

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **07-01-2019**, and ending **06-30-2020**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: REACH OUT AND READ INC
 Doing business as:
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 89 SOUTH STREET NO 201
 City or town, state or province, country, and ZIP or foreign postal code: BOSTON, MA 02111

D Employer identification number: 04-3481253
E Telephone number: (617) 455-0600
G Gross receipts \$ 12,188,547

F Name and address of principal officer:
 BRIAN GALLAGHER
 89 SOUTH STREET NO 201
 BOSTON, MA 02111

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.REACHOUTANDREAD.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1999 **M** State of legal domicile: MA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 REACH OUT AND READ GIVES YOUNG CHILDREN A FOUNDATION FOR SUCCESS BY INCORPORATING BOOKS INTO PEDIATRIC CARE AND ENCOURAGING FAMILIES TO READ ALOUD TOGETHER.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	22
4 Number of independent voting members of the governing body (Part VI, line 1b)	21
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	68
6 Total number of volunteers (estimate if necessary)	34,000
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 39	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	11,555,212	12,153,273
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,756	30,108
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,507	5,166
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,577,475	12,188,547
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,115,897	4,749,932
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,877,021	5,366,588
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,145,278		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,801,482	2,256,421
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	12,794,400	12,372,941
19 Revenue less expenses. Subtract line 18 from line 12	-1,216,925	-184,394

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	6,347,528	7,067,132
21 Total liabilities (Part X, line 26)	585,301	1,482,923
22 Net assets or fund balances. Subtract line 21 from line 20	5,762,227	5,584,209

Part II Signature Block

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

Sign Here

Signature of officer: *****
 Date: 2021-02-02

BRIAN GALLAGHER CEO/PRESIDENT
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Preparer's signature: Date: 2021-02-02
 Check if self-employed PTIN: P01340068

Firm's name ▶ KEVIN P MARTIN & ASSOCIATES PC Firm's EIN ▶ 04-3097400

Firm's address ▶ 10 FORBES ROAD Phone no. (781) 380-3520
 BRAintree, MA 02184

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 10,062,278 including grants of \$ 4,749,932) (Revenue \$)
See Additional Data

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 10,062,278

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and reporting obligations.

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 []

Table with 3 main columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Main form body containing questions 2a through 16, with various sub-questions and input fields.

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



Section A. Governing Body and Management

Table with 5 main columns: Question, sub-question, Yes, No. Rows include: 1a (22), 1b (21), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

Table with 5 main columns: Question, sub-question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 2 main columns: Question, Answer. Rows include: 17 (List states), 18 (Website availability), 19 (Public access to documents), 20 (State name and address).

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or 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 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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							930,322	0	119,488	

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 ▶ **9**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
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? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

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
E-CRATCHIT 2 SHARP STREET HINGHAM, MA 02043	CONTRACT CFO: FINANCIAL, ACCT AND AUDIT	178,862

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 ▶ **1**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e	2,857,470		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	9,295,803		
	g Noncash contributions included in lines 1a - 1f:\$	1g	2,565,068		
	h Total. Add lines 1a-1f		12,153,273		

Program Service Revenue			(A)	(B)	(C)	(D)
		Business Code				
2a						
b						
c						
d						
e						
f All other program service revenue.						
g Total. Add lines 2a-2f.						

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		30,108			30,108
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents	6a				
	b Less: rental expenses	6b				
	c Rental income or (loss)	6c				
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a				
	b Less: cost or other basis and sales expenses	7b				
	c Gain or (loss)	7c				
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
	b Less: direct expenses	8b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	9a				
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	10a				
b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code					
11a						
b						
c						
d All other revenue			5,166	5,166		
e Total. Add lines 11a-11d			5,166			
12 Total revenue. See instructions			12,188,547	5,166	0	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,744,507	4,744,507		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	5,425	5,425		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	219,633	65,890	120,798	32,945
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,231,958	3,186,606	422,399	622,953
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	576,795	447,556	63,390	65,849
10 Payroll taxes	338,202	254,303	44,678	39,221
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	23,091		23,091	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,375,635	897,348	243,141	235,146
12 Advertising and promotion	21,407	907		20,500
13 Office expenses	405,879	148,423	162,453	95,003
14 Information technology				
15 Royalties				
16 Occupancy	87,520	43,760	21,880	21,880
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	241,762	211,034	18,947	11,781
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	44,608		44,608	
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a RESEARCH AND EVALUATION	29,851	29,851		
b LITERACY MATERIALS	16,668	16,668		
c COALITIONS	10,000	10,000		
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	12,372,941	10,062,278	1,165,385	1,145,278
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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 IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	2,433,522	1	4,025,738
	2 Savings and temporary cash investments	852,565	2	864,574
	3 Pledges and grants receivable, net	2,392,500	3	1,425,990
	4 Accounts receivable, net	48,333	4	117,027
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	148,321	9	30,814
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 547,301		
	b Less: accumulated depreciation	10b 122,006	360,810	10c 425,295
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets	0	14	66,217
	15 Other assets. See Part IV, line 11	111,477	15	111,477
16 Total assets. Add lines 1 through 15 (must equal line 34)	6,347,528	16	7,067,132	
Liabilities	17 Accounts payable and accrued expenses	566,726	17	539,229
	18 Grants payable	18,575	18	10,514
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	0	25	933,180
	26 Total liabilities. Add lines 17 through 25	585,301	26	1,482,923
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	2,281,180	27	3,174,846
	28 Net assets with donor restrictions	3,481,047	28	2,409,363
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	5,762,227	32	5,584,209	
33 Total liabilities and net assets/fund balances	6,347,528	33	7,067,132	

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	12,188,547
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,372,941
3	Revenue less expenses. Subtract line 2 from line 1	3	-184,394
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,762,227
5	Net unrealized gains (losses) on investments	5	6,376
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,584,209

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 04-3481253

Name: REACH OUT AND READ INC

Form 990 (2019)

Form 990, Part III, Line 4a:

REACH OUT AND READ IS THE ONLY NATIONAL EARLY LITERACY ORGANIZATION WORKING DIRECTLY WITH PEDIATRIC CARE PROVIDERS TO TRAIN THEM TO MODEL THE VALUE TO PARENTS OF READING ALOUD TO THEIR CHILDREN EVERY DAY. REACH OUT AND READ IS DRIVEN BY THE MISSION TO GIVE YOUNG CHILDREN A FOUNDATION FOR SUCCESS BY INCORPORATING BOOKS INTO PEDIATRIC CARE AND ENCOURAGING FAMILIES TO READ ALOUD TOGETHER. WHEN FAMILIES READ ALOUD TO THEIR YOUNG CHILDREN, THEY CAN GIVE THEM A BETTER START TO LIFE. THE PROGRAM BEGINS IN INFANCY AND CONTINUES THROUGH AGE FIVE, WITH A SPECIAL EMPHASIS ON CHILDREN GROWING UP IN LOW-INCOME COMMUNITIES. PEDIATRIC TEAMS WHO ARE INVOLVED IN THE ORGANIZATION SHARE BRAND-NEW, AGE AND LANGUAGE APPROPRIATE BOOKS AND LITERACY ADVICE WITH CHILDREN AND PARENTS AT EACH WELL-CHILD VISIT UP TO THE 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 FY20, REACH OUT AND READ'S 34,000 PEDIATRIC CLINICIANS SERVED 4.8 MILLION CHILDREN AND SHARED 7.4 MILLION BOOKS AT 6,400 PROGRAM SITES AROUND THE COUNTRY. UNIQUE TO FY20 WAS THE DRAMATIC INCREASE IN TELEHEALTH VISITS DUE TO COVID-19, WHICH DEMANDED THAT WE FIND NEW WAYS TO MEET OUR MISSION AND DELIVER OUR PROGRAM. OUR INTERVENTION REMAINS IN EFFECT FOR ALL IN-PERSON WELL-CHILD VISITS, BUT WE ADAPTED OUR MODEL TO BE EFFECTIVELY DELIVERED 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 VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BRIAN GALLAGHER CEO/PRESIDENT/CLERK	40.00	X		X				181,594	0	29,998
CALLEE BOULWARE REGIONAL EXECUTIVE DIRECTO	40.00					X		167,817	0	29,560
DIANE MALCOLMSON CHIEF DEVELOPMENT OFFICER	40.00					X		163,031	0	10,629
AMY ERICKSON REGIONAL EXECUTIVE DIRECTO	40.00					X		147,129	0	32,657
JESSICA MORTENSEN REGIONAL EXECUTIVE DIRECTO	40.00					X		138,847	0	14,851
ERIN HENRY CHIEF DEVELOPMENT OFFICER	40.00					X		131,904	0	1,793
ROBERT NEEDLMAN DIRECTOR	3.00	X						0	0	0
CURTIS GRAY CHAIR	3.00	X		X				0	0	0
LISA LEBOVITZ DIRECTOR	3.00	X						0	0	0
PERRI KLASS DIRECTOR	3.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JEREMY HASTINGS DIRECTOR	3.00	X						0	0	0
THOMAS DEWITT DIRECTOR	3.00	X						0	0	0
BENITA SOMERFIELD DIRECTOR	3.00	X						0	0	0
DIPESH NAVSARIA VICE CHAIR	3.00	X		X				0	0	0
SUSAN HILDRETH DIRECTOR	3.00	X						0	0	0
CLAUDIA ARISTY DIRECTOR	3.00	X						0	0	0
EVAN KEYSER TREASURER	3.00	X		X				0	0	0
KYU RHEE DIRECTOR	3.00	X						0	0	0
ROBBIE HARRIS DIRECTOR	3.00	X						0	0	0
ANDRES SATIZABAL DIRECTOR	3.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TERRI MCFADDEN DIRECTOR	3.00	X						0	0	0
LEORA MOGILNER DIRECTOR	3.00	X						0	0	0
TODD NICOLET DIRECTOR	3.00	X						0	0	0
SHANA HOFFMAN DIRECTOR	3.00	X						0	0	0
LILLY DESOUZA BURR DIRECTOR	3.00	X						0	0	0
JUDY NEWMAN DIRECTOR	3.00	X						0	0	0
MARK DEL MONTE DIRECTOR	3.00	X		X				0	0	0
TRUDE HAECKER DIRECTOR	3.00	X						0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
REACH OUT AND READ INC

Employer identification number
04-3481253

Employer identification number
04-3481253

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	11,909,756	12,413,692	14,661,823	11,555,212	12,153,273	62,693,756
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3	11,909,756	12,413,692	14,661,823	11,555,212	12,153,273	62,693,756
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						12,525,149
6 Public support. Subtract line 5 from line 4.						50,168,607

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .	11,909,756	12,413,692	14,661,823	11,555,212	12,153,273	62,693,756
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	1,274	1,950	4,650	15,756	30,108	53,738
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . .	8,713	2,348		6,507	5,166	22,734
11 Total support. Add lines 7 through 10						62,770,228
12 Gross receipts from related activities, etc. (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	79.920 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	73.770 %

- 16a 33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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 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>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
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>		

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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 04-3481253

Name: REACH OUT AND READ INC

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).

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019
Open to Public Inspection

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

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

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

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

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

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

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

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-.
1				
2				
3				
4				
5				
6				

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

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

Limits on Lobbying Expenditures
 (The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals
--	----------------------------------	-----------------------------

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e.
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.
Over \$17,000,000	\$1,000,000.

- | | |
|--|--|
| g Grassroots nontaxable amount (enter 25% of line 1f) | |
| h Subtract line 1g from line 1a. If zero or less, enter -0- | |
| i Subtract line 1f from line 1c. If zero or less, enter -0- | |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		104,765
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?		No	
j Total. Add lines 1c through 1i			104,765
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

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."

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

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.

Return Reference	Explanation
PART II-B, LINE 1:	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 CONTACT THEIR OWN LEGISLATORS IN SUPPORT OF OUR REQUESTS FOR CONTINUED FUNDING AND AWARENESS.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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? Yes 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? Yes 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 (e.g., recreation or education) Preservation of an 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 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 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

	Amount
1c	
1d	
1e	
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 in 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	117,477
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	117,477

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 ▶ 100.000 %
- c** Temporarily restricted endowment ▶

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

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

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		No
3a(ii)		No
3b		

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		547,301	122,006	425,295
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				425,295

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (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)	
Total. (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)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	933,180

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	12,195,063
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	6,376
b	Donated services and use of facilities	2b	140
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	6,516
3	Subtract line 2e from line 1	3	12,188,547
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	12,188,547

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	12,373,081
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	140
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	140
3	Subtract line 2e from line 1	3	12,372,941
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	12,372,941

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.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 04-3481253

Name: REACH OUT AND READ INC

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	PERMANENTLY RESTRICTED NET ASSETS CONSIST OF ENDOWMENT FUNDS THAT PERMANENTLY RESTRICT THE PRINCIPAL.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
REACH OUT AND READ INC

Employer identification number
04-3481253

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
3a Sub-total	0	0			0
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			0

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	ENCOURAGE READING			5,425	BOOKS	FMV

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **1**
- 3 Enter total number of other organizations or entities **1**

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART III ACCOUNTING METHOD:	

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

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...
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.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 112
3 Enter total number of other organizations listed in the line 1 table 118

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	<p>INTERESTED HEALTH PROFESSIONALS CONTACT REACH OUT AND READ FOR AN INITIAL SCREENING. THIS INFORMS THEM OF THE PROGRAM REQUIREMENTS AND ASSESSES THEIR INITIAL SUITABILITY. THE PROSPECTIVE SITE THEN SUBMITS AN APPLICATION ALONG WITH A LETTER OF SUPPORT FROM THE CLINIC'S MEDICAL AND/OR ADMINISTRATIVE LEADERSHIP. REACH OUT AND READ PERFORMS AN INTERNAL REVIEW IN ENSURE THAT: 1. THE APPLICANT SITE IS REPRESENTED IS A PEDIATRIC PRIMARY CARE PROVIDER (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.</p>

Additional Data

Software ID:
Software Version:
EIN: 04-3481253
Name: REACH OUT AND READ INC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DUKE CHILDREN'S PRIMARY CARE 4020 N ROXBORO ROAD DURHAM, NC 277042120	56-0532129	3		34,405	FMV	BOOKS	ENCOURAGE READING
UNIVERSITY OF OKLAHOMA PEDIATRIC CLINIC 4444 E 41ST STREET TULSA, OK 741352527	14-1883809	3		43,191	FMV	BOOKS	ENCOURAGE READING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HEALTHCARE OF ATLANTA AT HUGHES SPALDING REACH OUT AND READ P 49 JESSE HILL JR DRIVE SE ATLANTA, GA 30303	58-2130437	3		18,909	FMV	BOOKS	ENCOURAGE READING
MEMORIAL PEDIATRIC CARE 5002 WATERS AVENUE BUILDING 800 SAVANNAH, GA 314046220	58-1618486	3		5,911	FMV	BOOKS	ENCOURAGE READING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
436 MDG-DOVER AIR FORCE PEDIATRIC AND FAMILY HEALTH CLINICS 300 TUSKEGEE BLVD DOVER, DE 19902	51-0404210	3		6,200	FMV	BOOKS	ENCOURAGE READING
CHILDREN'S HOSPITAL OF PHILADELPHIA KARABOTS PEDIATRIC CARE CENTER 4865 MARKET STREET ROOM 1015 PHILADELPHIA, PA 19139	23-1352166	3		8,910	FMV	BOOKS	ENCOURAGE READING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONNECTICUT PEDIATRICS CHC 76 NEW BRITAIN AVENUE HARTFORD, CT 06106	06-1446900	3		16,870	FMV	BOOKS	ENCOURAGE READING
AL MOALES 50 MAIN STREET WEST SPRINGFIELD, MA 01089	05-4402451			9,937	FMV	BOOKS	ENCOURAGE READING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEDIATRIC ASSOCIATES OF CHARLOTTESVILLE 1011 EAST JEFFERSON ST CHARLOTTEVILLE, VA 22902	05-4902611			16,755	FMV	BOOKS	ENCOURAGE READING
EAST BOSTON NEIGHBORHOOD HEALTH CENTER 10 GOVE STREET EAST BOSTON, MA 02128	23-7425849	3		12,296	FMV	BOOKS	ENCOURAGE READING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR THE URBAN CHILD AT ST CHRISTOPHER'S HOSPITAL FOR CHILDREN 160 EAST ERIE AVENUE PHILADELPHIA, PA 19134	23-2274198	3		20,810	FMV	BOOKS	ENCOURAGE READING
MEDICAL ASSOCIATES PEDIATRICS 100 HOSPITAL ROAD SUITE 4 PROFESSIOAL BUILDING LEOMINSTER, MA 01453	04-3414523			18,725	FMV	BOOKS	ENCOURAGE READING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALL STAR PEDIATRICS AND SPORTS MEDICINE 106 BROAD STREET BLOOMFIELD, NJ 07003	45-3445531			5,327	FMV	BOOKS	ENCOURAGE READING
NEW HANOVER REGIONAL MEDICAL CENTER NUNNELEE PEDIATRIC CLINICS 510 CAROLINA BAY DR WILMINGTON, NC 28403	27-2791351	3		41,081	FMV	BOOKS	ENCOURAGE READING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANMED HEALTH FAMILY MEDICINE RESIDENCY CLINIC 2000 EAST GREENVILLE ST SUITE 3600 ANDERSON, SC 29621	57-0359174	3		5,956	FMV	BOOKS	ENCOURAGE READING
ARBORETUM PEDIATRICS 7800 PROVIDENCE ROAD SUITE 203 CHARLOTTE, NC 28226	56-1895353			9,561	FMV	BOOKS	ENCOURAGE READING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BARROW COUNTY HEALTH DEPARTMENT 15 PORTER ST WINDER, GA 30680	58-1255112			6,811	FMV	BOOKS	ENCOURAGE READING
BIRTH AND BEYOND PEDIATRICS 10011 S YALE SUITE 200 TULSA, OK 74137	20-0327700			5,424	FMV	BOOKS	ENCOURAGE READING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHARLOTTE PEDIATRIC CLINIC - SOUTHPARK ATRIUM HEALTH 4501 CAMERON VALLEY PARKWAY SUITE 100 CHARLOTTE, NC 28211	56-0529945	3		12,755	FMV	BOOKS	ENCOURAGE READING
BLUE RIDGE PEDIATICS LLC CAREY MOLIN GULLY MD 457-B HWY 123 BYPASS SENECA, SC 29678	26-4453538			7,975	FMV	BOOKS	ENCOURAGE READING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GALES FERRY PEDIATRICS NORTHEAST MEDICAL GROUP 1527 CT-12 GALES FERRY, CT 06335	06-1330992	3		12,653	FMV	BOOKS	ENCOURAGE READING
BOSTON MEDICAL CENTER PEDIATRIC PRIMARY CARE 850 HARRISON AVENUE BOSTON, MA 021184001	04-3314093	3		20,142	FMV	BOOKS	ENCOURAGE READING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOSTON CHILDREN'S PRIMARY CARE AT LONGWOOD 300 LONGWOOD AVENUE BOSTON, MA 02115	04-2774441	3		23,719	FMV	BOOKS	ENCOURAGE READING
HARVARD VANGUARD MEDICAL ASSOCIATES - KENMORE SQUARE DEPARTMENT OF PEDIAT 133 BROOKLINE AVENUE BOSTON, MA 02215	04-3397450	3		12,908	FMV	BOOKS	ENCOURAGE READING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIGHAM AND WOMEN'S HOSPITAL CENTER FOR CHILD DEVELOPMENT 221 LONGWOOD AVENUE BLI SUITE 104 BOSTON, MA 02115	04-2312909			7,546	FMV	BOOKS	ENCOURAGE READING
BROCKTON NEIGHBORHOOD HEALTH CENTER 63 MAIN ST BROCKTON, MA 02301	04-3165044	3		7,306	FMV	BOOKS	ENCOURAGE READING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPARTANBURG PEDIATRIC HEALTH CENTER PART OF GREENVILLE HEALTH SYSTEM CHIL 201 EAST BROAD STREET SUITE 210 SPARTANBURG, SC 29306	57-1004971			5,792	FMV	BOOKS	ENCOURAGE READING
CABARRUS PEDIATRICS 66 LAKE CONCORD ROAD NE CONCORD, NC 28025	56-2034548			8,141	FMV	BOOKS	ENCOURAGE READING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHANDLER PEDIATRICS 421 CHANDLER ST WORCESTER, MA 01602	04-3240936			6,814	FMV	BOOKS	ENCOURAGE READING
CHILD HEALTH ASSOCIATES AUBURN SITE 105 MILLBURY STREET AUBURN, MA 01501	04-2322916	3		19,831	FMV	BOOKS	ENCOURAGE READING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LUMBERTON CHILDREN'S CLINIC 400 LIBERTY HILL ROAD LUMBERTON, NC 283582446	56-1133868			13,178	FMV	BOOKS	ENCOURAGE READING
CHILDREN'S HOSPITAL OF RICHMOND VIRGINIA COMMONWEALTH UNIVERSITY 1000 EAST BROAD ST RICHMOND, VA 23219	54-1581185			15,818	FMV	BOOKS	ENCOURAGE READING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOWELL COMMUNITY HEALTH CENTER 161 JACKSON STREET LOWELL, MA 01852	04-2881348	3		7,090	FMV	BOOKS	ENCOURAGE READING
COLUMBUS HEALTH DEPARTMENT - HEALTHY START 5601 VETERANS PARKWAY COLUMBUS, GA 21904	58-0957459			9,072	FMV	BOOKS	ENCOURAGE READING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COOPERATIVE HEALTH CAYCE WEST COLUMBIA PRIMARY CARE 407 N BROWN STREET WEST COLUMBIA, SC 29169	57-0965445	3		6,125	FMV	BOOKS	ENCOURAGE READING
NOVANT HEALTH-PEDIATRICS SOUTH END PEDIATRICS SOUTH END 2400 SOUTH BOULEVARD SUITE 103 CHARLOTTE, NC 28203	58-1728803	3		14,770	FMV	BOOKS	ENCOURAGE READING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILTON PEDIATRICS 340 WOOD ROAD SUITE 301 BRAINTREE, MA 02184	04-3496618			13,766	FMV	BOOKS	ENCOURAGE READING
HIGHLAND PEDIATRICS 1030 PRESIDENT AVENUE FALL RIVER, MA 027205923	04-3013890			7,059	FMV	BOOKS	ENCOURAGE READING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLYMOUTH PEDIATRIC ASSOCIATES PEDIATRICS 139 SANDWICH STREET PLYMOUTH, MA 023602449	04-3170543			6,020	FMV	BOOKS	ENCOURAGE READING
HOLYOKE PEDIATRIC ASSOCIATES 150 LOWER WESTFIELD ROAD HOLYOKE, MA 010402890	04-3399973	3		7,285	FMV	BOOKS	ENCOURAGE READING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CPACS COSMO HEALTH CENTER 6185 BUFORD HIGHWAY BUILDING G NORCROSS, GA 30071	58-1437980	3		5,658	FMV	BOOKS	ENCOURAGE READING
DAFFODI PEDIATRICS 4905 COURTNEY DRIVE FOREST PARK, GA 30297	45-4294269			8,935	FMV	BOOKS	ENCOURAGE READING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LYNN COMMUNITY HEALTH CENTER 269 UNION STREET LYNN, MA 019011314	04-2525066	3		9,711	FMV	BOOKS	ENCOURAGE READING
CENTRAL OREGON PEDIATRIC ASSOCIATES 2200 NE PROFESSIONAL CT BEND, OR 97701	93-0731016			15,000	FMV	BOOKS	ENCOURAGE READING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAILY PLANET HEALTH SERVICES 180 BELT BOULEVARD RICHMOND, VA 23224	54-0900368	3		6,425	FMV	BOOKS	ENCOURAGE READING
DARE2CARE PEDIATRICS 11125 JONES BRIDGE SUITE 100 ALPHARETTA, GA 30022	81-1037467			5,479	FMV	BOOKS	ENCOURAGE READING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MGH CHELSEA HEALTHCARE CENTER 151 EVERETT AVENUE CHELSEA, MA 021501812	04-2697983	3		11,806	FMV	BOOKS	ENCOURAGE READING
DECATUR PEDIATRIC GROUP 4112 E PONCE DE LEON AVENUE DECATUR PEDIATRIC GROUP CLARKSTON, GA 300218106	58-1093003			7,538	FMV	BOOKS	ENCOURAGE READING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRAND STAND PEDIATRIC AND ADOLESCENTS MEDICINE PA 8120 ROURK STREET MYRTLE BEACH, SC 29572	57-0783896			13,695	FMV	BOOKS	ENCOURAGE READING
STURDY PEDIATRICS ASSOCIATES 303 N MAIN STREET ATTLEBORO, MA 027031752	04-2709501	3		9,021	FMV	BOOKS	ENCOURAGE READING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DEKALB COUNTY BOARD PF HEALTH WIC 3807 CLAIRMONT ROAD CHAMBLEE, GA 30341	58-1417092			5,546	FMV	BOOKS	ENCOURAGE READING
NORTHWEST PEDIATRIC CENTER CENTRALIA 1911 COOKS HILL ROAD CENTRALIA, WA 985319073	91-1622914			6,713	FMV	BOOKS	ENCOURAGE READING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DHEC - BERKELEY COUNTY BERKELEY COUNTY HEALTH DEPARTMENT (MONCK'S CORNER) 109 WEST MAIN STREET MONCK'S CORNER, SC 29461	57-6000286			6,875	FMV	BOOKS	ENCOURAGE READING
PEDIATRIC ASSOCIATES OF CT PC 160 ROBBINS STREET 2ND FLOOR WATERBURY, CT 06708	06-1089184	3		11,352	FMV	BOOKS	ENCOURAGE READING

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COMMUNITY HEALTH CENTER INC MAIN SITE MIDDLETOWN CT 675 MAIN STREET MIDDLETOWN, CT 064572845	06-0897105	3		14,446	FMV	BOOKS	ENCOURAGE READING
PEDIATRIC ASSOCIATES OF BROCKTON 370 OAK ST A BROCKTON, MA 023011303	04-2591197			10,602	FMV	BOOKS	ENCOURAGE READING

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DOERNBECHER CHILDREN'S HOSPITAL PEDIATRIC RESIDENCY PROGRAM 707 SW GAINES STREET CDRCP PORTLAND, OR 97239	93-1176109			6,369	FMV	BOOKS	ENCOURAGE READING
ST JOHN CLINIC ST JOHN CLINIC PEDIATRICS BARTLESVILLE 3450 FRANK PHILLIPS BLVD STE 100 BARTLESVILLE, OK 74006	73-1321032			7,742	FMV	BOOKS	ENCOURAGE READING

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EDWARD M KENNEDY COMMUNITY HEALTH CENTER 42 CAPE ROAD MILFORD, MA 01757	04-2513817			6,175	FMV	BOOKS	ENCOURAGE READING
GREATER LOWELL PEDIATRICS 33 BARTLETT STREET SUITE 305 LOWELL, MA 018521334	04-3420849			8,831	FMV	BOOKS	ENCOURAGE READING

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EXCELLENT PEDIATRICS 333 ALCOVY STREET SUITE 1 MONROE, GA 30655	71-0984462			11,257	FMV	BOOKS	ENCOURAGE READING
FHCHC 274 GRAND AVENUE MAIN SITE 374 GRAND AVE NEW HAVEN, CT 06513	06-0883545	3		7,586	FMV	BOOKS	ENCOURAGE READING

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JACKSONVILLE CHILDRENS CLINIC 120 MEMORIAL DRIVE JACKSONVILLE, NC 28546	58-1278921			21,497	FMV	BOOKS	ENCOURAGE READING
FIRST GEORGIA PHYSICIAN GROUP -PEDIATRICS 101 YORK TOWN DRIVE SUITE 102 FAYETTEVILLE, GA 30214	47-2455237			10,297	FMV	BOOKS	ENCOURAGE READING

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FIRST CHOICE HEALTH CENTER 110 CONNECTICUT BLVD EAST HARTFORD, CT 06108	06-1416492	3		5,227	FMV	BOOKS	ENCOURAGE READING
THE LONGSTREET CLINIC PC GAINESVILLE CENTER FOR PEDIATRICS 725 JESSE JEWELL PARKWAY STE 100 GAINESVILLE, GA 30501	58-2117020			17,528	FMV	BOOKS	ENCOURAGE READING

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FLOYD PEDIATRIC 1501 SHORTER AVE ROME, GA 30165	58-1973570			5,195	FMV	BOOKS	ENCOURAGE READING
VARIETY CARE LAFAYETTE INASMUCH FOUNDATION WELLNESS AND PEDIATRIC CENTER 500 SW 44TH OKLAHOMA CITY, OK 731093540	73-1088577	3		6,270	FMV	BOOKS	ENCOURAGE READING

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FORD SIMPSON LIVELY & RICE PEDIATRICS 2933 MAPLEWOOD AVE WINSTON SALEM, NC 27103	56-1935767			15,462	FMV	BOOKS	ENCOURAGE READING
WOODSTOCK PEDIATRIC MEDICINE 2000 PROFESSIONAL WAY BLDG 200 WOODSTOCK, GA 30188	58-2248457			5,773	FMV	BOOKS	ENCOURAGE READING

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GA DOPH SOUTH CENTRAL HEALTH DISTRICT 5-1 HEART OF GEORGIA HEALTHY START 912 BELLEVUE AVE DUBLIN, GA 31021	90-0676388			5,379	FMV	BOOKS	ENCOURAGE READING
THE FLOATING HOSPITAL FOR CHILDREN THE GENERAL PEDIATRIC CLINIC BOX 351 800 WASHINGTON STREET BOX 351 BOSTON, MA 021244416	04-3400617	3		7,168	FMV	BOOKS	ENCOURAGE READING

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GALLUP INDIAN MEDICAL CENTER PEDIATRIC CLINIC 516 E NIZHONI BLVD GALLUP, NM 87301	75-0122298	3		5,130	FMV	BOOKS	ENCOURAGE READING
PEDIATRIC ASSOCIATES OF FLORENCE 204 E CHEVES STREET FLORENCE, SC 295062604	20-2935692			5,446	FMV	BOOKS	ENCOURAGE READING

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UCSF BENNI OF CHILDREN'S HOSPITAL OAKLAND PRIMARY CARE CLINIC 5220 CLAREMONT AVE OAKLAND, CA 94618	94-0382330	3		13,791	FMV	BOOKS	ENCOURAGE READING
SEASIDE PEDIATRICS 150 ANSEL HALLET ROAD WEST YARMOUTH, MA 026732582	04-3187299	3		5,164	FMV	BOOKS	ENCOURAGE READING

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SPARTANBURG REGIONAL HEALTH SERVICES DISTRICT INC 853 NORTH CHURCH STREET SUITE 401 SPARTANBURG, SC 293033064	57-6000934	3		7,315	FMV	BOOKS	ENCOURAGE READING
GARFIELD COUNTY HEALTH DEPARTMENT 2501 MERCER DRIVE ENID, OK 73701	73-6006367	3		6,818	FMV	BOOKS	ENCOURAGE READING

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GENESEE HEALTH SERVICE PEDIATRIC GROUP 222 ALEXANDER STREET ROCHESTER, NY 14607	16-0743134			11,185	FMV	BOOKS	ENCOURAGE READING
GOLISANO CHILDREN'S HOSPITAL AT STRONG PEDIATRIC PRACTICE 575 ELMWD AVE RM6 03778 ROCHESTER, NY 14620	16-0743209	3		5,123	FMV	BOOKS	ENCOURAGE READING

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TRINITY HEALTH OF NEW ENGLAND MEDICAL GROUP 444 MONTGOMERY STREET CHICOPEE, MA 010201969	04-3400111	3		8,700	FMV	BOOKS	ENCOURAGE READING
GRANTS PASS PEDIATRICS 1601 NE 6TH STREET GRANTS PASS, OR 97526	93-1284586			6,538	FMV	BOOKS	ENCOURAGE READING

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HARVARD VANGUARD MEDICAL ASSOCIATES - COPLEY DEPARTMENT OF PEDIATRICS 165 DARTMOUTH STREET BOSTON, MA 021165123	04-3397450	3		6,313	FMV	BOOKS	ENCOURAGE READING
COMMUNITY HEALTH SERVICES INC 500 ALBANY AVENUE HARTFORD, CT 061202508	06-0863942	3		9,730	FMV	BOOKS	ENCOURAGE READING

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HARBOR-UCLA MEDICAL CENTER DEPARTMENT OF PEDIATRICS 1124 W CARSON STREET BLDG E-4 ROOM 5 TORRANCE, CA 90502	95-2138184	3		5,170	FMV	BOOKS	ENCOURAGE READING
HARRINGTON PHYSICIAN SERVICES 100 SOUTH STREET SUITE 102 SOUTHBRIDGE, MA 01550	13-4366504	3		5,012	FMV	BOOKS	ENCOURAGE READING

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HILLSBORO PEDIATRIC CLINIC 445 EAST MAIN STREET HILLSBORO, OR 97123	93-1285686			6,163	FMV	BOOKS	ENCOURAGE READING
HAYWOOD PEDIATRIC AND ADOLESCENT MEDICINE GROUP PA 15 FACILITY DRIVE CLYDE, NC 287219438	56-1869575			5,245	FMV	BOOKS	ENCOURAGE READING

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ATRIUM HEALTHLEVINE CHILDREN'S HOSPITAL MYERS PARK PEDIATRICS 1350 SOUTH KINGS DR 2ND FLOOR CHARLOTTE, NC 282072134	56-0621073	3		20,813	FMV	BOOKS	ENCOURAGE READING
PLEASANT STREET PEDIATRICS 159 PLEASANT STREET 1ST FLOOR ATTLEBORO, MA 027032442	04-2709501	3		6,680	FMV	BOOKS	ENCOURAGE READING

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MANCHESTER PEDIATRIC ASSOCIATES SOUTH WINDSOR OFFICE 2701 TAMARACK AVE SOUTH WINDSOR, CT 06074	80-0657237	3		5,821	FMV	BOOKS	ENCOURAGE READING
RELIANT MEDICAL GROUP - AUBURN 385 SOUTHBRIDGE ST AUBURN, MA 015013203	04-2472266			8,676	FMV	BOOKS	ENCOURAGE READING

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HOMETOWN HEALTH CENTER 1044 STATE STREET SCHENECTADY, NY 12307	01-4163622	3		6,228	FMV	BOOKS	ENCOURAGE READING
INDIAN HEALTH CARE RESOURCE CENTER OF TULSA INC 550 SOUTH PEORIA TULSA, OK 74120	73-1042545	3		6,725	FMV	BOOKS	ENCOURAGE READING

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INTOWN PEDIATRIC & ADOLESCENT MEDICINE PC 490 BILL KENNEDY WAY SUITE 101 ATLANTA, GA 30316	20-4906570			8,829	FMV	BOOKS	ENCOURAGE READING
JOEL CENTER OF EXCELLENCE M-4861 LOGISTIC AVENUE FORT BRAGG, NC 28310	56-1871181	3		7,500	FMV	BOOKS	ENCOURAGE READING

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JUST KIDZ PEDIATRICS 715 BROADWAY PATERSON, NJ 07514	45-4110982			5,392	FMV	BOOKS	ENCOURAGE READING
PEDIATRIC ASSOCIATES OF HAMPDEN COUNTY 477 SOUTHWICK ROAD WESTFIELD, MA 010854734	04-2647814			5,605	FMV	BOOKS	ENCOURAGE READING

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PEDIATRIC ASSOCIATES OF FALL RIVER 851 MIDDLE STREET FALL RIVER, MA 027211735	04-2547627			6,487	FMV	BOOKS	ENCOURAGE READING
KAISER PERMANENTE NORTHWEST 500 NE MULTNOMAH BLVD PORTLAND, OR 97232	93-0798038	3		40,085	FMV	BOOKS	ENCOURAGE READING

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KAISER PERMANENTE PANOLA MEDICAL CENTER 5440 HILLDALE DRIVE LITHONIA, GA 30085	58-1592076			5,769	FMV	BOOKS	ENCOURAGE READING
BROCKTON HOSPITAL CHILD & YOUTH CLINIC 680 CENTRE STREET BROCKTON, MA 023023308	04-3306782	3		7,104	FMV	BOOKS	ENCOURAGE READING

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NEW BRITAIN PEDIATRIC GROUP 1095 WEST MAIN STREET NEW BRITAIN, CT 060533454	06-0768562			6,260	FMV	BOOKS	ENCOURAGE READING
KENTUCKY CHILDREN'S HOSPITAL 138 LEADER AVE LEXINGTON, KY 40508	61-6001218			6,365	FMV	BOOKS	ENCOURAGE READING

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LIFE CYCLE PEDIATRICS 2739 FELTON DRIVE EAST POINT, GA 30344	31-1833868			10,018	FMV	BOOKS	ENCOURAGE READING
CHARLOTTE PEDIATRIC CLINIC - MATTHEWS ATRIUM HEALTH 332 N TRADE STREET SUITE 1500 MATTHEWS, NC 28105	56-2274421			14,000	FMV	BOOKS	ENCOURAGE READING

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CHILDRENS HOSPITAL OF GEORGIA GENERAL PEDIATRICS PRIMARY CARE 1446 HARPER STREET BG 2104 AUGUSTA, GA 309120012	35-2310573	3		15,874	FMV	BOOKS	ENCOURAGE READING
GREATER DANBURY COMMUNITY HEALTH CENTER 120 MAIN ST PEDIATRICS 2ND FLOOR DANBURY, CT 06810	06-0646597	3		6,970	FMV	BOOKS	ENCOURAGE READING

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LITCHFIELD COUNTY PEDIATRICS 20 FELICITY LANE TORRINGTON, CT 06790	06-1637300			5,062	FMV	BOOKS	ENCOURAGE READING
UNIVERSITY OF KENTUCKY PEDIATRIC CLINIC 2400 GREATSTONE POINT LEXINGTON, KY 40504	61-6001218			10,430	FMV	BOOKS	ENCOURAGE READING

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MAIN PEDIATRICS 2924 MAIN STREET BUFFALO, NY 14214	20-4716953			6,847	FMV	BOOKS	ENCOURAGE READING
MARIN COMMUNITY CLINIC 3110 KERNER BLVD SAN RAFAEL, CA 94901	94-2237120	3		18,000	FMV	BOOKS	ENCOURAGE READING

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MARTHA ELIOT HEALTH CENTER 75 BICKFORD STREET JAMAICA PLAIN, MA 02130		3		7,988	FMV	BOOKS	ENCOURAGE READING
MEADOW PEDIATRICS 10710 MEDLOCK BRIDGE ROAD 250 JOHNS CREEK, GA 30097	35-2445122			5,510	FMV	BOOKS	ENCOURAGE READING

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YALE-NEW HAVEN CHILDREN'S HOSPITAL PEDIATRIC PRIMARY CARE CENTER 20 YORK STREET NEW HAVEN, CT 06510	06-0646652	3		5,502	FMV	BOOKS	ENCOURAGE READING
RIVERTOWN PEDIATRICS 2416 CAPSTONE COURT COLUMBUS, GA 319092795	58-1094505			7,261	FMV	BOOKS	ENCOURAGE READING

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FORT STEWART - WINN ACH PEDIATRIC CLINIC 1061 HARMON AVE FORT STEWART, GA 31314		3		8,938	FMV	BOOKS	ENCOURAGE READING
MERCY CARE 5134 PEACHTREE ROAD CHAMBLEE, GA 30341	58-1752700			6,162	FMV	BOOKS	ENCOURAGE READING

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CAPE COD PEDIATRICS 55 ROUTE 130 FORESTDALE, MA 026440549	04-3541176			5,505	FMV	BOOKS	ENCOURAGE READING
METRO WEST MEDICAL CENTER PEDIATRIC CLINIC 115 LINCOLN STREET FRAMINGHAM, MA 01701	04-3305651			6,123	FMV	BOOKS	ENCOURAGE READING

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METROPOLITAN FAMILY HEALTH NET 55300 BERGENLINE AVE 2ND FLOOR WEST NEW YORK, NJ 07093	20-4904872	3		5,374	FMV	BOOKS	ENCOURAGE READING
METROPOLITAN FAMILY HEALTH NETWORK INC 935 GARFIELD AVE FLOOR 2 JERSEY CITY, NJ 07304	20-4904872	3		5,933	FMV	BOOKS	ENCOURAGE READING

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ATRIUM HEALTH LEVINE CHILDREN'S ROCK HILL PEDIATRIC ASSOCIATES ROCK HILL 1656 RIVERCHASE BLVD SUITE 3500 ROCK HILL, SC 297321808	20-3146968	3		26,074	FMV	BOOKS	ENCOURAGE READING
MIAMI-DADE FAMILY LEARNING PARTNERSHIP 10800 BISCAYNE BLVD SUITE 500 MIAMI, FL 33161	14-1016606	3		79,600	FMV	BOOKS	ENCOURAGE READING

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

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MILESTONE PEDIATRICS & FAMILY MEDICINE 1438 MCLENDON DRIVE DECATUR, GA 30033	03-0535194			5,200	FMV	BOOKS	ENCOURAGE READING
MILESTONES PEDIATRIC CARE 4125 SOUTH MINGO ROAD TULSA, OK 74146	27-3627876			9,707	FMV	BOOKS	ENCOURAGE READING

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

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MASON PEDIATRICS 437 OLD PEACHTREE RD NORTHWEST SUWANNEE, GA 30024	20-4553410			19,956	FMV	BOOKS	ENCOURAGE READING
ALLIANCE MEDICAL PEDIATRICS 1625 STRAITS TURNPIKE MIDDLEBURY, CT 06762	26-3520540	3		6,326	FMV	BOOKS	ENCOURAGE READING

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

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MISSION PEDIATRICS MCDOWELL 387 US 70 WEST MARION, NC 28752	83-2048888			8,745	FMV	BOOKS	ENCOURAGE READING
MONMOUTH FAMILY HEALTH CENTER INC 270 BROADWAY LONG BRANCH, NJ 07740	20-0157132			8,767	FMV	BOOKS	ENCOURAGE READING

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

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MORTON COMPREHENSIVE HEALTH 1334 NORTH LANSING AVE TULSA, OK 74106	73-1177858	3		6,835	FMV	BOOKS	ENCOURAGE READING
MUSC PEDIATRIC PRIMARY CARE 135 RUTLDGE AVE RTLDTGETWR FLR3 CHARLESTON, SC 29425	57-6000722	3		5,968	FMV	BOOKS	ENCOURAGE READING

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

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COASTAL PEDIATRIC ASSOCIATES 9165 UNIVERSITY BLVD SUITE 100 NORTH CHARLESTON, SC 29406	20-8329907			8,111	FMV	BOOKS	ENCOURAGE READING
MUSC-CHILDREN'S CARE-NORTH CHARLESTON 2070 NORTHBROOK BLVD NORTH CHARLESTONSTON, SC 29406	57-6000722	3		13,305	FMV	BOOKS	ENCOURAGE READING

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

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NEPONSET HEALTH CENTER (PEDIATRICS) 398 NEPONSET AVE DORCHESTER, MA 02122	23-7100550	3		5,658	FMV	BOOKS	ENCOURAGE READING
NEWTON-WELLESLEY HOSPITAL PEDIATRIC CLINIC 2014 WASHINGTON STREET NEWTON, MA 02462	04-3455952	3		6,048	FMV	BOOKS	ENCOURAGE READING

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

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NORTH SHORE PEDIATRICS 480 MAPLE STREET SUITE 3A DANVERS, MA 01923	04-3235210			10,841	FMV	BOOKS	ENCOURAGE READING
NOVANT HEALTH FORSYTH PEDIATRICS - WESTGATE 1351 WESTGATE CENTER DRIVE WINSTON SALEM, NC 27103	31-1725913	3		7,000	FMV	BOOKS	ENCOURAGE READING

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

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NOVANT HEALTH MEDICAL PLAZA PEDIATRICS 8401 MEDICAL PLAZA DRIVE SUITE 220 CHARLOTTE, NC 28262	58-1728803			6,812	FMV	BOOKS	ENCOURAGE READING
NOVANT HEALTH PEDIATRICS MINT HILL 8110 HEALTHCARE LOOP CHARLOTTE, NC 28215	58-1728803	3		7,682	FMV	BOOKS	ENCOURAGE READING

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

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FAMILY HEALTH CENTER OF WORCESTER 26 QUEEN STREET WORCESTER, MA 016102473	08-5605046	3		8,005	FMV	BOOKS	ENCOURAGE READING
NOVANT HEALTH PEDIATRICS SOUTHPARK 6324 FAIRVIEW ROAD SUITE 350 CHARLOTTE, NC 28210	58-1728803	3		5,022	FMV	BOOKS	ENCOURAGE READING

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

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NOVANT HEALTH PRESBYTERIAN MEDICAL CENTER 200 HAWTHORNE LANE CHARLOTTE, NC 28204	58-1728803	3		8,818	FMV	BOOKS	ENCOURAGE READING
NOVANT MICHAEL JORDAN FAMILY CLINIC 3149 FREEDOM DRIVE CHARLOTTE, NC 28209	58-1728803			5,196	FMV	BOOKS	ENCOURAGE READING

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

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ONLEY COMMUNITY HEALTH CENTER 20306 BADGER LANE ONLEY, VA 23418	51-0196935	3		6,075	FMV	BOOKS	ENCOURAGE READING
OSBORN FAMILY HEALTH CENTER 1601 HADDON AVE CAMDEN, NJ 08103				5,027	FMV	BOOKS	ENCOURAGE READING

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

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PEDIATRIC ASSOCIATES OF NEW BEDFORD 225 FIELD STREET NEW BEDFORD, MA 02740	04-2501135			5,428	FMV	BOOKS	ENCOURAGE READING
PEACEHEALTH MEDICAL GROUP - WHATCOM PEDIATRICS 4545 CORDATA PKWY BELLINGHAM, WA 98226	91-0565889	3		6,123	FMV	BOOKS	ENCOURAGE READING

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

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PEDIATRIC HEALTH CARE ASSOCIATES 225 BOSTON STREET SUITE 201 LYNN, MA 01904	04-2942275			13,356	FMV	BOOKS	ENCOURAGE READING
PEDIATRIC SPECIALISTS OF FOXBORO AND WRENTHAM 132 CENTRAL STREET SUITE 114 FOXBORO, MA 02035	04-2663142			10,486	FMV	BOOKS	ENCOURAGE READING

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

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PEDIATRICS NORTHWEST PS BAKER CENTER OFFICE 316 MLK WAY SUITE 212 TACOMA, WA 98405	91-2124511	3		7,982	FMV	BOOKS	ENCOURAGE READING
PEDIATRICS OF DALTON 1409 CHATTONOOGA AVE DALTON, GA 30720	58-1035525			5,259	FMV	BOOKS	ENCOURAGE READING

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

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WHEATFIELD PEDIATRICS 2890 NIAGARA FALLS BOULEVARD NORTH TONAWANDA, NY 14120	16-1565108			8,789	FMV	BOOKS	ENCOURAGE READING
PEDIATRICS WEST 133 LITTLETON ROAD SUITE 301 WESTFORD, MA 01886	04-2623388			9,213	FMV	BOOKS	ENCOURAGE READING

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

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PEDIATRICS-WESTGATE WAKE FOREST BAPTIST HEALTH 3746 WESY MILL ROAD WINSTON SALEM, NC 27103	56-1899564	3		10,635	FMV	BOOKS	ENCOURAGE READING
PENTUCKET MEDICAL ASSOCIATES 1 PARK WAY FLOOR 2 HAVERHILL, MA 01830	04-3236175			5,978	FMV	BOOKS	ENCOURAGE READING

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

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PRINCETON LAKES PEDIATRICS 3885 PRINCETON LAKES WAY ATLANTA, GA 30331	20-5607405			6,004	FMV	BOOKS	ENCOURAGE READING
PROVIDENCE PEDIATRIC CLINIC PPB 14214 BALLANTYNE LAKE ROAD SUITE 300 CHARLOTTE, NC 28277	56-2274415			9,761	FMV	BOOKS	ENCOURAGE READING

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

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QUABBIN PEDIATRICS 83 SOUTH STREET SUITE 112 WARE, MA 01082	04-3124541			5,089	FMV	BOOKS	ENCOURAGE READING
QUINCY PEDIATRIC ASSOCIATES 769 PLAIN STREET MARSHFIELD, MA 02050	04-2475560			7,217	FMV	BOOKS	ENCOURAGE READING

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

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NEONATAL INTENSIVE CARE UNIT NEW HANOVER REGIONAL MEDICAL CENTER 2131 S 17TH STREET WILMINGTON, NC 28401	56-0887181	3		14,147	FMV	BOOKS	ENCOURAGE READING
RALEIGH CHILDREN AND ADOLESCENTS MEDICINE 3100 DURALEIGH ROAD SUITE 300 RALEIGH, NC 27612	56-2000200			6,185	FMV	BOOKS	ENCOURAGE READING

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

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FORT GORDON DDEAMC COMMUNITY CARE CENTER 300 HOSPITAL ROAD FORT GORDON, GA 309055741	58-1991696	3		10,539	FMV	BOOKS	ENCOURAGE READING
REACH OUT AND READ COLORADO 1660 S ALBION ST SUITE 905 DENVER, CO 80222	86-1172160	3		11,150	FMV	BOOKS	ENCOURAGE READING

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

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REACH OUT AND READ INDIANA 350 MASSACHUSETTS AVENUE SUITE 300 INDIANAPOLIS, IN 46204	34-1364420	3		137,050	FMV	BOOKS	ENCOURAGE READING
FRAMINGHAM PEDIATRICS 125 NEWBURY STREET SUITE 300 FRAMINGHAM, MA 017014592	04-3165789	3		8,554	FMV	BOOKS	ENCOURAGE READING

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

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REACH OUT AND READ RHODE ISLAND 1 RICHMOND SQUARE SUITE 121K PROVIDENCE, RI 02906	05-0514148	3		8,140	FMV	BOOKS	ENCOURAGE READING
IN HIS IMAGE FAMILY MEDICAL CARE 7501 S RIVERSIDE PARKWAY TULSA, OK 74136	73-1321032			8,644	FMV	BOOKS	ENCOURAGE READING

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RELIANT MEDICAL GROUP HOLDEN PEDIATRICS 64 BOYDEN ROAD HOLDEN, MA 01520	04-2472266			6,473	FMV	BOOKS	ENCOURAGE READING
OPTIMUS HEALTH CARE - EAST MAIN STREET 982 EAST MAIN STREET BRIDGEPORT, CT 066081913	06-0972166	3		6,768	FMV	BOOKS	ENCOURAGE READING

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RIVERSIDE PEDIATRIC AND FAMILY MEDICINE CENTER 10510 JEFFERSON AVENUE SUITE E NEWPORT NEWS, VA 23601	52-1245746			5,297	FMV	BOOKS	ENCOURAGE READING
ROBERT WOOD JOHNSON MEDICAL GROUP 1 WORLDS FAIR DRIVE SOMERSET, NJ 08873	22-3398467			8,552	FMV	BOOKS	ENCOURAGE READING

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ROCHESTER GENERAL PEDIATRIC ASSOCIATES 1455 EAST RIDGE ROAD ROCHESTER, NY 146213001	16-0743134	3		7,191	FMV	BOOKS	ENCOURAGE READING
COASTAL CHILDREN'S CLINIC 703 NEWMAN RD NEW BERN, NC 28562	56-1018571			8,175	FMV	BOOKS	ENCOURAGE READING

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SAINT PETER'S UNIVERSITY HOSPITAL PEDIATRIC FACULTY GROUP 123 HOW LANE NEW BRUNSWICK, NJ 08901	22-1487330	3		9,386	FMV	BOOKS	ENCOURAGE READING
SALEM PEDIATRIC CLINIC 2478 13TH ST SE SALEM, OR 97302	93-0427496			20,135	FMV	BOOKS	ENCOURAGE READING

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

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SAMPSON MEDICAL GROUP 516 BEAMAN STREET CLINTON, NC 28328	56-0562304	3		5,003	FMV	BOOKS	ENCOURAGE READING
ALASKA NATIVE MEDICAL CENTER PCC-PEDIATRIC CLINIC 4320 DIPLOMACY DRIVE SUITE 2300 ANCHORAGE, AK 995085925		3		6,974	FMV	BOOKS	ENCOURAGE READING

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

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SAVANNAH PEDIATRICS PC 1000 TOWNE CENTER BLVD 301 POOLER, GA 31322	58-1108800			9,368	FMV	BOOKS	ENCOURAGE READING
OU FAMILY MEDICINE CLINIC 1111 SOUTH ST LOUIS AVENUE TULSA, OK 74120	14-1883809	3		5,583	FMV	BOOKS	ENCOURAGE READING

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

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SEASIDE PEDIATRICS 167 BLUFFTON RD BLUFFTON, SC 29910	20-4928376			7,191	FMV	BOOKS	ENCOURAGE READING
SEWANEE PEDIATRIC AND ADOLESCENT MEDICINE 1318 UNIVERSITY AVE SEWANEE, TN 37375	47-2082531			5,898	FMV	BOOKS	ENCOURAGE READING

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

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SHARON LAKES MEDICAL ASSOCIATES PC PO BOX 1089 PINEVILLE, NC 28134	33-1175981			8,375	FMV	BOOKS	ENCOURAGE READING
SHELBY CHILDREN'S CLINIC 709 N DEKALB STREET SHELBY, NC 28150	56-1667838			21,310	FMV	BOOKS	ENCOURAGE READING

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SHELBY CHILDREN'S CLINIC-KINGS MOUNTAIN 2202 CAROLINAS PLACE SUITE 200 KINGS MOUNTAIN, NC 28086	56-1667838			9,689	FMV	BOOKS	ENCOURAGE READING
HARVARD VANGUARD MEDICAL ASSOCIATES-CHELMSFORD 228 BILLERICA ROAD CHELMSFORD, MA 018243604	04-3397450	3		8,750	FMV	BOOKS	ENCOURAGE READING

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SOUTHERN PEDIATRIC CLINIC 406 NORTHSIDE DR SUITE M VALDOSTA, GA 31602	20-2561935			6,714	FMV	BOOKS	ENCOURAGE READING
CONNECTICUT CHILDREN'S PRIMARY CARE AT EAST HARTFORD 800 CONNECTICUT BLVD 1ST FL EAST HARTFORD, CT 06108	06-0646753	3		11,331	FMV	BOOKS	ENCOURAGE READING

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

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SOUTHWEST COMMUNITY HEALTH CENTER INC 46 ALBION STREET BRIDGEPORT, CT 06605	06-1023013	3		20,446	FMV	BOOKS	ENCOURAGE READING
ST JOSEPH'S HOSPITAL AND MEDICAL CENTER DEPAUL CENTER PEDIATRICS 11 GETTY AVENUE PATERSON, NJ 07503	22-1487602	3		5,019	FMV	BOOKS	ENCOURAGE READING

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

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SUBURBAN PEDIATRICS 3396 CLOVERLEAF PARKWAY KANNAPOLIS, NC 28083	56-1706219			6,617	FMV	BOOKS	ENCOURAGE READING
SWEETGRASS PEDIATRICS - CARNES CROSSROADS 2016 1ST AVE SUMMERVILLE, SC 29486	81-0568231			7,626	FMV	BOOKS	ENCOURAGE READING

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

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PALMETTO PEDIATRIC AND ADOLESCENT CLINIC - CLEMSON RD 326286 601 CLEMSON ROAD COLUMBIA, SC 29229	57-0705364			6,743	FMV	BOOKS	ENCOURAGE READING
SWEETGRASS PEDIATRICS - SUMMERVILLE 748 ORANGEBURG ROAD SUMMERVILLE, SC 29483	81-0568231			8,407	FMV	BOOKS	ENCOURAGE READING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CHILDREN'S CENTER OF CAROLINA HEALTH CENTERS INC 113 LINER DRIVE GREENWOOD, SC 29646	57-0650154			5,519	FMV	BOOKS	ENCOURAGE READING
THE FALLS PEDIATRICS CALDWELL UNC HEALTHCARE 4355 HICKORY BLVD LOWER SUITE GRANITE FALLS, NC 28630	56-0554202	3		6,420	FMV	BOOKS	ENCOURAGE READING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE PEDIATRIC CENTER 5405 D MEMORIAL DR STONE MOUNTAIN, GA 30083	58-1265636			9,993	FMV	BOOKS	ENCOURAGE READING
UNIFOUR PEDIATRICS LOWER LEVEL 3411 GRAYSTONE PLACE SE CONOVER, NC 286031347	20-2998046			9,000	FMV	BOOKS	ENCOURAGE READING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE PEDIATRIC HEALTH CENTER AT NEWARK BETH ISRAEL MEDICAL CENTER 66 LYONS AVE FLR 1 NEWARK, NJ 07112	02-2345231	3		18,814	FMV	BOOKS	ENCOURAGE READING
THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON 7000 FANNIN ST UCT1006 ATTN SPONSORED PROJECTS ADMIN HOUSTON, TX 77030	74-1761309			6,335	FMV	BOOKS	ENCOURAGE READING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TLC PEDIATRICS 2600 MLK JR DR STE 206 ATLANTA, GA 30311	26-2897457			5,005	FMV	BOOKS	ENCOURAGE READING
TRI-COUNTY PEDIATRICS - ROCK HILL 1679 CRANIUM DR UNIT A022 ROCK HILL, SC 29732	20-3146968	3		5,536	FMV	BOOKS	ENCOURAGE READING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEDIATRIC ASSOCIATES OF SAVANNAH PC 4600 WATERS AVENUE SUITE 100 SAVANNAH, GA 31404	58-1102392			12,177	FMV	BOOKS	ENCOURAGE READING
VARIETY CARE NORMAN PEDS 1237 ALAMEDA STREET NORMAN, OK 73071	73-1088577	3		5,629	FMV	BOOKS	ENCOURAGE READING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UMASS MEMORIAL PEDIATRIC PRIMARY CARE 55 LAKE AVE BLVD N WORCESTER, MA 01655	04-2911067	3		12,623	FMV	BOOKS	ENCOURAGE READING
ST LUKE COMMUNITY HEALTHCARE 126 6TH AVE SW RONAN, MT 59864	81-0221486	3		5,359	FMV	BOOKS	ENCOURAGE READING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNC CHILDREN'S PRIMARY CARE UNC HEALTH CARE SYSTEM 1512 E FRANKLIN ST SUITE 100 CHAPEL HILL, NC 27514	56-1118388			5,507	FMV	BOOKS	ENCOURAGE READING
UNIVERSITY CHILD HEALTH SPECIALISTS--SOUTH 9702 STONESTREER RD SUITE 100 LOUISVILLE, KY 40272	27-3645560	3		14,901	FMV	BOOKS	ENCOURAGE READING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VERNON PEDIATRICS AT STARLING PHYSICIANS 357 HARTFORD TPKE VERNON, CT 06066	06-1440790			5,756	FMV	BOOKS	ENCOURAGE READING
WESTVIEW PEDIATRIC CARE 3606 MLK JR BLVD TULSA, OK 74106	45-3126898			5,813	FMV	BOOKS	ENCOURAGE READING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YUKON-KUSKOKWIM HEALTH CORP WELL CHILD PROGRAM POBOX 528 BETHEL, AK 99559	92-0041414	3		11,256	FMV	BOOKS	ENCOURAGE READING
MANSFIELD PEDIATRICS PROHEALTH PHYSICIANS 12A LEDGEBROOK DRIVE MANSFIELD, CT 062501664	06-1469068			5,054	FMV	BOOKS	ENCOURAGE READING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ZUFALL HEALTH CENTER 18 WEST BLACKWELL STREET DOVER, NJ 07801	22-3125397	3		5,661	FMV	BOOKS	ENCOURAGE READING
NOVANT HEALTH-CHILD AND ADOLESCENT MEDICAL GROUP-MONROE 1994 WELLNESS BLVD BLG C SUITE 110 MONROE, NC 28110	58-1728803			13,419	FMV	BOOKS	ENCOURAGE READING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ATRIUM HEALTH LEVINE CHILDREN'S ROCK HILL PEDIATRIC ASSOCIATES FORT MILL 704 GOLD HILL ROAD FORT MILL, SC 297158949	20-3146968	3		10,697	FMV	BOOKS	ENCOURAGE READING
MOUNTAIN VIEW PEDIATRICS CO BURKE COUNTY LITERACY COUNCIL 517 W FLEMING DR - CO NCSD MORGANTON, NC 28655	56-1484668	3		5,716	FMV	BOOKS	ENCOURAGE READING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEAUFORT PEDIATRICS PA 964 RIBAUT ROAD SUITE 1 BEAUFORT, SC 299025425	57-1104728			8,828	FMV	BOOKS	ENCOURAGE READING
FORT BENNING - MARTIN ARMY COMMUNITY HOSPITAL FAMILY MEDICAL HOME FAMILY 6600 VAN AALST BLVD 1ST FLOOR FORT BENNING, GA 31905	04-3481253	3		7,772	FMV	BOOKS	ENCOURAGE READING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARVARD VANGUARD MEDICAL ASSOCIATES QUINCY 1250 HANCOCK STREET QUINCY, MA 021694339	04-3397450	3		7,726	FMV	BOOKS	ENCOURAGE READING
PEDIATRIC ASSOCIATES OF SAVANNAH PC - POOLER 110 MEDICAL PARK DR POOLER, GA 31322	58-1102392			5,504	FMV	BOOKS	ENCOURAGE READING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAROLINAEAST PEDIATRICS 2636 DR MARTIN LUTHER KING JR BLVD NEW BERN, NC 28562	04-3481253	3		8,257	FMV	BOOKS	ENCOURAGE READING
HARVARD FAMILY PHYSICIANS 7912 E 31ST CT SUITE 120 TULSA, OK 74145	73-1333199			8,705	FMV	BOOKS	ENCOURAGE READING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIDCAROLINA PEDIATRICS 2607 W ARROWOOD ROAD CHARLOTTE, NC 28273	56-2531282			11,726	FMV	BOOKS	ENCOURAGE READING
CHARLOTTE PEDIATRIC CLINIC-STEELE CREEK 13640 STEELECROFT PARKWAY STE 210 CHARLOTTE, NC 28278	56-0529945	3		10,234	FMV	BOOKS	ENCOURAGE READING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LINCOLN COMMUNITY HEALTH CENTER 1301 FAYETTEVILLE STREET DURHAM, NC 27707	56-1031244	3		16,770	FMV	BOOKS	ENCOURAGE READING
PALMETTO PEDIATRIC AND ADOLESCENT CLINIC - DOWNTOWN 140 PARK CENTRAL DRIVE COLUMBIA, SC 29203	57-0705364			5,429	FMV	BOOKS	ENCOURAGE READING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WALLA WALLA CLINIC DEPARTMENT OF PEDIATRICS 55 W TIETAN STREET WALLA WALLA, WA 993624445	91-0862542			6,804	FMV	BOOKS	ENCOURAGE READING
MCDONALD ARMY HEALTH CENTER DEPARTMENT OF PEDIATRICS 576 JEFFERSON AVE FT EUSTIS, VA 236041602				6,995	FMV	BOOKS	ENCOURAGE READING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIDANT MEDICAL CENTER 2100 STANTONSBURG RD GREENVILLE, NC 27834	38-3740839			8,818	FMV	BOOKS	ENCOURAGE READING
COASTAL PEDIATRIC ASSOCIATES 4975 LACROSSE ROAD SUITE 158 CHARLESTON, SC 29406	20-8329907			6,062	FMV	BOOKS	ENCOURAGE READING

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047
2019
Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
REACH OUT AND READ INC

Employer identification number
04-3481253

Part I Questions Regarding Compensation

	Yes	No								
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<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 idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<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 idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>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</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	No								
	4b	No								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	No								
	5b	No								
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	No								
	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	No								
<p>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</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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 are not 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 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 BRIAN GALLAGHER CEO/PRESIDENT/CLERK	(i)	181,594	0	0	7,599	22,399	211,592	0
	(ii)	0	0	0	0	0	0	0
2 CALLEE BOULWARE REGIONAL EXECUTIVE DIRECTO	(i)	167,817	0	0	6,160	23,400	197,377	0
	(ii)	0	0	0	0	0	0	0
3 DIANE MALCOLMSON CHIEF DEVELOPMENT OFFICER	(i)	163,031	0	0	0	10,629	173,660	0
	(ii)	0	0	0	0	0	0	0
4 AMY ERICKSON REGIONAL EXECUTIVE DIRECTO	(i)	147,129	0	0	6,268	26,389	179,786	0
	(ii)	0	0	0	0	0	0	0
5 JESSICA MORTENSEN REGIONAL EXECUTIVE DIRECTO	(i)	138,847	0	0	5,751	9,100	153,698	0
	(ii)	0	0	0	0	0	0	0

Part III **Supplemental Information**

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

Return Reference	Explanation
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Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2019

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. Go to 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 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 5 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958.
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JESSIE LYONS	VP AT SCHOLASTIC BOOKS	915,852	PURCHASE OF BOOKS FROM SCHOLASTIC BOOKS		No

Part V Supplemental Information

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

Return Reference	Explanation
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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Open to Public Inspection

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		2,565,068	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 IV, Donee Acknowledgement

29	
----	--

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

	Yes	No
30a		No
31	Yes	
32a		No

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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.

Return Reference	Explanation
PART I, LINE 30B:	THE AMOUNT REPORTED IN PART I, COLUMN B IS THE NUMBER OF ITEMS RECEIVED.

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

Name of the organization
REACH OUT AND READ INC**Employer identification number**

04-3481253

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	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 AFTE R IT HAS BEEN FILED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE BOD DETERMINES AND APPROVES SALARY CHANGES FOR THE CHIEF EXECUTIVE OFFICER AND CHIEF FINANCIAL OFFICER. INPUT FROM THE FINANCE COMMITTEE IS TAKEN INTO CONSIDERATION. THIS INPUT GENERALLY INCLUDES COMPETITIVE SALARY AND BENEFIT INFORMATION. THE BOD CHAIR LEADS THE PERFORMANCE REVIEW PROCESS THAT PRECEEDS ANY SALARY INCREASE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	CONSULTING: PROGRAM SERVICE EXPENSES 840,984. MANAGEMENT AND GENERAL EXPENSES 221,070. FUNDRAISING EXPENSES 210,736. TOTAL EXPENSES 1,272,790. PAYROLL AND HUMAN RESOURCE FEES: PROGRAM SERVICE EXPENSES 55,646. MANAGEMENT AND GENERAL EXPENSES 22,023. FUNDRAISING EXPENSES 24,267. TOTAL EXPENSES 101,936. RECRUITING: PROGRAM SERVICE EXPENSES 718. MANAGEMENT AND GENERAL EXPENSES 48. FUNDRAISING EXPENSES 143. TOTAL EXPENSES 909.