

**PUBLIC INSPECTION COPY**

**Return of Organization Exempt From Income Tax**

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
 Do not enter social security numbers on this form as it may be made public.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2022**

Open to Public Inspection

**A** For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>REACH OUT AND READ, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>89 SOUTH STREET 201</b> City or town, state or province, country, and ZIP or foreign postal code <b>BOSTON, MA 02111</b> <b>F</b> Name and address of principal officer: <b>MARTY MARTINEZ</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>04-3481253</b> <b>E</b> Telephone number <b>617-455-0600</b> <b>G</b> Gross receipts \$ <b>29,513,495.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: <b>WWW.REACHOUTANDREAD.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1999</b> <b>M</b> State of legal domicile: <b>MA</b>

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>REACH OUT AND READ GIVES YOUNG CHILDREN A FOUNDATION FOR SUCCESS BY INCORPORATING BOOKS INTO</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>Activities &amp; Governance</b>	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>24</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>24</b>
	<b>5</b>	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<b>82</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>38687</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>20,464,729.</b>
<b>9</b>		Program service revenue (Part VIII, line 2g)	<b>0.</b>	<b>0.</b>
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>6,432.</b>	<b>222,445.</b>
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>102,966.</b>	<b>112,611.</b>
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>20,574,127.</b>	<b>29,240,666.</b>
<b>Expenses</b>		<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>5,594,882.</b>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>6,548,276.</b>	<b>7,892,293.</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25)	<b>1,693,800.</b>	
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>2,988,646.</b>	<b>4,178,200.</b>
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>15,131,804.</b>	<b>18,335,910.</b>
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>5,442,323.</b>	<b>10,904,756.</b>
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>15,002,174.</b>	<b>25,494,364.</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<b>1,570,189.</b>	<b>1,041,932.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>13,431,985.</b>	<b>24,452,432.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>MARTY MARTINEZ, CHIEF EXECUTIVE OFFICER</b>	Date
	Type or print name and title	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JOLANTA TUCK, CPA</b>	Preparer's signature <b>JOLANTA TUCK, CPA</b>
	Firm's name <b>COHNREZNICK LLP</b>	Date <b>05/14/24</b>
	Firm's address <b>350 GRANITE STREET, SUITE 1200 BRAINTREE, MA 02184</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P01340068</b>
		Firm's EIN <b>22-1478099</b>
		Phone no. <b>781-380-3520</b>

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code: ) (Expenses \$ 15,163,271. including grants of \$ 6,265,417. ) (Revenue \$ 112,611. ) 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 \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 15,163,271.

**Part IV Checklist of Required Schedules**

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

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

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

**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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

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

Table with 3 columns: Question, Yes, No. Rows include 2a (82 employees), 2b (X), 3a (X), 3b, 4a (X), 4b, 5a (X), 5b (X), 5c, 6a (X), 6b, 7 (Organizations that may receive deductible contributions under section 170(c)), 7a (X), 7b, 7c (X), 7d, 7e (X), 7f (X), 7g, 7h, 8 (Sponsoring organizations maintaining donor advised funds), 9 (Sponsoring organizations maintaining donor advised funds), 9a, 9b, 10 (Section 501(c)(7) organizations), 10a, 10b, 11 (Section 501(c)(12) organizations), 11a, 11b, 12a (Section 4947(a)(1) non-exempt charitable trusts), 12b, 13 (Section 501(c)(29) qualified nonprofit health insurance issuers), 13a, 13b, 13c, 14a (X), 14b, 15 (X), 16 (X), 17 (Section 501(c)(21) organizations).

**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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	<b>1a</b> 24		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 24		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed AL, AR, CO, CT, FL, GA, IL, KS, KY, MA, MD, MI
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  
**MASHAEL AL-ASOUSI - 617-455-0600**  
**89 SOUTH STREET, 201, BOSTON, MA 02111**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARTY MARTINEZ CEO/PRESIDENT/CLERK	40.00			X			225,896.	0.	0.	
(2) CALLEE BOULWARE REGIONAL EXECUTIVE DIRECTOR	40.00				X		189,529.	0.	29,543.	
(3) AMY ERICKSON REGIONAL EXECUTIVE DIRECTOR	40.00				X		162,138.	0.	28,267.	
(4) JESSICA MORTENSEN REGIONAL EXECUTIVE DIRECTOR	40.00				X		169,093.	0.	7,435.	
(5) ALEXANDER CHU REGIONAL EXECUTIVE DIRECTOR	40.00				X		166,896.	0.	15,581.	
(6) LAMBRINA KLESS CHIEF OPERATING OFFICER	40.00				X		162,815.	0.	20,912.	
(7) DIPESH NAVSARIA CHAIR	3.00	X		X			0.	0.	0.	
(8) TRUDE HAECKER VICE CHAIR	3.00	X		X			0.	0.	0.	
(9) EVAN KEYSER TREASURER	3.00	X		X			0.	0.	0.	
(10) CURTIS GRAY DIRECTOR	3.00	X					0.	0.	0.	
(11) CLAUDIA ARISTY DIRECTOR	3.00	X					0.	0.	0.	
(12) LAURA BAILET DIRECTOR	3.00	X					0.	0.	0.	
(13) LILLY DESOUZA BURR DIRECTOR	3.00	X					0.	0.	0.	
(14) NATHAN CHOMILO DIRECTOR	3.00	X					0.	0.	0.	
(15) MARK DEL MONTE DIRECTOR	3.00	X					0.	0.	0.	
(16) THOMAS DEWITT DIRECTOR	3.00	X					0.	0.	0.	
(17) ROBIE HARRIS DIRECTOR	3.00	X					0.	0.	0.	



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JORDAN HAVILAND DIRECTOR	3.00	X						0.	0.	0.
(19) NIA HEARD-GARRIS DIRECTOR	3.00	X						0.	0.	0.
(20) SHANA HOFFMAN DIRECTOR	3.00	X						0.	0.	0.
(21) PERRI KLASS DIRECTOR	3.00	X						0.	0.	0.
(22) TIFFANY KUEHNER DIRECTOR	3.00	X						0.	0.	0.
(23) PAUL LEBLANC DIRECTOR	3.00	X						0.	0.	0.
(24) LISA LBOVITZ EX OFFICIO DIRECTOR	3.00	X						0.	0.	0.
(25) TERRI MCFADDEN DIRECTOR	3.00	X						0.	0.	0.
(26) LEORA MOGILNER DIRECTOR	3.00	X						0.	0.	0.
<b>1b Subtotal</b>								1,076,367.	0.	101,738.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,076,367.	0.	101,738.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 18

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
POSITIVELY PARTNERS, 1875 CONNECTICUT AVENUE NW FL 10, WASHINGTON, DC 20009	HR SERVICES	144,980.
E-CRATCHIT 2 SHARP ST, HINGHAM, MA 02043	FINANCIAL, ACCOUNTING AND AUDIT	139,456.
SOCIAL CASCADE, LLC 3915 BERYL RD, SUITE 130, RALEIGH, NC 27607	SOCIAL IMPACT AND STRATEGY	105,000.
OPENFIELDS, 100 W. WASHINGTON ST., SUITE 200, GREENVILLE, SC 29601	STRATEGIC CONSULTANT	103,500.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 4

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	5,582,105.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	23,323,505.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 2,355,485.				
	<b>h Total.</b> Add lines 1a-1f .....		28,905,610.				
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		243,571.			243,571.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	251,703.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	272,829.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	-21,126.				
	<b>d</b> Net gain or (loss) .....		-21,126.			-21,126.	
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....		900099	112,611.	112,611.		
	<b>e Total.</b> Add lines 11a-11d .....			112,611.			
<b>12 Total revenue.</b> See instructions .....			29,240,666.	112,611.	0.	222,445.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,265,417.	6,265,417.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	269,602.		269,602.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	6,283,865.	4,888,105.	327,048.	1,068,712.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	184,563.	137,730.	16,721.	30,112.
<b>9</b> Other employee benefits	668,937.	501,591.	57,681.	109,665.
<b>10</b> Payroll taxes	485,326.	362,173.	43,969.	79,184.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	204,920.		204,920.	
<b>d</b> Lobbying	129,158.	129,158.		
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,348,201.	982,185.	127,798.	238,218.
<b>12</b> Advertising and promotion	72,316.	72,126.		190.
<b>13</b> Office expenses	614,118.	216,613.	259,728.	137,777.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	75,024.	55,987.	6,796.	12,241.
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	654,277.	559,418.	77,158.	17,701.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	87,418.		87,418.	
<b>23</b> Insurance				
<b>24</b> 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 O.)				
<b>a</b> <b>COALITIONS</b>	877,832.	877,832.		
<b>b</b> <b>RESEARCH AND EVALUATION</b>	94,051.	94,051.		
<b>c</b> <b>LITERACY MATERIALS</b>	20,885.	20,885.		
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	18,335,910.	15,163,271.	1,478,839.	1,693,800.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	7,015,561.	<b>1</b>	1,947,112.
	<b>2</b> Savings and temporary cash investments .....	865,495.	<b>2</b>	887,844.
	<b>3</b> Pledges and grants receivable, net .....	3,972,970.	<b>3</b>	5,783,586.
	<b>4</b> Accounts receivable, net .....	1,185,749.	<b>4</b>	1,272,721.
	<b>5</b> Loans and other receivables from 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	42,562.	<b>9</b>	198,586.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 704,258.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 327,625.	365,751.	<b>10c</b> 376,633.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	1,403,792.	<b>12</b>	14,891,288.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....	38,817.	<b>14</b>	25,117.
	<b>15</b> Other assets. See Part IV, line 11 .....	111,477.	<b>15</b>	111,477.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	15,002,174.	<b>16</b>	25,494,364.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,569,348.	<b>17</b>	1,041,036.
	<b>18</b> Grants payable .....	841.	<b>18</b>	896.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,570,189.	<b>26</b>	1,041,932.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	8,733,895.	<b>27</b>	17,935,028.
	<b>28</b> Net assets with donor restrictions .....	4,698,090.	<b>28</b>	6,517,404.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	13,431,985.	<b>32</b>	24,452,432.
	<b>33</b> Total liabilities and net assets/fund balances .....	15,002,174.	<b>33</b>	25,494,364.

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	29,240,666.
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,335,910.
3	Revenue less expenses. Subtract line 2 from line 1	3	10,904,756.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	13,431,985.
5	Net unrealized gains (losses) on investments	5	115,691.
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	24,452,432.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2022)



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	11555212.	12153273.	15112670.	20464729.	28905610.	88191494.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	11555212.	12153273.	15112670.	20464729.	28905610.	88191494.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						6402189.
<b>6 Public support.</b> Subtract line 5 from line 4.						81789305.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....	11555212.	12153273.	15112670.	20464729.	28905610.	88191494.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	15,756.	30,108.	3,697.	6,432.	243,571.	299,564.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	6,507.	5,166.	57,361.	102,966.	112,611.	284,611.
<b>11 Total support.</b> Add lines 7 through 10						88775669.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	92.13	%
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	88.36	%
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

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

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of 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**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

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

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

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2018 AMOUNT: \$ 6,507.

2019 AMOUNT: \$ 5,166.

2020 AMOUNT: \$ 57,361.

2021 AMOUNT: \$ 102,966.

2022 AMOUNT: \$ 112,611.

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2022**

Open to Public Inspection

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](http://www.irs.gov/Form990) for instructions and the latest information.

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

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

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

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

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

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

Name of organization <b>REACH OUT AND READ, INC.</b>	Employer identification number <b>04-3481253</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2022

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					



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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....		X	
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		164,110.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....		X	
<b>j</b> Total. Add lines 1c through 1i .....			164,110.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

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

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

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

**Part IV Supplemental Information**

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

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

REACH OUT AND READ STAFF, CONSULTANTS, AND VOLUNTEERS VISIT WITH LEGISLATORS (BOTH STATE AND FEDERAL) TO EDUCATE THEM ON THE REACH OUT AND READ MODEL AND ITS IMPACT, AND TO ENCOURAGE LAWMAKERS TO CONSIDER CONTINUATION OF STATE FUNDING AND RENEWAL OF FEDERAL FUNDING. REACH OUT AND READ ALSO GUIDES AND ENCOURAGES INDIVIDUALS ACROSS THE COUNTRY TO

**Part IV** Supplemental Information *(continued)*

CONTACT THEIR OWN LEGISLATORS IN SUPPORT OF OUR REQUESTS FOR CONTINUED  
FUNDING AND AWARENESS.

Multiple horizontal lines for supplemental information.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register .....	2d

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

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

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

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

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

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

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

b Assets included in Form 990, Part X ..... \$ \_\_\_\_\_

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	111,477.	111,477.	111,477.	111,477.	111,477.
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	111,477.	111,477.	111,477.	111,477.	111,477.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment 100 %
  - c Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes                      | No                                  |
|--|--------------------------|-------------------------------------|
| (i) Unrelated organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? _____ | <input type="checkbox"/> | <input type="checkbox"/>            |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		704,258.	327,625.	376,633.
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 376,633.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other		
(A) OTHER INVESTMENTS	14,891,288.	COST
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	14,891,288.	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	29,356,357.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	115,691.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	115,691.	
3	Subtract line 2e from line 1		3	29,240,666.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	29,240,666.

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

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

1	Total expenses and losses per audited financial statements		1	18,335,910.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		0.
3	Subtract line 2e from line 1		3	18,335,910.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	18,335,910.

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

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

**PART X, LINE 2:**

MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ORGANIZATION AND HAS CONCLUDED THAT, AS OF JUNE 30, 2023, THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS. GENERALLY, THE ORGANIZATION'S INFORMATION AND TAX RETURNS REMAIN OPEN FOR FEDERAL INCOME TAX EXAMINATION FOR THREE YEARS FROM THE FILING DATE. WHILE NO INCOME TAX RETURNS ARE CURRENTLY BEING EXAMINED BY THE INTERNAL REVENUE

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

SERVICE, TAX YEARS SINCE 2018 REMAIN OPEN.

Multiple horizontal lines for supplemental information.

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

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

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

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
AUGUSTA PEDIATRICS / 57 BEAM LANE FISHERSVILLE, VA 22939	54-1124769 3		0.	33,827.	FMV	BOOKS	ENCOURAGE READING
UNIVERSITY OF OKLAHOMA PEDIATRIC CLINIC / - 4444 E 41ST STREET - TULSA, OK 74135-2527	14-1883809 3		0.	104,558.	FMV	BOOKS	ENCOURAGE READING
MIAMI-DADE FAMILY LEARNING PARTNERSHIP - 10800 BISCAYNE BLVD. - MIAMI, FL 33161	14-1016606 3		0.	75,331.	FMV	BOOKS	ENCOURAGE READING
DUKE CHILDREN'S PRIMARY CARE / 3116 NORTH DUKE STREET DURHAM, NC 27704	56-0532129 3		0.	42,166.	FMV	BOOKS	ENCOURAGE READING
CENTER FOR THE URBAN CHILD AT ST. CHRISTOPHER'S HOSPITAL FOR CHILDREN / - 160 EAST ERIE AVENUE - PHILADELPHIA, PA 19134	23-2274198		0.	35,686.	FMV	BOOKS	ENCOURAGE READING
ROCKET PEDIATRICS / RUPPERT HEALTH CENTER - 3000 ARLINGTON AVENUE - TOLEDO, OH 43614-5811	34-6555110 3		0.	34,935.	FMV	BOOKS	ENCOURAGE READING

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 173.

**3** Enter total number of other organizations listed in the line 1 table 163.

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Schedule I (Form 990) 2022



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JACKSONVILLE CHILDRENS CLINIC / 120 MEMORIAL DRIVE JACKSONVILLE, NC 28546	58-1278921		0.	29,610.	FMV	BOOKS	ENCOURAGE READING
SAINT PETER'S UNIVERSITY HOSPITAL PEDIATRIC FACULTY GROUP / - 123 HOW LANE - NEW BRUNSWICK, NJ 08901-3653	22-1487330		0.	25,271.	FMV	BOOKS	ENCOURAGE READING
NOVANT HEALTH - NEW HANOVER REGIONAL MEDICAL CENTER / NUNNELEE PEDIATRIC MULTISP - 510 CAROLINA BAY DR. - WILMINGTON, NC 28403	27-2791351	3	0.	23,981.	FMV	BOOKS	ENCOURAGE READING
GRAND STRAND PEDIATRIC AND ADOLESCENTS MEDICINE, PA / - 8120 ROURK ST. - MYRTLE BEACH, SC 29572	57-0783896		0.	22,904.	FMV	BOOKS	ENCOURAGE READING
CENTRAL OREGON PEDIATRIC ASSOCIATES - BEND EAST / - 2200 NE PROFESSIONAL CT. - BEND, OR 97701	93-0731016		0.	22,500.	FMV	BOOKS	ENCOURAGE READING
COMMUNITY HEALTH CENTER, INC. / MIDDLETOWN SITE - 675 MAIN STREET - MIDDLETOWN, CT 06457-2845	06-0897105	3	0.	21,556.	FMV	BOOKS	ENCOURAGE READING
TRIAD PEDIATRICS - AFRICA / 2754 NC-68 HIGH POINT, NC 27265	82-3897310		0.	21,313.	FMV	BOOKS	ENCOURAGE READING
COASTAL PEDIATRIC ASSOCIATES / COASTAL PEDIATRIC ASSOCIATES - 2015 2ND AVENUE - SUMMERVILLE, SC 29486	20-8329907		0.	21,253.	FMV	BOOKS	ENCOURAGE READING
SANDHILLS PEDIATRICS, INC. / SANDHILLS PEDIATRICS, INC. - 195 WEST ILLINOIS AVE - SOUTHERN PINES, NC 28387	56-0943953		0.	21,234.	FMV	BOOKS	ENCOURAGE READING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NOVANT HEALTH - CHILD AND ADOLESCENT MEDICAL GROUP   MONROE / - 1994 WELLNESS BLVD - MONROE, NC 28110	58-1728803		0.	21,195.	FMV	BOOKS	ENCOURAGE READING
COASTAL CHILDREN'S CLINIC / 703 NEWMAN RD. NEW BERN, NC 28562	56-1018571		0.	21,166.	FMV	BOOKS	ENCOURAGE READING
GREENSBORO PEDIATRICIANS, INC / 510 N ELAM AVE STE 202 GREENSBORO, NC 27403	56-0991064		0.	21,122.	FMV	BOOKS	ENCOURAGE READING
THE PEDIATRIC HEALTH CENTER AT NEWARK BETH ISRAEL MEDICAL CENTER / - 166 LYONS AVENUE - NEWARK, NJ 07112-2016	02-2345231	3	0.	21,122.	FMV	BOOKS	ENCOURAGE READING
SMC CENTER FOR PEDIATRICS / 853 NORTH CHURCH STREET, SUITE 401 SPARTANBURG, SC 29303-3064	57-6000934	3	0.	20,596.	FMV	BOOKS	ENCOURAGE READING
CHARLOTTE PEDIATRICS - STEELE CREEK   ATRIUM HEALTH LEVINE CHILDREN'S / - 13640 STEELE CROFT PARKWAY - CHARLOTTE, NC 28278	56-0529945		0.	20,134.	FMV	BOOKS	ENCOURAGE READING
PEDIATRIC ASSOCIATES OF LAWRENCEVILLE / - 738 OLD NORCROSS ROAD, SUITE 100 - LAWRENCEVILLE, GA 30046	58-2412047		0.	19,999.	FMV	BOOKS	ENCOURAGE READING
ALBANY MEDICAL CENTER PEDIATRIC GROUP / - 391 MYRTLE AVENUE, SUITE 3A - ALBANY, NY 12208-3401	14-6023119		0.	19,964.	FMV	BOOKS	ENCOURAGE READING
THE LONGSTREET CLINIC, PC GAINESVILLE / CENTER FOR PEDIATRICS - 725 JESSE JEWELL PARKWAY, STE. 100 - GAINESVILLE,	58-2117020		0.	19,910.	FMV	BOOKS	ENCOURAGE READING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEDIATRIC ASSOCIATES OF CHARLOTTESVILLE / - 1011 EAST JEFFERSON ST - CHARLOTTESVILLE, VA 22902	05-4902611		0.	19,839.	FMV	BOOKS	ENCOURAGE READING
COASTAL PEDIATRIC ASSOCIATES / 2067 CHARLIE HALL BLVD CHARLESTON, SC 29414	20-8329907		0.	19,713.	FMV	BOOKS	ENCOURAGE READING
FAIR HAVEN COMMUNITY HEALTH CARE AT SARGENT DRIVE / PEDIATRIC DEPARTMENT/1ST FLO - 150 SARGENT DRIVE - NEW HAVEN, CT 06510	06-0646652	3	0.	19,219.	FMV	BOOKS	ENCOURAGE READING
ESSENTIA CHILDREN'S CLINIC / 420 EAST 1ST STREET DULUTH, MN 55805-1951	41-0883623	3	0.	18,770.	FMV	BOOKS	ENCOURAGE READING
BRENTWOOD RIVERSIDE PEDIATRIC AND FAMILY MEDICINE CENTER / - 10510 JEFFERSON AVENUE - NEWPORT NEWS, VA 23601	52-1245746		0.	18,524.	FMV	BOOKS	ENCOURAGE READING
AMERICAN ACADEMY OF PEDIATRICS, CALIFORNIA CHAPTER IV - REACH OUT AND READ ORANGE COUNTY - NEWPORT BEACH, CA 92660	95-3731523	3	0.	18,150.	FMV	BOOKS	ENCOURAGE READING
NOVANT HEALTH PEDIATRICS - HIGHLAND CREEK & AFTER HOURS CARE / - 5370 RIDGE RD - CHARLOTTE, NC 28269	56-1376950	3	0.	17,914.	FMV	BOOKS	ENCOURAGE READING
CHILDREN'S HOSPITAL OF GEORGIA / GENERAL PEDIATRICS PRIMARY CARE - 1120 15TH STREET - AUGUSTA, GA 30912-0012	35-2310573		0.	17,827.	FMV	BOOKS	ENCOURAGE READING
GOLDSBORO PEDIATRICS, P.A. / 2706 MEDICAL OFFICE PLACE GOLDSBORO, NC 27534-9460	57-0672117	3	0.	17,163.	FMV	BOOKS	ENCOURAGE READING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NOVANT HEALTH PEDIATRICS OAK HOLLOW / - 1224 EASTCHESTER DRIVE - HIGH POINT, NC 27265	31-1725913		0.	16,948.	FMV	BOOKS	ENCOURAGE READING
SHELBY CHILDRENS CLINIC / ATRIUM HEALTH LEVINE CHILDREN'S - SHELBY CHILDREN'S CLINIC - SHELBY, NC 28150	56-1667838		0.	16,922.	FMV	BOOKS	ENCOURAGE READING
ATRIUM HEALTH LEVINE CHILDREN'S ROCK HILL PEDIATRIC ASSOCIATES, ROCK HILL / ROCK - 1656 RIVERCHASE BLVD - ROCK HILL, SC 29732-1808	20-3146968		0.	16,721.	FMV	BOOKS	ENCOURAGE READING
ERIC B CHANDLER HEALTH CENTER / RUTGERS UNIVERSITY- RWJMS - 277 GEORGE STREET - NEW BRUNSWICK, NJ 08901-1311	22-1980408	3	0.	16,493.	FMV	BOOKS	ENCOURAGE READING
CAMCARE HEALTH CORPORATION / GATEWAY OFFICE - 817 FEDERAL STREET - CAMDEN, NJ 08103	22-2192716	3	0.	15,976.	FMV	BOOKS	ENCOURAGE READING
NEIGHBORHOOD HEALTH CENTER   BLASDELL / - 4233 LAKE AVENUE - BLASDELL, NY 14219	01-4129447	3	0.	15,951.	FMV	BOOKS	ENCOURAGE READING
NOVANT HEALTH PEDIATRICS - MINT HILL / - 8110 HEALTHCARE LOOP - CHARLOTTE, NC 28215	58-1728803	3	0.	15,840.	FMV	BOOKS	ENCOURAGE READING
CHILDREN'S @ THEARC / 1801 MISSISSIPPI AVE SE WASHINGTON, DC 20020	52-1640403	3	0.	15,673.	FMV	BOOKS	ENCOURAGE READING
PEDIATRIC ASSOCIATES OF FLORENCE / 204 E CHEVES STREET FLORENCE, SC 29506-2604	20-2935692	3	0.	15,642.	FMV	BOOKS	ENCOURAGE READING

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KAISER PERMANENTE LARGO MEDICAL CENTER / - 1221 MERCANTILE LANE - UPPER MARLBORO, MD 20774	52-0954463 3		0.	15,284.	FMV	BOOKS	ENCOURAGE READING
MCDONALD ARMY HEALTH CENTER / DEPARTMENT OF PEDIATRICS - 576 JEFFERSON AVE - FT. EUSTIS, VA 23604-1602	54-1738443 3		0.	15,228.	FMV	BOOKS	ENCOURAGE READING
FUQUAY PEDIATRICS / 316 JUDD PLACE DRIVE FUQUAY-VARINA, NC 27526	36-4351186		0.	14,969.	FMV	BOOKS	ENCOURAGE READING
NEW BRITAIN PEDIATRIC GROUP / 1095 WEST MAIN STREET NEW BRITAIN, CT 06053-3454	06-0768562		0.	14,846.	FMV	BOOKS	ENCOURAGE READING
PEDIATRICS NORTHWEST PS, FEDERAL WAY OFFICE / - 505 S 336TH ST - FEDERAL WAY, WA 98003	91-2124511 3		0.	14,837.	FMV	BOOKS	ENCOURAGE READING
SAVANNAH PEDIATRICS, P.C. 1000 TOWN CENTER BLVD., SUITE 301 POOLER, GA 31322	58-1108800		0.	14,804.	FMV	BOOKS	ENCOURAGE READING
RIVERSIDE PRIMARY CARE MERCURY WEST / RIVERSIDE PRIMARY CARE MERCURY WEST - 3401 W. MERCURY BLVD. - HAMPTON, VA 23666	54-1519724		0.	14,755.	FMV	BOOKS	ENCOURAGE READING
VCOM / NEW BEGINNINGS PEDIATRICS 3708 S MAIN ST SUITE B BLACKSBURG, VA 24060	20-4851978		0.	14,679.	FMV	BOOKS	ENCOURAGE READING
MYERS PARK PEDIATRICS   ATRIUM HEALTH LEVINE CHILDREN'S / - 1350 S. KINGS DR. #2 - CHARLOTTE, NC 28207	56-0621073 3		0.	14,648.	FMV	BOOKS	ENCOURAGE READING

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CENTER PEDIATRIC MEDICINE MAIN / 20 MEDICAL RIDGE DRIVE GREENVILLE, SC 29605-4267	81-1723202		0.	14,444.	FMV	BOOKS	ENCOURAGE READING
USAF LANGLEY HOSPITAL / 77 NEALY AVE HAMPTON, VA 23665	12-3456789		0.	14,010.	FMV	BOOKS	ENCOURAGE READING
KAISER PERMANENTE GAITHERSBURG MEDICAL CENTER / - 655 WATKINS MILL ROAD - GAITHERSBURG, MD 20879	52-0954463	3	0.	13,973.	FMV	BOOKS	ENCOURAGE READING
SUMTER PEDIATRICS 237 CHURCH STREET SUMTER, SC 29150-4202	57-0555541	3	0.	13,818.	FMV	BOOKS	ENCOURAGE READING
VERNON PEDIATRICS AND ADOL MEDICINE / STARLING PHYSICIANS - 357 HARTFORD TURNPIKE - VERNON, CT 06066	06-1440790		0.	13,733.	FMV	BOOKS	ENCOURAGE READING
CARY PEDIATRICS / 1001 CRESCENT GREEN DRIVE CARY, NC 27518	36-4351186		0.	13,681.	FMV	BOOKS	ENCOURAGE READING
UNIVERSITY PEDIATRICS - PROSPERITY CROSSING   ATRIUM HEALTH LEVINE CHILDREN'S / - 5727 PROSPERITY CROSSING DRIVE - CHARLOTTE, NC	56-1820778		0.	13,550.	FMV	BOOKS	ENCOURAGE READING
AURORA HEALTH CENTER SHEBOYGAN - PEDIATRICS / - 2414 KOHLER MEMORIAL DRIVE - SHEBOYGAN, WI 53081	36-1678306	3	0.	13,096.	FMV	BOOKS	ENCOURAGE READING
ATRIUM HEALTH LEVINE CHILDREN'S ROCK HILL PEDIATRIC ASSOCIATES, FORT MILL / ROCK - 704 GOLD HILL ROAD, SUITE 207 - FORT MILL, SC	20-3146968	3	0.	12,841.	FMV	BOOKS	ENCOURAGE READING

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JERICHO ROAD COMMUNITY HEALTH CENTER / - 184 BARTON STREET - BUFFALO, NY 14213	42-1571876 3		0.	12,837.	FMV	BOOKS	ENCOURAGE READING
DAY KIMBALL HEALTHCARE CENTER: PUTNAM / PEDIATRICS - 320 POMFRET STREET - PUTNAM, CT 06260-1836	45-4077626		0.	12,727.	FMV	BOOKS	ENCOURAGE READING
TROY PEDIATRIC HEALTH CENTER / ST. PETER'S HEALTH PARTNERS - 1300 MASSACHUSETTS AVE - TROY, NY 12180	14-1776186 3		0.	12,653.	FMV	BOOKS	ENCOURAGE READING
CHARLOTTE PEDIATRICS - MATTHEWS   ATRIUM HEALTH LEVINE CHILDREN'S / - 332 N. TRADE ST. - MATTHEWS, NC 28105	56-2274421		0.	12,619.	FMV	BOOKS	ENCOURAGE READING
MOUNT OLIVE PEDIATRICS, P.A. / 327 NC-55 MOUNT OLIVE, NC 28365	57-0672117 3		0.	12,617.	FMV	BOOKS	ENCOURAGE READING
NOVANT HEALTH PEDIATRICS - SOUTHPARK / - 6324 FAIRVIEW RD. STE 350 - CHARLOTTE, NC 28210	58-1728803 3		0.	12,511.	FMV	BOOKS	ENCOURAGE READING
CHESHIRE MEDICAL CENTER/DH/KEENE/PEDIATRICS / - 580 COURT STREET - KEENE, NH 03431-1719	22-2519596 3		0.	12,420.	FMV	BOOKS	ENCOURAGE READING
CORE PHYSICIANS: STRATHAM PEDIATRICS / EXETER HOSPITAL - 118 PORTSMOUTH ROAD - STRATHAM, NH 03885	08-7087914 3		0.	12,395.	FMV	BOOKS	ENCOURAGE READING
SUNSHINE MEDICAL CLINIC / 156 RIVER OAKS DR CANTON, MS 39046-8405	64-0944598		0.	12,387.	FMV	BOOKS	ENCOURAGE READING

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BURLINGTON PEDIATRICS WEST / 3804 S. CHURCH ST. BURLINGTON, NC 27215	56-1211337		0.	12,384.	FMV	BOOKS	ENCOURAGE READING
SWEETGRASS PEDIATRICS - CARNES CROSSROADS / - 2016 1ST AVENUE - SUMMERVILLE, SC 29486	81-0568231		0.	12,381.	FMV	BOOKS	ENCOURAGE READING
CHARLOTTE PEDIATRICS - SOUTHPARK   ATRIUM HEALTH LEVINE CHILDREN'S / - 4501 CAMERON VALLEY PARKWAY - CHARLOTTE, NC 28211	56-0529945	3	0.	12,303.	FMV	BOOKS	ENCOURAGE READING
DEKALB COUNTY BOARD OF HEALTH WIC / 3807 CLAIRMONT RD CHAMBLEE, GA 30341	58-1417092		0.	12,297.	FMV	BOOKS	ENCOURAGE READING
SWEETGRASS PEDIATRICS - SUMMERVILLE / - 748 ORANGEBURG ROAD - SUMMERVILLE, SC 29483	81-0568231		0.	12,136.	FMV	BOOKS	ENCOURAGE READING
SUBURBAN PEDIATRICS - KANNAPOLIS   ATRIUM HEALTH LEVINE CHILDREN'S / - 3396 CLOVERLEAF PARKWAY - KANNAPOLIS, NC 28027	56-1667838		0.	11,978.	FMV	BOOKS	ENCOURAGE READING
LAGRANGE PEDIATRICS, P.A. / 114 EAST RAILROAD STREET LA GRANGE, NC 28551-1800	57-0672117	3	0.	11,829.	FMV	BOOKS	ENCOURAGE READING
MAHI PEDIATRIC PC 41-51 WILSON AVE, SUITE 2 D NEWARK, NJ 07105	45-3966904		0.	11,826.	FMV	BOOKS	ENCOURAGE READING
NORTHPARK FAMILY PRACTICE   ATRIUM HEALTH / - 251 EASTWAY DRIVE - CHARLOTTE, NC 28213	56-0621073	3	0.	11,823.	FMV	BOOKS	ENCOURAGE READING

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UNIVERSITY PEDIATRICS   ATRIUM HEALTH LEVINE CHILDREN'S / - 101 E. WT HARRIS BLVD - CHARLOTTE, NC 28262	56-1820778		0.	11,814.	FMV	BOOKS	ENCOURAGE READING
CHILDREN'S HOSPITAL OF RICHMOND / VIRGINIA COMMONWEALTH UNIVERSITY - 1000 EAST BROAD STREET - RICHMOND, VA 23219	54-1581185		0.	11,806.	FMV	BOOKS	ENCOURAGE READING
WAKEMED PEDIATRIC CARE RALEIGH / PEDIATRICS - 3024 NEW BERN AVENUE - RALEIGH, NC 27610-1231	56-6017737	3	0.	11,796.	FMV	BOOKS	ENCOURAGE READING
UNIVERSITY OF VIRGINIA CHILDRENS HOSPITAL / CHILDREN'S OUTPUT CLINIC 6TH FLOOR - BIRDSONG CLINIC - CHARLOTTESVILLE, VA 22903	54-6001796	3	0.	11,770.	FMV	BOOKS	ENCOURAGE READING
MOUNT ZION PEDIATRICS / UNIVERSITY OF CALIFORNIA- SAN FRANCISCO PEDIATRICS - 2330 POST ST - SAN FRANCISCO, CA 94143	94-3281660	3	0.	11,728.	FMV	BOOKS	ENCOURAGE READING
ASCENSION NE WISCONSIN ST. ELIZABETH CAMPUS / - 1506 SOUTH ONEIDA STREET - APPLETON, WI 54915	39-1256677	3	0.	11,710.	FMV	BOOKS	ENCOURAGE READING
ILLINOIS CHAPTER - AMERICAN ACADEMY OF PEDIATRICS - 310 S. PEORIA STREET - CHICAGO, IL 60607	51-0183494	3	0.	11,640.	FMV	BOOKS	ENCOURAGE READING
THE BOGGS CENTER ON DEVELOPMENTAL DISABILITIES - RUTGERS RWJ MEDICAL SCHOOL - NEW BRUNSWICK, NJ 08901			0.	11,603.	FMV	BOOKS	ENCOURAGE READING
WHEATFIELD PEDIATRICS / 2890 NIAGARA FALLS BOULEVARD NORTH TONAWANDA, NY 14120	16-1565108		0.	11,546.	FMV	BOOKS	ENCOURAGE READING

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BEAUFORT PEDIATRICS / 964 RIBAUT ROAD, SUITE 1 BEAUFORT, SC 29902-5425	57-1104728		0.	11,540.	FMV	BOOKS	ENCOURAGE READING
UHS JOHNSON CITY FAMILY CARE CENTER / - 40 ARCH STREET - JOHNSON CITY, NY 13790	16-1165049 3		0.	11,496.	FMV	BOOKS	ENCOURAGE READING
THOMASVILLE-ARCHDALE PEDIATRICS WELL-CHILD CLINIC / - 6329 UNITY STREET UNIT H & I - THOMASVILLE, NC 27360	56-0934933		0.	11,420.	FMV	BOOKS	ENCOURAGE READING
WESTVIEW PEDIATRIC CARE / 3606 MARTIN LUTHER KING JR. BLVD TULSA, OK 74106	45-3126898		0.	11,396.	FMV	BOOKS	ENCOURAGE READING
KAISER PERMANENTE FALLS CHURCH MEDICAL CENTER / - 201 N. WASHINGTON STREET - FALLS CHURCH, VA 22046	52-0954463 3		0.	11,381.	FMV	BOOKS	ENCOURAGE READING
WASHINGTON PEDIATRICS, PA / 1206 BROWN STREET WASHINGTON, NC 27889	20-1548516 3		0.	11,259.	FMV	BOOKS	ENCOURAGE READING
OSBORN FAMILY HEALTH CENTER / 1601 HADDON AVENUE CAMDEN, NJ 08103	22-2072120 3		0.	11,223.	FMV	BOOKS	ENCOURAGE READING
MANCHESTER PEDIATRIC ASSOCIATES / SOUTH WINDSOR OFFICE - 2701 TAMARACK AVENUE - SOUTH WINDSOR, CT 06074	80-0657237		0.	11,145.	FMV	BOOKS	ENCOURAGE READING
DARE2CARE PEDIATRICS / 11125 JONES BRIDGE ROAD, SUITE 100 ALPHARETTA, GA 30022			0.	11,017.	FMV	BOOKS	ENCOURAGE READING

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KAISER PERMANENTE CATON HILL MEDICAL CENTER / - 13285 MINNIEVILLE RD - WOODBRIDGE, VA 22192	52-0954463 3		0.	10,939.	FMV	BOOKS	ENCOURAGE READING
PATHS / PIEDMONT ACCESS TO HEALTH SERVICES - 705 MAIN STREET - DANVILLE, VA 24541	54-2026502 3		0.	10,911.	FMV	BOOKS	ENCOURAGE READING
CHILD HEALTH ASSOCIATES, P.C.: AUBURN SITE / - 105 MILLBURY STREET - AUBURN, MA 01501	04-2929916		0.	10,872.	FMV	BOOKS	ENCOURAGE READING
ALTAMED CHILDREN'S HOSPITAL LOS ANGELES / - 4650 SUNSET BLVD, MS-64 - LOS ANGELES, CA 90027-6062	95-1690977 3		0.	10,820.	FMV	BOOKS	ENCOURAGE READING
MOUNTAIN VIEW PEDIATRICS / 100 MEDICAL HEIGHTS DRIVE MORGANTON, NC 28655	56-1484668 3		0.	10,700.	FMV	BOOKS	ENCOURAGE READING
NOVANT HEALTH PEDIATRICS - SOUTH END / - 2400 SOUTH BOULEVARD SUITE 200 - CHARLOTTE, NC 28203	58-1728803		0.	10,538.	FMV	BOOKS	ENCOURAGE READING
KAISER PERMANENTE CAMP SPRINGS MEDICAL CENTER / - 6104 OLD BRANCH AVENUE - TEMPLE HILLS, MD 20748	52-0954463 3		0.	10,511.	FMV	BOOKS	ENCOURAGE READING
SEASIDE PEDIATRICS / 167 BLUFFTON RD SUITE G BLUFFTON, SC 29910	20-4928376		0.	10,471.	FMV	BOOKS	ENCOURAGE READING
OU FAMILY MEDICINE CLINIC / 1111 SOUTH ST. LOUIS AVENUE TULSA, OK 74120	14-1883809		0.	10,465.	FMV	BOOKS	ENCOURAGE READING

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REACH OUT AND READ RHODE ISLAND 134 THURBERS AVENUE PROVIDENCE, RI 02095	05-0514148 3		0.	10,416.	FMV	BOOKS	ENCOURAGE READING
APEX PEDIATRICS / 1021 W WILLIAMS ST STE 105 APEX, NC 27502	36-4351186		0.	10,231.	FMV	BOOKS	ENCOURAGE READING
BOSTON MEDICAL CENTER / PEDIATRIC PRIMARY CARE - 801 MASS AVE. - BOSTON, MA 02118	04-3314093 3		0.	10,213.	FMV	BOOKS	ENCOURAGE READING
MGH CHELSEA HEALTHCARE CENTER / 151 EVERETT AVENUE CHELSEA, MA 02150-1812	04-2697983 3		0.	10,058.	FMV	BOOKS	ENCOURAGE READING
SIXTEENTH STREET - PARKWAY CLINIC / 2906 S. 20TH ST. MILWAUKEE, WI 53215	39-0806261 3		0.	10,035.	FMV	BOOKS	ENCOURAGE READING
SIXTEENTH STREET - CHAVEZ CLINIC / 1032 S. CESAR E. CHAVEZ DR. MILWAUKEE, WI 53204-2203	39-0806261 3		0.	9,957.	FMV	BOOKS	ENCOURAGE READING
BUFFALO PEDIATRIC ASSOCIATES, LLP / 237 LINWOOD AVENUE BUFFALO, NY 14209-2027	16-1001648		0.	9,889.	FMV	BOOKS	ENCOURAGE READING
MAGNOLIA PEDIATRIC CLINIC / MAGNOLIA REGIONAL HEALTH CENTER - 401 ALCORN DR STE 1B - CORINTH, MS 38834	64-0640292 3		0.	9,870.	FMV	BOOKS	ENCOURAGE READING
PEDIATRIC ASSOCIATES OF CT, PC / 160 ROBBINS ST STE 2 WATERBURY, CT 06708	06-1089184		0.	9,817.	FMV	BOOKS	ENCOURAGE READING

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CONTRA COSTA HEALTH / 2500 BATES AVE, SUITE B CONCORD, CA 94520	23-7310613 3		0.	9,813.	FMV	BOOKS	ENCOURAGE READING
BOSTON CHILDREN'S PRIMARY CARE AT LONGWOOD - 300 LONGWOOD AVENUE - BOSTON, MA 02115-5724	04-2774441 3		0.	9,779.	FMV	BOOKS	ENCOURAGE READING
NORTH EAST MEDICAL SERVICES - STOCKTON / - 1520 STOCKTON STREET - SAN FRANCISCO, CA 94133	94-1722562 3		0.	9,777.	FMV	BOOKS	ENCOURAGE READING
PALMETTO PEDIATRIC AND ADOLESCENT CLINIC - CLEMSON RD / 326286 - 601 CLEMSON ROAD - COLUMBIA, SC 29229	57-0705364		0.	9,748.	FMV	BOOKS	ENCOURAGE READING
INDIAN HEALTH CENTER SANTA CLARA VALLEY / - 1333 MERIDIAN AVE - SAN JOSE, CA 95125	94-2476242		0.	9,741.	FMV	BOOKS	ENCOURAGE READING
FORD, SIMPSON, LIVELY, & RICE PEDIATRICS / ATRIUM HEALTH WAKE FOREST BAPTIST - 2933 MAPLEWOOD AVE - WINSTON SALEM, NC 27103	56-1935767		0.	9,710.	FMV	BOOKS	ENCOURAGE READING
KAISER PERMANENTE MANASSAS MEDICAL CENTER / - 10701 ROSEMARY DRIVE - MANASSAS, VA 20109	52-0954463 3		0.	9,690.	FMV	BOOKS	ENCOURAGE READING
ENTRADA CONTENTA PEDIATRICS / 5501 HERRERA DR. SANTA FE, NM 87507	85-0106941 3		0.	9,660.	FMV	BOOKS	ENCOURAGE READING
ZUFALL HEALTH CENTER - DOVER / 18 W BLACKWELL ST DOVER, NJ 07801-4506	22-3125397 3		0.	9,651.	FMV	BOOKS	ENCOURAGE READING

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WESTERN WAKE PEDIATRICS, P.A. / 940 SE CARY PKWY STE 200 CARY, NC 27518	20-2023756		0.	9,593.	FMV	BOOKS	ENCOURAGE READING
KAISER PERMANENTE WEST HYATTSVILLE MEDICAL CENTER / - 5620 AGER RD STE 303 - HYATTSVILLE, MD 20782	52-0954463 3		0.	9,579.	FMV	BOOKS	ENCOURAGE READING
NOVANT HEALTH - MEDICAL PLAZA PEDIATRICS / - 8401 MEDICAL PLAZA DRIVE, SUITE 220 - CHARLOTTE, NC 28262	58-1728803		0.	9,487.	FMV	BOOKS	ENCOURAGE READING
CHILDREN'S FIRST PEDIATRICS OF VIRGINIA / - 314 FAIRY STREET SUITE A - MARTINSVILLE, VA 24112	81-3080176		0.	9,433.	FMV	BOOKS	ENCOURAGE READING
KAISER PERMANENTE ASHBURN MEDICAL CENTER / - 43480 YUKON DRIVE #100 - ASHBURN, VA 20147	52-0954463 3		0.	9,408.	FMV	BOOKS	ENCOURAGE READING
FRANKLIN SQUARE FAMILY HEALTH CENTER - 9101 FRANKLIN SQUARE DRIVE, SUITE 300 - BALTIMORE, MD 21237-3975	52-0608007 3		0.	9,400.	FMV	BOOKS	ENCOURAGE READING
EAST CAROLINA SCHOOL OF MEDICINE / PEDIATRIC OUTPATIENT CENTER - BIOTECH BUILDING ECU SCHOOL OF MEDICINE - GREENVILLE, NC	56-6000403		0.	9,349.	FMV	BOOKS	ENCOURAGE READING
METROHEALTH MEDICAL CENTER / HANNAH NISH, CCLS/METROHLTH MDCLCTR, OPC - CLEVELAND, OH 44109-1998	34-6607695 3		0.	9,062.	FMV	BOOKS	ENCOURAGE READING
DOTHAN PEDIATRIC CLINIC / 126 CLINIC DRIVE DOTHAN, AL 36303-1980	63-0579356 3		0.	8,990.	FMV	BOOKS	ENCOURAGE READING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PALMETTO PEDIATRIC AND ADOLESCENT CLINIC - DOWNTOWN / - 140 PARK CENTRAL DRIVE - COLUMBIA, SC 29203	57-0705364		0.	8,966.	FMV	BOOKS	ENCOURAGE READING
KAISER PERMANENTE SILVER SPRING MEDICAL CENTER / - 12201 PLUM ORCHARD DRIVE - SILVER SPRING, MD 20904	52-0954463	3	0.	8,954.	FMV	BOOKS	ENCOURAGE READING
RENUKA S. HARSH PEDIATRICS / 218 FOUST ST. STE B ASHEBORO, NC 27203	84-3831625		0.	8,915.	FMV	BOOKS	ENCOURAGE READING
AKRON CHILDREN'S HOSPITAL - LOCUST PEDIATRICS / - 215 WEST BOWERY ST. LEVEL 3 - AKRON, OH 44308	34-0714357	3	0.	8,860.	FMV	BOOKS	ENCOURAGE READING
WALLA WALLA CLINIC, DEPARTMENT OF PEDIATRICS / - 55 W. TIETAN STREET - WALLA WALLA, WA 99362-4445	91-0862542		0.	8,778.	FMV	BOOKS	ENCOURAGE READING
NORTH BERGEN PEDIATRICS / 3196 JOHN F KENNEDY BLVD UNION CITY, NJ 07087	46-1413237		0.	8,640.	FMV	BOOKS	ENCOURAGE READING
MOUNTAIN AREA HEALTH EDUCATION CENTER / DIV OF FAMILY MEDICINE /MEDICAL STUDENT - 123 HENDERSONVILLE RD. - ASHEVILLE, NC	56-1071426	3	0.	8,492.	FMV	BOOKS	ENCOURAGE READING
KAISER PERMANENTE SPRINGFIELD MEDICAL CENTER / - 6551 LOISDALE CT - SPRINGFIELD, VA 22150	52-0954463	3	0.	8,486.	FMV	BOOKS	ENCOURAGE READING
AMOSKEAG HEALTH-MANCHESTER / HOLLIS SITE - 145 HOLLIS STREET - MANCHESTER, NH 03101-1235	02-0458174	3	0.	8,467.	FMV	BOOKS	ENCOURAGE READING

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FORT STEWART - WINN ACH / PEDIATRIC CLINIC - 1061 HARMON AVE - FORT STEWART, GA 31314			0.	8,430.	FMV	BOOKS	ENCOURAGE READING
CONCORD HOSPITAL LACONIA: PEDIATRICS BELMONT / - 8 CORPORATE DRIVE - BELMONT, NH 03220	02-0222150	3	0.	8,424.	FMV	BOOKS	ENCOURAGE READING
ONEHEALTH AND CROW/NORTHERN CHEYENNE INDIAN HEALTH SERVICE HOSPITAL / REACH OUT - 1223 N CENTER AVENUE - HARDIN, MT 59034	81-0521345	3	0.	8,413.	FMV	BOOKS	ENCOURAGE READING
RALEIGH CHILDREN AND ADOLESCENTS MEDICINE / - 3100 DURALEIGH RD SUITE 300 - RALEIGH, NC 27612	56-2000200		0.	8,383.	FMV	BOOKS	ENCOURAGE READING
NATIONWIDE CHILDREN'S HOSPITAL / REACH OUT AND READ - 380 BUTTERFLY GARDENS DR. - COLUMBUS, OH 43215	31-1036370	3	0.	8,320.	FMV	BOOKS	ENCOURAGE READING
SOUTHERN PEDIATRIC CLINIC / 406-M, 406-M NORTHSIDE DR VALDOSTA, GA 31602	20-2561935		0.	8,300.	FMV	BOOKS	ENCOURAGE READING
RUTGERS ROBERT WOOD JOHNSON PEDIATRIC GROUP / - 1 WORLD'S FAIR DRIVE - SOMERSET, NJ 08873	22-3398467		0.	8,285.	FMV	BOOKS	ENCOURAGE READING
LUMBERTON CHILDREN'S CLINIC / 400 LIBERTY HILL ROAD LUMBERTON, NC 28358-2446	56-1133868		0.	8,244.	FMV	BOOKS	ENCOURAGE READING
ARBORETUM PEDIATRICS   ATRIUM HEALTH LEVINE CHILDREN'S / - 7800 PROVIDENCE RD STE 203 - CHARLOTTE, NC 28226	56-1895353		0.	8,192.	FMV	BOOKS	ENCOURAGE READING

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HAYWOOD PEDIATRIC AND ADOLESCENT MEDICINE GROUP, P.A. / - 15 FACILITY DRIVE - CLYDE, NC 28721-9438	56-1869575		0.	8,184.	FMV	BOOKS	ENCOURAGE READING
STARLING PHYSICIANS / PEDIATRIC DIVISION - 300 KENSINGTON AVENUE - NEW BRITAIN, CT 06051	06-1518341		0.	8,183.	FMV	BOOKS	ENCOURAGE READING
LITERACY COALITION OF PALM BEACH COUNTY - 3651 QUANTUM BLVD - BOYNTON BEACH, FL 33426	65-0169781	3	0.	8,110.	FMV	BOOKS	ENCOURAGE READING
AURORA MEDICAL CENTER OSHKOSH PEDIATRICS / - 855 N. WESTHAVEN DR. - OSHKOSH, WI 54904	39-1678306	3	0.	8,092.	FMV	BOOKS	ENCOURAGE READING
PRINCETON PEDIATRICS, PA / 104 COMMERCIAL DRIVE PRINCETON, NC 27569	57-0672117	3	0.	8,085.	FMV	BOOKS	ENCOURAGE READING
AMG ST. JOHN CLINIC PEDIATRIC & ADOLESCENT MEDICINE / - 1919 S. WHEELING AVE - TULSA, OK 74104	73-1333199		0.	8,066.	FMV	BOOKS	ENCOURAGE READING
CHARLESTON AREA MEDICAL CENTER / WOMEN'S AND CHILDREN'S HOSPITAL - 800 PENNSYLVANIA AVENUE - CHARLESTON, WV 25302-3351	55-0526150	3	0.	8,054.	FMV	BOOKS	ENCOURAGE READING
COKER PEDIATRICS, LLC / 14557 HWY 19 STE A GRIFFIN, GA 30224	35-2290733		0.	8,041.	FMV	BOOKS	ENCOURAGE READING
HARRIS PEDIATRICS CARE / 98 DOCTORS DRIVE SYLVA, NC 28779	47-1049674		0.	8,000.	FMV	BOOKS	ENCOURAGE READING

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RWJ BARNABAS HEALTH AT TRINITAS REGIONAL MEDICAL CENTER / PEDIATRIC HEALTH CENTE - 240 WILLIAMSON STREET - ELIZABETH, NJ	22-2353773	3	0.	8,000.	FMV	BOOKS	ENCOURAGE READING
CW - BAYSHORE PEDIATRICS / 7950 NORTH PORT WASHINGTON RD FOX POINT, WI 53217	39-0812532	3	0.	7,935.	FMV	BOOKS	ENCOURAGE READING
FRANKLIN PEDIATRIC AND ADOLESCENT CARE / - 1280 WEST CENTRAL STREET - FRANKLIN, MA 02038-3188	04-3159969	3	0.	7,891.	FMV	BOOKS	ENCOURAGE READING
PRISMA HEALTH PEDIATRICS-GREER / 106 PHYSICIANS DRIVE GREER, SC 29650	57-1004971		0.	7,837.	FMV	BOOKS	ENCOURAGE READING
ATRIUM HEALTH NAVICENT CHILDREN'S CARE DOWNTOWN MACON / ATRIUM HEALTH - 1014 FORSYTH ST, ST 100 - MACON, GA 31201-6840	58-2149128		0.	7,825.	FMV	BOOKS	ENCOURAGE READING
NAVAL MEDICAL CENTER CAMP LEJEUNE / PEDIATRIC CLINIC - 100 BREWSTER BLVD. - CAMP LEJEUNE, NC 28547-2538	56-1897849		0.	7,817.	FMV	BOOKS	ENCOURAGE READING
CENTRAL JERSEY MEDICAL CENTER / 275 HOBART STREET PERTH AMBOY, NJ 08861-4310	22-3780067	3	0.	7,803.	FMV	BOOKS	ENCOURAGE READING
OCEAN HEALTH INITIATIVES / 10 STOCKTON DRIVE TOMS RIVER, NJ 08753	06-1691342	3	0.	7,803.	FMV	BOOKS	ENCOURAGE READING
CHRIST COMMUNITY HEALTH SERVICES - BROAD AVENUE - 2861 BROAD AVE. - MEMPHIS, TN 38112	62-1583270	3	0.	7,802.	FMV	BOOKS	ENCOURAGE READING

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THE CHILDREN'S CENTER OF CAROLINA HEALTH CENTERS, INC. / - 113 LINER DRIVE - GREENWOOD, SC 29646-2311	57-0650154 3		0.	7,773.	FMV	BOOKS	ENCOURAGE READING
MOCKSVILLE PEDIATRICS / ATRIUM HEALTH WAKE FOREST BAPTIST - 113 MARKETPLACE DRIVE - MOCKSVILLE, NC 27028-2084	22-3849199		0.	7,729.	FMV	BOOKS	ENCOURAGE READING
HIGHLANDS PEDIATRICS / 26210 LEE HWY ABINGDON, VA 24211	54-1776985 3		0.	7,720.	FMV	BOOKS	ENCOURAGE READING
PEDIATRIC ASSOCIATES, LLP / 1485 JESSE JEWELL PKWY GAINESVILLE, GA 30501	58-1089267		0.	7,697.	FMV	BOOKS	ENCOURAGE READING
KAISER PERMANENTE KENSINGTON MEDICAL CENTER / - 10810 CONNECTICUT AVENUE - KENSINGTON, MD 20895	52-0954463 3		0.	7,584.	FMV	BOOKS	ENCOURAGE READING
PIEDMONT PEDIATRICS / CONE HEALTH MEDICAL GROUP - 719 GREEN VALLEY ROAD, SUITE 209 - GREENSBORO, NC 27408	30-0554775		0.	7,574.	FMV	BOOKS	ENCOURAGE READING
OCEAN HEALTH INITIATIVES, LAKEWOOD 101 2ND STREET LAKEWOOD, NJ 08701-3324	06-1691342 3		0.	7,545.	FMV	BOOKS	ENCOURAGE READING
BRAVO PEDIATRICS / 3241 S HIGUERA ST SAN LUIS OBISPO, CA 93401	91-2024485		0.	7,530.	FMV	BOOKS	ENCOURAGE READING
CHILDREN'S @ ANACOSTIA / 2101 MARTIN LUTHER KING, JR. AVENUE WASHINGTON, DC 20020	53-0196580 3		0.	7,494.	FMV	BOOKS	ENCOURAGE READING

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ALLENTOWN PEDIATRIC & ADOLESCENT MEDICINE / - 560 FRANKLIN ST - BUFFALO, NY 14202	51-0431525		0.	7,490.	FMV	BOOKS	ENCOURAGE READING
OKMULGEE INDIAN HEALTH CENTER / CHILDREN'S CLINIC - 1151 S BELMONT - OKMULGEE, OK 74447	73-1357965 3		0.	7,431.	FMV	BOOKS	ENCOURAGE READING
FAMILY HEALTH CENTER OF WORCESTER / 26 QUEEN STREET WORCESTER, MA 01610-2473	08-5605046		0.	7,346.	FMV	BOOKS	ENCOURAGE READING
LAKEWOOD HEALTH SYSTEM/STAPLES / 49725 COUNTY 83 STAPLES, MN 56479-5280	41-1842965		0.	7,270.	FMV	BOOKS	ENCOURAGE READING
BELLIN HEALTH ASHWAUBENON PEDIATRICS / - 1630 COMMANCHE AVE. - GREEN BAY, WI 54313	39-0884478 3		0.	7,241.	FMV	BOOKS	ENCOURAGE READING
GUNDERSEN LA CROSSE PEDIATRICS / 1900 SOUTH AVENUE LA CROSSE, WI 54601-5467	39-1606449 3		0.	7,240.	FMV	BOOKS	ENCOURAGE READING
NORTH EAST MEDICAL SERVICES - SAN BRUNO / - 2574 SAN BRUNO AVENUE - SAN FRANCISCO, CA 94134-1505	94-1722562 3		0.	7,227.	FMV	BOOKS	ENCOURAGE READING
CABARRUS PEDIATRICS   ATRIUM HEALTH LEVINE CHILDREN'S / - 66 LAKE CONCORD ROAD NE - CONCORD, NC 28027	56-0529945		0.	7,189.	FMV	BOOKS	ENCOURAGE READING
LAKE AREA MEDICAL ASSOCIATES / CLEVELAND AREA HOSPITAL - 1400 W. PAWNEE ST. - CLEVELAND, OK 74020	26-3778478 3		0.	7,181.	FMV	BOOKS	ENCOURAGE READING

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WILMINGTON PEDIATRICS AT CHRISTIANACARE / - 501 WEST 14TH STREET - WILMINGTON, DE 19801-1013	51-0103684 3		0.	7,180.	FMV	BOOKS	ENCOURAGE READING
EAST BOSTON NEIGHBORHOOD HEALTH CENTER / - 10 GOVE STREET - EAST BOSTON, MA 02128-1920	23-7425849 3		0.	7,166.	FMV	BOOKS	ENCOURAGE READING
CAPITOL PEDIATRICS / 11601 ROBIOUS RD. MIDLOTHIAN, VA 23113-5605	54-1832508		0.	7,140.	FMV	BOOKS	ENCOURAGE READING
DARTMOUTH HITCHCOCK / MANCHESTER SITE - 100 HITCHCOCK WAY - MANCHESTER, NH 03104-4125	22-2519596 3		0.	7,133.	FMV	BOOKS	ENCOURAGE READING
NEIGHBORHOOD HEALTHCARE/DATE ESCONDIDO / PEDIATRICS - 426 NORTH DATE STREET - ESCONDIDO, CA 92025-3409	95-2796316 3		0.	7,110.	FMV	BOOKS	ENCOURAGE READING
UNIVERSITY LEBONHEUR PEDIATRIC SPECIALISTS - 51 NORTH DUNLAP - MEMPHIS, TN 38105	27-3426141 3		0.	7,055.	FMV	BOOKS	ENCOURAGE READING
KAISER PERMANENTE RESTON MEDICAL CENTER / - 1890 METRO CENTER DRIVE - RESTON, VA 20190	52-0954463 3		0.	7,032.	FMV	BOOKS	ENCOURAGE READING
AGES & STAGES PEDIATRICS / 10340 PARK RD CHARLOTTE, NC 28210	83-2096156		0.	6,995.	FMV	BOOKS	ENCOURAGE READING
PEDIATRICS - GREENSBORO   ATRIUM HEALTH WAKE FOREST BAPTIST / - 802 GREEN VALLEY ROAD - GREENSBORO, NC 27408	56-1935767 3		0.	6,985.	FMV	BOOKS	ENCOURAGE READING

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BIRTH AND BEYOND PEDIATRICS / 10011 S YALE TULSA, OK 74137	20-0327700		0.	6,957.	FMV	BOOKS	ENCOURAGE READING
CONNECTICUT CHILDREN'S PRIMARY CARE OF FARMINGTON/WEST / - 599 FARMINGTON AVENUE - FARMINGTON, CT 06032	06-0646753 3		0.	6,863.	FMV	BOOKS	ENCOURAGE READING
GRANTS PASS CLINIC, LLP / 495 SW RAMSEY AVE GRANTS PASS, OR 97527-5681	93-0407781		0.	6,860.	FMV	BOOKS	ENCOURAGE READING
DARTMOUTH HEALTH CHILDREN'S / PEDI CLINIC 6L - 1 MEDICAL CENTER DRIVE - LEBANON, NH 03756-1000	02-0222140		0.	6,855.	FMV	BOOKS	ENCOURAGE READING
AURORA MEDICAL CENTER - MANITOWOC COUNTY / - 5300 MEMORIAL DRIVE - TWO RIVERS, WI 54241	36-1678306 3		0.	6,836.	FMV	BOOKS	ENCOURAGE READING
MUSC-CHILDREN'S CARE-NORTH CHARLESTON / - 2070 NORTHBROOK BLVD. SUITE A-16 - NORTH CHARLESTON, SC 29406-9250	57-6000722		0.	6,826.	FMV	BOOKS	ENCOURAGE READING
SUTTER EAST BAY MEDICAL FOUNDATION / PEDIATRICS - 20101 LAKE CHABOT ROAD - CASTRO VALLEY, CA 94546	94-2690415 3		0.	6,803.	FMV	BOOKS	ENCOURAGE READING
GLYNN COUNTY HEALTH DEPARTMENT / 2747 FOURTH STREET BRUNSWICK, GA 31520-3714	58-1092888		0.	6,800.	FMV	BOOKS	ENCOURAGE READING
WAKE COUNTY HUMAN SERVICES CHILD HEALTH CLINIC / ATTN: MARY CARR ALLEN, PA-C - 10 SUNNYBROOK RD, CLINIC C - RALEIGH, NC 27610	56-6000347		0.	6,794.	FMV	BOOKS	ENCOURAGE READING

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CHILDREN'S HEALTHCARE OF ATLANTA AT HUGHES SPALDING / REACH OUT AND READ PROGRA - SECOND FLOOR - ATLANTA, GA 30303	58-2130437 3		0.	6,786.	FMV	BOOKS	ENCOURAGE READING
CAPITALCARE PEDIATRICS TROY / COMMUNITY CARE PHYSICIANS - 258 HOOSICK ST STE 101 - TROY, NY 12180	16-1531979		0.	6,778.	FMV	BOOKS	ENCOURAGE READING
PENN STATE COMMUNITY HEALTH GROUP ALL ABOUT CHILDREN / FORMERLY ALL ABOUT CHILDR - 655 WALNUT STREET - WEST READING, PA 19611	00-6617178		0.	6,770.	FMV	BOOKS	ENCOURAGE READING
CAPITAL HEALTH MEDICAL CENTER ONE CAPITAL WAY HOPEWELL, NJ 08534	22-3548695		0.	6,769.	FMV	BOOKS	ENCOURAGE READING
CHILD AND ADOLESCENT CLINIC / 971 11TH AVE. LONGVIEW, WA 98632-2503	91-1139057		0.	6,768.	FMV	BOOKS	ENCOURAGE READING
UNION COMMUNITY CARE / 812 N PRINCE ST LANCASTER, PA 17603	23-2160896 3		0.	6,727.	FMV	BOOKS	ENCOURAGE READING
LITCHFIELD COUNTY PEDIATRICS / 20 FELICITY LANE TORRINGTON, CT 06790-6101	06-1637300		0.	6,723.	FMV	BOOKS	ENCOURAGE READING
PIEDMONT HEALTHCARE PEDIATRICS / 129 SHERLOCK DRIVE STATESVILLE, NC 28625	56-1965983		0.	6,697.	FMV	BOOKS	ENCOURAGE READING
SOUTHWEST HEALTH -PLATTEVILLE CLINIC FAMILY MEDICINE / - 1450 EASTSIDE ROAD - PLATTEVILLE, WI 53818-9800	39-0812532		0.	6,667.	FMV	BOOKS	ENCOURAGE READING

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METROPOLITAN FAMILY HEALTH NETWORK, INC. / - 935 GARFIELD AVENUE - JERSEY CITY, NJ 07304-2731	20-4904872	3	0.	6,637.	FMV	BOOKS	ENCOURAGE READING
COMMUNITY PEDIATRICS - BEAVER DAM / 109 WARREN ST., SUITE 4 BEAVER DAM, WI 53916	20-2790240		0.	6,623.	FMV	BOOKS	ENCOURAGE READING
PRISMA HEALTH PEDIATRICS-GREENVILLE / - 890 S PLEASANTBURG DRIVE - GREENVILLE, SC 29607	57-1004971		0.	6,607.	FMV	BOOKS	ENCOURAGE READING
KAISER PERMANENTE WHITE MARSH MEDICAL CENTER / - 4920 CAMPBELL BLVD - NOTTINGHAM, MD 21236	52-0954463	3	0.	6,573.	FMV	BOOKS	ENCOURAGE READING
NORTHWEST PEDIATRIC CENTER CENTRALIA / - 1911 COOKS HILL ROAD - CENTRALIA, WA 98531-9073	91-1622914		0.	6,569.	FMV	BOOKS	ENCOURAGE READING
PALMETTO PEDIATRIC AND ADOLESCENT CLINIC / - 7428 BROAD RIVER RD. - IRMO, SC 29063	57-0705364		0.	6,541.	FMV	BOOKS	ENCOURAGE READING
WARWICK BOULEVARD PHYSICIANS - SOUTHEASTERN VIRGINIA HEALTH SYSTEM / WARWICK BOU - 9294 WARWICK BLVD - NEWPORT NEWS, VA	54-1083954	3	0.	6,540.	FMV	BOOKS	ENCOURAGE READING
MAIN PEDIATRICS / 2924 MAIN STREET BUFFALO, NY 14214	20-4716953		0.	6,540.	FMV	BOOKS	ENCOURAGE READING
NEIGHBORHOOD HEALTH AT CASEY HEALTH CENTER / - 1200 NORTH HOWARD STREET - ALEXANDRIA, VA 22304	54-1849891	3	0.	6,500.	FMV	BOOKS	ENCOURAGE READING

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NORTHERN NAVAJO MEDICAL CENTER / PEDIATRIC AND FAMILY MEDICINE CLINICS - P.O. BOX 160 - SHIPROCK, NM 87420-0160	26-1334783 3		0.	6,491.	FMV	BOOKS	ENCOURAGE READING
SSM HEALTH FOND DU LAC REGIONAL CLINIC - PEDIATRICS / - 420 EAST DIVISION STREET - FOND DU LAC, WI 54935	39-0807236 3		0.	6,476.	FMV	BOOKS	ENCOURAGE READING
OCEANA PRIMARY CARE CLINIC / 1550 TOMCAT BLVD VIRGINIA BEACH, VA 23460			0.	6,404.	FMV	BOOKS	ENCOURAGE READING
ELLIS PEDIATRIC HEALTH CENTER / 624 MCCLELLAN ST SCHENECTADY, NY 12304-1020	14-1338500 3		0.	6,379.	FMV	BOOKS	ENCOURAGE READING
SIGNATURE HEALTHCARE BROCKTON HOSPITAL / BROCKTON HOSPITAL CHILD & YOUTH CLINIC - 680 CENTRE STREET - BROCKTON, MA 02302-3308	04-3306782 3		0.	6,372.	FMV	BOOKS	ENCOURAGE READING
PEDIATRIC ASSOCIATES / CAPITAL REGION MEDICAL CENTER JEFFERSON CITY, MO 65101-3458	44-0546366 3		0.	6,360.	FMV	BOOKS	ENCOURAGE READING
VALLEY HEALTH PARTNERS CHILDREN'S CLINIC / OUTPATIENT PEDIATRICS - 1617 W CHEW STREET, 6TH FLOOR - ALLENTOWN, PA 18102	84-4777167 3		0.	6,350.	FMV	BOOKS	ENCOURAGE READING
CONNECTICUT CHILDREN'S PRIMARY CARE/EAST / - 800 CONNECTICUT BOULEVARD - EAST HARTFORD, CT 06108	06-0646753 3		0.	6,348.	FMV	BOOKS	ENCOURAGE READING
PRISMA HEALTH PEDIATRICS-TRAVELER'S REST / - 415 DUNCAN CHAPEL ROAD - GREENVILLE, SC 29617	57-1004971 3		0.	6,337.	FMV	BOOKS	ENCOURAGE READING

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COMMUNITY OF HOPE FAMILY HEALTH & BIRTH CENTER / - 2120 BLADENSBURG ROAD, NE - WASHINGTON, DC 20018	52-1184749 3		0.	6,317.	FMV	BOOKS	ENCOURAGE READING
CHAUTAUQUA CENTER - DUNKIRK PEDIATRIC CLINIC / - 1134 CENTRAL AVE - DUNKIRK, NY 14048	27-3512018 3		0.	6,249.	FMV	BOOKS	ENCOURAGE READING
BRIARPATCH PEDIATRICS / 179 ROUTE 6A YARMOUTH PORT, MA 02675-1714	20-1511972		0.	6,240.	FMV	BOOKS	ENCOURAGE READING
ASCENSION ALL SAINTS PEDIATRICS - SPRING STREET CAMPUS / - 3807 SPRING STREET - RACINE, WI 53405	39-1791586 3		0.	6,235.	FMV	BOOKS	ENCOURAGE READING
MIDDLE GEORGIA PEDIATRICS, LLC / 1508-B HARDEMAN AVENUE MACON, GA 31201-1416	58-2566360		0.	6,224.	FMV	BOOKS	ENCOURAGE READING
FRAMINGHAM PEDIATRICS / 125 NEWBURY STREET FRAMINGHAM, MA 01701-4592	04-3165789		0.	6,221.	FMV	BOOKS	ENCOURAGE READING
UNION PEDIATRICS   ATRIUM HEALTH LEVINE CHILDREN'S / - 3173 WEST HIGHWAY 74 - MONROE, NC 28110	56-1667838		0.	6,209.	FMV	BOOKS	ENCOURAGE READING
KAISER PERMANENTE COLUMBIA GATEWAY MEDICAL CENTER / - 7070 SAMUEL MORSE DRIVE - COLUMBIA, MD 21046	52-0954463 3		0.	6,202.	FMV	BOOKS	ENCOURAGE READING
UNIVERSITY PEDIATRICS / UVM CHILDRENS HOSPITAL - 1 SOUTH PROSPECT STREET - BURLINGTON, VT 05401-3456	03-0219309 3		0.	6,131.	FMV	BOOKS	ENCOURAGE READING

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

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KAISER PERMANENTE CAPITOL HILL MEDICAL CENTER / - 700 2ND ST. NE - WASHINGTON, DC 20002	52-0954463 3		0.	6,091.	FMV	BOOKS	ENCOURAGE READING
SWEETGRASS PEDIATRICS-MONCKS CORNER / SWEETGRASS PEDIATRICS - 401 N. LIVE OAK DRIVE - MONCKS CORNER, SC 29461	81-0568231		0.	6,090.	FMV	BOOKS	ENCOURAGE READING
BON SECOURS PEDIATRICS OF MECHANICSVILLE / - 7347 BELL CREEK ROAD, STE 100 - MECHANICSVILLE, VA 23111	38-4115512 3		0.	6,085.	FMV	BOOKS	ENCOURAGE READING
PEDIATRIC ASSOCIATES, LLP / 2695 OLD WINDER HWY BRASELTON, GA 30517	58-1089267		0.	6,084.	FMV	BOOKS	ENCOURAGE READING
LA CLINICA DE LA RAZA, INC. / SAN ANTONIO NEIGHBORHOOD HEALTH CENTER - 1030 INTERNATIONAL BLVD. - OAKLAND, CA 94606-3730	94-1744108		0.	6,079.	FMV	BOOKS	ENCOURAGE READING
MARSHFIELD MEDICAL CENTER - RICE LAKE / - 1700 W STOUT STREET - RICE LAKE, WI 54868	39-0452970 3		0.	6,042.	FMV	BOOKS	ENCOURAGE READING
UNC PEDIATRICS AT KNIGHTDALE / UNC PEDIATRICS AT KNIGHTDALE - 6602 KNIGHTDALE BLVD. - KNIGHTDALE, NC 27545	27-1081647		0.	6,030.	FMV	BOOKS	ENCOURAGE READING
CHILDREN'S PRIMARY CARE MEDICAL GROUP/CITRACADO ESCONDIDO / CITRACADO - 625 CITRACADO PKWY STE 200 - ESCONDIDO, CA 92025	33-0662258		0.	6,020.	FMV	BOOKS	ENCOURAGE READING
CHC (COMMUNITY HEALTH CENTERS) SANTA MARIA WAY CLINIC / - 2801 SANTA MARIA WAY - SANTA MARIA, CA 93455	95-3253302 3		0.	6,020.	FMV	BOOKS	ENCOURAGE READING

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WOMACK PEDIATRICS / 2817 ROCK MERRITT AVE FORT LIBERTY, NC 28310	56-1871181 3		0.	6,000.	FMV	BOOKS	ENCOURAGE READING
HUDSON PHYSICIANS / 2651 HILLCREST DRIVE HUDSON, WI 54016	39-0804125 3		0.	5,994.	FMV	BOOKS	ENCOURAGE READING
NEMOURS CHILDREN'S HEALTH, FOULK ROAD / - 1405 FOULK ROAD - WILMINGTON, DE 19803	59-0634433 3		0.	5,990.	FMV	BOOKS	ENCOURAGE READING
ST. PETER'S HEALTH CENTER FOR CHILDREN / ST. PETER'S HEALTH PARTNERS - 1092 MADISON AVENUE - ALBANY, NY 12208	14-1348692 3		0.	5,983.	FMV	BOOKS	ENCOURAGE READING
CONYERS PEDIATRICS / 1277B WELLBROOK CIRCLE CONYERS, GA 30012	58-1964219		0.	5,940.	FMV	BOOKS	ENCOURAGE READING
PEDIATRIC PRIMARY CARE ASSOCIATES / UNIVERSITY CAMPUS: UMASS MEMORIAL CENTER - 55 LAKE AVENUE NORTH - WORCESTER, MA 01655-0002	04-2911067 3		0.	5,934.	FMV	BOOKS	ENCOURAGE READING
MANSFIELD PEDIATRICS / 12A LEDGEBROOK DRIVE MANSFIELD CENTER, CT 06250	06-1469068		0.	5,928.	FMV	BOOKS	ENCOURAGE READING
UNIVERSAL PEDIATRICS / 169-177 CENTRAL AVENUE ORANGE, NJ 07050	22-3766143		0.	5,905.	FMV	BOOKS	ENCOURAGE READING
ATRIUS HEALTH WATERTOWN / 485 ARSENAL ST WATERTOWN, MA 02472	04-3397450 3		0.	5,886.	FMV	BOOKS	ENCOURAGE READING

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PEDIATRICS-WESTGATE / ATRIUM HEALTH WAKE FOREST BAPTIST - 3746 VEST MILL ROAD - WINSTON-SALEM, NC 27103	56-1899564 3		0.	5,866.	FMV	BOOKS	ENCOURAGE READING
GOLISANO CHILDREN'S HOSPITAL AT STRONG / PEDIATRIC PRACTICE - 575 ELMWOOD AVENUE - ROCHESTER, NY 14620-2945	16-0743209 3		0.	5,850.	FMV	BOOKS	ENCOURAGE READING
KERNODLE PEDIATRICS / 908 S. WILLIAMSON AVENUE ELON, NC 27244-9280	56-1029437		0.	5,818.	FMV	BOOKS	ENCOURAGE READING
NOVANT HEALTH - DEPARTMENT OF DEVELOPMENTAL & BEHAVIORAL PEDIATRICS / - 2711 RANDOLPH RD. - CHARLOTTE, NC 28207	58-1728803		0.	5,806.	FMV	BOOKS	ENCOURAGE READING
BROOKLAND COMMUNITY PEDIATRICS 500 NORTH 12TH ST. WEST COLUMBIA, SC 29169-6502	57-0965445 3		0.	5,803.	FMV	BOOKS	ENCOURAGE READING
TRINITY HEALTH OF NEW ENGLAND/CHICOPEE SITE / - 444 MONTGOMERY STREET - CHICOPEE, MA 01020-1969	04-3400111		0.	5,775.	FMV	BOOKS	ENCOURAGE READING
MARSHFIELD MEDICAL CENTER - MARSHFIELD PEDIATRICS / - 1000 NORTH OAK AVENUE - MARSHFIELD, WI 54449-5703	39-1681567 3		0.	5,771.	FMV	BOOKS	ENCOURAGE READING
KIDS FIRST PEDIATRICS OF RALEIGH / 23 SUNNYBROOK RD STE 116 RALEIGH, NC 27610	11-3834448		0.	5,764.	FMV	BOOKS	ENCOURAGE READING
SKAGIT PEDIATRICS, LLP / 2101 LITTLE MOUNTAIN LANE MOUNT VERNON, WA 98274-8752	91-1147231		0.	5,758.	FMV	BOOKS	ENCOURAGE READING

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METRO WEST MEDICAL CENTER / PEDIATRIC CLINIC - 115 LINCOLN STREET, G FLOOR - FRAMINGHAM, MA 01702	04-3305651		0.	5,752.	FMV	BOOKS	ENCOURAGE READING
MCALISTER PEDIATRICS   ATRIUM HEALTH LEVINE CHILDREN'S / - ATRIUM HEALTH LEVINE CHILDREN'S MCALISTER PEDIATRICS - LINCOLNTON,	56-1667838		0.	5,750.	FMV	BOOKS	ENCOURAGE READING
SAINTS MIDTOWN PEDIATRICS / SSM HEALTH - 608 NW 9TH ST - OKLAHOMA CITY, OK 73102	76-0825755		0.	5,748.	FMV	BOOKS	ENCOURAGE READING
MECKLENBURG COUNTY HEALTH DEPARTMENT - IMMUNIZATION CLINIC   SE / - IMMUNIZATIONS CLINIC B - CHARLOTTE, NC 28211	56-6000319	3	0.	5,730.	FMV	BOOKS	ENCOURAGE READING
PEDIATRICS BERMUDA RUN / ATRIUM HEALTH WAKE FOREST BAPTIST - 114 KINDERTON BLVD - BERMUDA RUN, NC 27006-7302	56-1935767	3	0.	5,712.	FMV	BOOKS	ENCOURAGE READING
HYDE PARK PEDIATRICS / 695 TRUMAN PARKWAY HYDE PARK, MA 02136-3552	04-3066227		0.	5,707.	FMV	BOOKS	ENCOURAGE READING
PEDIATRIC PRIMARY CARE CENTER AT BRIDGEPORT CAMPUS OF YALE NEW HAVEN CHILDRENS H - 226 MILL HILL AVE - BRIDGEPORT, CT 06610	22-2908698	3	0.	5,689.	FMV	BOOKS	ENCOURAGE READING
DR. SOOS PEDIATRICS / 102 BOWLING LANE DUBLIN, GA 31021	20-8698691		0.	5,686.	FMV	BOOKS	ENCOURAGE READING
CHILDREN'S @ COLUMBIA HEIGHTS / CHILDREN'S NATIONAL HOSPITAL - 3336 14TH ST. NW - WASHINGTON, DC 20010	53-0196580		0.	5,684.	FMV	BOOKS	ENCOURAGE READING

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CHRIST COMMUNITY HEALTH SERVICES - HICKORY HILL / - 5366 MENDENHALL MALL - MEMPHIS, TN 38115	62-1583270 3		0.	5,681.	FMV	BOOKS	ENCOURAGE READING
FAIR HAVEN COMMUNITY HEALTH CARE / 374 GRAND AVENUE - 374 GRAND AVENUE - NEW HAVEN, CT 06513-3733	06-0883545 3		0.	5,655.	FMV	BOOKS	ENCOURAGE READING
MASON PEDIATRICS / 665 DULUTH HIGHWAY LAWRENCEVILLE, GA 30046	20-4553410		0.	5,654.	FMV	BOOKS	ENCOURAGE READING
KIDZCARE PEDIATRICS PC - BURLINGTON / - 2501 S MEBANE ST - BURLINGTON, NC 27215	20-0063146		0.	5,627.	FMV	BOOKS	ENCOURAGE READING
CAROLINAEAST PEDIATRICS / 2636 DR. MARTIN LUTHER KING JR. BLV NEW BERN, NC 28562	26-4212594 3		0.	5,607.	FMV	BOOKS	ENCOURAGE READING
CW -GREENFIELD CLINIC PEDIATRICS / 3365 S. 103RD STREET, SUITE 100 GREENFIELD, WI 53227	39-1789197 3		0.	5,605.	FMV	BOOKS	ENCOURAGE READING
KAISER PERMANENTE WOODLAWN MEDICAL CENTER / - 7141 SECURITY BLVD - WINDSOR MILL, MD 21244	52-0954463 3		0.	5,605.	FMV	BOOKS	ENCOURAGE READING
HENNEPIN HEALTHCARE PEDIATRIC CLINIC / - 701 PARK AVENUE - MINNEAPOLIS, MN 55415-1623	41-0845733 3		0.	5,560.	FMV	BOOKS	ENCOURAGE READING
SANFORD HEALTH OF NORTHERN MINNESOTA / - 1611 ANNE ST NW - BEMIDJI, MN 56601	41-1266009 3		0.	5,560.	FMV	BOOKS	ENCOURAGE READING

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WOODSTOCK PEDIATRIC MEDICINE / 2000 PROFESSIONAL PKWY WOODSTOCK, GA 30188	58-2248457		0.	5,520.	FMV	BOOKS	ENCOURAGE READING
VANDERBILT UNIVERSITY / DIVISION OF GENERAL PEDIATRICS - 2200 CHILDREN'S WAY - NASHVILLE, TN 37232-9225	62-0476822	3	0.	5,510.	FMV	BOOKS	ENCOURAGE READING
PEDIATRIC ASSOCIATES OF FALL RIVER 851 MIDDLE STREET FALL RIVER, MA 02721-1735	04-2547627		0.	5,493.	FMV	BOOKS	ENCOURAGE READING
ALTRU HEALTH SYSTEM / DEPARTMENT OF PEDIATRICS - 1380 SO. COLUMBIA ROAD - GRAND FORKS, ND 58201	45-0310462		0.	5,491.	FMV	BOOKS	ENCOURAGE READING
SOUTH POINTE PEDIATRICS / 1615 SOUTH EUCALYPTUS AVENUE BROKEN ARROW, OK 74012	90-1152279		0.	5,476.	FMV	BOOKS	ENCOURAGE READING
MOUNTAINVIEW PEDIATRICS, PC / 1204 NORTH MAIN STREET MARION, VA 24354-4312	52-2384375		0.	5,470.	FMV	BOOKS	ENCOURAGE READING
ST. JOSEPH'S HOSPITAL PRIMARY CARE CENTER - WEST / - 321 GIFFORD STREET - SYRACUSE, NY 13204	15-0532254	3	0.	5,433.	FMV	BOOKS	ENCOURAGE READING
CENTRAL VERMONT MEDICAL CENTER, PEDIATRIC PRIMARY CARE-BERLIN / - 246 GRANGER RD STE 1 - BARRE, VT 05641	22-2547186	3	0.	5,417.	FMV	BOOKS	ENCOURAGE READING
PRESBYTERIAN SANTA FE / PMG PRESBYTERIAN SANTA FE MEDICAL CENTE SANTA FE, NM 87507	85-0105601	3	0.	5,414.	FMV	BOOKS	ENCOURAGE READING

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FRANKLIN SQUARE PEDIATRICS AT PERRY HALL / - 5009 HONEYGO CENTER DR. SUITE 225 - PERRY HALL, MD 21128	52-0608007 3		0.	5,400.	FMV	BOOKS	ENCOURAGE READING
MONADNOCK REGIONAL PEDIATRICS / MONADNOCK COMMUNITY HOSPITAL - 454 OLD STREET ROAD - PETERBOROUGH, NH 03458	02-0222157 3		0.	5,400.	FMV	BOOKS	ENCOURAGE READING
PEDIATRIC AND ADOLESCENT MEDICINE/ WILBRAHAM SITE / - 2207 BOSTON ROAD - WILBRAHAM, MA 01095-1155	04-3402361		0.	5,395.	FMV	BOOKS	ENCOURAGE READING
DAFFODIL PEDIATRICS / 4905 COURTNEY DRIVE FOREST PARK, GA 30297	45-4294269		0.	5,385.	FMV	BOOKS	ENCOURAGE READING
LA GENERAL MEDICAL CENTER / PEDIATRIC DEPARTMENT - 2010 ZONAL AVE - LOS ANGELES, CA 90033-5000	95-6000927 3		0.	5,380.	FMV	BOOKS	ENCOURAGE READING
RIVERSIDE PEDIATRICS 435 MARINA DRIVE GEORGETOWN, SC 29440	47-3718945		0.	5,362.	FMV	BOOKS	ENCOURAGE READING
OSU PEDIATRICS AT HOUSTON CENTER / 717 S HOUSTON AVE STE 400 TULSA, OK 74127-9023	73-6017987		0.	5,359.	FMV	BOOKS	ENCOURAGE READING
CARILION FM ROANOKE -SALEM / ROANOKE SALEM FAMILY MEDICINE - 1314 PETERS CREEK RD. - ROANOKE, VA 24014	54-0506332 3		0.	5,330.	FMV	BOOKS	ENCOURAGE READING
RIVER VIEW PEDIATRICS / 909 WEST 1ST STREET SOUTH FULTON, NY 13069	16-1073494		0.	5,296.	FMV	BOOKS	ENCOURAGE READING

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REDDY PEDIATRICS / 1061 DOWDY ROAD ATHENS, GA 30606	65-0714743		0.	5,287.	FMV	BOOKS	ENCOURAGE READING
CPG-PEDIATRICS / 4022 POSTAL WAY MYRTLE BEACH, SC 29579	57-1119337	3	0.	5,284.	FMV	BOOKS	ENCOURAGE READING
ST. JOSEPH'S HOSPITAL PEDIATRIC PRIMARY CARE AT THE DEPAUL CENTER / DEPAUL CEN - 11 GETTY AVENUE - PATERSON, NJ 07503	22-1487602	3	0.	5,260.	FMV	BOOKS	ENCOURAGE READING
MISSION PEDIATRICS MCDOWELL / 387 US-70 MARION, NC 28752	08-3204888		0.	5,250.	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.	5,241.	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.	5,234.	FMV	BOOKS	ENCOURAGE READING
ALICE PECK DAY MEMORIAL HOSPITAL: PEDIATRICS / - 10 ALICE PECK DAY DRIVE - LEBANON, NH 03766	02-0222791	3	0.	5,225.	FMV	BOOKS	ENCOURAGE READING
NORTH HUDSON COMMUNITY ACTION CORPORATION / GARFIELD SITE - 535 MIDLAND AVENUE - GARFIELD, NJ 07026-1658	22-1818699		0.	5,224.	FMV	BOOKS	ENCOURAGE READING
CHILDREN'S MEDICAL CENTER 307 NORTH MAIN STREET SIMPSONVILLE, SC 29681	56-2212236		0.	5,204.	FMV	BOOKS	ENCOURAGE READING

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CENTER FOR PEDIATRIC MEDICINE WEST 5 WEST MAIN STREET GREENVILLE, SC 29611	81-1723202 3		0.	5,199.	FMV	BOOKS	ENCOURAGE READING
METROPOLITAN FAMILY HEALTH NET / 5300 BERGENLINE AVE WEST NEW YORK, NJ 07093-5616	20-4904872		0.	5,199.	FMV	BOOKS	ENCOURAGE READING
CHEROKEE NATION THREE RIVERS HEALTH CENTER / - 1001 SOUTH 41ST STREET EAST - MUSKOGEE, OK 74403-6253	73-0757033 3		0.	5,185.	FMV	BOOKS	ENCOURAGE READING
HARBIN CLINIC PEDIATRICS CARTERSVILLE / - 200 GENTILLY BLVD - CARTERSVILLE, GA 30120	58-2234927		0.	5,181.	FMV	BOOKS	ENCOURAGE READING
LINCOLN COMMUNITY HEALTH CENTER / 1301 FAYETTEVILLE STREET DURHAM, NC 27707	56-1031244 3		0.	5,179.	FMV	BOOKS	ENCOURAGE READING
OISHEI CHILDREN'S HOSPITAL, BROADWAY PEDIATRICS / - 1021 BROADWAY - BUFFALO, NY 14212	16-1533232 3		0.	5,177.	FMV	BOOKS	ENCOURAGE READING
SHELBY CHILDREN'S CLINIC - KINGS MOUNTAIN / ATRIUM HEALTH LEVINE CHILDREN'S - 2202 CAROLINAS PLACE SUITE 200 - KINGS MOUNTAIN, NC	56-1667838		0.	5,170.	FMV	BOOKS	ENCOURAGE READING
BASSETT HEALTH CENTER ONEONTA / 125 MAIN STREET ONEONTA, NY 13820-2531	13-5596796 3		0.	5,155.	FMV	BOOKS	ENCOURAGE READING
PRISMA HEALTH-UPSTATE / DEVELOPMENTAL PEDIATRICS - 29 N ACADEMY ST - GREENVILLE, SC 29601	57-1004971		0.	5,152.	FMV	BOOKS	ENCOURAGE READING

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BROOKSIDE COMMUNITY HEALTH CENTER / 3297 WASHINGTON STREET JAMAICA PLAIN, MA 02130-2655	04-2312909 3		0.	5,101.	FMV	BOOKS	ENCOURAGE READING
LEXINGTON PEDIATRIC PRACTICE- WEST COLUMBIA / - 3240 SUNSET BLVD. - WEST COLUMBIA, SC 29169	85-2276567 3		0.	5,094.	FMV	BOOKS	ENCOURAGE READING
MCLEOD NURSE FAMILY PARTNERSHIP / 2210 ENTERPRISE DRIVE FLORENCE, SC 29501	57-0818672 3		0.	5,093.	FMV	BOOKS	ENCOURAGE READING
RIVERTOWN PEDIATRICS / 2416 CAPSTONE COURT COLUMBUS, GA 31909-2795	58-1094505		0.	5,086.	FMV	BOOKS	ENCOURAGE READING
HENRY J. AUSTIN HEALTH CENTER AT EWING STREET / - 112 EWING STREET - TRENTON, NJ 08609-1004	22-2682708 3		0.	5,082.	FMV	BOOKS	ENCOURAGE READING
COMMUNITY HEALTH CONNECTION / 12020 EAST 31ST STREET TULSA, OK 74146	04-3766364 3		0.	5,077.	FMV	BOOKS	ENCOURAGE READING
PEDIATRIC CHCRR / COMMUNITY HEALTH PEDIATRICS - 1 GENERAL WING ROAD - RUTLAND, VT 05701-4681	03-0220634		0.	5,071.	FMV	BOOKS	ENCOURAGE READING
SOUTH TULSA PEDIATRICS / 7512 E 91ST ST TULSA, OK 74066	20-0207585		0.	5,066.	FMV	BOOKS	ENCOURAGE READING
NORTH HUDSON COMMUNITY ACTION CORPORATION HEALTH CENTER / - 5301 BROADWAY - WEST NEW YORK, NJ 07093-2622	22-1818699		0.	5,065.	FMV	BOOKS	ENCOURAGE READING

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FORT GORDON DDEAMC / COMMUNITY CARE CENTER - DDEAMC - FORT GORDON, GA 30905-5741	58-1991696		0.	5,062.	FMV	BOOKS	ENCOURAGE READING
WESTERN NEW YORK PEDIATRICS / 5800 BIG TREE RD ROUTE 20A ORCHARD PARK, NY 14127	46-0704719		0.	5,058.	FMV	BOOKS	ENCOURAGE READING
CARILION FM CHRISTIANSBURG / CARILION FAMILY MEDICINE CHRISTIANSBURG - 205 ROANOKE STREET - CHRISTIANSBURG, VA 24073	54-1586601		0.	5,021.	FMV	BOOKS	ENCOURAGE READING
REACH OUT AND READ COLORADO 3705 MARTIN LUTHER KING DRIVE DENVER, CO 80205	86-1172160		0.	5,020.	FMV	BOOKS	ENCOURAGE READING
COVINGTON PEDIATRICS / DR. JULIANA NAHAS - 5211 US-278 - COVINGTON, GA 30014	58-2563324		0.	5,010.	FMV	BOOKS	ENCOURAGE READING
UNION COUNTY PUBLIC HEALTH DEPARTMENT / - 2330 CONCORD AVE - MONROE, NC 28110	56-6000345		0.	5,005.	FMV	BOOKS	ENCOURAGE READING

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

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

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

**Part IV** Supplemental Information

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

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

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

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

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

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

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

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

**REACH OUT AND READ, INC.**

Employer identification number

**04-3481253**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2022



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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MARTY MARTINEZ CEO/PRESIDENT/CLERK	(i)	225,896.	0.	0.	0.	0.	225,896.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CALLEE BOULWARE REGIONAL EXECUTIVE DIRECTOR	(i)	189,529.	0.	0.	7,688.	21,855.	219,072.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) AMY ERICKSON REGIONAL EXECUTIVE DIRECTOR	(i)	162,138.	0.	0.	6,698.	21,569.	190,405.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JESSICA MORTENSEN REGIONAL EXECUTIVE DIRECTOR	(i)	169,093.	0.	0.	6,632.	803.	176,528.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ALEXANDER CHU REGIONAL EXECUTIVE DIRECTOR	(i)	166,896.	0.	0.	6,572.	9,009.	182,477.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) LAMBRINA KLESS CHIEF OPERATING OFFICER	(i)	162,815.	0.	0.	6,497.	14,415.	183,727.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

Open to Public Inspection

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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		2,355,485.	FMV
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

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

SCHEDULE M, PART I, COLUMN (B):

THE AMOUNT REPORTED IN PART I, COLUMN B IS THE NUMBER OF ITEMS RECEIVED.

Multiple horizontal lines for supplemental information.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

REACH OUT AND READ, INC.

Employer identification number

04-3481253

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

PEDIATRIC CARE AND ENCOURAGING FAMILIES TO READ ALOUD TOGETHER.

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

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 FY23, REACH OUT AND READ'S 36,000 PEDIATRIC CLINICIANS SERVED 4.4

MILLION CHILDREN AND SHARED 7.1 MILLION BOOKS AT 6,200 PROGRAM SITES

AROUND THE COUNTRY. TELEHEALTH VISITS ARE STILL CRITICAL DUE TO THE

LINGERING IMPACTS OF 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) 2022

232211 10-28-22

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

