

EXTENDED TO MAY 15, 2020

Forn	√ 390-T	/ E	xempt Orgai	nization Bus	sine er se	ss Income 7	Tax Return ໄປ()ໄ	OMB No 1545-0687	
•		For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019							
	rtment of the Treasury nal Revenue Service	•	Open to Public Inspection for 50 t(c)(3) Organizations Only						
A	Check box if address changed		Name of organization (Check box if name c	hanged	and see instructions.)		nployer identification number imployees' trust, see structions)	
BE	xempt under section	Print	REACH OUT A	<u> </u>	04-3481253				
X	501(c)(3_)	or Type	Number, street, and room		related business activity code e instructions)				
<u>_</u>	408(e)220(e)	.,,,,	89 SOUTH ST						
	」408A						ĺ		
C Bo	ook value of all assets end of year	F Group exemption number (See instructions.)							
G Check organization type ► X 501(c) corporation _ 501(c) trust						401(a) trus			
	_	e organization's unrelated trades or businesses. Describe the only (or first) unrelated trades or businesses.							
	de or business here . If only one, complete Parts I-V. If more that								
	describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or ousiness, then complete Parts III-V.								
		he tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?							
	•		ifying number of the paren			one group	?		
	ne books are in care of				•	Teleph	one number > 617	-455-0600	
Pa	rt I Unrelated	d Trac	le or Business Inc	ome		(A) Income	(B) Expenses	(C) Net	
1a	Gross receipts or sale	s							
\supset	Less returns and allow			c Balance	1c	···		 	
₹J 2	Cost of goods sold (S				2		<u>.</u>		
≫ 3 → 4-	Gross profit. Subtract				3		<u> </u>	 	
	Capital gain net incom	-	n Schedule D) art II, line 17) (attach Form	4707)	4a 4b	·			
\neg	Capital loss deduction		• •	4/9/)	4c			 	
_	•	ome (loss) from a partnership or an S corporation (attach statement)							
$\bigcap_{i=1}^{\infty}$	Rent income (Schedu	•	p or an o corporation (as		6			 	
ANNED 8	Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled organization (Schedule F)				7				
$\overline{\mathbf{z}}_{8}$				organization (Schedule F)	8				
₹9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G				9	· · · · · · · · · · · · · · · · · · ·			
		Exploited exempt activity income (Schedule I) Advertising income (Schedule J)							
11	• ,							 	
12	Other income (See ins		•		12	0.			
13 Total. Combine lines 3 through 12 13 0. Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions)									
(Except for contributions, deductions must be directly connected with the unrelated business income)									
14	Compensation of off	icers, dii	ectors, and trustees (Sche	dule K)			14		
15	Salaries and wages			RECEIVED			15		
16	Repairs and mainten	ance			၂ပ္ကု		16		
17	Bad debts Interest (attach sche	dula) (a	e instructions)	ADD 0 0 2020	101	\	17		
18 19	Taxes and licenses	uule) (St		APR 2 9 2020	181		19		
20		ons (Sea	instructions for limitation	rules)	أشنا		20		
21	Depreciation (attach	•	1 (プロEIN, しょ	Ì	21			
22	•		Schedule A and elsewhere	on return		22a	22	<u>, </u>	
23	Depletion						23		
24	Contributions to defe	erred cor	npensation plans				24		
25	Employee benefit pro	grams					25		
26	Excess exempt expe	· ·							
27		ship costs (Schedule J)						<u></u>	
28	Other deductions (at						28		
29	Total deductions. Ad		•	face dadware - O. C.	. I	Normalian 40	29		
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 Deduction for anti-particle loss received by the loss of the								
31 32							31		
			work Reduction Act Notice					Form 990-T (2018)	

Form 990-	(2018) REACH OUT AND READ, INC.	04-3481253	Page 2
_		74-3401233	Page Z
Part		T 20 T	
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	0.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see Instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		
	lines 33 and 34	36 87	1 000
87	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	56 87	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	[] [^
[B. 4]	enter the smaller of zero or line 36	38	0.
	V Tax Computation		
.39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	🕨 39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:	.	
	Tax rate schedule or Schedule D (Form 1041)		
41	Proxy tax. See instructions	▶ 4	
42	Alternative minimum tax (trusts only)		
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies	. 44	0.
Part \			
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a		
b	Other credits (see instructions) 45b		
C	General business credit. Attach Form 3800		
đ	Credit for prior year minimum tax (attach Form 8801 or 8827)		
	Total credits. Add lines 45a through 45d	. 45e	
46	Subtract line 45e from line 44 Other taxes. Check If from: Form 4255 Form 8611 Form 8697 Form 8866 Other (ettac	48	0.
47			· · · · · · · · · · · · · · · · · · ·
48	Total tax. Add lines 46 and 47 (see instructions)	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
	Payments: A 2017 overpayment credited to 2018		
	FY	.,320.	
		,335.	
	Foreign organizations: Tax paid or withheld at source (see instructions)		
	Backup withholding (see instructions)		
f	Credit for small employer health insurance premiums (attach Form 8941)		
g	Other credits, adjustments, and payments: Form 2439		
	Form 4136 Other Total ▶ 50b		
51	Total payments. Add lines 50a through 50g	751	2,655.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	
53	Tax due. If Ilne 51 is less than the total of lines 48, 49, and 52, enter amount owed	53 53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	>> ▶ 4	2,655.
55		led \$5	2,655.
Part V	3	ns)	- I I
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
	here >		
	During the tax year, did the organization receive a distribution from, or was it the granter of, or transferor to, a foreign	n trust?	•
	If "Yes," see instructions for other forms the organization may have to file.		1 1
58	Enter the amount of tax-exempt interest received or accrued during the tax year > \$ Under penalties of perjury, I declare that I have examined this return, including accompanying echedules and statements, and to the b	and administration and built	
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	ear or my knowledge and bell	er, it is true,
Here	man 1 Que 19/3/2028 CEO/PRESIDENT		this muter eight cau
11010	Signature di officer Date Title	the preparer show	
		instructions)?	Yes No
	Print/Type traptrer's name Preparer's signature Date Che		
Paid		- employed	240060
Prepa	I CONTRACTOR OF THE PROPERTY O		340068
Use C		m's EIN ▶ 04-3	3097400
	10 FORBES WEST	/701\20	00 3530
			30-3520
823711 01	UB-18	For	m 990-T (2018)