	igie Audit	3a		x
h	Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit	34		
J	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
	or addres, orpian mit on contoduce of and accombe any stope taken to analyge contraducts			990	(2020)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization REACH OUT AND READ. 04 - 3481253Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) Total

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

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

Sec	ction A. Public Support								
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
	Gifts, grants, contributions, and	` ,	` '	. ,	, ,	` '	.,		
	membership fees received. (Do not								
	include any "unusual grants.")	12,413,692.	14,661,823.	11,555,212.	12,153,273.	15,112,670.	65,896,670.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	12,413,692.	14,661,823.	11,555,212.	12,153,273.	15,112,670.	65,896,670.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)						10,511,957.		
	Public support. Subtract line 5 from line 4.						55,384,713.		
	ction B. Total Support					<u> </u>			
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
	Amounts from line 4	12,413,692.	14,661,823.	11,555,212.	12,153,273.	15,112,670.	65,896,670.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,	1 050	4 650	15 756	20 100	2 607	EC 161		
	and income from similar sources	1,950.	4,650.	15,756.	30,108.	3,697.	56,161.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital	2,348.		6,507.	5,166.	57,361.	71,382.		
	assets (Explain in Part VI.)	2,340.		0,307.	3,100.	37,301.	66,024,213.		
	Total support. Add lines 7 through 10	-1- (!1	1			40	00,024,213.		
12	Gross receipts from related activities,	•				12			
13	First 5 years. If the Form 990 is for the organization, check this box and stor						ightharpoonup		
Sec	ction C. Computation of Publ		rcentage						
	Public support percentage for 2020 (<u>_</u>	column (fl)		14	83.89 %		
	Public support percentage from 2019					15	79.92 %		
	33 1/3% support test - 2020. If the o					<u> </u>			
	stop here. The organization qualifies								
b									
	b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
17a	7a 10% -facts-and-circumstances test - 2020. 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 fact	-							
	meets the facts-and-circumstances to								
b	10% -facts-and-circumstances tes	-		*	-				
	more, and if the organization meets the	-							
	organization meets the facts-and-circ				-				
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	<u> </u>		

Schedule A (Form 990 or 990-EZ) 2020

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	, 1	,				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	. ,				, ,	
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third.	fourth, or fifth tax	vear as a section	501(c)(3) organizat	ion.
		· ·		•			
Se	ction C. Computation of Publ						
	Public support percentage for 2020 (column (f))		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inve					1	,,
	Investment income percentage for 20					17	%
	Investment income percentage from					18	//
	a 33 1/3% support tests - 2020. If the						
.50	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2019. If the						
•	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 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 Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
_		
4a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
0-		
9a		
9b		
9с		
10a		
46:		
10b		

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	e organization accepted a gift or contribution from any of the following persons?			
а	A pers	on who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c be	elow, the governing body of a supported organization?	11a		
b	A fami	ly member of a person described in line 11a above?	11b		
С	A 35%	controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec	tion E	B. Type I Supporting Organizations			
				Yes	No
1		e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) vely operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		zation, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	suppo	rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the	e organization operate for the benefit of any supported organization other than the supported			
	organi	zation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		rised, or controlled the supporting organization.	2		
Sec	tion C	C. Type II Supporting Organizations			
				Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		tees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
C		oported organization(s).	1		Ц
Sec	tion L	D. All Type III Supporting Organizations			
				Yes	No
1		e organization provide to each of its supported organizations, by the last day of the fifth month of the			
		zation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•		zation's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	-	zation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		son of the relationship described in line 2, above, did the organization's supported organizations have a			
3	-				
		cant voice in the organization's investment policies and in directing the use of the organization's e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		rted organizations played in this regard.	3		
Sec		Type III Functionally Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
a		The organization satisfied the Activities Test. Complete line 2 below.	•		
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
c		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2		ies Test. Answer lines 2a and 2b below.		Yes	No
а		bstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	supported organizations and explain how these activities directly furthered their exempt purposes,			
		ne organization was responsive to those supported organizations, and how the organization determined			
	that th	ese activities constituted substantially all of its activities.	2a		
b	Did the	e activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
		more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		I the reasons for the organization's position that its supported organization(s) would have engaged in			
	these a	activities but for the organization's involvement.	2b		
3	Parent	of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the	e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustee	es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the	e organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 (e <i>xplain in</i> I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2020

Pai	t v Type III Non-Functionally integrated 509	(a)(3) Supporting Org	anizations (continued)	
Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1	
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which t	he organization is responsive	е	
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2020 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
а	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i_	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2020

b Excess from 2017 c Excess from 2018 d Excess from 2019 e Excess from 2020

	(See ins	struc	ctions.)								t for any additional	
					LINE	10,	EXPLAI	NATION	FOR	OTHER	INCOME:	
SPEC	IAL EV	EN	T FEI	ES								
2016	AMOUN'	Г:	\$	2,0	55.							
OTHE	RINCO	ΜE										
2016	AMOUN	Т:	\$	293	•							
2018	AMOUN'	т:	\$	6,5	07.							
2019	AMOUN'	т:	\$	5,1	66.							
2020	AMOUN'	т:	\$	57,	361.							
-												

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,

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number

2020

REACH OUT AND READ, INC. 04-3481253 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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;

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

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

or (ii) Form 990-EZ, line 1. Complete Parts I and II.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number

04 - 3481253REACH OUT AND READ, INC. Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 Person **Payroll** 717,234. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 Person **Payroll** 495,300. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X Person **Payroll** 1,000,000. Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Person **Payroll** 308,633. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 5 X Person Payroll 1,000,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No.

023452 11-25-20

6

821,230.

Person Payroll

Noncash

(Complete Part II for noncash contributions.)

X

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 a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$ 897,535.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

REACH OUT AND READ, INC.

04 - 3481253

Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	BOOKS	_	
1			
		\$\$	
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
	BOOKS		
4			
(a)			
No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
	BOOKS	_	
6			
		\ \\$8821,230.	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
Part I		(========,	
		_	
		\$	
(a)			
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of notices if property given	(See instructions.)	Date received
023453 11-2		Sahadula B /Farra 0	90.F7 or 990.PF) (2020)

Employer identification number

Name of organization

vely religious, charitable, etc., contribution one contributor. Complete columns (a) the part III, enter the total of exclusively religious, charplicate copies of Part III if additional sets (b) Purpose of gift Transferee's name, address, and (b) Purpose of gift (b) Purpose of gift Transferee's name, address, and (b) Purpose of gift	through (e) and the following line entraritable, etc., contributions of \$1,000 or lespace is needed. (c) Use of gift (e) Transfer of gift (c) Use of gift (c) Use of gift	(d) Description of how gift is held Relationship of transferor to transferee (d) Description of how gift is held
Transferee's name, address, and (b) Purpose of gift	(e) Transfer of gift d ZIP + 4 (c) Use of gift (e) Transfer of gift	Relationship of transferor to transferee (d) Description of how gift is held
(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	Relationship of transferor to transferee (d) Description of how gift is held
(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held
	(e) Transfer of gift	
Transferee's name, address, and		
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee
, , ,		
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee
	(b) Purpose of gift	Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

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

		11(c)(4), (5), or (6) organizat	ions: Complete Part III.						
Nam	ne of organ				Em	ployer identification number			
			UT AND READ, INC.			04-3481253			
Pa	rt I-A	Complete if the org	anization is exempt unde	er section 501(c) o	or is a section 527	organization.			
2	Political c	ampaign activity expendit	ation's direct and indirect politica ures gn activities		>				
Pa	rt I-B	Complete if the org	anization is exempt unde	er section 501(c)(3	3).				
1	Enter the	amount of any excise tax	incurred by the organization unde	er section 4955	>	\$			
2	Enter the	amount of any excise tax	incurred by organization manage	rs under section 4955	>	\$			
3	If the orga	anization incurred a sectio	n 4955 tax, did it file Form 4720 f	or this year?		Yes No			
4a	Was a co	rrection made?				Yes No			
		describe in Part IV.							
Pa	rt I-C	Complete if the org	anization is exempt unde	er section 501(c),		· / · /			
1	Enter the	amount directly expended	by the filing organization for sec	tion 527 exempt functi	on activities	\$			
2		0 0	ization's funds contributed to oth	J					
					>	\$			
3	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? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization								
5	made pay	ments. For each organiza	nployer identification number (Elikition listed, enter the amount paid comptly and directly delivered to a additional space is needed, provi	from the filing organizate separate political orga	ation's funds. Also enter nization, such as a sepa	the amount of political			
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	contributions received and			

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

Schedule C (Form 990 or 990-EZ) 2020

LHA

032041 12-02-20

Schedule C (Form 990 or 990-EZ) 2020

f Grassroots lobbying expenditures

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

For each "	Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(6	a)	(b	o)
	pying activity.	Yes	No	Amo	ount
1 Duri	ng the year, did the filing organization attempt to influence foreign, national, state, or				
loca	I legislation, including any attempt to influence public opinion on a legislative matter				
or re	eferendum, through the use of:				
a Volu	inteers?		X		
b Paid	staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
c Med	lia advertisements?		X		
	ings to members, legislators, or the public?		X		
	lications, or published or broadcast statements?		X		
	nts to other organizations for lobbying purposes?		X		
	ct contact with legislators, their staffs, government officials, or a legislative body?	X		111	.,360.
h Ralli	es, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
i Othe	er activities?		X		
j Tota	ıl. Add lines 1c through 1i			111	.,360.
	the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
b If "Y	es," enter the amount of any tax incurred under section 4912				
c If "Y	es," enter the amount of any tax incurred by organization managers under section 4912				
d If the	e filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-	A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ction	
	501(c)(6).				
				Yes	No
1 Wer	e substantially all (90% or more) dues received nondeductible by members?		1		
2 Did	the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3 Did	the organization agree to carry over lobbying and political campaign activity expenditures from the	ne prior yea	r? 3		
Part III-					
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	"No" OF	የ (b) Part	III-A, lin	e 3, is
	answered "Yes."				
1 Due	s, assessments and similar amounts from members		1		
2 Sec	tion 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	cal			
exp	enses for which the section 527(f) tax was paid).				
a Curr	ent year		2a		
b Carr	yover from last year		2b		
c Tota	l		2c		
3 Agg	regate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4 If no	tices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
does	s the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	oolitical			
expe	enditure next year?		4		
5 Taxa	able amount of lobbying and political expenditures (See instructions)		5		
Part IV	Supplemental Information				
Provide th	e descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part I	I-A, lines 1 a	and 2 (See	
instruction	ns); and Part II-B, line 1. Also, complete this part for any additional information.				
PART	II-B, LINE 1, LOBBYING ACTIVITIES:				
REACH	OUT AND READ STAFF, CONSULTANTS, AND VOLUNTEERS	VISI	HTIW 7		
LEGIS	LATORS (BOTH STATE AND FEDERAL) TO EDUCATE THEM	ON THE	E REAC	H OUT	
AND R	EAD MODEL AND ITS IMPACT, AND TO ENCOURAGE LAWMA	KERS 7	ro con	SIDER	
_					
CONTI	NUATION OF STATE FUNDING AND RENEWAL OF FEDERAL	FUNDI	NG. RE	ACH OU	JT
_					
<u>AND</u> R	EAD ALSO GUIDES AND ENCOURAGES INDIVIDUALS ACROS	S THE	COUNT	RY TO	
		Schedu	le C (Form	990 or 990)-EZ) 2020

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

REACH OUT AND READ TNC. **Employer identification number** 04 - 3481253

Pai	t I Organizations Maintaining Donor Advise	-	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		2 2
	, ,	(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 v	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structi	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year
_	\$		a v v v = v a
8	Does each conservation easement reported on line 2(d) above	•	
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	·	
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that describes the
Pai	organization's accounting for conservation easements. t III Organizations Maintaining Collections or	f Art Historical Treasures or O	thar Similar Assats
ı aı	Complete if the organization answered "Yes" on Form	-	ther offinial Assets.
10	If the organization elected, as permitted under FASB ASC 95		and balance sheet works
Id	of art, historical treasures, or other similar assets held for put	, ,	
	service, provide in Part XIII the text of the footnote to its finar	•	•
h	If the organization elected, as permitted under FASB ASC 95		
b	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	combiner, education, or research in fart	icranice of public service,
	(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 treations		
_	the following amounts required to be reported under FASB A	,	ga, provide
а	Revenue included on Form 990, Part VIII, line 1	_	> \$
	Assets included in Form 990, Part X		

032051 12-01-20

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

Schedule D (Form 990) 2020

Pai	t III Organizations Maintaining C	collections of Ar	t, Historical T	reasures,	or Othe	er Simil	ar Asse	ts (contii	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of th	e following tha	at make s	significant	use of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or ex	change progr	am					
b	Scholarly research	е		0 1 0						
C	Preservation for future generations	_								
4	Provide a description of the organization's co	ollections and explain	n how they further	the organizat	ion's exe	mnt nurn	ose in Par	t XIII		
5	During the year, did the organization solicit of	•	•	-			000 1111 41			
J	to be sold to raise funds rather than to be ma		•	•				Yes		No
Pai	t IV Escrow and Custodial Arran									110
	reported an amount on Form 990, Pal		no ii tilo organizat	ion anowored	100 011	11 01111 00	5,1 ait1v,			
	Is the organization an agent, trustee, custod		iary for contribution	ons or other as	ssets not	included				
·u	on Form 990, Part X?		•					Yes		No
h	If "Yes," explain the arrangement in Part XIII							_ 103		110
D	Tres, explain the arrangement in rare Am	and complete the for	lowing table.					Amoun	+	
_	Paginning balance					10		Amoun		
	Beginning balance									
	Additions during the year									
_	Distributions during the year									
Ť	Ending balance							1,,		١
	Did the organization include an amount on F					•	∟	Yes	<u> </u>	No
_	If "Yes," explain the arrangement in Part XIII.									
Pai	t V Endowment Funds. Complete i	· · · · · · · · · · · · · · · · · · ·								
		(a) Current year	(b) Prior year	(c) Two yea		• •				
	Beginning of year balance	111,477.	111,477	11	1,477.	1	11,477.		111,	477.
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	111,477.	111,477	'. 11	1,477.	1	11,477.		111,	477.
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, column	(a)) held as:						
а	Board designated or quasi-endowment	•	%							
	Permanent endowment 100.0000	%	_							
С	Term endowment	 %								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	•	ation that are held	and administe	ered for t	he organi	zation			
-	by:	ocion of the organiza		and daminot	3104 101 1	ino organi	Lation	1	Yes	No
	(i) Unrelated organizations							3a(i)		X
	(ii) Related organizations									X
h	If "Yes" on line 3a(ii), are the related organizations									
4	Describe in Part XIII the intended uses of the							_ 30		
_	t VI Land, Buildings, and Equipm		willetti turius.							
	Complete if the organization answere		Part IV line 11a	See Form 99	n Part X	line 10				
				st or other		ccumulate	nd	(d) Poo	k volu	
	Description of property	(a) Cost or ot basis (investm	' '	s (other)		preciation		(d) Boo	k value	=
	Land	` `	ioni, basi	5 (Ott 161)	ue	preciation				
	Land		- 							
	Buildings									
	Leasehold improvements		- -	Q / / F O	ļ .	105 0	55	20	0 1	U 3
	Equipment			84,458.		185,0	22.	39	9,4	03.
	Other			40.1			_	2.0	0 4	0.2
Total	. Add lines 1a through 1e. (Column (d) must e	gual Form 990, Part .	x, column (B), line	10c.)				39	9,4	UJ .

Schedule D (Form 990) 2020

Part VII Investments - Other Securities.	ND READ, INC.	04	-3481253 Page 3
Complete if the organization answered "Yes" of	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	l-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	5 000 D . W. W		
Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV, line (b) Book value	(c) Method of valuation: Cost or end	l of year market value
	(b) Book value	(c) Method of Valuation. Cost of end	-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7) (8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	: 15.)	>	
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	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) NOTES PAYABLE - PAYCHECK			022 100
(3) PROTECTION PROGRAM			933,180.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	05.)		022 100
Total. (Column (b) must equal Form 990, Part X, col. (B) line	, 25.)	.	933,180.

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... Schedule D (Form 990) 2020

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

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

Schedule D (Form 990) 2020

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization $\begin{tabular}{ll} \bf REACH & OUT \\ \end{tabular}$	' AND READ	. INC.					Employer identification number $04-3481253$
Part I General Information on Grants a		7 ==:0:					3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -
 Does the organization maintain records criteria used to award the grants or assis Describe in Part IV the organization's pro 	stance?						
Part II Grants and Other Assistance to					anization answered "	Yes" on Form 990, Part	t IV, line 21, for any
recipient that received more than						,	•
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
MIAMI-DADE FAMILY LEARNING PARTNERSHIP - 10800 BISCAYNE BLVD MIAMI FL 33161	14-1016606	2	0	131,048.	D-M17	BOOKS	ENCOURAGE READING
OAK WEST HEALTH CENTER / PARKLAND HEALTH AND HOSPITAL SYSTEM - 4201 BROOK SPRING DR DALLAS, TX 75224-4968	91-1349657	3	0.	125,000.		BOOKS	ENCOURAGE READING
REACH OUT AND READ GREATER NEW YORK - 105 W 86TH STREET - NEW YORK, NY 10024	13-4080045	3	0.	100,000.	FMV	BOOKS	ENCOURAGE READING
SOONER PEDIATRICS / 1200 CHILDREN'S AVENUE OKLAHOMA CITY, OK 73104	73-6017987	3	0.	85,298.	FMV	BOOKS	ENCOURAGE READING
PEDIATRIC CENTER OF ROUND ROCK 340 HAWKINS RUN ROAD MIDLOTHIAN, TX 76065	74-2973219		0.	62,500.	FMV	BOOKS	ENCOURAGE READING
DRISCOLL CHILDREN'S HOSPITAL HIGH RISK INFANT FOLLOW-UP PROGRAM / - 3533 S. ALAMEDA ST CORPUS CHRISTI, TX 78411	74-2577746	3	0.	62,500.	FMV	BOOKS	ENCOURAGE READING
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization	and government or	-	ne line 1 table				07

Schedule I (Form 990) REACH OUT							04-3481253 Page 1
Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	iovernments (Sch	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KANSAS UNIVERSITY ENDOWMENT ASSOCIATION - 3901 RAINBOW BLVD KANSAS CITY, KS 66160	48-0547734	3	0.	50,000.	FMV	BOOKS	ENCOURAGE READING
LIFE CYCLE PEDIATRICS / 2739 FELTON DRIVE EAST POINT, GA 30344	31-1833868		0.	45,573.	FMV	BOOKS	ENCOURAGE READING
VARIETY CARE STRAKA / 1025 STRAKA TERRACE OKLAHOMA CITY, OK 73139	73-1088577	3	0.	37,339.	FMV	BOOKS	ENCOURAGE READING
CHARLOTTE PEDIATRIC CLINIC-STEELE CREEK / - 13640 STEELECROFT PARKWAY - CHARLOTTE, NC 28278	56-0529945		0.	32,454.	FMV	BOOKS	ENCOURAGE READING
LUMBERTON CHILDREN'S CLINIC / 400 LIBERTY HILL ROAD LUMBERTON, NC 28358-2446	56-1133868		0.	30,200.	FMV	воокѕ	ENCOURAGE READING
CENTER FOR THE URBAN CHILD AT ST. CHRISTOPHER'S HOSPITAL FOR CHILDREN / - 160 EAST ERIE AVENUE - PHILADELPHIA, PA 19134	23-2274198		0.	30,000.	FMV	BOOKS	ENCOURAGE READING
THE LONGSTREET CLINIC, PC GAINESVILLE / CENTER FOR PEDIATRICS - 725 JESSE JEWELL PARKWAY, STE. 100 - GAINESVILLE,	58-2117020		0.	29,846.	FMV	BOOKS	ENCOURAGE READING
NEW HANOVER REGIONAL MEDICAL CENTER / NUNNELEE PEDIATRIC CLINICS - 510 CAROLINA BAY DR WILMINGTON, NC 28403	27-2791351	3	0.	29,620.		BOOKS	ENCOURAGE READING
JACKSONVILLE CHILDRENS CLINIC /				,			

ENCOURAGE READING

120 MEMORIAL DRIVE JACKSONVILLE, NC 28546

58-1278921

28,983.FMV

BOOKS

04-3481253 REACH OUT AND READ, INC. Schedule I (Form 990) Page 1 Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (g) Description of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (h) Purpose of grant organization or government valuation non-cash assistance or assistance if applicable cash grant non-cash (book, FMV. assistance appraisal, other) BOSTON MEDICAL CENTER / PEDIATRIC PRIMARY CARE - 850 HARRISON AVENUE - BOSTON, MA 02118-4001 04-3314093 0. 28,456.FMV BOOKS ENCOURAGE READING ATRIUM HEALTH/LEVINE CHILDREN'S HOSPITAL / MYERS PARK PEDIATRICS 1350 SOUTH KINGS DR. - CHARLOTTE NC 28207-2134 56-0621073 0 27,596.FMV BOOKS ENCOURAGE READING DUKE CHILDREN'S PRIMARY CARE / 4020 N ROXBORO ROAD DURHAM, NC 27704-2120 56-0532129 0 27,111.FMV BOOKS ENCOURAGE READING UNITED WAY OF GREATER NEWARK 60 PARK PLACE - SUITE 1400 NEWARK, NJ 07102 22-6069078 0 BOOKS ENCOURAGE READING 26,756.FMV ROCKET PEDIATRICS / RUPPERT HEALTH CENTER - 3000 ARLINGTON AVENUE -BOOKS ENCOURAGE READING TOLEDO, OH 43614-5811 34-6555110 0. 26,400.FMV NOVANT HEALTH-CHILD AND ADOLESCENT MEDICAL GROUP-MONROE / - 1994 WELLNESS BLVD - MONROE, NC 28110 58-1728803 BOOKS ENCOURAGE READING 0 25,965,FMV ATRIUM HEALTH LEVINE CHILDREN'S ROCK HILL PEDIATRIC ASSOCIATES -1656 RIVERCHASE BLVD - ROCK HILL 20-3146968 SC 29732-1808 0. 25,083.FMV BOOKS ENCOURAGE READING COASTAL CHILDREN'S CLINIC / 703 NEWMAN RD.

Schedule I (Form 990)

ENCOURAGE READING

ENCOURAGE READING

NEW BERN, NC 28562

TULSA, OK 74135-2527

UNIVERSITY OF OKLAHOMA PEDIATRIC CLINIC / - 4444 E 41ST STREET -

56-1018571

14-1883809

0

0

24,526.FMV

22,762.FMV

BOOKS

BOOKS

Schedule I (Form 990) REACH OUT							4-3481253 Page 1
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHELBY CHILDRENS CLINIC / 709 N. DEKALB ST. SHELBY, NC 28150	56-1667838		0.	20,766.	FMV	BOOKS	ENCOURAGE READING
MOUNTAIN VIEW PEDIATRICS / C/O BURKE COUNTY LITERACY COUNCIL - 517 W. FLEMING DR - CO NCSD -							
MORGANTON, NC 28655	56-1484668	3	0.	19,525.	FMV	BOOKS	ENCOURAGE READING
THE CHILDREN'S REGIONAL CENTER AT CAMDEN / COOPER UNIVERSITY HOSPITAL - 3 COOPER PLAZA, SUITE 200 - CAMDEN, NJ 08103-1438	22-2965846	3	0.	19,480.	FMV	BOOKS	ENCOURAGE READING
GOLDSBORO PEDIATRICS, P.A. / 2706 MEDICAL OFFICE PLACE GOLDSBORO, NC 27534-9460	57-0672117	3	0.	18,872.	FMV	воокѕ	ENCOURAGE READING
UNIVERSITY PEDIATRICS / 101 E. WT HARRIS BLVD CHARLOTTE, NC 28262	56-1820778		0.	17,852.	FMV	BOOKS	ENCOURAGE READING
UNIVERSITY FAMILY MEDICINE DEPARTMENT / - 900 NE 10TH STREET - OKLAHOMA CITY, OK 73104-5420	73-6017987		0.	17,016.	FMV	BOOKS	ENCOURAGE READING
CHARLOTTE PEDIATRIC CLINIC - SOUTHPARK / ATRIUM HEALTH - 4501 CAMERON VALLEY PARKWAY - CHARLOTTE, NC 28211	56-0529945	3	0.	16,584.	FMV	BOOKS	ENCOURAGE READING
PEDIATRIC ASSOCIATES OF CHARLOTTESVILLE / - 1011 EAST JEFFERSON ST - CHARLOTTEVILLE, VA				·			
THE PEDIATRIC HEALTH CENTER AT NEWARK BETH ISRAEL MEDICAL CENTER / - 166 LYONS AVENUE - NEWARK, NJ	05-4902611		0.	16,545.	FMV	BOOKS	ENCOURAGE READING

ENCOURAGE READING

07112-2016

16,429.FMV

BOOKS

02-2345231

Schedule I (Form 990) REACH OUT	AND READ	, INC.				C	04-3481253 Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NOVANT HEALTH-PEDIATRICS SOUTH END							
/ PEDIATRICS SOUTH END - 2400							
SOUTH BOULEVARD SUITE 103 -							
CHARLOTTE, NC 28203	58-1728803		0.	15,422.	FMV	BOOKS	ENCOURAGE READING
NAVAL MEDICAL CENTER CAMP LEJEUNE							
/ PEDIATRIC CLINIC - 100 BREWSTER							
BLVD CAMP LEJEUNE, NC							
28547-2538	56-1897849		0.	15,179.	FMV	BOOKS	ENCOURAGE READING
CENTRAL OREGON PEDIATRIC							
ASSOCIATES / - 2200 NE							
PROFESSIONAL CT BEND, OR 97701	93-0731016		0.	15,074.	, FMV	BOOKS	ENCOURAGE READING
SPARTANBURG REGIONAL HEALTH							
SERVICES DISTRICT, INC / - 853							
NORTH CHURCH STREET, SUITE 401 -							
SPARTANBURG, SC 29303-3064	57-6000934	3	0.	14,316.	FMV	BOOKS	ENCOURAGE READING
CHILDREN'S HEALTHCARE OF ATLANTA							
AT HUGHES SPALDING / REACH OUT AND							
READ P - 35 JESSE HILL JR DRIVE -							
ATLANTA, GA 30303	58-2130437	3	0.	13,851.	FMV	BOOKS	ENCOURAGE READING
JBMDL PEDIATRIC CLINIC /							
3458 NEELY RD							
TRENTON, NJ 08641	22-3858277		0.	13,722.	, FMV	BOOKS	ENCOURAGE READING
MGH CHELSEA HEALTHCARE CENTER /							
151 EVERETT AVENUE							
CHELSEA, MA 02150-1812	04-2697983	3	0.	13,508.	FMV	BOOKS	ENCOURAGE READING
an at							
ST. JOHN CLINIC PEDIATRIC &							
ADOLESCENT MEDICINE / - 1919 S.	72 1222100			40 40-	E167	DOOMA	ENGOVERAGE DELETION
WHEELING AVE - TULSA, OK 74104	73-1333199		0.	13,427.	, F'MV	BOOKS	ENCOURAGE READING
COTSWOLD PEDIATRICS /							
3030 RANDOLPH ROAD							
	56-1667838		0.	13,051.	EM7	BOOKS	ENCOURAGE READING
CHARLOTTE, NC 28211	70-T00/078		1 0.	13,031.	L TAV	POOVS	ENCOURAGE KEADING

Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KAISER PERMANENTE GAITHERSBURG							
MEDICAL CENTER / - 655 WATKINS							
MILL ROAD - GAITHERSBURG, MD 20879	52-0954463	3	0.	13,023.	FMV	BOOKS	ENCOURAGE READING
PEDIATRIC ASSOCIATES OF CT, PC /							
160 ROBBINS STREET							
WATERBURY, CT 06708	06-1089184		0.	12,926.	FMV	BOOKS	ENCOURAGE READING
NOVANT HEALTH PEDIATRICS MINT HILL							
8110 HEALTHCARE LOOP							
CHARLOTTE, NC 28215	58-1728803	3	0.	12,729.	FMV	BOOKS	ENCOURAGE READING
PEDIATRIC ASSOCIATES OF FLORENCE /							
204 E CHEVES STREET					L		L
FLORENCE, SC 29506-2604	20-2935692	3	0.	12,656.	FMV	BOOKS	ENCOURAGE READING
GOLISANO CHILDREN'S HOSPITAL AT							
STRONG / PEDIATRIC PRACTICE - 575							
ELMWOOD AVENUE - ROCHESTER, NY 14620-2945	16-0743209	3	0.	12,632.	FMV	BOOKS	ENCOURAGE READING
14020 2545	10 0743203	<u> </u>		12,032.	111	BOOKS	ENCOUNCE KENDING
GREENSBORO PEDIATRICIANS, INC /							
510 N. ELAM AVENUE							
GREENSBORO, NC 27403	56-0991064		0.	12,543.	FMV	BOOKS	ENCOURAGE READING
NEW ALBANY CHILDREN'S CLINIC /							
462 WEST BANKHEAD STREET							
NEW ALBANY, MS 38652	64-0760755		0.	11,862.	FMV	BOOKS	ENCOURAGE READING
	01 0,00,00		1	11,002.			
ALBANY MEDICAL CENTER PEDIATRIC							
GROUP / - 391 MYRTLE AVENUE, SUITE							
3A - ALBANY, NY 12208-3401	14-6023119		0.	11,612.	FMV	BOOKS	ENCOURAGE READING
DENTAMBIC ACCOCIAMBC - CDEED /							
PEDIATRIC ASSOCIATES - GREER / 106 PHYSICIANS DRIVE							
GREER, SC 29650	57-1004971		0.	11,583.	FMV	BOOKS	ENCOURAGE READING
	3, 10043/1		1 ,	1 11,303.	T *	Poorro	ENCOURAGE READING

Schedule I (Form 990) REACH OUT	AND READ	, INC.				C	4-3481253 Page 1
Part II Continuation of Grants and Other	Assistance to Do	nestic Organizations	and Domestic G	overnments (Sch	edule I (Form 990), Pa	ırt 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
FORD, SIMPSON, LIVELY, & RICE PEDIATRICS / - 2933 MAPLEWOOD AVE - WINSTON SALEM, NC 27103	56-1935767		0.	11,548.	FMV	BOOKS	ENCOURAGE READING
MIDCAROLINA PEDIATRICS / 2607 W ARROWOOD ROAD CHARLOTTE, NC 28273	56-2531282		0.	11,463.	FMV	BOOKS	ENCOURAGE READING
NORTHAMPTON AREA PEDIATRICS / 193 LOCUST STREET							
NORTHAMPTON, MA 01060-2066	72-1576801	3	0.	11,346.	, FMV	BOOKS	ENCOURAGE READING
CHARLOTTE PEDIATRIC CLINIC - MATTHEWS / ATRIUM HEALTH - 332 N. TRADE STREET - MATTHEWS, NC 28105	56-2274421		0.	11,333.	FMV	BOOKS	ENCOURAGE READING
ROCHESTER GENERAL PEDIATRIC ASSOCIATES / - 1455 EAST RIDGE ROAD - ROCHESTER, NY 14621	16-0743134		0.	11,218.	FMV	BOOKS	ENCOURAGE READING
CHILDREN'S HOSPITAL OF RICHMOND / VIRGINIA COMMONWEALTH UNIVERSITY - 1000 EAST BROAD STREET - RICHMOND,							100000000000000000000000000000000000000
VA 23219 ATRIUM HEALTH LEVINE CHILDREN'S ROCK HILL PEDIATRIC ASSOCIATES, FORT MILL / - 704 GOLD HILL ROAD -	54-1581185		0.	11,206.	FMV	BOOKS	ENCOURAGE READING
FORT MILL, SC 29715-8949	20-3146968	3	0.	11,184.	,FMV	BOOKS	ENCOURAGE READING
NAVAL HEALTH CLINIC CHARLESTON / 110 NNPTC CIRCLE GOOSE CREEK, SC 29445	57-0473956		0.	11,040.	FMV	BOOKS	ENCOURAGE READING
DEKALB COUNTY BOARD OF HEALTH WIC /							
CHAMBLEE, GA 30341	58-1417092		0.	11,000.	,FMV	BOOKS	ENCOURAGE READING

Schedule I (Form 990) REACH OUT	AND READ	, INC.				C	04-3481253 Page 1
Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	art 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
HIGHLAND HOSPITAL PEDIATRIC CLINIC 1411 EAST 31ST STREET OAKLAND, CA 94602-1018	94-3223467		0.	11,000.	FMV	BOOKS	ENCOURAGE READING
MILTON PEDIATRICS / 340 WOOD ROAD, SUITE 301 BRAINTREE, MA 02184	04-3496618		0.	10,809.		BOOKS	ENCOURAGE READING
BOSTON COMMUNITY PEDIATRICS / 527 ALBANY STREET BOSTON, MA 02118	84-3091463	3	0.	10,738.		BOOKS	ENCOURAGE READING
EAST BOSTON NEIGHBORHOOD HEALTH CENTER / - 10 GOVE STREET - EAST BOSTON, MA 02128-1920	23-7425849	3	0.	10,629.		BOOKS	ENCOURAGE READING
QUINCY PEDIATRIC ASSOCIATES 191 INDEPENDENCE AVENUE QUINCY, MA 02169-7751	04-2475560		0.	10,604.	FMV	BOOKS	ENCOURAGE READING
SSM HEALTH ST. ANTHONY FAMILY MEDICINE CLINIC / - 608 NW 9TH SUITE 1100 - OKC, OK 73102	73-0657693		0.	10,579.	FMV	BOOKS	ENCOURAGE READING
SUTTER COAST COMMUNITY CLINIC 780 EAST WASHINGTON BLVD. CRESCENT CITY, CA 95531-8397	94-2988520	3	0.	10,429.	FMV	BOOKS	ENCOURAGE READING
UNIVERSITY OF VIRGINIA CHILDRENS HOSPITAL / CHILDREN'S OUTPUT CLINIC 6TH FL - 1204 WEST MAIN STREET - CHARLOTTESVILLE, VA 22903	54-6001796	3	0.	10,421.	FMV	BOOKS	ENCOURAGE READING
WESTVIEW PEDIATRIC CARE 3606 MARTIN LUTHER KING JR. BLVD TULSA, OK 74106	45-3126898		0.	10,312.	FMV	BOOKS	ENCOURAGE READING

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	urt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AISER PERMANENTE FALLS CHURCH							
EDICAL CENTER / - 201 N.							
ASHINGTON STREET - FALLS CHURCH,							
7A 22046	52-0954463	3	0.	10,297.	FMV	BOOKS	ENCOURAGE READING
ALES FERRY PEDIATRICS / NORTHEAST							
MEDICAL GROUP PEDIATRIC GROUP -							
527 ROUTE 12 - GALES FERRY, CT							
6335	06-1330992	3	0.	10,228.	FMV	BOOKS	ENCOURAGE READING
				·			
UNIFOUR PEDIATRICS / LOWER LEVEL							
3411 GRAYSTONE PLACE SE							
CONOVER, NC 28613	20-2998046		0.	10,209.	FMV	BOOKS	ENCOURAGE READING
EDIATRIC ASSOCIATES OF SAVANNAH,							
C - SAVANNAH / - 4600 WATERS							
VENUE, SUITE 100 - SAVANNAH, GA							
31404	58-1102392		0.	10,180.	EM77	BOOKS	ENCOURAGE READING
SAINT PETER'S UNIVERSITY HOSPITAL	30 1102332			10,100.	r riv	DOOKS	ENCOURAGE READING
PEDIATRIC FACULTY GROUP / - 123							
HOW LANE - NEW BRUNSWICK, NJ	00 1407220			10 124		20077	
8901-3653	22-1487330		0.	10,134.	F.WA	BOOKS	ENCOURAGE READING
WHEEMODAGG DEDIAMDIGG GADNEG							
SWEETGRASS PEDIATRICS - CARNES							
ROSSROADS / - 2016 1ST AVENUE -	04 05 60004			40.000	L		L
UMMERVILLE, SC 29486	81-0568231		0.	10,072.	F.W.	BOOKS	ENCOURAGE READING
ATIONWIDE CHILDREN'S HOSPITAL /							
EACH OUT AND READ - 700							
HILDREN'S DRIVE - COLUMBUS, OH							
3205-2664	31-1036370	3	0.	10,000.	FMV	BOOKS	ENCOURAGE READING
EDIATRICS-WESTGATE / WAKE FOREST							
APTIST HEALTH - 3746 VEST MILL							
OAD - WINSTON-SALEM, NC 27103	56-1899564	3	0.	9,838.	FMV	BOOKS	ENCOURAGE READING
ARVARD VANGUARD MEDICAL							
SSOCIATES - KENMORE SQUARE /							
DEPARTMENT OF PEDIAT - 133							
BROOKLINE AVENUE - BOSTON, MA	04-3397450	3	0.	9,794.	FMV	BOOKS	ENCOURAGE READING

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic G	overnments (Sch	edule I (Form 990), Pa	rt 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
HARVARD FAMILY PHYSICIANS							
7912 E 31ST CT	E2 1222100			0 510		2007.0	
TULSA, OK 74145	73-1333199		0.	9,718.	FMV	BOOKS	ENCOURAGE READING
NORTHEAST VALLEY HEALTH CORPORATION / SAN FERNANDO HEALTH							
CENTER - 1172 N MACLAY AVE - SAN							
FERNANDO, CA 91340-1328	23-7120632	3	0.	9,704.	FMV	BOOKS	ENCOURAGE READING
	23 /120032	<u> </u>	<u> </u>	3,704.	, r r v	DOGRE	ENCOGNIGE KENDING
GENESEE HEALTH SERVICE PEDIATRIC							
GROUP / - 222 ALEXANDER STREET -							
ROCHESTER, NY 14607-4039	16-0743134		0.	9,585.	FMV	BOOKS	ENCOURAGE READING
•				,			
BOSTON CHILDREN'S PRIMARY CARE AT							
LONGWOOD - 300 LONGWOOD AVENUE -							
BOSTON, MA 02115-5724	04-2774441	3	0.	9,519.	FMV	BOOKS	ENCOURAGE READING
SANDHILLS PEDIATRICS, INC. /							
SANDHILLS PEDIATRICS, INC 195							
WEST ILLINOIS AVE - SOUTHERN							
PINES, NC 28387	56-0943953		0.	9,423.	FMV	BOOKS	ENCOURAGE READING
MEDICAL ASSOCIATES PEDIATRICS /							
100 HOSPITAL ROAD					L		
LEOMINSTER, MA 01453-2253	04-3414523		0.	9,324.	FMV	BOOKS	ENCOURAGE READING
GRAND DRAIDIE DEDIAMBIGG / OU							
GRAND PRAIRIE PEDIATRICS / OU CHILDREN'S PHYSICIANS - 6001 NW							
139TH ST - OKLAHOMA CITY, OK 73142	73-6017987		0.	9,243.	EW7	BOOKS	ENCOURAGE READING
AMERICAN ACADEMY OF PEDIATRICS,	73-0017907		0.	9,243.	FMV	BOOKS	ENCOURAGE READING
CALIFORNIA CHAPTER IV - 5000							
CAMPUS DRIVE - NEWPORT BEACH, CA							
92660	95-3731523	3	0.	9,079.	FMV	BOOKS	ENCOURAGE READING
AKRON CHILDREN'S HOSPITAL MAHONING				,,,,,,,,			
VALLEY / PEDIATRIC SPECIALTIES -							
6505 MARKET STREET - BOARDMAN, OH							
44512	34-0714357	3	0.	9,000.	FMV	BOOKS	ENCOURAGE READING

METROHEALTH MEDICAL CENTER / 2500 METROHEALTH MEDICAL CENTER / 2500 METROHEALTH MEDICAL CENTER / 2500 METROHEALTH DIVIS	Schedule I (Form 990) REACH OUT	AND READ	, INC.				C	04-3481253 Page
Organization or government if applicable cash grant non-cash assistance (nock, FMV, appraisal, other) METROHEALTH MEDICAL CENTER / 2500 METROHEALTH MEDICAL FLAZA PRIVER SUITE 220 - CHARLOTTE, NC 28242 58-1728803 0. 8,990.FMV BOOKS ENCOURAGE READING NOVANT HEALTH PEDIATRICS 531 FAINCE CORNER ROAD NORTH DARTHOUTH, MA 02747 04-2985225 3 0. 8,950.FMV BOOKS ENCOURAGE READING NOVANT HEALTH PEDIATRICS SOUTHPARK 6124 FAIRVIEW RB CHARLOTTE, NC 28210-3271 58-1728803 3 0. 8,928.FMV BOOKS ENCOURAGE READING APEX FEDIATRICS / 1021 W WILLIAMS STREET APEX, NC 27502 36-4351186 0. 8,896.FMV BOOKS ENCOURAGE READING CLINIC / 6800 NM 39TH EXPRESSMAY 73-0580264 3 0. 8,842.FMV BOOKS ENCOURAGE READING WALLA WALLA, NA 99362-4445 91-0862542 0. 8,699.FMV BOOKS ENCOURAGE READING EXPERIENCE / 22278 ORANGE 55 W. TIETAN STREET WALLA WALLA, NA 99362-4445 91-0862542 0. 8,699.FMV BOOKS ENCOURAGE READING EXPERIENTS / 22278 ORANGE 55 W. TIETAN STREET WALLA WALLA, NA 99362-4445 91-0862542 0. 8,699.FMV BOOKS ENCOURAGE READING EXPERIENTS / 22278 ORANGE FEDIATRICS / 22278 ORANGE 75 PRIVATERICS / 22278 ORANGE 75 PRIVATE STREET WALLA WALLA, NA 99362-4445 91-0862542 0. 8,699.FMV BOOKS ENCOURAGE READING EXPERIENTS / 22278 ORANGE 75 PRIVATE STREET WALLA WALLA, NA 99362-4445 91-0862542 0. 8,593.FMV BOOKS ENCOURAGE READING EXPERIENTS / 22278 ORANGE 75 PRIVATE STREET WALLA WALLA, NA 99362-4445 91-0862542 0. 8,593.FMV BOOKS ENCOURAGE READING EXPERIENTS / 22278 ORANGE 75 PRIVATE STREET WALLA WA	Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	art II.)	1
2500 METROHEALTH DRIVE CLEVELAND, OH 44109-1998 34-6607695 3 0. 9,000 FMV BOOKS ENCOURAGE READING NOVANT HEALTH MEDICAL PLAZA PEDIATRICS / - 8401 MEDICAL PLAZA PEDIATRICS / - 8401 MEDICAL PLAZA PEDIATRICS / - 8401 MEDICAL PLAZA PEDIATRICS SOUTHE 220 - CHARLOTTE, NC 28262 58-1728803 0. 8,990 FMV BOOKS ENCOURAGE READING HAWTHORN FEDIATRICS 531 FAUNCE CORNER ROAD NORTH DARFMOUTH, MA 02747 04-2985225 3 0. 8,950 FMV BOOKS ENCOURAGE READING NOVANT HEALTH PEDIATRICS SOUTHFARK 6324 FAIRVIEW RD CHARLOTTE, NC 28210-3271 58-1728803 3 0. 8,928 FMV BOOKS ENCOURAGE READING APEX PEDIATRICS / 1021 W WILLIAMS STREET APEX, NC 27502 36-4351186 0. 8,896 FMV BOOKS ENCOURAGE READING THE CHILDREN'S CENTER PEDIATRIC CLINIC / - 6800 NN 39TH EXPRESSNAY - BETHANY, OK 73008 73-0580264 3 0. 8,842 FMV BOOKS ENCOURAGE READING WALLA WALLA CLINIC / DEPARTMENT OF PEDIATRICS - 55 W. TIETAN STREET WALLA WALLA CLINIC / DEPARTMENT OF PEDIATRICS - 55 W. TIETAN STREET WALLA WALLA PEDIATRICS / 2227 S GARNETT RD TULSA, OK 74129 47-2452574 0. 8,533 FMV BOOKS ENCOURAGE READING TULSA, OK 74129 47-2452574 0. 8,533 FMV BOOKS ENCOURAGE READING TULSA, OK 74129 47-2452574 0. 8,533 FMV BOOKS ENCOURAGE READING	` ,	(b) EIN	` '	1 ' '	non-cash	valuation (book, FMV,	, · · · ·	(h) Purpose of grant or assistance
2500 METROHEALTH DRIVE CLEVELAND, OH 44109-1998 34-6607695 3 0. 9,000 FMV BOOKS ENCOURAGE READING NOVANT HEALTH MEDICAL PLAZA PEDIATRICS / - 8401 MEDICAL PLAZA PEDIATRICS / - 8401 MEDICAL PLAZA PEDIATRICS / - 8401 MEDICAL PLAZA PEDIATRICS SOUTHE 220 - CHARLOTTE, NC 28262 58-1728803 0. 8,990 FMV BOOKS ENCOURAGE READING HAWTHORN FEDIATRICS 531 FAUNCE CORNER ROAD NORTH DARFMOUTH, MA 02747 04-2985225 3 0. 8,950 FMV BOOKS ENCOURAGE READING NOVANT HEALTH PEDIATRICS SOUTHFARK 6324 FAIRVIEW RD CHARLOTTE, NC 28210-3271 58-1728803 3 0. 8,928 FMV BOOKS ENCOURAGE READING APEX PEDIATRICS / 1021 W WILLIAMS STREET APEX, NC 27502 36-4351186 0. 8,896 FMV BOOKS ENCOURAGE READING THE CHILDREN'S CENTER PEDIATRIC CLINIC / - 6800 NN 39TH EXPRESSNAY - BETHANY, OK 73008 73-0580264 3 0. 8,842 FMV BOOKS ENCOURAGE READING WALLA WALLA CLINIC / DEPARTMENT OF PEDIATRICS - 55 W. TIETAN STREET WALLA WALLA CLINIC / DEPARTMENT OF PEDIATRICS - 55 W. TIETAN STREET WALLA WALLA PEDIATRICS / 2227 S GARNETT RD TULSA, OK 74129 47-2452574 0. 8,533 FMV BOOKS ENCOURAGE READING TULSA, OK 74129 47-2452574 0. 8,533 FMV BOOKS ENCOURAGE READING TULSA, OK 74129 47-2452574 0. 8,533 FMV BOOKS ENCOURAGE READING	MEMBAUGAI MU MEDICAI CENMED /							
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28262 58-1728803 0. 8,990.FMV BOOKS ENCOURAGE READING HAWTHORN PEDIATRICS 531 FAUNCE CORNER ROAD NORTH DARTMOUTH, MA 02747 04-2985225 3 0. 8,950.FMV BOOKS ENCOURAGE READING NOVANT HEALTH PEDIATRICS SOUTHPARK 6324 FAIRVIEW RD CHARLOTTE, NC 28210-3271 58-1728803 3 0. 8,928.FMV BOOKS ENCOURAGE READING APEX PEDIATRICS / 1021 W WILLIAMS STREET APEX, NC 27502 36-4351186 0. 8,896.FMV BOOKS ENCOURAGE READING THE CHILDREN'S CENTER PEDIATRIC CLINIC / - 6800 NN 39TH EXPRESSWAY - BETHANY, OK 73008 73-0580264 3 0. 8,842.FMV BOOKS ENCOURAGE READING WALLA WALLA CLINIC / DEPARTMENT OF PEDIATRICS - 55 W. TIETAN STREET - WALLA WALLA, WA 99362-4445 91-0862542 0. 8,699.FMV BOOKS ENCOURAGE READING ESTRELLITAS PEDIATRICS / 2227 S GRNEET RD TULSA, OK 74129 47-2452574 0. 8,533.FMV BOOKS ENCOURAGE READING								
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6324 FAIRVIEW RD CHARLOTTE, NC 28210-3271 58-1728803 3 0. 8,928.FMV BOOKS ENCOURAGE READING APEX PEDIATRICS / 1021 W WILLIAMS STREET APEX, NC 27502 36-4351186 0. 8,896.FMV BOOKS ENCOURAGE READING THE CHILDREN'S CENTER PEDIATRIC CLINIC / - 6800 NW 39TH EXPRESSWAY - BETHANY, OK 73008 73-0580264 3 0. 8,842.FMV BOOKS ENCOURAGE READING WALLA WALLA CLINIC / DEPARTMENT OF PEDIATRICS - 55 W. TIETAN STREET - WALLA WALLA, WA 99362-4445 91-0862542 0. 8,699.FMV BOOKS ENCOURAGE READING ESTRELLITAS PEDIATRICS / 2227 S GARNETT RD TULSA, OK 74129 47-2452574 0. 8,533.FMV BOOKS ENCOURAGE READING								
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THE CHILDREN'S CENTER PEDIATRIC CLINIC / - 6800 NW 39TH EXPRESSWAY - BETHANY, OK 73008		36-4351186		0.	8,896.	FMV	BOOKS	ENCOURAGE READING
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WALLA WALLA CLINIC / DEPARTMENT OF PEDIATRICS - 55 W. TIETAN STREET - WALLA WALLA, WA 99362-4445 91-0862542 0. 8,699.FMV BOOKS ENCOURAGE READING ESTRELLITAS PEDIATRICS / 2227 S GARNETT RD TULSA, OK 74129 47-2452574 0. 8,533.FMV BOOKS ENCOURAGE READING	CLINIC / - 6800 NW 39TH EXPRESSWAY							
PEDIATRICS - 55 W. TIETAN STREET - WALLA WALLA, WA 99362-4445 91-0862542 0. 8,699.FMV BOOKS ENCOURAGE READING ESTRELLITAS PEDIATRICS / 2227 S GARNETT RD TULSA, OK 74129 47-2452574 0. 8,533.FMV BOOKS ENCOURAGE READING	- BETHANY, OK 73008	73-0580264	3	0.	8,842.	, FMV	BOOKS	ENCOURAGE READING
PEDIATRICS - 55 W. TIETAN STREET - WALLA WALLA, WA 99362-4445 91-0862542 0. 8,699.FMV BOOKS ENCOURAGE READING ESTRELLITAS PEDIATRICS / 2227 S GARNETT RD TULSA, OK 74129 47-2452574 0. 8,533.FMV BOOKS ENCOURAGE READING								
WALLA WALLA, WA 99362-4445 91-0862542 0. 8,699.FMV BOOKS ENCOURAGE READING ESTRELLITAS PEDIATRICS / 2227 S GARNETT RD TULSA, OK 74129 47-2452574 0. 8,533.FMV BOOKS ENCOURAGE READING	WALLA WALLA CLINIC / DEPARTMENT OF							
ESTRELLITAS PEDIATRICS / 2227 S GARNETT RD TULSA, OK 74129								
2227 S GARNETT RD TULSA, OK 74129 47-2452574 0. 8,533.FMV BOOKS ENCOURAGE READING	WALLA WALLA, WA 99362-4445	91-0862542		0.	8,699.	FMV	BOOKS	ENCOURAGE READING
2227 S GARNETT RD TULSA, OK 74129 47-2452574 0. 8,533.FMV BOOKS ENCOURAGE READING	ECMDELLIMAC DEDIAMOTOC /							
TULSA, OK 74129 47-2452574 0. 8,533.FMV BOOKS ENCOURAGE READING	·							
		47-2452574			δ 233	EM7	BOOKS	ENCOURAGE READING
RIVERSIDE PEDIATRIC AND FAMILY		47-2432374		1	0,555.	T IIV	DOOMS	PUCCOVAGE VENDING
MEDICINE CENTER / - 10510								
JEFFERSON AVENUE - NEWPORT NEWS,								
VA 23601-3102 52-1245746 0. 8,525.FMV BOOKS ENCOURAGE READING	•	52-1245746		0.	8 525.	FMV	BOOKS	ENCOURAGE READING

Schedule I (Form 990) REACH OUT	AND READ	, INC.				C	04-3481253 Page 1
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	art 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
KAISER PERMANENTE CAMP SPRINGS MEDICAL CENTER / - 6104 OLD BRANCH							
AVENUE - TEMPLE HILLS, MD 20748	52-0954463	3	0.	8,483.	FMV	BOOKS	ENCOURAGE READING
MECKLENBURG COUNTY IMMUNIZATION CLINIC / NORTH WEST HEALTH DEPARTMENT - 2845 BEATTIES FORD				,			
ROAD - CHARLOTTE, NC 28216	56-6000319	3	0.	8,418.	FMV	BOOKS	ENCOURAGE READING
JACKSON COUNTY MEMORIAL HOSPITAL PEDIATRIC CLINIC - 101 SOUTH PARK							
LANE - ALTUS, OK 73521	73-1311786	3	0.	8,390.	FMV	BOOKS	ENCOURAGE READING
GRAND STRAND PEDIATRIC AND ADOLESCENTS MEDICINE, PA / - 8120							
ROURK ST MYRTLE BEACH, SC 29572	57-0783896		0.	8,350.	FMV	BOOKS	ENCOURAGE READING
OISHEI CHILDREN'S HOSPITAL, NIAGARA STREET PEDIATRICS / - 1050							
NIAGARA ST - BUFFALO, NY 14213	16-1533232	3	0.	8,151.	FMV	BOOKS	ENCOURAGE READING
RALEIGH CHILDREN AND ADOLESCENTS MEDICINE / - 3100 DURALEIGH RD							
SUITE 300 - RALEIGH, NC 27612	56-2000200		0.	8,133.	FMV	BOOKS	ENCOURAGE READING
CHEROKEE NATION OUTPATIENT HEALTH CENTER / TAHLEQUAH - 19600 EAST ROSS STREET - TAHLEQUAH, OK							
74464-2512			0.	8,102.	FMV	BOOKS	ENCOURAGE READING
WESTBOROUGH PEDIATRICS / RELIANT MEDICAL GROUP - 900 UNION STREET -							
WESTBOROUGH, MA 01581	04-2472266	3	0.	8,065.	FMV	BOOKS	ENCOURAGE READING
OU CHILDREN'S SOUTHWEST COMMUNITY PEDIATRICS / - 34 SW 89TH STREET -							
OKLAHOMA CITY, OK 73139	73-6017987		0.	8,016.	FMV	воокѕ	ENCOURAGE READING

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MISSION PEDIATRICS MCDOWELL / 387 US HWY 70 W	08-3204888		0.	7 000	DMY.	BOOKS	ENCOURAGE READING
MARION, NC 28752 HIGHLAND PEDIATRICS 1030 PRESIDENT AVENUE FALL RIVER, MA 02720-5923	04-3013890		0.	7,998.		BOOKS	ENCOURAGE READING
CONNECTICUT PEDIATRICS @ CHC / 76 NEW BRITAIN AVENUE HARTFORD, CT 06106	06-1446900	3	0.	7,932.	FMV	BOOKS	ENCOURAGE READING
CHILDREN'S PRIMARY CARE MEDICAL GROUP / MEDICAL CENTER COURT - 769 MEDICAL CENTER COURT - CHULA VISTA, CA 91911	33-0662258		0.	7,889.	FMV	BOOKS	ENCOURAGE READING
PROVIDENCE PEDIATRIC CLINIC / PPB 14214 BALLANTYNE LAKE RD CHARLOTTE, NC 28277	56-2274415		0.	7,868.	FMV	BOOKS	ENCOURAGE READING
VARIETY CARE BAPTIST PORTLAND / 5401 N PORTLAND SUITE 500 OKLAHOMA CITY, OK 73112	73-1088577	3	0.	7,839.		BOOKS	ENCOURAGE READING
MARY WASHINGTON PRIMARY CARE AND PEDIATRICS AT LADY SMITH / - 8051 PROSPERITY WAY - RUTHER GLEN, VA 22546-2881	20-8446785	3	0.	7,810.	FMV	BOOKS	ENCOURAGE READING
RENTON PEDIATRIC ASSOCIATES / 4033 TALBOT ROAD SOUTH RENTON, WA 98055	91-1380637		0.	7,753.	FMV	BOOKS	ENCOURAGE READING
RELIANT MEDICAL GROUP-SHREWSBURY / SHREWSBURY SITE - 378 MAPLE AVENUE							

ENCOURAGE READING

- SHREWSBURY, MA 01545

04-2472266

7,715.FMV

BOOKS

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Part II Continuation of Grants and Other (a) Name and address of organization or government	Assistance to Do	(c) IRC section if applicable	s and Domestic G (d) Amount of cash grant	(e) Amount of non-cash assistance	edule I (Form 990), Pa (f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILD AND ADOLESCENT CLINIC / 971 11TH AVE. LONGVIEW, WA 98632-2503	91-1139057		0.	7,655.	FMV	BOOKS	ENCOURAGE READING
CHILDREN'S NATIONAL AT COLUMBIA HEIGHTS / CHILDREN'S NATIONAL HOSPITAL - 3336 14TH ST. NW - WASHINGTON, DC 20010	53-0196580		0.	7,652.	FMV	BOOKS	ENCOURAGE READING
PALMETTO PEDIATRIC AND ADOLESCENT CLINIC - CLEMSON RD / 326286 - 601 CLEMSON ROAD - COLUMBIA, SC 29229	57-0705364		0.	7,627.	FMV	BOOKS	ENCOURAGE READING
INTOWN PEDIATRIC & ADOLESCENT MEDICINE, PC / - 490 BILL KENNEDY WAY - ATLANTA, GA 30316	20-4906570		0.	7,613.		BOOKS	ENCOURAGE READING
SWEETGRASS PEDIATRICS - SUMMERVILLE / - 748 ORANGEBURG ROAD - SUMMERVILLE, SC 29483	81-0568231		0.	7,598.	FMV	BOOKS	ENCOURAGE READING
VARIETY CARE MID-DEL / 3851 TINKER DIAGONAL DEL CITY, OK 73115-2109	73-1088577	3	0.	7,593.	FMV	BOOKS	ENCOURAGE READING
JOEL CENTER OF EXCELLENCE / M-4861 LOGISTIC AVENUE FORT BRAGG, NC 28310	56-1871181	3	0.	7,553.	FMV	BOOKS	ENCOURAGE READING
AMERICAN ACADEMY OF PEDIATRICS, CALIFORNIA CHAPTER 2 - P.O. BOX 907 - RIALTO, CA 92377	23-7311839	3	0.	7,480.	FMV	BOOKS	ENCOURAGE READING
CARILION PEDIATRIC CLINIC / 4348 ELECTRIC ROAD ROANOKE, VA 24018	03-0219309		0.	7,440.	FMV	BOOKS	ENCOURAGE READING

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BURLINGTON PEDIATRICS WEST /							
3804 S. CHURCH ST.	56-1211337		0.	7,278.	EW7	BOOKS	ENCOURAGE READING
BURLINGTON, NC 27215 SUNY UPSTATE MEDICAL UNIVERSITY /	36-1211337		0.	7,270.	FMV	BOOKS	ENCOURAGE READING
UPSTATE PEDIATRIC AND ADOLESCENT							
CENTER - 90 PRESIDENTIAL PLAZA -							
SYRACUSE, NY 13204	16-1469571	3	0.	7,273.	FMV	BOOKS	ENCOURAGE READING
EAST CAROLINA SCHOOL OF MEDICINE /			-	,			
PEDIATRIC OUTPATIENT CENTER - 600							
MOYE BOULEVARD - GREENVILLE, NC							
27834-4300	56-6000403		0.	7,250.	FMV	BOOKS	ENCOURAGE READING
MOUNT OLIVE PEDIATRICS, P.A. /							
327 NC-55							
MOUNT OLIVE, NC 28365	57-0672117	3	0.	7,155.	FMV	BOOKS	ENCOURAGE READING
GD1GTDD DDD71MD7GG /							
SEASIDE PEDIATRICS /							
150 ANSEL HALLET ROAD WEST YARMOUTH, MA 02673-2582	04-3187299	2	0.	7,147.	EW7	BOOKS	ENCOURAGE READING
WEST TARMOUTH, MA 02073-2302	04-3167299	3	0.	7,147.	FMV	BOOKS	ENCOURAGE READING
BIRTH AND BEYOND PEDIATRICS							
10011 S YALE							
TULSA, OK 74137	20-0327700		0.	7,135.	FMV	BOOKS	ENCOURAGE READING
ATRIUM HEALTH STANLY PEDIATRIC				,			
SERVICES / STANLY PEDIATRIC							
SERVICES - 105 YADKIN ST							
ALBEMARLE, NC 28001	56-1667838		0.	7,084.	FMV	BOOKS	ENCOURAGE READING
GREAT FALLS CLINIC							
1400 29TH STREET S							
GREAT FALLS, MT 59405-5353	81-0141660		0.	7,072.	FMV	BOOKS	ENCOURAGE READING
FACIFY DENTAMBLES /							
EASLEY PEDIATRICS / 800 N.A. STREET							
EASLEY, SC 29640-2144	57-1004971		0.	7,062.	FMV	BOOKS	ENCOURAGE READING
	0. 10015/1		<u> </u>	,,002.	Γ	F	Production in the state of the

Schedule I (Form 990) REACH OUT	AND READ	, INC.				0	14-3481253 Page 1
Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	rt II.)	
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ALASKA NATIVE MEDICAL CENTER /							
PCC-PEDIATRIC CLINIC - 4320							
DIPLOMACY DRIVE - ANCHORAGE, AK							
99508-5925			0.	7,058.	, FMV	BOOKS	ENCOURAGE READING
CONNECTICUT CHILDREN'S PRIMARY							
CARE AT EAST HARTFORD / - 800							
CONNECTICUT BLVD, 1ST FL - EAST							
HARTFORD, CT 06108	06-0646753	3	0.	7,058.	, FMV	BOOKS	ENCOURAGE READING
MANCHESTER PEDIATRIC ASSOCIATES /							
SOUTH WINDSOR OFFICE - 2701							
TAMARACK AVENUE - SOUTH WINDSOR,							
CT 06074	80-0657237		0.	6,992.	, FMV	BOOKS	ENCOURAGE READING
VERNON PEDIATRICS AND ADOLESCENT							
MEDICINE / STARLING PHYSICIANS -							
357 HARTFORD TURNPIKE - VERNON, CT							
06066-4838	06-1440790		0.	6,990.	FMV	BOOKS	ENCOURAGE READING
HOLYOKE PEDIATRIC ASSOCIATES							
150 LOWER WESTFIELD ROAD							L
HOLYOKE, MA 01040-2890	04-3399973	3	0.	6,970.	,F'MV	BOOKS	ENCOURAGE READING
UNIVERSITY LEBONHEUR PEDIATRIC							
SPECIALISTS - 51 NORTH DUNLAP -							
MEMPHIS, TN 38105	27-3426141	3	0.	6,943.	FMV	BOOKS	ENCOURAGE READING
REDWOOD PEDIATRIC AND ADOLESCENT							
MEDICINE - 15 VREELAND AVENUE -							
EAST LONGMEADOW, MA 01028-1631	02-0572487		0.	6,923.	FMV	воокѕ	ENCOURAGE READING
CONTRA COSTA PUBLIC HEALTH CLINIC							
SERVICES - 2500 BATES AVE, SUITE B							
- CONCORD, CA 94520	23-7310613	3	0.	6,897.	FMV	BOOKS	ENCOURAGE READING
NEIGHBORHOOD HEALTH CENTER /							
155 LAWN AVENUE							
BUFFALO, NY 14207-1816	16-1294447		0.	6,875.	FMV	BOOKS	ENCOURAGE READING
				1 0,073.	· F *	F-5115	

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KAISER PERMANENTE RESTON MEDICAL CENTER / - 1890 METRO CENTER DRIVE - RESTON, VA 20190	52-0954463	3	0.	6,801.	₽MV	BOOKS	ENCOURAGE READING
THE CHILDREN'S CENTER OF CAROLINA HEALTH CENTERS, INC. / - 113 LINER DRIVE - GREENWOOD, SC 29646-2311	57-0650154	3	0.	6,758.	FMV	BOOKS	ENCOURAGE READING
MIDDLE GEORGIA PEDIATRICS, LLC 1508-B HARDEMAN AVENUE MACON, GA 31201-1416	58-2566360		0.	6,743.	FMV	BOOKS	ENCOURAGE READING
SAINTS MIDTOWN PEDIATRICS / SSM HEALTH - 608 NW 9TH ST - OKLAHOMA CITY, OK 73102	76-0825755		0.	6,718.	₽MV	BOOKS	ENCOURAGE READING
CHILD HEALTH ASSOCIATES / AUBURN SITE - 105 MILLBURY STREET - AUBURN, MA 01501-3205	04-2929916		0.	6,699.	FMV	BOOKS	ENCOURAGE READING
CHILDREN'S HOSPITAL OF MICHIGAN / CHILD AND FAMILY LIFE - 3901 BEAUBIEN BOULEVARD - DETROIT, MI 48201-2119	38-1357994		0.	6,643.	FMV	BOOKS	ENCOURAGE READING
COMMUNITY HEALTH CENTER, INC. / MIDDLETOWN SITE - 675 MAIN STREET - MIDDLETOWN, CT 06457-2845	06-0897105	3	0.	6,592.	FMV	BOOKS	ENCOURAGE READING
THE CHILDREN'S CLINIC, P.C. 3401 AVENUE E BILLINGS, MT 59102	81-0349230		0.	6,585 .	FMV	BOOKS	ENCOURAGE READING
THE LONGSTREET CLINIC, PC OAKWOOD / CENTER FOR PEDIATRICS - 4224 FAIRBANKS DRIVE - OAKWOOD, GA				,			
30566	58-2117020		0.	6,465.	FMV	BOOKS	ENCOURAGE READING

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	art II.)	
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ERIC B CHANDLER HEALTH CENTER /							
RUTGERS UNIVERSITY- RWJMS - 277							
GEORGE STREET - NEW BRUNSWICK, NJ							
08901-1311	22-1980408	3	0.	6,410.	FMV	BOOKS	ENCOURAGE READING
TRI-RIVER FAMILY HEALTH CENTER /							
UMASS MEMORIAL MEDICAL CENTER -							
281 EAST HARTFORD AVENUE -							
UXBRIDGE, MA 01569	04-2911067		0.	6,361.	FMV	BOOKS	ENCOURAGE READING
CHOR PEDIATRIC EMERGENCY /							
1250 EAST MARSHALL /1000 EAST							
BROAD STREET RICHMOND, VA 23219 -							
RICHMOND, VA	54-1581185	3	0.	6,335.	FMV	BOOKS	ENCOURAGE READING
•				•			
PRINCETON PEDIATRICS, PA /							
104 COMMERCIAL DRIVE							
PRINCETON, NC 27569	57-0672117] 3	0.	6,301.	FMV	BOOKS	ENCOURAGE READING
CAMBRIDGE HEALTH ALLIANCE /	0, 00,111,		1	0,002.			
CAMBRIDGE PEDIATRICS - 1493							
CAMBRIDGE STREET - CAMBRIDGE, MA							
02139-1047	04-2534244	3	0.	6,248.	EM77	BOOKS	ENCOURAGE READING
02139-1047	04-2554244	l l	0.	0,240.	rmv	BOOKS	ENCOURAGE READING
CAMCARE HEALTH CORROBATION /							
CAMCARE HEALTH CORPORATION /							
GATEWAY OFFICE - 817 FEDERAL	00 0100516			5 045		20077	
AVENUE - CAMDEN, NJ 08103	22-2192716	3	0.	6,246.	F.W.V	BOOKS	ENCOURAGE READING
FRANKLIN PEDIATRIC AND ADOLESCENT							
CARE / - 1280 WEST CENTRAL STREET							
- FRANKLIN, MA 02038-3188	04-3159969	3	0.	6,209.	FMV	BOOKS	ENCOURAGE READING
SOUTHERN PEDIATRIC CLINIC /							
406 #M NORTHSIDE DR							
VALDOSTA, GA 31602	20-2561935		0.	6,202.	FMV	BOOKS	ENCOURAGE READING
RELIANT MEDICAL GROUP / WORCESTER							
LOCATION - 5 NEPONSET STREET -							
ı ı							

(a) Name and address of	(b) EIN	(b) EIN (c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(b) EIN	if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	
MBULATORY PEDIATRICS / PENN STATE							
HEALTH - 35 HOPE DRIVE - HERSHEY,							
PA 17033	24-6000376	3	0.	6,164.	FMV	BOOKS	ENCOURAGE READING
				,			
HARRINGTON PHYSICIAN SERVICES /							
100 SOUTH STREET, SUITE 102							
SOUTHBRIDGE, MA 01550	13-4366504		0.	6,150.	FMV	BOOKS	ENCOURAGE READING
SWANSEA PEDIATRICS /							
2200 G.A.R. HIGHWAY							
SWANSEA, MA 02777	04-3403040		0.	6,121.	FMV	BOOKS	ENCOURAGE READING
SCISSORTAIL PEDIATRICS /							
SCISSORTAIL PEDIATRICS - 865 E							
VETERANS MEMORIAL HWY - BLANCHARD,							
OK 73010	81-3194908		0.	6,111.	FMV	BOOKS	ENCOURAGE READING
PALMETTO PEDIATRIC AND ADOLESCENT							
CLINIC / - 7448 BROAD RIVER RD							
IRMO, SC 29063	57-0705364		0.	6,089.	FMV	BOOKS	ENCOURAGE READING
CHILDREN'S HOSPITAL OF GEORGIA /							
GENERAL PEDIATRICS PRIMARY CARE -							
1446 HARPER STREET - AUGUSTA, GA							
30912-0012	35-2310573		0.	6,087.	FMV	BOOKS	ENCOURAGE READING
WITH DEPTHE							
MAIN PEDIATRICS /							
2924 MAIN STREET	20 4716052			6 000	ENG/	DOOMA	ENGOUDAGE DEADTYS
BUFFALO, NY 14214	20-4716953		0.	6,082.	L.W.A	BOOKS	ENCOURAGE READING
DAY KIMBALL HEALTHCARE CENTER /							
PUTNAM LOCATION/PEDIATRICS - 320							
POMFRET STREET - PUTNAM, CT	45 4077606				L		L
06260-1836	45-4077626		0.	6,067.	L.W.∧	BOOKS	ENCOURAGE READING
DEDIAMBLE ACCOCIAMBE OF FAIT DIVER							
PEDIATRIC ASSOCIATES OF FALL RIVER							
851 MIDDLE STREET	04 2547627			6 050	EMOZ	BOOKG	ENGOLIDA GEL DESDENG
FALL RIVER, MA 02721-1735	04-2547627		0.	6,059.	r m v	BOOKS	ENCOURAGE READING

Page 1

Part II Continuation of Grants and Other			and Domestic G	overnments (Sch	edule I (Form 990), Pa		- Tag
(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
CONNECTICUT CHILDREN'S PRIMARY							
CARE OF FARMINGTON / - 599							
FARMINGTON AVENUE - FARMINGTON, CT							
06032	06-0646753	3	0.	6,059.	FMV	BOOKS	ENCOURAGE READING
NORTHERN BERKSHIRE PEDIATRICS /							
77 HOSPITAL AVENUE							
NORTH ADAMS, MA 01247-2550	04-2772469		0.	6,011.	FMV	BOOKS	ENCOURAGE READING
NOVANT HEALTH FORSYTH PEDIATRICS -							
WESTGATE / - 1351 WESTGATE CENTER							
DR WINSTON-SALEM, NC 27103	31-1725913	3	0.	6,006.	FMV	BOOKS	ENCOURAGE READING
			- •	.,			
BROCKTON NEIGHBORHOOD HEALTH							
CENTER - 63 MAIN ST - BROCKTON, MA							
02301-4042	04-3165044	3	0.	6,005.	FMV	BOOKS	ENCOURAGE READING
ALLENTOWN PEDIATRIC & ADOLESCENT							
MEDICINE / - 560 FRANKLIN ST -							
BUFFALO, NY 14202	51-0431525		0.	5,981.	FMV	BOOKS	ENCOURAGE READING
PEDIATRICS WEST /							
133 LITTLETON RD							
WESTFORD, MA 01886	04-2623388		0.	5,980.	FMV	BOOKS	ENCOURAGE READING
AUTISM & DEVELOPMENTAL CENTER,							
NAVICENT HEALTH / - 1014 FORSYTH							
STREET - MACON, GA 31201	58-2307485	3	0.	5,972.	FMV	BOOKS	ENCOURAGE READING
DAVIE COUNTY HEALTH DEPARTMENT /							
154 GOVERNMENT CENTER BLVD.							
MOCKSVILLE, NC 27028	56-6000295	3	0.	5,964.	EW/	BOOKS	ENCOURAGE READING
CHILDREN'S HEALTH CENTER AT	30 0000293	<u> </u>	0.	3,304.	T TIV	DOOKS	PROOFFIGE VENDING
ANACOSTIA / - 2101 MARTIN LUTHER							
KING, JR. AVENUE, SE - WASHINGTON,							
DC 20020	53-0196580	3	0.	5,954.	FMV	BOOKS	ENCOURAGE READING
50 20020	1 22 0170300	<u> </u>	ı	3,334.	F 1.1 v	Poorts	LITCOOKAGE KEADING

Schedule I (Form 990)

Schedule I (Form 990) REACH OUT		-)4-3481253 Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHCOAST PEDIATRICS							
49 STATE ROAD							
NORTH DARTMOUTH, MA 02747	22-2703314	3	0.	5,949.	FMV	BOOKS	ENCOURAGE READING
KAISER PERMANENTE WOODLAWN MEDICAL							
CENTER / - 7141 SECRUITY BLVD -							
WOODLAWN, MD 21244	52-0954463	3	0.	5,935.	FMV	BOOKS	ENCOURAGE READING
WALTON COUNTY HEALTH DEPARTMENT /			-	,			
CLARKE COUNTY BRD HLTH - WALTON -							
1404 S. MADISON AVENUE - MONROE,							
GA 30655	58-6000351		0.	5,931.	FMV	BOOKS	ENCOURAGE READING
72 HEALTHCARE OPERATIONS SQUADRON /							
7050 AIR DEPOT TINKER AFB, OK 73145			0.	5,913.	EMT7	BOOKS	ENCOURAGE READING
TIMER APP, OR 15145			· ·	3,513.	, r m v	BOOKS	ENCOURAGE READING
VARIETY CARE BRITTON PEDIATRICS /							
721 W. BRITTON RD.							
OKLAHOMA CITY, OK 73114	73-1088577	3	0.	5,841.	FMV	BOOKS	ENCOURAGE READING
HARVARD VANGUARD MEDICAL							
ASSOC-MEDFORD - 26 CITY HALL MALL	04 2207450	2		F 700	E167	DOOMG	ENGOVERAGE DEPARTME
- MEDFORD, MA 02155-4754	04-3397450	3	0.	5,799.	, F'MV	BOOKS	ENCOURAGE READING
FIRST GEORGIA PHYSICIAN GROUP							
-PEDIATRICS / - 101 YORK TOWN							
DRIVE - FAYETTEVILLE, GA 30214	47-2455237		0.	5,779.	, FMV	BOOKS	ENCOURAGE READING
BROOKSIDE COMMUNITY HEALTH CENTER ,							
3297 WASHINGTON STREET							
JAMAICA PLAIN, MA 02130-2655	04-2312909	3	0.	5,741.	FMV	BOOKS	ENCOURAGE READING
MEM DRIMAIN DEDIAMRIC CROWN /							
NEW BRITAIN PEDIATRIC GROUP / 1095 WEST MAIN STREET							
NEW BRITAIN, CT 06053-3454	06-0768562		0.	5,692.	FMV	BOOKS	ENCOURAGE READING

Page 1

Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	art II.)	ı
(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
HEATFIELD PEDIATRICS /							
2890 NIAGARA FALLS BOULEVARD							
NORTH TONAWANDA, NY 14120	16-1565108		0.	5,620.	FMV	BOOKS	ENCOURAGE READING
PEDIATRICS NORTHWEST PS, BAKER			-	,			
CENTER OFFICE / - 316 MARTIN							
LUTHER KING JR. WAY - TACOMA, WA							
98405-4252	91-2124511	3	0.	5,596.	FMV	воокѕ	ENCOURAGE READING
VARIETY CARE NORMAN PEDS /							
1237 ALAMEDA STREET							
NORMAN, OK 73071	73-1088577	3	0.	5,589.	FMV	BOOKS	ENCOURAGE READING
_							
BROCKTON HOSPITAL / CHILD & YOUTH							
CLINIC - 680 CENTRE STREET -			_				
BROCKTON, MA 02302-3308	04-3306782	3	0.	5,548.	FMV	BOOKS	ENCOURAGE READING
SHELBY CHILDREN'S CLINIC- KINGS							
MOUNTAIN / - 2202 CAROLINAS PLACE							
SUITE 200 - KINGS MOUNTAIN, NC	56 4665000				L		
28086	56-1667838		0.	5,539.	FMV	BOOKS	ENCOURAGE READING
PLYMOUTH PEDIATRIC ASSOCIATES /							
PEDIATRICS - 148 INDUSTRIAL PARK							
RD - PLYMOUTH, MA 02360	04-3170543		0.	5,525.	EW7	BOOKS	ENCOURAGE READING
THIMOUTH, MA 02300	04 3170343			3,323.	r riv	BOOKS	ENCOURAGE READING
ARBORETUM PEDIATRICS /							
7800 PROVIDENCE ROAD							
CHARLOTTE, NC 28226	56-1895353		0.	5,506.	FMV	BOOKS	ENCOURAGE READING
<u></u>	20 200000		,	,,,,,,			
PEDIATRICS NORTHWEST PS, FEDERAL							
WAY OFFICE / - 505 S 336TH ST -							
FEDERAL WAY, WA 98003	91-2124511	3	0.	5,501.	FMV	BOOKS	ENCOURAGE READING
,			†	,,,,,,,			
SKAGIT PEDIATRICS, LLP /							
2101 LITTLE MOUNTAIN LANE							
MOUNT VERNON, WA 98274-8752	91-1147231		0.	5,448.	FMV	BOOKS	ENCOURAGE READING

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

		. 3		(,,,	, ,	
(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
SAN ANTONIO MILITARY MEDICAL							
CENTER / BROOKE ARMY MEDICAL							
CENTER - 3551 ROGER BROOKE DRIVE -							
FORT SAM HOUSTON, TX 78234			0.	5,440.	FMV	BOOKS	ENCOURAGE READING
				-,			
CMC NORTHPARK FAMILY PRACTICE /							
ATRIUM HEALTH - 251 EASTWAY DRIVE							
- CHARLOTTE, NC 28213-7103	56-0621073	2	0.	5,436.	EM77	BOOKS	ENCOURAGE READING
- CHARDOTTE, NC 20213-7103	30-0021073	<u> </u>	0.	3,430.	r m v	BOOKS	ENCOURAGE READING
MED ON COMPRESSION CARREST /							
MERCY COMPREHENSIVE CARE CENTER /							
397 LOUISIANA ST.			_				
BUFFALO, NY 14204-2275	22-2209721		0.	5,416.	FMV	BOOKS	ENCOURAGE READING
PEDIATRIC AND ADOLESCENT MEDICINE / 2207 BOSTON ROAD							
WILBRAHAM, MA 01095-1155	04-3402361		0.	5,377.	FMV	BOOKS	ENCOURAGE READING
SOUTH POINTE PEDIATRICS 1615 SOUTH EUCALYPTUS AVENUE BROKEN ARROW, OK 74012	90-1152279		0.	5,316.	FMV	BOOKS	ENCOURAGE READING
WASHINGTON PEDIATRICS, PA / 1206 BROWN STREET							
WASHINGTON, NC 27889	20-1548516	3	0.	5,268.	FMV	BOOKS	ENCOURAGE READING
UMASS MEMORIAL CHILDREN'S MEDICAL CENTER / PEDIATRIC PRIMARY CARE CLINIC - 55 LAKE AVENUE NORTH - WORCESTER, MA 01655-0002	04-2911067	3	0.	5,226.	FMV	BOOKS	ENCOURAGE READING
SOUTHERNMED PEDIATRICS / HILLCREST OFFICE - 1995 ST. MATTHEWS RD -							
ORANGEBURG, SC 29118	26-1960517		0.	5,222.	FMV	BOOKS	ENCOURAGE READING
BARROW COUNTY HEALTH DEPARTMENT /							
WINDER, GA 30680	58-6000351		0.	5,215.		BOOKS	ENCOURAGE READING

Part II Continuation of Grants and Other	Assistance to Do		s and Domestic G	overnments (Sch	edule I (Form 990) Pa		4 J4012JJ P
(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
CODMAN SQUARE HEALTH CENTER /							
637 WASHINGTON STREET							
DORCHESTER, MA 02124-3510	04-2678774	3	0.	5,203.	FMV	BOOKS	ENCOURAGE READING
LOWELL COMMUNITY HEALTH CENTER /							
161 JACKSON STREET							
LOWELL, MA 01852	04-2881348	3	0.	5,203.	FMV	BOOKS	ENCOURAGE READING
CHILDREN'S HOSPITAL OF NEW MEXICO				, , , , ,			
/ CHILD LIFE PROGRAM - 2211 LOMAS							
BOULEVARD NE - ALBUQUERQUE, NM							
87106	85-6003005	3	0.	5,167.	FMV	BOOKS	ENCOURAGE READING
IN HIS IMAGE / FAMILY MEDICAL CARE 7501 S RIVERSIDE PARKWAY TULSA, OK 74136	73-1321032		0.	5,166.	FMV	BOOKS	ENCOURAGE READING
RELIANT MEDICAL GROUP - MILFORD /				, , , , ,			
DEPARTMENT OF PEDIATRICS - 101							
CEDAR STREET - MILFORD, MA							
01757-2236	04-2472266		0.	5,124.	FMV	BOOKS	ENCOURAGE READING
RIVERSIDE PEDIATRICS 435 MARINA DRIVE GEORGETOWN, SC 29440	47-3718945		0.	5,107.	FMV	BOOKS	ENCOURAGE READING
SECRETIONAL, DE 23110	1, 3,10313			3,107.		- CONS	ENGOGIAGE REIDERG
NICU BRIGHAM AND WOMEN'S HOSPITAL / CARMINA ERDEI, MD - 75 FRANCIS							
STREET - BOSTON, MA 02115	04-2312909	3	0.	5,073.	FMV	BOOKS	ENCOURAGE READING
HARBIN CLINIC PEDIATRICS CARTERSVILLE / - 200 GENTILLY BLVD							
- CARTERSVILLE, GA 30120	58-2234927		0.	5,066.	FMV	BOOKS	ENCOURAGE READING
PEDIATRIC ASSOCIATES OF POWDERSVILLE - 200 THREE BRIDGES							
ROAD - GREENVILLE, SC 29611	57-1004971		0.	5,063.	FMV	BOOKS	ENCOURAGE READING

Assistance to Do						4-3481253 Page
	mestic Organizations	and Domestic G	overnments (Sch	edule I (Form 990), Pa I	ırt II.)	1
(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
04-2472266		0.	5,050.	FMV	BOOKS	ENCOURAGE READING
01 0104511	2					
91-2124511	3	0.	5,046.	FMV	BOOKS	ENCOURAGE READING
04-2790311	3	0.	5,045.	FMV	BOOKS	ENCOURAGE READING
57-0705364		0.	5,042.	FMV	BOOKS	ENCOURAGE READING
58-1435911		0	5 016	PMV	BOOKS	ENCOURAGE READING
						ENCOURAGE READING
					BOOKS	ENCOURAGE READING
92-0041414		0.	5,009.	FMV	BOOKS	ENCOURAGE READING
	04-2472266 91-2124511 04-2790311	04-2472266 91-2124511 3 04-2790311 3 57-0705364 58-1435911	o4-2472266 o. 91-2124511 3 04-2790311 3 57-0705364 0. 58-1435911 0. 04-2647814 0.	if applicable cash grant non-cash assistance 04-2472266 0. 5,050. 91-2124511 3 0. 5,046. 04-2790311 3 0. 5,045. 57-0705364 0. 5,042. 58-1435911 0. 5,016. 04-2647814 0. 5,012.	If applicable Cash grant non-cash assistance valuation (book, FMV, appraisal, other)	if applicable cash grant non-cash assistance valuation (book, FMV, appraisal, other) non-cash assistance 04-2472266 0. 5,050. FMV BOOKS 91-2124511 3 0. 5,046. FMV BOOKS 04-2790311 3 0. 5,045. FMV BOOKS 57-0705364 0. 5,042. FMV BOOKS 58-1435911 0. 5,016. FMV BOOKS 04-2647814 0. 5,012. FMV BOOKS

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information	n required in Part I, lin	e 2; Part III, colum	n (b); and any other a	dditional information.	
PART I, LINE 2:					
INTERESTED HEALTH PROFESSIONALS	CONTACT REA	ACH OUT AI	ND READ FOR	AN INITIAL	
SCREENING. THIS INFORMS THEM OF	THE PROGRA	AM REQUIRI	EMENTS AND	ASSESSES	
	PROSPECTIV				
APPLICATION ALONG WITH A LETTER					
				RNAL REVIEW	
TOTAL	511 OO1 MID 1		1111		

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

Schedule I (Form 990)

SUPPORT TO THRIVE.

14000311 758606 63058000

SCHEDULE J (Form 990)

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.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

REACH OUT AND READ, INC. **Employer identification number** 04-3481253

			Yes	No
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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X 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:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	b Participate in or receive payment from a supplemental nonqualified retirement plan?			
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	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:	_		v
a	The organization?	5a		X
b	Any related organization?	5b		Δ_
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:	0-		Х
a	The organization?	6a		X
D	Any related organization?	6b		
7	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	7		х
0	not described on lines 5 and 6? If "Yes," describe in Part III	7		21
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	0		-22
3	Regulations section 53.4958-6(c)?	9		
	negulations section 33.4330°0(c)!	J		

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

Schedule J (Form 990) 2020

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base (ii) Bonus & incentive compensation		(iii) Other reportable compensation	compensation	benefits	(B)(I)-(D)	reported as deferred on prior Form 990	
(1) CALLEE BOULWARE	(i)	169,937.	0.	0.	7,408.	29,533.	206,878.	0.	
REGIONAL EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) AMY ERICKSON	(i)	141,579.	0.	0.	6,380.	29,874.	177,833.	0.	
REGIONAL EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) BRIAN GALLAGHER	(i)	158,166.	0.	0.	5,901.	13,471.	177,538.	0.	
CEO/PRESIDENT/CLERK	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) LAMBRINA KLESS	(i)	142,034.	0.	0.	5,281.	18,317.	165,632.	0.	
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) JESSICA MORTENSEN	(i)	133,481.	0.	0.	6,024.	10,818.	150,323.	0.	
REGIONAL EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(i)								
	(ii)								
	(i)								
	(ii)								

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Open to Public Inspection

Employer identification number

	REACH OUT AN	D READ), INC.		04-3	481	253	
Pai	t 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 de noncash contribu		_	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications	Х		2,423,716.	FMV			
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other • ()							
27	Other • ()							
28	Other ()							
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for o	contributions				
	for which the organization completed Form 82	83, Part V, [Donee Acknowledg	gement 29				
							Yes	No
30a	During the year, did the organization receive b	y contributio	on any property rep	oorted in Part I, lines 1 throu	gh 28, that it			
	must hold for at least three years from the date	e of the initia	al contribution, and	d which isn't required to be u	ised for			
	exempt purposes for the entire holding period	?				30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard contribu	utions?	31	Х	
32a	Does the organization hire or use third parties	or related or	rganizations to soli	cit, process, or sell noncash				
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in o	olumn (c) fo	or a type of propert	y for which column (a) is che	cked,			
	describe in Part II.							

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

Schedule M (Form 990) 2020

032142 11-23-20 Schedule M (Form 990) 2020

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. 2020 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

REACH OUT AND READ, INC.

Employer identification number 04-3481253

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PEDIATRIC CARE AND ENCOURAGING FAMILIES TO READ ALOUD TOGETHER.

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

AGE AND CULTURALLY- RESPONSIVE BOOKS AND LITERACY ADVICE TO CHILDREN

AND PARENTS AT EACH WELL-CHILD VISIT THROUGH AGE OF 5. THE

EFFECTIVENESS OF REACH OUT AND READ'S MODEL IS RECOGNIZED BY THE

AMERICAN ACADEMY OF PEDIATRICS IN A POLICY STATEMENT THAT RECOMMENDS

EARLY LITERACY PROMOTION AS AN ESSENTIAL COMPONENT OF PEDIATRIC CARE.

THE PROGRAM IS BOTH COST-EFFECTIVE, AND EVIDENCE-BASED: RESEARCH SHOWS

THAT OUR PROGRAM RESULTS IN MORE FREQUENT READING AT HOME, ACCELERATED

VOCABULARY AND CRITICAL BRAIN DEVELOPMENT.

IN FY21, REACH OUT AND READ'S 40,000 PEDIATRIC CLINICIANS SERVED 4.2

MILLION CHILDREN AND SHARED 6.4 MILLION BOOKS AT 6,100 PROGRAM SITES

AROUND THE COUNTRY. UNIQUE TO FY20 WAS THE DRAMATIC INCREASE IN

TELEHEALTH VISITS DUE TO COVID-19, WHICH DEMANDED THAT WE FIND NEW WAYS

TO MEET OUR MISSION AND DELIVER OUR PROGRAM. OUR INTERVENTION REMAINS

IN EFFECT FOR ALL IN-PERSON WELL-CHILD VISITS, BUT WE CREATED NEW

RESOURCES FOR CLINICIANS, WHO COULD THEN ADAPT OUR MODEL TO BE

EFFECTIVELY DELIVERED FOR THOSE CHECK-UPS THAT OCCURRED VIA TELEHEALTH.

THIS ADAPTATION, IN ADDITION TO PROMOTING DIGITAL READING RESOURCES,

ENABLED US TO SUPPORT FAMILIES AND CHILDREN IN THIS UNPRECEDENTED

ENVIRONMENT.

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

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

Schedule O (Form 990 or 990-EZ) 2020

 Employer identification number 04-3481253

THE COMPLETED FORM 990 IS PROVIDED TO THE FINANCE COMMITTEE IN ADVANCE OF

ITS PUBLICATION AND IS REVIEWED BY THE FINANCE COMMITTEE. THE 990 IS ALSO

PROVIDED TO ALL MEMBERS BOD AFTER IT HAS BEEN FILED.

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

THE BOD CHAIR (OR CO-CHAIR) AND THE FINANCE COMMITTEE ARE INFORMED OF ANY

CONFLICTS AS A RESULT OF THE SIGNED CONFLICT OF INTEREST STATEMENTS THAT

ARE SUBMITTED BY EACH BOD MEMBER EACH YEAR.

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

THE BOD DETERMINES AND APPROVES SALARY CHANGES FOR THE CHIEF EXECUTIVE

OFFICER AND CHIEF FINANCIAL OFFICER. INPUT FROM THE FINANCE COMMITTEE IS

TAKEN INTO CONSIDERATION. THIS INPUT GENERALLY INCLUDES COMPETITIVE SALARY

AND BENEFIT INFORMATION. THE BOD CHAIR LEADS THE PERFORMANCE REVIEW

PROCESS THAT PRECEEDS ANY SALARY INCREASE.

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

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

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

GOVERNING DOCUMENT, DEEMED APPROPRIATE FOR UPLOADING TO THE WEBSITE ARE

UPLOADED ONCE THEY ARE FINALIZED. THIS INCLUDES AUDITED FINANCIAL

STATEMENTS AND THE FORM 990. OTHER DOCUMENTS REQUESTED BY THE PUBLIC MAY BE
PROVIDED AFTER APPROVAL BY THE CEO.

FORM 990, PART VII

A BOARD MEMBER HOLDS A SIGNIFICANT POSITION WITH SCHOLASTIC BOOKS, A

REACH OUT AND READ, INC.	04-3481253					
MAJOR VENDOR THAT PROVIDES THE ORGANIZATION BOTH DONATED	AND PURCHASED					
BOOKS FOR DISTRIBUTION IN THEIR PROGRAMS. ALL PURCHASES A	ARE MADE AT					
FAIR MARKET VALUE AND IN ACCORDANCE WITH THE ORGANIZATION'S CONFLICT OF						
INTEREST POLICY.						