

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
2020
Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 07-01-2020, and ending 06-30-2021

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 \$ 15,173,728

F Name and address of principal officer:
 MARTY MARTINEZ
 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)	3	23
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	23
5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	67
6 Total number of volunteers (estimate if necessary)	6	40,000
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	12,153,273	15,112,670
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	30,108	3,697
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,166	57,361
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,188,547	15,173,728
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,749,932	4,821,526
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)	5,366,588	5,465,376
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,030,762		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,256,421	2,332,232
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	12,372,941	12,619,134
19 Revenue less expenses. Subtract line 18 from line 12	-184,394	2,554,594

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	7,067,132	10,124,014
21 Total liabilities (Part X, line 26)	1,482,923	1,985,211
22 Net assets or fund balances. Subtract line 21 from line 20	5,584,209	8,138,803

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: 2022-03-17

MARTY MARTINEZ CHIEF EXECUTIVE OFFICER
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: 2022-03-17
 Check if self-employed PTIN: P01340068

Firm's name ▶ COHNREZNICK LLP Firm's EIN ▶ 22-1478099

Firm's address ▶ 10 FORBES ROAD STE 200 BRAINTREE, MA 02184 Phone no. (781) 380-3520

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

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 \$ 10,123,983 including grants of \$ 4,821,526) (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 ▶ 10,123,983

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		No
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 schedules.

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)

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

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed AL, AR, CO, CT, FL, GA, IL, KS, KY, MA, MD, MI, MN, MS, NC, ND, NH, NJ, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website, Another's website, Upon request, Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: MASHAEL AL-ASOUI 89 SOUTH STREET NO 201 BOSTON, MA 02111 (617) 455-0600

Part VIII Statement of Revenue

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

Table with columns (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Contributions, Gifts, Grants and Other Similar Amounts (1a-1g), Program Service Revenue (2a-2f), Other Revenue (3-12), and Total revenue (12).

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	4,821,526	4,821,526		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	162,959		162,959	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,322,537	3,157,325	645,083	520,129
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	134,891	95,343	23,842	15,706
9 Other employee benefits	505,552	370,419	74,111	61,022
10 Payroll taxes	339,437	239,919	59,994	39,524
11 Fees for services (non-employees):				
a Management				
b Legal	1,050		1,050	
c Accounting	180,513		180,513	
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)	1,014,766	728,828	39,958	245,980
12 Advertising and promotion	17,878			17,878
13 Office expenses	504,988	212,088	179,868	113,032
14 Information technology				
15 Royalties				
16 Occupancy	66,841	33,419	16,711	16,711
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	101,554	99,506	1,268	780
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	79,032		79,032	
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COALITIONS	322,830	322,830		
b RESEARCH AND EVALUATION	27,803	27,803		
c LITERACY MATERIALS	14,977	14,977		
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	12,619,134	10,123,983	1,464,389	1,030,762
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	4,025,738	1	6,460,833
	2 Savings and temporary cash investments	864,574	2	865,520
	3 Pledges and grants receivable, net	1,425,990	3	1,668,305
	4 Accounts receivable, net	117,027	4	514,418
	5 Loans and other 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	30,814	9	51,541
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 584,458		
	b Less: accumulated depreciation	10b 185,055	425,295	10c 399,403
	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	66,217	14	52,517
	15 Other assets. See Part IV, line 11	111,477	15	111,477
16 Total assets. Add lines 1 through 15 (must equal line 33)	7,067,132	16	10,124,014	
Liabilities	17 Accounts payable and accrued expenses	539,229	17	1,046,627
	18 Grants payable	10,514	18	5,404
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. 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	933,180	25	933,180
	26 Total liabilities. Add lines 17 through 25	1,482,923	26	1,985,211
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	3,174,846	27	5,538,599
	28 Net assets with donor restrictions	2,409,363	28	2,600,204
	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	5,584,209	32	8,138,803	
33 Total liabilities and net assets/fund balances	7,067,132	33	10,124,014	

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	15,173,728
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,619,134
3	Revenue less expenses. Subtract line 2 from line 1	3	2,554,594
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,584,209
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain 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 32, column (B))	10	8,138,803

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 (2020)

Form 990, Part III, Line 4a:

REACH OUT AND READ IS THE ONLY NATIONAL EARLY LITERACY ORGANIZATION WORKING DIRECTLY WITH PEDIATRIC CARE PROVIDERS TO INCORPORATE THE PROMOTION OF READING ALOUD TO CHILDREN EVERY DAY. REACH OUT AND READ'S MISSION IS TO GIVE YOUNG CHILDREN A FOUNDATION FOR SUCCESS BY INCORPORATING BOOKS INTO PEDIATRIC CARE AND ENCOURAGING FAMILIES TO READ ALOUD TOGETHER. READING ALOUD TO YOUNG CHILDREN IS ONE CORE STRATEGY FOR PROMOTING HEALTHY RELATIONSHIPS AND POSITIVE INTERACTIONS EARLY IN LIFE. THE PROGRAM BEGINS IN INFANCY AND CONTINUES THROUGH AGE FIVE, WITH A SPECIAL EMPHASIS ON CHILDREN GROWING UP IN UNDER-RESOURCED COMMUNITIES. PEDIATRIC TEAMS WHO ARE INVOLVED IN THE ORGANIZATION GIVE BRAND-NEW, AGE AND CULTURALLY- RESPONSIVE BOOKS AND LITERACY ADVICE TO CHILDREN AND PARENTS AT EACH WELL-CHILD VISIT THROUGH AGE OF 5. THE EFFECTIVENESS OF REACH OUT AND READ'S MODEL IS RECOGNIZED BY THE AMERICAN ACADEMY OF PEDIATRICS IN A POLICY STATEMENT THAT RECOMMENDS EARLY LITERACY PROMOTION AS AN ESSENTIAL COMPONENT OF PEDIATRIC CARE. THE PROGRAM IS BOTH COST-EFFECTIVE, AND EVIDENCE-BASED: RESEARCH SHOWS THAT OUR PROGRAM RESULTS IN MORE FREQUENT READING AT HOME, ACCELERATED VOCABULARY AND CRITICAL BRAIN DEVELOPMENT. IN FY21, REACH OUT AND READ'S 40,000 PEDIATRIC CLINICIANS SERVED 4.2 MILLION CHILDREN AND SHARED 6.4 MILLION BOOKS AT 6,100 PROGRAM SITES AROUND THE COUNTRY. UNIQUE TO FY20 WAS THE DRAMATIC INCREASE IN TELEHEALTH VISITS DUE TO COVID-19, WHICH DEMANDED THAT WE FIND NEW WAYS TO MEET OUR MISSION AND DELIVER OUR PROGRAM. OUR INTERVENTION REMAINS IN EFFECT FOR ALL IN-PERSON WELL-CHILD VISITS, BUT WE CREATED NEW RESOURCES FOR CLINICIANS, WHO COULD THEN ADAPT OUR MODEL TO BE EFFECTIVELY DELIVERED FOR THOSE CHECK-UPS THAT OCCURRED VIA TELEHEALTH. THIS ADAPTATION, IN ADDITION TO PROMOTING DIGITAL READING RESOURCES, ENABLED US TO SUPPORT FAMILIES AND CHILDREN IN THIS UNPRECEDENTED ENVIRONMENT.

Form 990, Part 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				158,166	0	19,372
ROBERT NEEDLMAN DIRECTOR	3.00	X						0	0	0
CURTIS GRAY CHAIR	3.00	X		X				0	0	0
LISA LEBOVITZ EX OFFICIO DIRECTOR	3.00	X						0	0	0
PERRI KLASS DIRECTOR	3.00	X						0	0	0
THOMAS DEWITT DIRECTOR	3.00	X						0	0	0
BENITA SOMERFIELD EX OFFICIO DIRECTOR	3.00	X						0	0	0
DIPESH NAVSARIA VICE CHAIR	3.00	X		X				0	0	0
CLAUDIA ARISTY DIRECTOR	3.00	X						0	0	0
EVAN KEYSER TREASURER	3.00	X		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			
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
TERRI MCFADDEN 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						0	0	0
TRUDE HAECKER 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			
LAURA BAILET DIRECTOR	3.00	X						0	0	0
NATHAN CHOMILO DIRECTOR	3.00	X						0	0	0
NIA HEARD-GARRIS DIRECTOR	3.00	X						0	0	0
TIFFANY KUEHNER DIRECTOR	3.00	X						0	0	0
PAUL LEBLANC DIRECTOR	3.00	X						0	0	0
LEORA MOGILNER DIRECTOR	3.00	X						0	0	0
EDWARD MULHERIN OUTSOURCED CHIEF FINANCIAL OFFICER	2.00			X				0	0	0
CALLEE BOULWARE REGIONAL EXECUTIVE DIRECTOR	40.00					X		169,937	0	36,941
LAMBRINA KLESS CHIEF OPERATING OFFICER	40.00					X		142,034	0	23,598
AMY ERICKSON REGIONAL EXECUTIVE DIRECTOR	40.00					X		141,579	0	36,254

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			
JESSICA MORTENSEN REGIONAL EXECUTIVE DIRECTOR	40.00					X		133,481	0	16,842
ERIN HENRY CHIEF DEVELOPMENT OFFICER	40.00					X		130,270	0	12,005

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

2020

Open to Public Inspection

Name of the organization
REACH OUT AND READ INC

Employer identification number
04-3481253

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

The organization is not a private foundation because it is: (For lines 1 through 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	12,413,692	14,661,823	11,555,212	12,153,273	15,112,670	65,896,670
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	12,413,692	14,661,823	11,555,212	12,153,273	15,112,670	65,896,670
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						10,511,957
6 Public support. Subtract line 5 from line 4.						55,384,713

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4. . .	12,413,692	14,661,823	11,555,212	12,153,273	15,112,670	65,896,670
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	1,950	4,650	15,756	30,108	3,697	56,161
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .	2,348		6,507	5,166	57,361	71,382
11 Total support. Add lines 7 through 10						66,024,213
12 Gross receipts from related activities, etc. (see instructions)						12
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	83.890 %
15 Public support percentage for 2019 Schedule A, Part II, line 14	15	79.920 %
16a 33 1/3% support test—2020. 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 ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "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 ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2019. 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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.**

Section C. Computation of Public Support Percentage

15	Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2019 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2020. 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—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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>		
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>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b	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>		
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>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b	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>		
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>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
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>		
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>		
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>		
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>		
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>		
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>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		

Part IV Supporting Organizations (continued)

		Yes	No
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 lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described in 11a above?		
c	A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the officers, 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 line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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 lines 2a and 2b 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>		
b	Did the activities described in line 2a 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 lines 3a and 3b 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>If "Yes" or "No" 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 (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	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	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9 Distributable amount for 2020 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	SPECIAL EVENT FEES - 2016 AMOUNT: \$ 2,055. OTHER INCOME - 2016 AMOUNT: \$ 293. 2018 AMOUNT: \$ 6,507. 2019 AMOUNT: \$ 5,166. 2020 AMOUNT: \$ 57,361.

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

2020
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?

Yes 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) 2017	(b) 2018	(c) 2019	(d) 2020	(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)).

		(a)		(b)
		Yes	No	Amount
<i>For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>				
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		111,360
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			111,360
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
2020
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 FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

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

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

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

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

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

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

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:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
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.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, 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.

- 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 Term endowment
The percentages on lines 2a, 2b, and 2c should equal 100%.
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) Unrelated organizations
(ii) Related organizations
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.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 399,403

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 _____		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
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)		
(10)		
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)	
(10)	
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) NOTES PAYABLE - PAYCHECK PROTECTION PROGRAM	933,180
(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	15,221,684
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	47,956	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	47,956
3	Subtract line 2e from line 1		3	15,173,728
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	15,173,728

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	12,667,090
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	47,956	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	47,956
3	Subtract line 2e from line 1		3	12,619,134
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	12,619,134

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.

Note: To capture the full content of this document as Filed, 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

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

Attach to Form 990.

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

OMB No. 1545-0047

2020

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 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 97
3 Enter total number of other organizations listed in the line 1 table 194

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
MIAMI-DADE FAMILY LEARNING PARTNERSHIP 10800 BISCAYNE BLVD MIAMI, FL 33161	14-1016606	3	0	131,048	FMV	BOOKS	ENCOURAGE READING
OAK WEST HEALTH CENTER PARKLAND HEALTH AND HOSPITAL SYSTEM 4201 BROOK SPRING DR DALLAS, TX 752244968	91-1349657	3	0	125,000	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
REACH OUT AND READ GREATER NEW YORK 105 W 86TH STREET NEW YORK, NY 10024	13-4080045	3	0	100,000	FMV	BOOKS	ENCOURAGE READING
SOONER PEDIATRICS 1200 CHILDRENS AVENUE OKLAHOMA CITY, OK 73104	73-6017987	3	0	85,298	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 CENTER OF ROUND ROCK 340 HAWKINS RUN ROAD MIDLOTHIAN, TX 76065	74-2973219		0	62,500	FMV	BOOKS	ENCOURAGE READING
DRISCOLL CHILDREN'S HOSPITAL HIGH RISK INFANT FOLLOW-UP PROGRAM 3533 S ALAMEDA ST CORPUS CHRISTI, TX 78411	74-2577746	3	0	62,500	FMV	BOOKS	ENCOURAGE READING

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
KANSAS UNIVERSITY ENDOWMENT ASSOCIATION 3901 RAINBOW BLVD KANSAS CITY, KS 66160	48-0547734	3	0	50,000	FMV	BOOKS	ENCOURAGE READING
LIFE CYCLE PEDIATRICS 2739 FELTON DRIVE EAST POINT, GA 30344	31-1833868		0	45,573	FMV	BOOKS	ENCOURAGE READING

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
VARIETY CARE STRAKA 1025 STRAKA TERRACE OKLAHOMA CITY, OK 73139	73-1088577	3	0	37,339	FMV	BOOKS	ENCOURAGE READING
CHARLOTTE PEDIATRIC CLINIC-STEELE CREEK 13640 STEELECROFT PARKWAY CHARLOTTE, NC 28278	56-0529945		0	32,454	FMV	BOOKS	ENCOURAGE READING

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		0	30,200	FMV	BOOKS	ENCOURAGE READING
CENTER FOR THE URBAN CHILD AT ST CHRISTOPHER'S HOSPITAL FOR CHILDREN 160 EAST ERIE AVENUE PHILADELPHIA, PA 19134	23-2274198		0	30,000	FMV	BOOKS	ENCOURAGE READING

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

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THE LONGSTREET CLINIC PC GAINESVILLE CENTER FOR PEDIATRICS 725 JESSE JEWELL PARKWAY STE 100 GAINESVILLE, GA 30501	58-2117020		0	29,846	FMV	BOOKS	ENCOURAGE READING
NEW HANOVER REGIONAL MEDICAL CENTER NUNNELEE PEDIATRIC CLINICS 510 CAROLINA BAY DR WILMINGTON, NC 28403	27-2791351	3	0	29,620	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
JACKSONVILLE CHILDRENS CLINIC 120 MEMORIAL DRIVE JACKSONVILLE, NC 28546	58-1278921		0	28,983	FMV	BOOKS	ENCOURAGE READING
BOSTON MEDICAL CENTER PEDIATRIC PRIMARY CARE 850 HARRISON AVENUE BOSTON, MA 021184001	04-3314093	3	0	28,456	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 HEALTHLEVINE CHILDREN'S HOSPITAL MYERS PARK PEDIATRICS 1350 SOUTH KINGS DR CHARLOTTE, NC 282072134	56-0621073	3	0	27,596	FMV	BOOKS	ENCOURAGE READING
DUKE CHILDREN'S PRIMARY CARE 4020 N ROXBORO ROAD DURHAM, NC 277042120	56-0532129	3	0	27,111	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
UNITED WAY OF GREATER NEWARK 60 PARK PLACE - SUITE 1400 NEWARK, NJ 07102	22-6069078	3	0	26,756	FMV	BOOKS	ENCOURAGE READING
ROCKET PEDIATRICS RUPPERT HEALTH CENTER 3000 ARLINGTON AVENUE TOLEDO, OH 436145811	34-6555110	3	0	26,400	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-CHILD AND ADOLESCENT MEDICAL GROUP-MONROE 1994 WELLNESS BLVD MONROE, NC 28110	58-1728803		0	25,965	FMV	BOOKS	ENCOURAGE READING
ATRIUM HEALTH LEVINE CHILDREN'S ROCK HILL PEDIATRIC ASSOCIATES 1656 RIVERCHASE BLVD ROCK HILL, SC 297321808	20-3146968		0	25,083	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 CHILDREN'S CLINIC 703 NEWMAN RD NEW BERN, NC 28562	56-1018571		0	24,526	FMV	BOOKS	ENCOURAGE READING
UNIVERSITY OF OKLAHOMA PEDIATRIC CLINIC 4444 E 41ST STREET TULSA, OK 741352527	14-1883809	3	0	22,762	FMV	BOOKS	ENCOURAGE READING

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

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SHELBY CHILDRENS CLINIC 709 N DEKALB ST SHELBY, NC 28150	56-1667838		0	20,766	FMV	BOOKS	ENCOURAGE READING
MOUNTAIN VIEW PEDIATRICS CO BURKE COUNTY LITERACY COUNCIL 517 W FLEMING DR - CO NCSD MORGANTON, NC 28655	56-1484668	3	0	19,525	FMV	BOOKS	ENCOURAGE READING

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

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THE CHILDREN'S REGIONAL CENTER AT CAMDEN COOPER UNIVERSITY HOSPITAL 3 COOPER PLAZA SUITE 200 CAMDEN, NJ 081031438	22-2965846	3	0	19,480	FMV	BOOKS	ENCOURAGE READING
GOLDSBORO PEDIATRICS PA 2706 MEDICAL OFFICE PLACE GOLDSBORO, NC 275349460	57-0672117	3	0	18,872	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
UNIVERSITY PEDIATRICS 101 E WT HARRIS BLVD CHARLOTTE, NC 28262	56-1820778		0	17,852	FMV	BOOKS	ENCOURAGE READING
UNIVERSITY FAMILY MEDICINE DEPARTMENT 900 NE 10TH STREET OKLAHOMA CITY, OK 731045420	73-6017987		0	17,016	FMV	BOOKS	ENCOURAGE READING

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

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CHARLOTTE PEDIATRIC CLINIC - SOUTHPARK ATRIUM HEALTH 4501 CAMERON VALLEY PARKWAY CHARLOTTE, NC 28211	56-0529945	3	0	16,584	FMV	BOOKS	ENCOURAGE READING
PEDIATRIC ASSOCIATES OF CHARLOTTESVILLE 1011 EAST JEFFERSON ST CHARLOTTEVILLE, VA 22902	05-4902611		0	16,545	FMV	BOOKS	ENCOURAGE READING

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THE PEDIATRIC HEALTH CENTER AT NEWARK BETH ISRAEL MEDICAL CENTER 166 LYONS AVENUE NEWARK, NJ 071122016	02-2345231	3	0	16,429	FMV	BOOKS	ENCOURAGE READING
NOVANT HEALTH-PEDIATRICS SOUTH END PEDIATRICS SOUTH END 2400 SOUTH BOULEVARD SUITE 103 CHARLOTTE, NC 28203	58-1728803		0	15,422	FMV	BOOKS	ENCOURAGE READING

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

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NAVAL MEDICAL CENTER CAMP LEJEUNE PEDIATRIC CLINIC 100 BREWSTER BLVD CAMP LEJEUNE, NC 285472538	56-1897849		0	15,179	FMV	BOOKS	ENCOURAGE READING
CENTRAL OREGON PEDIATRIC ASSOCIATES 2200 NE PROFESSIONAL CT BEND, OR 97701	93-0731016		0	15,074	FMV	BOOKS	ENCOURAGE READING

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

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SPARTANBURG REGIONAL HEALTH SERVICES DISTRICT INC 853 NORTH CHURCH STREET SUITE 401 SPARTANBURG, SC 293033064	57-6000934	3	0	14,316	FMV	BOOKS	ENCOURAGE READING
CHILDREN'S HEALTHCARE OF ATLANTA AT HUGHES SPALDING REACH OUT AND READ P 35 JESSE HILL JR DRIVE ATLANTA, GA 30303	58-2130437	3	0	13,851	FMV	BOOKS	ENCOURAGE READING

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

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JBMDL PEDIATRIC CLINIC 3458 NEELY RD TRENTON, NJ 08641	22-3858277		0	13,722	FMV	BOOKS	ENCOURAGE READING
MGH CHELSEA HEALTHCARE CENTER 151 EVERETT AVENUE CHELSEA, MA 021501812	04-2697983	3	0	13,508	FMV	BOOKS	ENCOURAGE READING

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

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ST JOHN CLINIC PEDIATRIC & ADOLESCENT MEDICINE 1919 S WHEELING AVE TULSA, OK 74104	73-1333199		0	13,427	FMV	BOOKS	ENCOURAGE READING
COTSWOLD PEDIATRICS 3030 RANDOLPH ROAD CHARLOTTE, NC 28211	56-1667838		0	13,051	FMV	BOOKS	ENCOURAGE READING

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

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KAISER PERMANENTE GAITHERSBURG MEDICAL CENTER 655 WATKINS MILL ROAD GAITHERSBURG, MD 20879	52-0954463	3	0	13,023	FMV	BOOKS	ENCOURAGE READING
PEDIATRIC ASSOCIATES OF CT PC 160 ROBBINS STREET WATERBURY, CT 06708	06-1089184		0	12,926	FMV	BOOKS	ENCOURAGE READING

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

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NOVANT HEALTH PEDIATRICS MINT HILL 8110 HEALTHCARE LOOP CHARLOTTE, NC 28215	58-1728803	3	0	12,729	FMV	BOOKS	ENCOURAGE READING
PEDIATRIC ASSOCIATES OF FLORENCE 204 E CHEVES STREET FLORENCE, SC 295062604	20-2935692	3	0	12,656	FMV	BOOKS	ENCOURAGE READING

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

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GOLISANO CHILDREN'S HOSPITAL AT STRONG PEDIATRIC PRACTICE 575 ELMWOOD AVENUE ROCHESTER, NY 146202945	16-0743209	3	0	12,632	FMV	BOOKS	ENCOURAGE READING
GREENSBORO PEDIATRICIANS INC 510 N ELAM AVENUE GREENSBORO, NC 27403	56-0991064		0	12,543	FMV	BOOKS	ENCOURAGE READING

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NEW ALBANY CHILDREN'S CLINIC 462 WEST BANKHEAD STREET NEW ALBANY, MS 38652	64-0760755		0	11,862	FMV	BOOKS	ENCOURAGE READING
ALBANY MEDICAL CENTER PEDIATRIC GROUP 391 MYRTLE AVENUE SUITE 3A ALBANY, NY 122083401	14-6023119		0	11,612	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 - GREER 106 PHYSICIANS DRIVE GREER, SC 29650	57-1004971		0	11,583	FMV	BOOKS	ENCOURAGE READING
FORD SIMPSON LIVELY & RICE PEDIATRICS 2933 MAPLEWOOD AVE WINSTON SALEM, NC 27103	56-1935767		0	11,548	FMV	BOOKS	ENCOURAGE READING

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MIDCAROLINA PEDIATRICS 2607 W ARROWOOD ROAD CHARLOTTE, NC 28273	56-2531282		0	11,463	FMV	BOOKS	ENCOURAGE READING
NORTHAMPTON AREA PEDIATRICS 193 LOCUST STREET NORTHAMPTON, MA 010602066	72-1576801	3	0	11,346	FMV	BOOKS	ENCOURAGE READING

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CHARLOTTE PEDIATRIC CLINIC - MATTHEWS ATRIUM HEALTH 332 N TRADE STREET MATTHEWS, NC 28105	56-2274421		0	11,333	FMV	BOOKS	ENCOURAGE READING
ROCHESTER GENERAL PEDIATRIC ASSOCIATES 1455 EAST RIDGE ROAD ROCHESTER, NY 14621	16-0743134		0	11,218	FMV	BOOKS	ENCOURAGE READING

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

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CHILDREN'S HOSPITAL OF RICHMOND VIRGINIA COMMONWEALTH UNIVERSITY 1000 EAST BROAD STREET RICHMOND, VA 23219	54-1581185		0	11,206	FMV	BOOKS	ENCOURAGE READING
ATRIUM HEALTH LEVINE CHILDREN'S ROCK HILL PEDIATRIC ASSOCIATES FORT MILL 704 GOLD HILL ROAD FORT MILL, SC 297158949	20-3146968	3	0	11,184	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
NAVAL HEALTH CLINIC CHARLESTON 110 NNPTC CIRCLE GOOSE CREEK, SC 29445	57-0473956		0	11,040	FMV	BOOKS	ENCOURAGE READING
DEKALB COUNTY BOARD OF HEALTH WIC 3807 CLAIRMONT RD CHAMBLEE, GA 30341	58-1417092		0	11,000	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
HIGHLAND HOSPITAL PEDIATRIC CLINIC 1411 EAST 31ST STREET OAKLAND, CA 946021018	94-3223467		0	11,000	FMV	BOOKS	ENCOURAGE READING
MILTON PEDIATRICS 340 WOOD ROAD SUITE 301 BRAintree, MA 02184	04-3496618		0	10,809	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 COMMUNITY PEDIATRICS 527 ALBANY STREET BOSTON, MA 02118	84-3091463	3	0	10,738	FMV	BOOKS	ENCOURAGE READING
EAST BOSTON NEIGHBORHOOD HEALTH CENTER 10 GOVE STREET EAST BOSTON, MA 021281920	23-7425849	3	0	10,629	FMV	BOOKS	ENCOURAGE READING

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

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QUINCY PEDIATRIC ASSOCIATES 191 INDEPENDENCE AVENUE QUINCY, MA 021697751	04-2475560		0	10,604	FMV	BOOKS	ENCOURAGE READING
SSM HEALTH ST ANTHONY FAMILY MEDICINE CLINIC 608 NW 9TH SUITE 1100 OKC, OK 73102	73-0657693		0	10,579	FMV	BOOKS	ENCOURAGE READING

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

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SUTTER COAST COMMUNITY CLINIC 780 EAST WASHINGTON BLVD CRESCENT CITY, CA 955318397	94-2988520	3	0	10,429	FMV	BOOKS	ENCOURAGE READING
UNIVERSITY OF VIRGINIA CHILDRENS HOSPITAL CHILDREN'S OUTPUT CLINIC 6TH FL 1204 WEST MAIN STREET CHARLOTTESVILLE, VA 22903	54-6001796	3	0	10,421	FMV	BOOKS	ENCOURAGE READING

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WESTVIEW PEDIATRIC CARE 3606 MARTIN LUTHER KING JR BLVD TULSA, OK 74106	45-3126898		0	10,312	FMV	BOOKS	ENCOURAGE READING
KAISER PERMANENTE FALLS CHURCH MEDICAL CENTER 201 N WASHINGTON STREET FALLS CHURCH, VA 22046	52-0954463	3	0	10,297	FMV	BOOKS	ENCOURAGE READING

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

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GALES FERRY PEDIATRICS NORTHEAST MEDICAL GROUP PEDIATRIC GROUP 1527 ROUTE 12 GALES FERRY, CT 06335	06-1330992	3	0	10,228	FMV	BOOKS	ENCOURAGE READING
UNIFOUR PEDIATRICS LOWER LEVEL 3411 GRAYSTONE PLACE SE CONOVER, NC 28613	20-2998046		0	10,209	FMV	BOOKS	ENCOURAGE READING

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

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PEDIATRIC ASSOCIATES OF SAVANNAH PC - SAVANNAH 4600 WATERS AVENUE SUITE 100 SAVANNAH, GA 31404	58-1102392		0	10,180	FMV	BOOKS	ENCOURAGE READING
SAINT PETER'S UNIVERSITY HOSPITAL PEDIATRIC FACULTY GROUP 123 HOW LANE NEW BRUNSWICK, NJ 089013653	22-1487330		0	10,134	FMV	BOOKS	ENCOURAGE READING

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

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SWEETGRASS PEDIATRICS - CARNES CROSSROADS 2016 1ST AVENUE SUMMERVILLE, SC 29486	81-0568231		0	10,072	FMV	BOOKS	ENCOURAGE READING
NATIONWIDE CHILDREN'S HOSPITAL REACH OUT AND READ 700 CHILDRENS DRIVE COLUMBUS, OH 432052664	31-1036370	3	0	10,000	FMV	BOOKS	ENCOURAGE READING

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

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PEDIATRICS-WESTGATE WAKE FOREST BAPTIST HEALTH 3746 VEST MILL ROAD WINSTONSALEM, NC 27103	56-1899564	3	0	9,838	FMV	BOOKS	ENCOURAGE READING
HARVARD VANGUARD MEDICAL ASSOCIATES - KENMORE SQUARE DEPARTMENT OF PEDIAT 133 BROOKLINE AVENUE BOSTON, MA 022153904	04-3397450	3	0	9,794	FMV	BOOKS	ENCOURAGE READING

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

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HARVARD FAMILY PHYSICIANS 7912 E 31ST CT TULSA, OK 74145	73-1333199		0	9,718	FMV	BOOKS	ENCOURAGE READING
NORTHEAST VALLEY HEALTH CORPORATION SAN FERNANDO HEALTH CENTER 1172 N MACLAY AVE SAN FERNANDO, CA 913401328	23-7120632	3	0	9,704	FMV	BOOKS	ENCOURAGE READING

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

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GENESEE HEALTH SERVICE PEDIATRIC GROUP 222 ALEXANDER STREET ROCHESTER, NY 146074039	16-0743134		0	9,585	FMV	BOOKS	ENCOURAGE READING
BOSTON CHILDREN'S PRIMARY CARE AT LONGWOOD 300 LONGWOOD AVENUE BOSTON, MA 021155724	04-2774441	3	0	9,519	FMV	BOOKS	ENCOURAGE READING

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

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SANDHILLS PEDIATRICS INC SANDHILLS PEDIATRICS INC 195 WEST ILLINOIS AVE SOUTHERN PINES, NC 28387	56-0943953		0	9,423	FMV	BOOKS	ENCOURAGE READING
MEDICAL ASSOCIATES PEDIATRICS 100 HOSPITAL ROAD LEOMINSTER, MA 014532253	04-3414523		0	9,324	FMV	BOOKS	ENCOURAGE READING

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GRAND PRAIRIE PEDIATRICS OU CHILDREN'S PHYSICIANS 6001 NW 139TH ST OKLAHOMA CITY, OK 73142	73-6017987		0	9,243	FMV	BOOKS	ENCOURAGE READING
AMERICAN ACADEMY OF PEDIATRICS CALIFORNIA CHAPTER IV 5000 CAMPUS DRIVE NEWPORT BEACH, CA 92660	95-3731523	3	0	9,079	FMV	BOOKS	ENCOURAGE READING

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

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AKRON CHILDREN'S HOSPITAL MAHONING VALLEY PEDIATRIC SPECIALTIES 6505 MARKET STREET BOARDMAN, OH 44512	34-0714357	3	0	9,000	FMV	BOOKS	ENCOURAGE READING
METROHEALTH MEDICAL CENTER 2500 METROHEALTH DRIVE CLEVELAND, OH 441091998	34-6607695	3	0	9,000	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		0	8,990	FMV	BOOKS	ENCOURAGE READING
HAWTHORN PEDIATRICS 531 FAUNCE CORNER ROAD NORTH DARTMOUTH, MA 02747	04-2985225	3	0	8,950	FMV	BOOKS	ENCOURAGE READING

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NOVANT HEALTH PEDIATRICS SOUTHPARK 6324 FAIRVIEW RD CHARLOTTE, NC 282103271	58-1728803	3	0	8,928	FMV	BOOKS	ENCOURAGE READING
APEX PEDIATRICS 1021 W WILLIAMS STREET APEX, NC 27502	36-4351186		0	8,896	FMV	BOOKS	ENCOURAGE READING

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THE CHILDREN'S CENTER PEDIATRIC CLINIC 6800 NW 39TH EXPRESSWAY BETHANY, OK 73008	73-0580264	3	0	8,842	FMV	BOOKS	ENCOURAGE READING
WALLA WALLA CLINIC DEPARTMENT OF PEDIATRICS 55 W TIETAN STREET WALLA WALLA, WA 993624445	91-0862542		0	8,699	FMV	BOOKS	ENCOURAGE READING

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ESTRELLITAS PEDIATRICS 2227 S GARNETT RD TULSA, OK 74129	47-2452574		0	8,533	FMV	BOOKS	ENCOURAGE READING
RIVERSIDE PEDIATRIC AND FAMILY MEDICINE CENTER 10510 JEFFERSON AVENUE NEWPORT NEWS, VA 236013102	52-1245746		0	8,525	FMV	BOOKS	ENCOURAGE READING

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KAISER PERMANENTE CAMP SPRINGS MEDICAL CENTER 6104 OLD BRANCH AVENUE TEMPLE HILLS, MD 20748	52-0954463	3	0	8,483	FMV	BOOKS	ENCOURAGE READING
MECKLENBURG COUNTY IMMUNIZATION CLINIC NORTH WEST HEALTH DEPARTMENT 2845 BEATTIES FORD ROAD CHARLOTTE, NC 28216	56-6000319	3	0	8,418	FMV	BOOKS	ENCOURAGE READING

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JACKSON COUNTY MEMORIAL HOSPITAL PEDIATRIC CLINIC 101 SOUTH PARK LANE ALTUS, OK 73521	73-1311786	3	0	8,390	FMV	BOOKS	ENCOURAGE READING
GRAND STRAND PEDIATRIC AND ADOLESCENTS MEDICINE PA 8120 ROURK ST MYRTLE BEACH, SC 29572	57-0783896		0	8,350	FMV	BOOKS	ENCOURAGE READING

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OISHEI CHILDREN'S HOSPITAL NIAGARA STREET PEDIATRICS 1050 NIAGARA ST BUFFALO, NY 14213	16-1533232	3	0	8,151	FMV	BOOKS	ENCOURAGE READING
RALEIGH CHILDREN AND ADOLESCENTS MEDICINE 3100 DURALEIGH RD SUITE 300 RALEIGH, NC 27612	56-2000200		0	8,133	FMV	BOOKS	ENCOURAGE READING

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CHEROKEE NATION OUTPATIENT HEALTH CENTER TAHLEQUAH 19600 EAST ROSS STREET TAHLEQUAH, OK 744642512			0	8,102	FMV	BOOKS	ENCOURAGE READING
WESTBOROUGH PEDIATRICS RELIANT MEDICAL GROUP 900 UNION STREET WESTBOROUGH, MA 01581	04-2472266	3	0	8,065	FMV	BOOKS	ENCOURAGE READING

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OU CHILDREN'S SOUTHWEST COMMUNITY PEDIATRICS 34 SW 89TH STREET OKLAHOMA CITY, OK 73139	73-6017987		0	8,016	FMV	BOOKS	ENCOURAGE READING
MISSION PEDIATRICS MCDOWELL 387 US HWY 70 W MARION, NC 28752	08-3204888		0	7,998	FMV	BOOKS	ENCOURAGE READING

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HIGHLAND PEDIATRICS 1030 PRESIDENT AVENUE FALL RIVER, MA 027205923	04-3013890		0	7,944	FMV	BOOKS	ENCOURAGE READING
CONNECTICUT PEDIATRICS CHC 76 NEW BRITAIN AVENUE HARTFORD, CT 06106	06-1446900	3	0	7,932	FMV	BOOKS	ENCOURAGE READING

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CHILDREN'S PRIMARY CARE MEDICAL GROUP MEDICAL CENTER COURT 769 MEDICAL CENTER COURT CHULA VISTA, CA 91911	33-0662258		0	7,889	FMV	BOOKS	ENCOURAGE READING
PROVIDENCE PEDIATRIC CLINIC PPB 14214 BALLANTYNE LAKE RD CHARLOTTE, NC 28277	56-2274415		0	7,868	FMV	BOOKS	ENCOURAGE READING

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VARIETY CARE BAPTIST PORTLAND 5401 N PORTLAND SUITE 500 OKLAHOMA CITY, OK 73112	73-1088577	3	0	7,839	FMV	BOOKS	ENCOURAGE READING
MARY WASHINGTON PRIMARY CARE AND PEDIATRICS AT LADY SMITH 8051 PROSPERITY WAY RUTHER GLEN, VA 225462881	20-8446785	3	0	7,810	FMV	BOOKS	ENCOURAGE READING

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RENTON PEDIATRIC ASSOCIATES 4033 TALBOT ROAD SOUTH RENTON, WA 98055	91-1380637		0	7,753	FMV	BOOKS	ENCOURAGE READING
RELIANT MEDICAL GROUP-SHREWSBURY SHREWSBURY SITE 378 MAPLE AVENUE SHREWSBURY, MA 01545	04-2472266		0	7,715	FMV	BOOKS	ENCOURAGE READING

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CHILD AND ADOLESCENT CLINIC 971 11TH AVE LONGVIEW, WA 986322503	91-1139057		0	7,655	FMV	BOOKS	ENCOURAGE READING
CHILDREN'S NATIONAL AT COLUMBIA HEIGHTS CHILDREN'S NATIONAL HOSPITAL 3336 14TH ST NW WASHINGTON, DC 20010	53-0196580		0	7,652	FMV	BOOKS	ENCOURAGE READING

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PALMETTO PEDIATRIC AND ADOLESCENT CLINIC - CLEMSON RD 326286 601 CLEMSON ROAD COLUMBIA, SC 29229	57-0705364		0	7,627	FMV	BOOKS	ENCOURAGE READING
INTOWN PEDIATRIC & ADOLESCENT MEDICINE PC 490 BILL KENNEDY WAY ATLANTA, GA 30316	20-4906570		0	7,613	FMV	BOOKS	ENCOURAGE READING

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SWEETGRASS PEDIATRICS - SUMMERVILLE 748 ORANGEBURG ROAD SUMMERVILLE, SC 29483	81-0568231		0	7,598	FMV	BOOKS	ENCOURAGE READING
VARIETY CARE MID-DEL 3851 TINKER DIAGONAL DEL CITY, OK 731152109	73-1088577	3	0	7,593	FMV	BOOKS	ENCOURAGE READING

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JOEL CENTER OF EXCELLENCE M-4861 LOGISTIC AVENUE FORT BRAGG, NC 28310	56-1871181	3	0	7,553	FMV	BOOKS	ENCOURAGE READING
AMERICAN ACADEMY OF PEDIATRICS CALIFORNIA CHAPTER 2 PO BOX 907 RIALTO, CA 92377	23-7311839	3	0	7,480	FMV	BOOKS	ENCOURAGE READING

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CARILION PEDIATRIC CLINIC 4348 ELECTRIC ROAD ROANOKE, VA 24018	03-0219309		0	7,440	FMV	BOOKS	ENCOURAGE READING
BURLINGTON PEDIATRICS WEST 3804 S CHURCH ST BURLINGTON, NC 27215	56-1211337		0	7,278	FMV	BOOKS	ENCOURAGE READING

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SUNY UPSTATE MEDICAL UNIVERSITY UPSTATE PEDIATRIC AND ADOLESCENT CENTER 90 PRESIDENTIAL PLAZA SYRACUSE, NY 13204	16-1469571	3	0	7,273	FMV	BOOKS	ENCOURAGE READING
EAST CAROLINA SCHOOL OF MEDICINE PEDIATRIC OUTPATIENT CENTER 600 MOYE BOULEVARD GREENVILLE, NC 278344300	56-6000403		0	7,250	FMV	BOOKS	ENCOURAGE READING

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MOUNT OLIVE PEDIATRICS PA 327 NC-55 MOUNT OLIVE, NC 28365	57-0672117	3	0	7,155	FMV	BOOKS	ENCOURAGE READING
SEASIDE PEDIATRICS 150 ANSEL HALLET ROAD WEST YARMOUTH, MA 026732582	04-3187299	3	0	7,147	FMV	BOOKS	ENCOURAGE READING

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

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BIRTH AND BEYOND PEDIATRICS 10011 S YALE TULSA, OK 74137	20-0327700		0	7,135	FMV	BOOKS	ENCOURAGE READING
ATRIUM HEALTH STANLY PEDIATRIC SERVICES STANLY PEDIATRIC SERVICES 105 YADKIN ST ALBEMARLE, NC 28001	56-1667838		0	7,084	FMV	BOOKS	ENCOURAGE READING

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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
GREAT FALLS CLINIC 1400 29TH STREET S GREAT FALLS, MT 594055353	81-0141660		0	7,072	FMV	BOOKS	ENCOURAGE READING
EASLEY PEDIATRICS 800 NA STREET EASLEY, SC 296402144	57-1004971		0	7,062	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
ALASKA NATIVE MEDICAL CENTER PCC-PEDIATRIC CLINIC 4320 DIPLOMACY DRIVE ANCHORAGE, AK 995085925			0	7,058	FMV	BOOKS	ENCOURAGE READING
CONNECTICUT CHILDREN'S PRIMARY CARE AT EAST HARTFORD 800 CONNECTICUT BLVD 1ST FL EAST HARTFORD, CT 06108	06-0646753	3	0	7,058	FMV	BOOKS	ENCOURAGE READING

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

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MANCHESTER PEDIATRIC ASSOCIATES SOUTH WINDSOR OFFICE 2701 TAMARACK AVENUE SOUTH WINDSOR, CT 06074	80-0657237		0	6,992	FMV	BOOKS	ENCOURAGE READING
VERNON PEDIATRICS AND ADOLESCENT MEDICINE STARLING PHYSICIANS 357 HARTFORD TURNPIKE VERNON, CT 060664838	06-1440790		0	6,990	FMV	BOOKS	ENCOURAGE READING

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

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HOLYOKE PEDIATRIC ASSOCIATES 150 LOWER WESTFIELD ROAD HOLYOKE, MA 010402890	04-3399973	3	0	6,970	FMV	BOOKS	ENCOURAGE READING
UNIVERSITY LEBONHEUR PEDIATRIC SPECIALISTS 51 NORTH DUNLAP MEMPHIS, TN 38105	27-3426141	3	0	6,943	FMV	BOOKS	ENCOURAGE READING

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

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REDWOOD PEDIATRIC AND ADOLESCENT MEDICINE 15 VREELAND AVENUE EAST LONGMEADOW, MA 010281631	02-0572487		0	6,923	FMV	BOOKS	ENCOURAGE READING
CONTRA COSTA PUBLIC HEALTH CLINIC SERVICES 2500 BATES AVE SUITE B CONCORD, CA 94520	23-7310613	3	0	6,897	FMV	BOOKS	ENCOURAGE READING

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

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NEIGHBORHOOD HEALTH CENTER 155 LAWN AVENUE BUFFALO, NY 142071816	16-1294447		0	6,875	FMV	BOOKS	ENCOURAGE READING
KAISER PERMANENTE RESTON MEDICAL CENTER 1890 METRO CENTER DRIVE RESTON, VA 20190	52-0954463	3	0	6,801	FMV	BOOKS	ENCOURAGE READING

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

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THE CHILDREN'S CENTER OF CAROLINA HEALTH CENTERS INC 113 LINER DRIVE GREENWOOD, SC 296462311	57-0650154	3	0	6,758	FMV	BOOKS	ENCOURAGE READING
MIDDLE GEORGIA PEDIATRICS LLC 1508-B HARDEMAN AVENUE MACON, GA 312011416	58-2566360		0	6,743	FMV	BOOKS	ENCOURAGE READING

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

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SAINTS MIDTOWN PEDIATRICS SSM HEALTH 608 NW 9TH ST OKLAHOMA CITY, OK 73102	76-0825755		0	6,718	FMV	BOOKS	ENCOURAGE READING
CHILD HEALTH ASSOCIATES AUBURN SITE 105 MILLBURY STREET AUBURN, MA 015013205	04-2929916		0	6,699	FMV	BOOKS	ENCOURAGE READING

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

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CHILDREN'S HOSPITAL OF MICHIGAN CHILD AND FAMILY LIFE 3901 BEAUBIEN BOULEVARD DETROIT, MI 482012119	38-1357994		0	6,643	FMV	BOOKS	ENCOURAGE READING
COMMUNITY HEALTH CENTER INC MIDDLETOWN SITE 675 MAIN STREET MIDDLETOWN, CT 064572845	06-0897105	3	0	6,592	FMV	BOOKS	ENCOURAGE READING

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

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THE CHILDREN'S CLINIC PC 3401 AVENUE E BILLINGS, MT 59102	81-0349230		0	6,585	FMV	BOOKS	ENCOURAGE READING
THE LONGSTREET CLINIC PC OAKWOOD CENTER FOR PEDIATRICS 4224 FAIRBANKS DRIVE OAKWOOD, GA 30566	58-2117020		0	6,465	FMV	BOOKS	ENCOURAGE READING

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

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ERIC B CHANDLER HEALTH CENTER RUTGERS UNIVERSITY- RWJMS 277 GEORGE STREET NEW BRUNSWICK, NJ 089011311	22-1980408	3	0	6,410	FMV	BOOKS	ENCOURAGE READING
TRI-RIVER FAMILY HEALTH CENTER UMASS MEMORIAL MEDICAL CENTER 281 EAST HARTFORD AVENUE UXBRIDGE, MA 01569	04-2911067		0	6,361	FMV	BOOKS	ENCOURAGE READING

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

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CHOR PEDIATRIC EMERGENCY 1250 EAST MARSHALL /1000 EAST BROAD STREET RICHMOND VA 23219 RICHMOND, VA 23219	54-1581185	3	0	6,335	FMV	BOOKS	ENCOURAGE READING
PRINCETON PEDIATRICS PA 104 COMMERCIAL DRIVE PRINCETON, NC 27569	57-0672117	3	0	6,301	FMV	BOOKS	ENCOURAGE READING

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

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CAMBRIDGE HEALTH ALLIANCE CAMBRIDGE PEDIATRICS 1493 CAMBRIDGE STREET CAMBRIDGE, MA 021391047	04-2534244	3	0	6,248	FMV	BOOKS	ENCOURAGE READING
CAMCARE HEALTH CORPORATION GATEWAY OFFICE 817 FEDERAL AVENUE CAMDEN, NJ 08103	22-2192716	3	0	6,246	FMV	BOOKS	ENCOURAGE READING

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

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FRANKLIN PEDIATRIC AND ADOLESCENT CARE 1280 WEST CENTRAL STREET FRANKLIN, MA 020383188	04-3159969	3	0	6,209	FMV	BOOKS	ENCOURAGE READING
SOUTHERN PEDIATRIC CLINIC 406 M NORTHSIDE DR VALDOSTA, GA 31602	20-2561935		0	6,202	FMV	BOOKS	ENCOURAGE READING

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

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RELIANT MEDICAL GROUP WORCESTER LOCATION 5 NEPONSET STREET WORCESTER, MA 01605	04-2472266		0	6,165	FMV	BOOKS	ENCOURAGE READING
AMBULATORY PEDIATRICS PENN STATE HEALTH 35 HOPE DRIVE HERSHEY, PA 17033	24-6000376	3	0	6,164	FMV	BOOKS	ENCOURAGE READING

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

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HARRINGTON PHYSICIAN SERVICES 100 SOUTH STREET SUITE 102 SOUTHBRIDGE, MA 01550	13-4366504		0	6,150	FMV	BOOKS	ENCOURAGE READING
SWANSEA PEDIATRICS 2200 GAR HIGHWAY SWANSEA, MA 02777	04-3403040		0	6,121	FMV	BOOKS	ENCOURAGE READING

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SCISSORTAIL PEDIATRICS SCISSORTAIL PEDIATRICS 865 E VETERANS MEMORIAL HWY BLANCHARD, OK 73010	81-3194908		0	6,111	FMV	BOOKS	ENCOURAGE READING
PALMETTO PEDIATRIC AND ADOLESCENT CLINIC 7448 BROAD RIVER RD IRMO, SC 29063	57-0705364		0	6,089	FMV	BOOKS	ENCOURAGE READING

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CHILDREN'S HOSPITAL OF GEORGIA GENERAL PEDIATRICS PRIMARY CARE 1446 HARPER STREET AUGUSTA, GA 309120012	35-2310573		0	6,087	FMV	BOOKS	ENCOURAGE READING
MAIN PEDIATRICS 2924 MAIN STREET BUFFALO, NY 14214	20-4716953		0	6,082	FMV	BOOKS	ENCOURAGE READING

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

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DAY KIMBALL HEALTHCARE CENTER PUTNAM LOCATIONPEDIATRICS 320 POMFRET STREET PUTNAM, CT 062601836	45-4077626		0	6,067	FMV	BOOKS	ENCOURAGE READING
PEDIATRIC ASSOCIATES OF FALL RIVER 851 MIDDLE STREET FALL RIVER, MA 027211735	04-2547627		0	6,059	FMV	BOOKS	ENCOURAGE READING

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

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CONNECTICUT CHILDREN'S PRIMARY CARE OF FARMINGTON 599 FARMINGTON AVENUE FARMINGTON, CT 06032	06-0646753	3	0	6,059	FMV	BOOKS	ENCOURAGE READING
NORTHERN BERKSHIRE PEDIATRICS 77 HOSPITAL AVENUE NORTH ADAMS, MA 012472550	04-2772469		0	6,011	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 FORSYTH PEDIATRICS - WESTGATE 1351 WESTGATE CENTER DR WINSTONSALEM, NC 27103	31-1725913	3	0	6,006	FMV	BOOKS	ENCOURAGE READING
BROCKTON NEIGHBORHOOD HEALTH CENTER 63 MAIN ST BROCKTON, MA 023014042	04-3165044	3	0	6,005	FMV	BOOKS	ENCOURAGE READING

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

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ALLENTOWN PEDIATRIC & ADOLESCENT MEDICINE 560 FRANKLIN ST BUFFALO, NY 14202	51-0431525		0	5,981	FMV	BOOKS	ENCOURAGE READING
PEDIATRICS WEST 133 LITTLETON RD WESTFORD, MA 01886	04-2623388		0	5,980	FMV	BOOKS	ENCOURAGE READING

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

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AUTISM & DEVELOPMENTAL CENTER NAVICENT HEALTH 1014 FORSYTH STREET MACON, GA 31201	58-2307485	3	0	5,972	FMV	BOOKS	ENCOURAGE READING
DAVIE COUNTY HEALTH DEPARTMENT 154 GOVERNMENT CENTER BLVD MOCKSVILLE, NC 27028	56-6000295	3	0	5,964	FMV	BOOKS	ENCOURAGE READING

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CHILDREN'S HEALTH CENTER AT ANACOSTIA 2101 MARTIN LUTHER KING JR AVENUE SE WASHINGTON, DC 20020	53-0196580	3	0	5,954	FMV	BOOKS	ENCOURAGE READING
SOUTHCOAST PEDIATRICS 49 STATE ROAD NORTH DARTMOUTH, MA 02747	22-2703314	3	0	5,949	FMV	BOOKS	ENCOURAGE READING

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KAISER PERMANENTE WOODLAWN MEDICAL CENTER 7141 SECURITY BLVD WOODLAWN, MD 21244	52-0954463	3	0	5,935	FMV	BOOKS	ENCOURAGE READING
WALTON COUNTY HEALTH DEPARTMENT CLARKE COUNTY BRD HLTH - WALTON 1404 S MADISON AVENUE MONROE, GA 30655	58-6000351		0	5,931	FMV	BOOKS	ENCOURAGE READING

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72 HEALTHCARE OPERATIONS SQUADRON 7050 AIR DEPOT TINKER AFB, OK 73145			0	5,913	FMV	BOOKS	ENCOURAGE READING
VARIETY CARE BRITTON PEDIATRICS 721 W BRITTON RD OKLAHOMA CITY, OK 73114	73-1088577	3	0	5,841	FMV	BOOKS	ENCOURAGE READING

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HARVARD VANGUARD MEDICAL ASSOC-MEDFORD 26 CITY HALL MALL MEDFORD, MA 021554754	04-3397450	3	0	5,799	FMV	BOOKS	ENCOURAGE READING
FIRST GEORGIA PHYSICIAN GROUP -PEDIATRICS 101 YORK TOWN DRIVE FAYETTEVILLE, GA 30214	47-2455237		0	5,779	FMV	BOOKS	ENCOURAGE READING

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BROOKSIDE COMMUNITY HEALTH CENTER 3297 WASHINGTON STREET JAMAICA PLAIN, MA 021302655	04-2312909	3	0	5,741	FMV	BOOKS	ENCOURAGE READING
NEW BRITAIN PEDIATRIC GROUP 1095 WEST MAIN STREET NEW BRITAIN, CT 060533454	06-0768562		0	5,692	FMV	BOOKS	ENCOURAGE READING

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WHEATFIELD PEDIATRICS 2890 NIAGARA FALLS BOULEVARD NORTH TONAWANDA, NY 14120	16-1565108		0	5,620	FMV	BOOKS	ENCOURAGE READING
PEDIATRICS NORTHWEST PS BAKER CENTER OFFICE 316 MARTIN LUTHER KING JR WAY TACOMA, WA 984054252	91-2124511	3	0	5,596	FMV	BOOKS	ENCOURAGE READING

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VARIETY CARE NORMAN PEDS 1237 ALAMEDA STREET NORMAN, OK 73071	73-1088577	3	0	5,589	FMV	BOOKS	ENCOURAGE READING
BROCKTON HOSPITAL CHILD & YOUTH CLINIC 680 CENTRE STREET BROCKTON, MA 023023308	04-3306782	3	0	5,548	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		0	5,539	FMV	BOOKS	ENCOURAGE READING
PLYMOUTH PEDIATRIC ASSOCIATES PEDIATRICS 148 INDUSTRIAL PARK RD PLYMOUTH, MA 02360	04-3170543		0	5,525	FMV	BOOKS	ENCOURAGE READING

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ARBORETUM PEDIATRICS 7800 PROVIDENCE ROAD CHARLOTTE, NC 28226	56-1895353		0	5,506	FMV	BOOKS	ENCOURAGE READING
PEDIATRICS NORTHWEST PS FEDERAL WAY OFFICE 505 S 336TH ST FEDERAL WAY, WA 98003	91-2124511	3	0	5,501	FMV	BOOKS	ENCOURAGE READING

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SKAGIT PEDIATRICS LLP 2101 LITTLE MOUNTAIN LANE MOUNT VERNON, WA 982748752	91-1147231		0	5,448	FMV	BOOKS	ENCOURAGE READING
SAN ANTONIO MILITARY MEDICAL CENTER BROOKE ARMY MEDICAL CENTER 3551 ROGER BROOKE DRIVE FORT SAM HOUSTON, TX 78234			0	5,440	FMV	BOOKS	ENCOURAGE READING

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

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CMC NORTHPARK FAMILY PRACTICE ATRIUM HEALTH 251 EASTWAY DRIVE CHARLOTTE, NC 282137103	56-0621073	3	0	5,436	FMV	BOOKS	ENCOURAGE READING
MERCY COMPREHENSIVE CARE CENTER 397 LOUISIANA ST BUFFALO, NY 142042275	22-2209721		0	5,416	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 AND ADOLESCENT MEDICINE 2207 BOSTON ROAD WILBRAHAM, MA 010951155	04-3402361		0	5,377	FMV	BOOKS	ENCOURAGE READING
SOUTH POINTE PEDIATRICS 1615 SOUTH EUCALYPTUS AVENUE BROKEN ARROW, OK 74012	90-1152279		0	5,316	FMV	BOOKS	ENCOURAGE READING

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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
WASHINGTON PEDIATRICS PA 1206 BROWN STREET WASHINGTON, NC 27889	20-1548516	3	0	5,268	FMV	BOOKS	ENCOURAGE READING
UMASS MEMORIAL CHILDREN'S MEDICAL CENTER PEDIATRIC PRIMARY CARE CLINIC 55 LAKE AVENUE NORTH WORCESTER, MA 016550002	04-2911067	3	0	5,226	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
SOUTHERNMED PEDIATRICS HILLCREST OFFICE 1995 ST MATTHEWS RD ORANGEBURG, SC 29118	26-1960517		0	5,222	FMV	BOOKS	ENCOURAGE READING
BARROW COUNTY HEALTH DEPARTMENT 15 PORTER ST WINDER, GA 30680	58-6000351		0	5,215	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
CODMAN SQUARE HEALTH CENTER 637 WASHINGTON STREET DORCHESTER, MA 021243510	04-2678774	3	0	5,203	FMV	BOOKS	ENCOURAGE READING
LOWELL COMMUNITY HEALTH CENTER 161 JACKSON STREET LOWELL, MA 01852	04-2881348	3	0	5,203	FMV	BOOKS	ENCOURAGE READING

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 HOSPITAL OF NEW MEXICO CHILD LIFE PROGRAM 2211 LOMAS BOULEVARD NE ALBUQUERQUE, NM 87106	85-6003005	3	0	5,167	FMV	BOOKS	ENCOURAGE READING
IN HIS IMAGE FAMILY MEDICAL CARE 7501 S RIVERSIDE PARKWAY TULSA, OK 74136	73-1321032		0	5,166	FMV	BOOKS	ENCOURAGE READING

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
RELIANT MEDICAL GROUP - MILFORD DEPARTMENT OF PEDIATRICS 101 CEDAR STREET MILFORD, MA 017572236	04-2472266		0	5,124	FMV	BOOKS	ENCOURAGE READING
RIVERSIDE PEDIATRICS 435 MARINA DRIVE GEORGETOWN, SC 29440	47-3718945		0	5,107	FMV	BOOKS	ENCOURAGE READING

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
NICU BRIGHAM AND WOMEN'S HOSPITAL CARMINA ERDEI MD 75 FRANCIS STREET BOSTON, MA 02115	04-2312909	3	0	5,073	FMV	BOOKS	ENCOURAGE READING
HARBIN CLINIC PEDIATRICS CARTERSVILLE 200 GENTILLY BLVD CARTERSVILLE, GA 30120	58-2234927		0	5,066	FMV	BOOKS	ENCOURAGE READING

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 POWERSVILLE 200 THREE BRIDGES ROAD GREENVILLE, SC 29611	57-1004971		0	5,063	FMV	BOOKS	ENCOURAGE READING
RELIANT MEDICAL GROUP AUBURN LOCATION 4 BROTHERTON WAY AUBURN, MA 015013203	04-2472266		0	5,050	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
PEDIATRICS NORTHWEST PS JAMES CENTER OFFICE 1628 S MILDRED 101 TACOMA, WA 984651628	91-2124511	3	0	5,046	FMV	BOOKS	ENCOURAGE READING
BAYSTATE HIGH STREET HEALTH CENTER 140 HIGH STREET SPRINGFIELD, MA 011991006	04-2790311	3	0	5,045	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
PALMETTO PEDIATRIC AND ADOLESCENT CLINIC - DOWNTOWN 140 PARK CENTRAL DRIVE COLUMBIA, SC 29203	57-0705364		0	5,042	FMV	BOOKS	ENCOURAGE READING
OLD 4TH WARD PEDIATRICS 285 BOULEVARD NE SUITE 235 ATLANTA, GA 30312	58-1435911		0	5,016	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 HAMPDEN COUNTY 373 PARK STREET WEST SPRINGFIELD, MA 010893304	04-2647814		0	5,012	FMV	BOOKS	ENCOURAGE READING
YUKON-KUSKOKWIM HEALTH CORP WELL CHILD PROGRAM PO BOX 528 BETHEL, AK 995590528	92-0041414		0	5,009	FMV	BOOKS	ENCOURAGE READING

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047
2020
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 CALLEE BOULWARE REGIONAL EXECUTIVE DIRECTOR	(i)	169,937	0	0	7,408	29,533	206,878	0
	(ii)	0	0	0	0	0	0	0
2 AMY ERICKSON REGIONAL EXECUTIVE DIRECTOR	(i)	141,579	0	0	6,380	29,874	177,833	0
	(ii)	0	0	0	0	0	0	0
3 BRIAN GALLAGHER CEO/PRESIDENT/CLERK	(i)	158,166	0	0	5,901	13,471	177,538	0
	(ii)	0	0	0	0	0	0	0
4 LAMBRINA KLESS CHIEF OPERATING OFFICER	(i)	142,034	0	0	5,281	18,317	165,632	0
	(ii)	0	0	0	0	0	0	0
5 JESSICA MORTENSEN REGIONAL EXECUTIVE DIRECTOR	(i)	133,481	0	0	6,024	10,818	150,323	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 M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

▶ **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		2,423,716	FMV
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 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?		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?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
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, COLUMN (B):	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

2020**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 VII	A BOARD MEMBER HOLDS A SIGNIFICANT POSITION WITH SCHOLASTIC BOOKS, A MAJOR VENDOR THAT PROVIDES THE ORGANIZATION BOTH DONATED AND PURCHASED BOOKS FOR DISTRIBUTION IN THEIR PROGRAMS . ALL PURCHASES ARE MADE AT FAIR MARKET VALUE AND IN ACCORDANCE WITH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY.