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CLIENT'S COPY



MARCH 4, 2023

INTERNATIONAL BOOK PROJECT, INC. 1440 DELAWARE AVENUE LEXINGTON, KY 40505

INTERNATIONAL BOOK PROJECT, INC.:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2022 EXEMPT ORGANIZATION RETURN, AS FOLLOWS...

2022 FORM 990

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

BEST REGARDS.

ANDREW H. DIERUF, CPA

		i iiiig iiis	tructions
Prepared for:			Prepared by:
INTERNATIONAL 1440 DELAWARE LEXINGTON, KY		INC.	BESTEN & DIERUF, PLLC 190 MARKET STREET LEXINGTON, KY 40507
2022 FORM 990			
ELECTRONIC F	'ILING:		
IT TRANSMITT FORM 8879-TE THE IRS. DO	TED ELECTRONICA TO OUR OFFICE	ALLY TO THE. WE WII APER COPY	LECTRONIC FILING. IF YOU WISH TO HAVE IE IRS, PLEASE SIGN, DATE, AND RETURN LETURN TO THE LECTRONIC RETURN TO OF THE RETURN TO THE IRS. RETURN

Form 8879-TF

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning	, 2022, and ending	, 20	

OMB No. 1545-0047

Do not send to the IRS. Keep for your records. Department of the Treasury Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service Name of filer EIN or SSN INTERNATIONAL BOOK PROJECT, 61-6039627 Name and title of officer or person subject to tax LISA FRYMAN EXECUTIVE DIRECTOR Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. $\underline{\mathbb{K}}$ b Total revenue, if any (Form 990, Part VIII, column (A), line 12) _____ 1b $\underline{2,389,161}$. Form 990 check here 1a **b Total revenue,** if any (Form 990-EZ, line 9) _______ **2b** 2a Form 990-EZ check here Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 3a **b Tax based on investment income** (Form 990-PF, Part V, line 5) 4a Form 990-PF check here 4b Form 8868 check here b Balance due (Form 8868, line 3c) 5b 5a Form 990-T check here **b Total tax** (Form 990-T, Part III, line 4) 6a 7a Form 4720 check here b Total tax (Form 4720, Part III, line 1) 7b 8a Form 5227 check here **b** FMV of assets at end of tax year (Form 5227, Item D) Form 5330 check here **b** Tax due (Form 5330, Part II, line 19) 9a 9b 10a Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of perjury, I declare that X I am an officer of the above entity or I I am a person subject to tax with respect to (name , (EIN) and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize BESTEN & DIERUF, PLLC 39627 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. **Certification and Authentication** Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 61590946157 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. BESTEN & DIERUF, PLLC ERO's signature Date **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So Form **8879-TE** (2022)

202521 12-16-22

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

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.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

	OI LIN	e 2022 Calendar year, or tax year beginning	enung	1					
B	Check if applicabl	C Name of organization		D Employer identific	cation number				
	Addre	INTERNATIONAL BOOK PROJECT, INC.]					
	Name chang	e Doing business as		61-60396	27				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r				
	Final return	1//O DELAWARE AVENUE		859-254-					
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	· · · · · · · · · · · · · · · · · · ·						
	Amen	, , , , , , , , , , , , , , , , , , , ,		G Gross receipts \$ H(a) Is this a group re	2,399,552.				
	Applic			for subordinates					
	lion pendii	SAME AS C ABOVE		H(b) Are all subordinates in					
$\overline{}$	Tay ay		or 527	1 ` ′					
			or 527	7	list. See instructions				
_	Websi		1,	H(c) Group exemptio					
	art I	organization: X Corporation Trust Association Other Summary	L Year	of formation: 1900 N	M State of legal domicile: KY				
Г	_	•	ромошь	PDIICAMION :	N NTD				
ø	1			EDUCATION A					
Activities & Governance				DING OF THEI					
eru	2	Check this box if the organization discontinued its operations or dispos	sed of more	1					
Š	3			<u>3</u>	17				
<u>ب</u> ق	4	Number of independent voting members of the governing body (Part VI, line 1b)			17				
es	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			5				
ξ	6	Total number of volunteers (estimate if necessary)			222				
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.				
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.				
				Prior Year	Current Year				
Ф	8	Contributions and grants (Part VIII, line 1h)		3,263,460.	2,305,739.				
Revenue	9	Program service revenue (Part VIII, line 2g)		11,159.	69,395.				
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,096.	3,255.				
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		16,921.	10,772.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,293,636.	2,389,161.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,018,929.	2,026,053.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		186,241.	194,645.				
Se	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
Expenses	Ь	Total fundraising expenses (Part IX, column (D), line 25) 45, 0	07.						
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		137,753.	164,533.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,342,923.	2,385,231.				
		Revenue less expenses. Subtract line 18 from line 12		-49,287.	3,930.				
a	3			ginning of Current Year	End of Year				
Net Assets or	20	Total assets (Part X, line 16)		1,136,149.	1,015,924.				
ASS	21	Total liabilities (Part X, line 26)		16,488.	0.				
let,	22	Net assets or fund balances. Subtract line 21 from line 20		1,119,661.	1,015,924.				
Pa	art II	Signature Block							
		lties of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of my	knowledge and belief, it is				
		ct, and complete. Declaration of preparer (other than officer) is based on all information of wh			interneuge una sener, it is				
	,	Signal completes because of proparer (earlier and concern a baseline and an arrival and a signal	non proparor	l l					
Sig	n	Signature of officer		Date					
Her		LISA FRYMAN, EXECUTIVE DIRECTOR							
	•	Type or print name and title							
		Print/Type preparer's name Preparer's signature		Date Check	PTIN				
Paid	d	ANDREW H. DIERUF, CPA		if self-employ					
	- parer	Firm's name BESTEN & DIERUF, PLLC	I_		5-3048812				
-	Only	Firm's address 190 MARKET STREET		THIII 3 LIN T					
550	· · · · ·	LEXINGTON, KY 40507		Phone no 85	9-254-4427				
Max	v the II	RS discuss this return with the preparer shown above? See instructions		T Holle Ho. O S	X Yes No				
ivia)	y trie II	10 discuss this return with the preparer shown above? See Instructions			A Yes No				

Pa	rt III Statement of Program S	•	
		a response or note to any line in this Part III	
1	Briefly describe the organization's mis		DENTING AMERICANG!
		ON AND LITERACY WHILE BROAD	DENING AMERICANS
	UNDERSTANDING OF TH	IEIR NEIGHBORS.	
	Did the examination undertake any si	innificant program continued during the year which w	are not listed on the
2		ignificant program services during the year which we	
	If "Yes," describe these new services	on Schodulo O	Tes A No
3	,		any program services? Yes X No
3	If "Yes," describe these changes on S	ng, or make significant changes in how it conducts, a	any program services? res [21] No
4	,	service accomplishments for each of its three larges	et program carvicas, as measured by expenses
•		izations are required to report the amount of grants	
	revenue, if any, for each program serv		and anocations to others, the total expenses, and
4a	(Code:) (Expenses \$	2,287,503. including grants of \$ 2,0	026,053.) (Revenue \$ 76,649.)
Tu	TNTERNATIONAL BOOK	PROJECT, INC. DISTRIBUTED	189.945 BOOKS TO VARIOUS
	COUNTRIES.	INCOLOTY INC. DIDINIDOTED	103/310 200118 10 111112008
	000111111111111111111111111111111111111		
	_		
	_		
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
) (Expenses 4	morading grants of \$	
	_		
	_		
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	, , , , , , , , , , , , , , , , , , , ,		
4d	Other program services (Describe on	Schedule O.)	
	(Expenses \$	including grants of \$	(Revenue \$
4e	Total program service expenses	2,287,503.	
_			Form 990 (2022)

Form 990 (2022) INTERNATIONAL BOOK PROJECT, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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	3		Х
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	4		Х
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
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	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
Ü	, , ,	8		X
9	Schedule D, Part III	۰		
3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		X
10	If "Yes," complete Schedule D, Part IV			
10		10		x
44	or in quasi endowments? <i>If</i> "Yes," complete Schedule D, Part V	10		- 22
11				
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		Х	
	Part VI	11a	22	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446	Х	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	х	
	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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	441.		x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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	4-	Х	
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15	Λ	
16		40		x
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	I

232003 12-13-22

	990 (2022) INTERNATIONAL BOOK PROJECT, INC. 61-603	9627	Р	age 4
Par	T IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	—	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			,,
	Schedule J	23	—	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			l
	Schedule K. If "No," go to line 25a	24a	\vdash	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24b	—	ــــــ
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c	—	<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	—	<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	—	<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	. 27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	X	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
٠.	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	330		
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	555		
00		36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 55		
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	- 57	_	
30		38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
	C. Co Concease C Concesso a recoposition of these to dry line in the rate v		Yes	No
1 a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	0	163	140
	Enter the number reported in 50x 5 or 1 or 1 1030. Enter 0- if not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	ŏ		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
•	G			

(gambling) winnings to prize winners?

Form 990 (2022) INTERNATIONAL BOOK PROJECT, INC. 61-6039627 Page 5

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

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	•	2b	Х	
	5:11			За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccou	nt)?	4a		Х
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	ccour	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X
	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	e orga	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons o	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					37
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices	provided to the payor?	7a		X
b				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired	_		x
	to file Form 8282?	 I	 T	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	•	٠,		
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		π?	7e 7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		200 as required?	7g		
h	If the organization received a contribution of qualified intellectual property, and the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, airplanes, air			7 <u>9</u> 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
Ū		•		8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the arrangement arrangement of the control of t			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:		_			
а	Initiation fees and capital contributions included on Part VIII, line 12	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:					
а	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	•			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	1	12a		
	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.			10-		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
L	Note: See the instructions for additional information the organization must report on Schedule O.					
D	Enter the amount of reserves the organization is required to maintain by the states in which the	13b	I			
_	organization is licensed to issue qualified health plans	13c		-		
с 14а	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?		•	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			1.15		
	excess parachute payment(s) during the year?			15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t inco	me?	16		х
	If "Yes," complete Form 4720, Schedule O.			_		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitie	S			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		L
	If "Yes," complete Form 6069.					

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

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

	Check if Schedule O contains a response or note to any line in this Part VI					X		
Sec	tion A. Governing Body and Management							
					Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	.7				
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent	1b	1	.7				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	ny other					
	officer, director, trustee, or key employee?			2		Х		
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	supervision					
	of officers, directors, trustees, or key employees to a management company or other person?			3		Х		
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 was	filed?	4		X		
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?					Х		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap							
	more members of the governing body?			7a		Х		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, si							
	persons other than the governing body?			7b		Х		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year							
а	The governing body?	,	· ·	8a	Х			
b	Each committee with authority to act on behalf of the governing body?			8b	Х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			. 9		Х		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code)					
	(The section 2 requests in simulation as our periods not require as y the internal rise				Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х		
	If "Yes," did the organization have written policies and procedures governing the activities of such ch							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	•		10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod			11a	Х			
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	-	-					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				Х			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "I							
	on Schedule O how this was done	,		12c	Х			
13	Did the organization have a written whistleblower policy?			40	Х			
14	Did the organization have a written document retention and destruction policy?				Х			
15	Did the process for determining compensation of the following persons include a review and approva							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		•					
а	The organization's CEO, Executive Director, or top management official			15a	Х			
	Other officers or key employees of the organization				Х			
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent wi	th a					
	taxable entity during the year?			16a		Х		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ							
	exempt status with respect to such arrangements?			. 16b				
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed KY							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, at	nd 990	T (section 501(c)	(3)s only)	availal	ole		
	for public inspection. Indicate how you made these available. Check all that apply.							
	X Own website X Another's website X Upon request Other (explain	n on Sc	hedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	and finan	cial			
	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 body	oks and	l records					
	LISA FRYMAN - 859-254-6771							
	1440 DELAWARE AVENUE, LEXINGTON, KY 40505							

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Double D	(A) Name and title	(B) Average	(do		Pos	C) ition)		(D) Reportable	(E) Reportable	(F) Estimated
(1) LISA FRYMAN		week	box, offic	, unles	ss per	son is	s both	n an	from	from related	other
X		hours for related organizations below	Individual trustee or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/	(W-2/1099-MISC/	from the organization and related
C2 SUSANNAH STITZER	(1) LISA FRYMAN	40.00								_	
RESIDENT	EXECUTIVE DIRECTOR		Х		X				65,968.	0.	0.
Carrel Sprague Carr	(2) SUSANNAH STITZER	1.00									
DOARD MEMBER	PRESIDENT		Х		X				0.	0.	0.
A ALICE BOWEN	(3) DANIEL SPRAGUE	0.30								_	_
VICE PRESIDENT	BOARD MEMBER		Х						0.	0.	0.
S WADE LITTRELL	(4) ALICE BOWEN	1.00								_	_
TREASURER			Х		X				0.	0.	0.
Column	, , , , , , , , , , , , , , , , , , , ,	1.00	1						_		_
SECRETARY			X		X				0.	0.	0.
To Dabney Parker Do So Do Do Do Do Do Do		1.00	1						_		_
BOARD MEMBER			X		X				0.	0.	0.
Reger Hall		0.30							_		
BOARD MEMBER			Х						0.	0.	0.
SOURCE S	(8) GREGORY HALL	0.30								_	_
BOARD MEMBER			X						0.	0.	0.
(10) KELLY BROADBENT	(9) HANNAH LEGRIS	0.30								_	_
BOARD MEMBER	BOARD MEMBER		Х						0.	0.	0.
DAVID COBB D.30 BOARD MEMBER X	(10) KELLY BROADBENT	0.30									
BOARD MEMBER	BOARD MEMBER		X						0.	0.	0.
DOARD MEMBER	(11) DAVID COBB	0.30									
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	(17) LORNA PATCHES	0.30									_
	BOARD MEMBER		X						0.	<u> </u>	

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Complete for the organization from the organization from the organization from the organization of the o	(A)	(B)							(D)	(E)		(F	7)
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Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual and related organization? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization of the organ	2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable			
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	\$าบบ,บบบ or compensation from the organic	zation					,						0.75

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INTERNATIONAL BOOK PROJECT, INC. 61-6039627 Page 9 Form 990 (2022) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 2,305,739 similar amounts not included above ... 1f 1g \$2,026,053. g Noncash contributions included in lines 1a-1f 2,305,739. h Total. Add lines 1a-1f **Business Code** 39,964. 2 a OTHER INCOME 513190 39,964. Program Service b PROGRAM FEES 513190 29,431. 29,431. f All other program service revenue 69,395. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 3,255. 3,255 other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a b Less: cost or other basis and sales expenses 7b Other Revenue c Gain or (loss) ______7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See 8,972. Part IV, line 18 **b** Less: direct expenses 3,518. 3,518. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 12,191 and allowances 4,937 **b** Less: cost of goods sold 7,254. 7,254. c Net income or (loss) from sales of inventory **Business Code** 11 a

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6,773. Form **990** (2022)

2,389,161.

d All other revenue

e Total. Add lines 11a-11d

12 Total revenue. See instructions

76,649.

	t IX Statement of Functional Expense				
Secti	on 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in (A)	this Part IX (B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	216 605	216 605		
	and domestic governments. See Part IV, line 21	316,685.	316,685.		
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	1 500 060	1 500 000		
	individuals. See Part IV, lines 15 and 16	1,709,368.	1,709,368.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	4 4 4 4			
7	Other salaries and wages	140,051.	88,232.	21,008.	30,811.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	43,592.	27,463.	6,539.	9,590.
10	Payroll taxes	11,002.	6,932.	1,650.	2,420.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	5,715.	2,857.	2,858.	
12	Advertising and promotion	1,097. 2,334.	548.		549.
13	Office expenses	2,334.	1,167.	700.	467.
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	475.		475.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	48,813.	44,908.	3,905.	
23	Insurance	6,718.	3,360.	3,358.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	POSTAGE AND SHIPPING	69,744.	69,744.		
b	UTILITIES	6,829.	4,234.	1,639.	956.
С	BOARD EXPENSE	4,683.		4,683.	
d	MISCELLANEOUS	3,570.		3,570.	
е	All other expenses	14,555.	12,005.	2,336.	214.
25	Total functional expenses. Add lines 1 through 24e	2,385,231.	2,287,503.	52,721.	45,007.
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 : (450 050 700)				

Form **990** (2022)

if following SOP 98-2 (ASC 958-720)

Check here

Par	rt X	Balance Sheet					
		Check if Schedule O contains a response or ne	ote to any	line in this Part X		······	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			51,055.	1	63,604.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current	or former o	officer, director,			
		trustee, key employee, creator or founder, sub	stantial co	ntributor, or 35%			
		controlled entity or family member of any of th	ese persor	ns		5	
	6	Loans and other receivables from other disqua	alified perso	ons (as defined			
		under section 4958(f)(1)), and persons describe		6			
ß	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ĕ	9					9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	1,016,929.			
	b	Less: accumulated depreciation	. 10b	385,922.	670,367.	10c	631,007.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line		414,727.	12	321,313.	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must ed	ual line 33)	1,136,149.	16	1,015,924.
	17	Accounts payable and accrued expenses				17	
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	e Part IV of	Schedule D		21	
ရွ	22	Loans and other payables to any current or for	mer office	r, director,			
Ĭ		trustee, key employee, creator or founder, sub	stantial co	ntributor, or 35%			
Liabilities		controlled entity or family member of any of th	ese persor	ns		22	
_	23	Secured mortgages and notes payable to unre			16,488.	23	0.
	24	Unsecured notes and loans payable to unrelat	ed third pa	urties		24	
	25	Other liabilities (including federal income tax, p	payables to	related third			
		parties, and other liabilities not included on line	es 17-24). (Complete Part X			
		of Schedule D			16 100	25	
	26			77	16,488.	26	0.
ű		Organizations that follow FASB ASC 958, ch	neck here	X			
ce		and complete lines 27, 28, 32, and 33.			1 111 500		1 014 065
ılar	27	Net assets without donor restrictions			1,111,572.	27	1,014,265.
B	28	Net assets with donor restrictions	8,089.	28	1,659.		
ŭ		Organizations that do not follow FASB ASC	958, chec	k here			
Ϋ́		and complete lines 29 through 33.					
ts c	29	Capital stock or trust principal, or current fund				29	
sse	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			1 110 661	31	1 015 004
Š	32	Total net assets or fund balances			1,119,661.	32	1,015,924.
	33	Total liabilities and net assets/fund balances			1,136,149.	33	1,015,924.

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

2

3

4

Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 7 Investment expenses 8 Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 10 column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash Accrual X Other SEE SCH O If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 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: Both consolidated and separate basis Separate basis Consolidated basis Х **b** Were the organization's financial statements audited by an independent accountant? 2b 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: X 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, Х review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain on 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 Х Uniform Guidance, 2 C.F.R. Part 200, Subpart F? За b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits Form 990 (2022)

SCHEDULE A

(Form 990)

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

INTERNATIONAL BOOK PROJECT, INC.

Employer identification number
61-6039627

Pa	art I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.		
The	organ	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	一	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3	一	A hospital or a cooperative		•)(b)(1)(A)(ii	ii).		
4	Ħ	A medical research organiz					-	the hospital's name.	
		city, and state:	ŗ					,	
5		An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a go	vernmental unit describe	ed in	
Ū		section 170(b)(1)(A)(iv). (C				, 9-			
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	ŭ				• •	oublic described in	
•		section 170(b)(1)(A)(vi). (C	-	iniai part of no capport ii	om a gove	or mornia	anne or morn tho goriorar p		
8		A community trust describe	•	(1)(Δ)(vi) (Complete Par	+ II)				
9	H	An agricultural research org				ed in coni	inction with a land-grant	college	
•		or university or a non-land-g				-	-	-	
		university:	grant conege or agric	altare (see instructions).	Litter the i	name, eny	, and state of the conege	, 01	
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its sunn	ort from c	ontribution	ne membershin fees and	d aross receints from	
10		activities related to its exen	•				· ·	-	
		income and unrelated busin		•				-	
		See section 509(a)(2). (Con		(1033 300tion of Fitax) inc	iii busiiica	soco acqui	red by the organization a	inter durie do, 1373.	
11		An organization organized a	•	ively to test for public sat	fety See	section 50	19(a)(4)		
12	H	An organization organized a	•	•	•			nurnoses of one or	
		more publicly supported or	•	•	•		•		
		lines 12a through 12d that	~					SHOOK THE BOX OH	
a		Type I. A supporting orga	* *			-		aivina	
٠		the supported organization	· · · · · · · · · · · · · · · · · · ·		•	-			
		organization. You must o			majority c	n the direc	tors or trustees or the st	apporting	
b		Type II. A supporting org			ion with it	e eunnorte	ad organization(s) by hav	vina	
•	, <u> </u>	control or management o	•					-	
		organization(s). You mus			arric perso	iis triat co	ntion of manage the supp	Jorted	
		Type III functionally inte			in connect	tion with	and functionally integrate	ad with	
•		its supported organization						with,	
c		Type III non-functionally		·				zation(s)	
•	•	that is not functionally int					• • • • • • • • • • • • • • • • • • • •		
		requirement (see instructi	-		•		•	7011000	
6		Check this box if the orga	•	•	•				
٠	, <u> </u>	functionally integrated, or					Type i, Type ii, Type iii		
1	Ente	er the number of supported of	• •	nany integrated supportin	ig organiz	ation.			
		vide the following information		ed organization(s)					
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ing document?	(v) Amount of monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)	
				above (see instructions))					
Tot	al								

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

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

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	255,401.	203,593.	210,330.	209,876.	279,686.	1158886.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	255,401.	203,593.	210,330.	209,876.	279,686.	1158886.		
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)								
6	Public support. Subtract line 5 from line 4.						1158886.		
	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
	Amounts from line 4	255,401.	203,593.	210,330.	209,876.	279,686.	1158886.		
	Gross income from interest,	,	•	,	·	,			
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	11,560.	12,715.	4,513.	2,096.	3,252.	34,136.		
9	Net income from unrelated business					7 - 0 - 1			
	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.)					39.964.	39,964.		
11	Total support. Add lines 7 through 10					33,73010	1232986.		
	Gross receipts from related activities,	etc (see instruction	nne)			12	266,835.		
	First 5 years. If the Form 990 is for the	•	,						
.0	organization, check this box and stor								
Sec	ction C. Computation of Publi								
	Public support percentage for 2022 (I			column (f))		14	93.99 %		
	Public support percentage from 2021					15	95.75 %		
	33 1/3% support test - 2022. If the o								
	stop here. The organization qualifies	-							
b	33 1/3% support test - 2021. If the o		~						
	and stop here. The organization qual								
17a	10% -facts-and-circumstances test								
	and if the organization meets the fact	-							
	meets the facts-and-circumstances te			-		vi now the organiz			
h	10% -facts-and-circumstances test	-	•		-				
~	more, and if the organization meets the	-					. 5, 5 0.		
	organization meets the facts-and-circu				-				
18									
<u></u>	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

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(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.)

Sed	ction A. Public Support	siow, picase comp	oicte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
_	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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.)						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	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						
	Net income from unrelated business activities not included on 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	J		,	•	() ()	· —
	check this box and stop here						
	ction C. Computation of Publi					 	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			. 10 1 (0)		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 in
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

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V-- N-

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	162	NO
1		
-		
_		
2		
За		
3b		
35		
3с		
1-		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
0.0		
9c		
10a		
10b		

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Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	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? 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.	2		
Sect	ion 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)? 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).	1		
Sect	ion 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?	1		
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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u> </u>	supported organizations played in this regard.	3		
	ion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instruction		·
	Activities Test. Answer lines 2a and 2b below.		Yes	No
	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? 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.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	O.L.		
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
	= 5.5 gamenton one los a casetanta acgree of allocaton over the policies, programs, and activities of caon			

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations					
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.							
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3.	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or							
	collection of gross income or for management, conservation, or							
	maintenance of property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
а	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
С	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other factors							
	(explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,							
	see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by 0.035.	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	ion C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2	Enter 0.85 of line 1.	2						
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3						
4	Enter greater of line 2 or line 3.	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
	emergency temporary reduction (see instructions).	6						
7	Check here if the current year is the organization's first as a non-functional	ally integrated	d Type III supporting orga	nization (see				
	instructions).							

Schedule A (Form 990) 2022

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1	
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - prior I	rovide details in Part VI)	5	
	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which t	he organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2022 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
		(i)	(ii)	(iii)
Section	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2022	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
<u>a</u>	From 2017			
b	From 2018			
с	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i_	Carryover from 2017 not applied (see instructions)			
_ <u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
<u>a</u>	Excess from 2018			
b	Excess from 2019			
с	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

Schedule A (Form 990) 2022

Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

Schedule of Contributors Attach to Form 990 or Form 990-PF.

INTERNATIONAL BOOK PROJECT

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

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

INC.

OMB No. 1545-0047

Schedule B (Form 990) (2022)

Name of the organization

Employer identification number

61-6039627

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022) Page **2**

Name of organization Employer identification number

INTERNATIONAL	BOOK	PROJECT,	INC.
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61-6039627

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	VIRGINIA CLARK HAGAN CHARITABLE FOUNDATION 250 W. MAIN STREET STE 1600 LEXINGTON, KY 40507	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

INTERNATIONAL BOOK PROJECT, INC.

61-6039627

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	Schedule R (Form 990) (2022)

Schedule B (Form 990) (2022) Name of organization **Employer identification number** INTERNATIONAL BOOK PROJECT, INC. 61-6039627 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

223454 11-15-22

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

INTERNATIONAL BOOK PROJECT, INC.

Employer identification number 61-6039627

Pai			s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year	(a) Donor advised funds	(b) i unus and other accounts
1 2	Total number at end of 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 adv	ised funds
Ū	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
_	for charitable purposes and not for the benefit of the donor of		
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990	, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the forn	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
			I I
	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired a	•	
	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the	e organization during the tax
_	year		
4	Number of states where property subject to conservation ear		-
5	Does the organization have a written policy regarding the per		
6	violations, and enforcement of the conservation easements in Staff and volunteer hours devoted to monitoring, inspecting,		
0	Stan and volunteer riours devoted to monitoring, inspecting,	Transiting of Violations, and emorcing con	iservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
•	, and an expenses meaned in membering, mepeeting, name	aming or violationic, and emercing concerv	and reasonner daring the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	O(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stater	nents that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or C	other Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in	furtherance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these ite	ms.
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in fur	therance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
			· · · · · · · · · · · · · · · · · · ·
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under FASB A	•	•
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	5 IUI FUIIII 99U.	Schedule D (Form 990) 2022

232051 09-01-22

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

	t III Organizations Maintaining C	ollections of Ar				r Othe	r Simi		ts (conti		
3	Using the organization's acquisition, accession								'	iueu)	
3	collection items (check all that apply):	on, and other records	5, CHECK	ally of the	iollowing tha	Lillane Si	igi iiiicai	it use of it	5		
_		ا.	. —								
a	Public exhibition	d			hange progra						
b	Scholarly research	е	• [Otner							
С	Preservation for future generations										
4	Provide a description of the organization's co							pose in Pa	ırt XIII.		
5	During the year, did the organization solicit or		,		•			г			٦
Dav	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the	organizatio	n answered	"Yes" on	Form 9	190, Part I\	/, line 9, or	•	
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodia								– 1	_	٦
	on Form 990, Part X?							L	Yes		_ No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing t	able:					Δ		
							-		Amoun	τ	
	Beginning balance										
	Additions during the year							t			
е	Distributions during the year										
f	Ending balance							:			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for 6	escrow or cu	ustodial acco	unt liabil	ity?	L	Yes	L	_ No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete in										
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back	(d) Thre	ee years bad	k (e) Fou	r years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre		e (line 1	a. column (a)) held as:				•		
	Board designated or quasi-endowment	•	%		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
b	Permanent endowment		_								
c		<u></u> /-									
	The percentages on lines 2a, 2b, and 2c shou										
За	Are there endowment funds not in the posses	•	tion tha	t are held ar	nd administe	red for th	ie.				
-	organization by:	solon or the organiza		t are mora ar	ia aariiiiioto	100 101 111	.0			Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations										
b	If "Yes" on line 3a(ii), are the related organiza	tione lieted as requir	ed on S	chadula R2					3b		
4	Describe in Part XIII the intended uses of the								[00		
	t VI Land, Buildings, and Equipm		WITICITE	urius.							
	Complete if the organization answered), Part IV	/, line 11a. S	See Form 990), Part X,	line 10.				
	Description of property	(a) Cost or o			t or other	i i	ccumul	hate	(d) Boo	k valı	16
	bescription of property	basis (investr			(other)		preciati	I .	(a) b 00	n vaic	
12	Land	- ` ` 	7		/						
b				q	7,807.		97	807.			0.
	Buildings				.,		<i>,</i> ,				<u> </u>
	Leasehold improvements			1	9,991.		47	941.		2 0	50.
	Equipment				9,131.	 	240,				57.
	Other		V - : !								07.
ividi	. Add iii les Ta ti ii ough Te. (Cojumn (a) must et	uuai roiiii 990. Part .	A. COIUN	ııı (b). IINE I	UC.)					<u> </u>	J / •

Schedule D (Form 990) 2022

Scheaule D	(Form 990) 2022	INTERNATIONAL	DOOK	PRODECI,	INC.	
Part VII	Investments -	- Other Securities.				

Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) INVESTMENTS	321,313.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	321,313.	

Part VIII Investments - Program Related.

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

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

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)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total	(0.1 (1) 15 (0.00 D 1) (1/D) (1/D) (1/D)	

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

Schedule D (Form 990) 2022

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

Sche	dule D (Form 990) 2022 INTERNATIONAL BOOK PROJECT,				6039627	Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With	n Revenue per Re	eturn.		
	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	265	<u>,832.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-107,667.			
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d	10,391.			
е	Add lines 2a through 2d			2e	-97	<u>,276.</u>
3	Subtract line 2e from line 1			3	363	,108.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b	2,026,053.			
С	Add lines 4a and 4b			4c	2,026	<u>,053.</u>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)			5	2,389	<u>,161.</u>
Pa	t XII Reconciliation of Expenses per Audited Financial Statemen	nts Wi	th Expenses per I	Returi	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	369	<u>,569.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a		_		
b	Prior year adjustments	2b		_		
С	Other losses	2c	10 201	_		
d	Other (Describe in Part XIII.)	2d	10,391.		1.0	201
е	Add lines 2a through 2d			2e	10	<u>,391.</u>
3	Subtract line 2e from line 1			3	359	,178.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	2 026 052	-		
b	, , , , , , , , , , , , , , , , , , , ,	4b	2,026,053.	_	2 226	0.50
	Add lines 4a and 4b			4c	2,026	
5 D 2	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIII Supplemental Information.			5	2,385	, ∠31.
		/ lb d	h and Oh Dart V. Barre	4. Dt.)	/ O. D	<u></u>
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV			i; Part)	K, line 2; Part X	d,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi	onal info	ormation.			
ם אם	RT X, LINE 2:					
LVI	AI A, DINE Z.					
тнт	RE ARE NO UNCERTAIN TAX POSITIONS THAT QUAI	TFV	FOR DISCLOS	HAII	ти тив	
1111	MU AND NO UNCHAINTIN TAN TODITIOND THAT QUAI		TON DIDCHOL	OILL	111 11111	
FTN	IANCIAL STATEMENTS.					
PAT	RT XI, LINE 2D - OTHER ADJUSTMENTS:					
BOO	OK AQUISITION EXPENSE INCLUDED ON STATEMENT	OF F	REVENUE AS			
COS	T OF SALES					
<u> </u>	, 2 0 0 1 2 2 2					
PR	NTING EXPENSES INCLUDED ON STATEMENT OF REV	/ENUI	E AS			
FUI	IDRAISING COSTS					

PART XI, LINE 4B - OTHER ADJUSTMENTS:

BOOKS DONATED AND SHIPPED DIRECT TO VARIOUS COUNTRIES

Schedule D (Form 990) 2022

SCHEDULE F (Form 990)

Department of the Treasury

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

OMB No. 1545-0047

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

Open to Public Inspection

Name of the organization **Employer identification number** INTERNATIONAL BOOK PROJECT 61-6039627 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (c) Number of (d) Activities conducted in the region (e) If activity listed in (d) (f) Total (a) Region employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region 0 0 0. 3 a Subtotal **b** Total from continuation 0 sheets to Part I Totals (add lines 3a 0. and 3b)

232071 10-17-22

Schedule F (Form 990) 2022

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

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		NIGERIA		0.		291,585.	BOOKS	FMV
		POLAND		0.		170,590.	BOOKS	FMV
		INDIA		0.		679,657.	BOOKS	FMV
		NORTH MACEDONIA		0.		436,354.	BOOKS	FMV
		NORTH INCEDONIA		•		430,334.	BOOKB	1114
				_				
		ETHIOPIA		0.		11,882.	BOOKS	FMV
		ECUADOR		0.		48,650.	BOOKS	FMV
		DOMINICAN						
		REPUBLIC		0.		16,410.	BOOKS	FMV
		POLAND		0.		7,500.	BOOKS	FMV

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

	3	Enter total number of other organizations or entities	
--	---	---	--

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.							
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

Instructions for Form 5713; don't file with Form 990)

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

Schedule F (Form 990) 2022

Yes X No

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.

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Employer identification number

OMB No. 1545-0047

INTERNATIO	NAL BOOK	PROJECT, I	NC.				61-6039627
Part I General Information on Grants and	d Assistance						
1 Does the organization maintain records to		-			-		
criteria used to award the grants or assista	ance?						Yes X No
2 Describe in Part IV the organization's proc							
Part II Grants and Other Assistance to De recipient that received more than \$5	-				janization answered "\	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SHEARER ELEMENTARY SCHOOL			0.	71,900.	FMV	BOOKS	CONTRIBUTIONS OF BOOKS
CAMARGO ELEMENTARY			0.	47,960.	FMV	BOOKS	CONTRIBUTIONS OF BOOKS
CLAY CITY PEDIATRICS			0.	5,460.	FMV	BOOKS	CONTRIBUTIONS OF BOOKS
MIND-BUILDERS CREATIVE ARTS CENTER			0.	16,820.	FMV	BOOKS	CONTRIBUTIONS OF BOOKS
HINDMAN ELEMENTARY/DARLENE JOHNSON			0.	7,884.	FMV	BOOKS	CONTRIBUTIONS OF BOOKS
VOYAGE MOVEMENT			0.	10,219.	FMV	BOOKS	CONTRIBUTIONS OF BOOKS
2 Enter total number of section 501(c)(3) and		•					
3 Enter total number of other organizations I	listed in the line 1	table					

Schedule I (Form 990) 2022

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)												
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance					
SHELBY INSPIRED			0.	7,545.	E-MV	BOOKS	CONTRIBUTIONS OF BOOKS					
			.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			00111112012012012					
MCCREARY COUNTY BOARD OF EDUCATION			0.	43,880.	FMV	BOOKS	CONTRIBUTIONS OF BOOKS					
LEXINGTON HOUSING AUTHORITY			0.	8,750.	FMV	BOOKS	CONTRIBUTIONS OF BOOKS					
SOUTHERN ELEMENTARY			0.	20,240.	FMV	BOOKS	CONTRIBUTIONS OF BOOKS					

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Supplemental Information. Provide the informa	tion required in Part I, line	e 2; Part III, columi	n (b); and any other ad	ditional information.	

SCHEDULE L

Department of the Treasury

(Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open To Public Inspection

intornar riovo	ide del vice			trini erge tri i erii		J		o ana ano iac								
Name of t	he organization											-	rident		on nu	mber
				ONAL BOO									396	27		
Part I	Excess Bene	efit Transa	actio	ons (section 50	01(c)(3), secti	ion 501	(c)(4), and see	ctior	n 501(c)(29) orga	nizatio	ns on	ly).			
	Complete if the	organization	answ	vered "Yes" on I	orm 9	90, Pa	art IV, lii	ne 25a or 25b	o, or	Form 990-EZ, Pa	art V, I	ine 40	b.			
1 ,			(b) R	Relationship bety	ween c	disqual	ified	,	٠, ٥					(d)	Corre	cted?
(a) Na	ame of disqualified p	person		person and or	ganiza	ation		(0	c) De	escription of tran	sactio	n		Υ	es	No
2 Enter	the amount of tax i	incurred by t	he or	rganization man	agers	or disc	ualified	l persons dur	ing t	he year under						
secti	on 4958											\$				
3 Enter	the amount of tax,	if any, on lin	e 2, a	above, reimburs	ed by	the org	ganizati	on				\$				
Part II	Loans to and	d/or From	Inte	erested Pers	sons.	1										
	Complete if the	organization	answ	vered "Yes" on I	orm 9	90-EZ	, Part V	, line 38a or F	orm	990, Part IV, lin	e 26; d	or if th	e orga	nizatio	n	
	reported an amo	unt on Form	990,	, Part X, line 5, 6	6, or 22	2.										
(a) Name of	with organization of loop from the principal amount defaults Dy DO2														
inte	rested person	with organiz	ation	of loan		n τne zation?	princ	ipal amount			defa	ıult?	comn	nittee?	agree	ment?
					То	From					Yes	No	Yes	No	Yes	No
Total								\$								
Part III	Grants or As	sistance	Ben	efiting Inter	este	d Per	sons.									
	Complete if the	organization	answ	vered "Yes" on I	orm 9	90, Pa	art IV, lii	ne 27.								
(a) i	Name of interested p	person		(b) Relationship	betwe	en	(c) Amount of		(d) Type	of		(e) Purp	ose of	f
			`	interested pers	on an			assistance		assistan	ce			assist	ance	
			L	the organiza	ation		<u> </u>									

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

Schedule L (Form 990) 2022

(a) Name of interested person	(b) Relationship between interested	(c) Amount of	(d) Description of	(e) Sha organiz	aring o
	person and the organization	transaction	transaction	rever	iues?
LISA FRYMAN	EXECUTIVE DIRECTOR	65,968.	SALARY	Yes	No X
Part V Supplemental Information	<u> </u>				
	responses to questions on Schedule L (see in	nstructions).			
SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLVIN	G INTERESTE	D PERSONS:		
(A) NAME OF PERSON: LISA	A FRYMAN				
(B) RELATIONSHIP BETWEEN	I INTERESTED PERSON AND	ORGANIZATI	ON:		
EXECUTIVE DIRECTOR AND E	SOARD MEMBER				

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Employer identification number

	INT	ERNATIONA	L BOOK	PROJECT,	INC.	61-6	0396	27	
Par				-		•			
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	eterminir	•	3
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications		X		2,026,053.	FMV			
5	Clothing and household good	ds							
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stoo	k							
11	Securities - Partnership, LLC	, or							
12	Securities - Miscellaneous								
13	Qualified conservation contri	bution -							
14	Qualified conservation contri								
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 recei			•					
	for which the organization co	impleted Form 828	B3, Part V, L	onee Acknowledg	ement 29			Vaa	No.
200	During the year did the erge	nization receive by	, contributio	n any proporty ran	orted in Dort L lines 1 through	ah 20 that it		Yes	NO
Sua	During the year, did the orga	•							
	must hold for at least 3 years						30a		Х
h	exempt purposes for the entitle of "Yes," describe the arrange						30a		-21
31	Does the organization have a		oolicy that re	acuires the review	of any nonstandard contribu	tions?	31		Х
	Does the organization hire or		•	•	•		31		
SZa		•		•			32a		Х
b	If "Yes," describe in Part II.								
33	If the organization didn't repo	ort an amount in c	olumn (c) foi	a type of property	for which column (a) is che	cked,			
	describe in Part II.								
LHA	For Paperwork Reduction	n Act Notice, see	the Instruct	tions for Form 990).	Schedule N	/I (Form	990)	2022

Schedule M (Form 990) 2022

232142 09-09-22

Schedule M (Form 990) 2022

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

INTERNATIONAL BOOK PROJECT, INC.

Employer identification number 61-6039627

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
NEIGHBORS.
FORM 990, PART VI, SECTION B, LINE 11B:
THE EXECUTIVE DIRECTOR AND FINANCE COMMITTEE REVIEW THE FORM 990 IN DEPTH
PRIOR TO THE FINAL DRAFT. THE FINAL DRAFT IS DISTRIBUTED TO BOARD MEMBERS
FOR REVIEW AND CHANGES ARE MADE AS NEEDED.
FORM 990, PART VI, SECTION B, LINE 12C:
IBP REQUIRES BOARD MEMBERS TO SIGN A CONFLICT OF INTEREST AGREEMENT EACH
YEAR AND ACTIVELY REMINDS BOARD MEMBERS TO DISCLOSE ANY CONFLICTS OF
INTEREST.
FORM 990, PART VI, SECTION B, LINE 15:
IBP REVIEWS PAY FOR SIMILAR POSITIONS WHEN DECIDING ON SALARY FOR THE
EXECUTIVE DIRECTOR AND STAFF.
FORM 990, PART VI, SECTION C, LINE 19:
IBP'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE
UPON REQUEST. ALL FINANCIAL DOCUMENTS INCLUDING AUDITED FINANCIAL
STATEMENTS, ANNUAL REPORTS AND FORM 990 ARE AVAILABLE ON IBP'S WEBSITE.
FORM 990, PART XII, LINE 1:
THE ORGANIZATION USES THE MODIFED CASH BASIS, MODIFIED TO CAPITALIZE
FIXED ASSETS, INVESTMENTS AT FAIR VALUE, AND RECORD LOANS OUTSTANDING.

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization INTERNATIONAL BOOK PROJECT, INC.	Employer identification number 61-6039627
FORM 990	
THE PROCESS IS UNCHANGED FROM THE PREVIOUS YEAR.	

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS													
1	BUILDING	01/01/83	SL	20.00	1	90,000.				90,000.	90,000.		0.	90,000.
5	STORAGE SHED	01/01/93	SL	20.00	1	7,807.				7,807.	7,807.		0.	7,807.
	* 990 PAGE 10 TOTAL BUILDINGS					97,807.				97,807.	97,807.		0.	97,807.
	FURNITURE & FIXTURES													
31	OFFICE FURNITURE	12/31/13	SL	7.00	1	669.				669.	669.		0.	669.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES					669.				669.	669.		0.	669.
	MACHINERY & EQUIPMENT													
8	STORAGE RACK	01/01/86	SL	7.00	1	2,500.				2,500.	2,500.		0.	2,500.
9	OFFICE EQUIPMENT	01/01/87	SL	7.00	1	1,975.				1,975.	1,975.		0.	1,975.
12	OFFICE EQUIPMENT	01/01/97	SL	7.00	1	6,471.				6,471.	6,471.		0.	6,471.
15	LAPTOP	01/01/00	SL	5.00	1	1,515.				1,515.	1,515.		0.	1,515.
19	VIDEO	01/01/05	SL	3.00	1	13,000.				13,000.	13,000.		0.	13,000.
21	SCALES	06/30/07	SL	7.00	1	1,405.				1,405.	1,405.		0.	1,405.
26	BOOKSHELVES	01/01/12	SL	7.00	1	2,194.				2,194.	2,191.		0.	2,191.
27	BOOKSHELVES	01/01/12	SL	7.00	1	2,194.				2,194.	2,191.		0.	2,191.
28	POSTERS	01/01/12	SL	7.00	1	5 535.				535.	532.		0.	532.
32	SOFTWARE	12/31/13	SL	3.00	1	1,678.				1,678.	1,678.		0.	1,678.

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
35	IKEA FURNITURE	11/05/14	SL	7.00	1	16	954.				954.	954.		0.	954.
38	FORK LIFT	12/01/16	ST.	7.00	1	16	15,570.				15,570.	11,305.		2,224.	13,529.
30	* 990 PAGE 10 TOTAL	12/01/10	52	7.00	1		13,370.				13,370.	11,505.		2,221.	13,323.
	MACHINERY & EQUIPMENT						49,991.				49,991.	45,717.		2,224.	47,941.
							,				, , , , ,				
	OTHER														
	PROFESSIONAL SERVICES FOR														
39	RENOVATION - FEE	03/21/17	SL	20.00	1	16	9,000.				9,000.	2,138.		450.	2,588.
	PROFESSIONAL SERVICES FOR														
44	RENOVATION - FEE	04/21/17	SL	20.00	1	16	12,000.				12,000.	2,800.		600.	3,400.
46	PROFESSIONAL SERVICES - FEE	05/10/17	SL	20.00	1	16	24,500.				24,500.	5,717.		1,225.	6,942.
	BANK NOTE SETTLEMENT CHARGES														
52	FOR RENOVATION	07/12/17	SL	20.00	1	16	3,212.				3,212.	724.		161.	885.
53	PROFESSIONAL SERVICES - FEE	07/12/17	SL	20.00	1	16	4,200.				4,200.	945.		210.	1,155.
F.4	CONTRACTOR FEE FOR	05/06/15	~-	00.00	_		F 250				5 250	1 100		0.50	1 451
54	RENOVATION PMT #1	07/26/17	SL	20.00	1	16	5,350.				5,350.	1,183.		268.	1,451.
E 6	CONTRACTOR FEE FOR	00/01/17	CT.	20 00	1	۱ د	EE 000				EE 000	12 146		2.750	14 906
56	RENOVATION PMT #1 PURCHASE OF 2 BIG ASS FANS	08/01/17	SL	20.00	1	16	55,000.				55,000.	12,146.		2,750.	14,896.
57	FOR WAREHOUSE	08/10/17	SL	20.00	1	16	1,484.				1,484.	327.		74.	401.
37	SEA CONTAINER PURCHASE FOR	00/10/1/	ы	20.00	-		1,404.				1,404.	327.		/=•	401.
58	KITCHENETTE	08/29/17	SL	7.00	1	16	2,450.				2,450.	1,517.		350.	1,867.
	DRYWALL MATERIALS FOR						2,231				_,,	2,327			_,
60	RENOVATION	09/28/17	SL	20.00	1	16	7,908.				7,908.	1,679.		395.	2,074.
	ROOFING MATERIALS FOR						,				,	,			,
62	RENOVATION	10/04/17	SL	20.00	1	16	21,734.				21,734.	4,620.		1,087.	5,707.
	CONTRACTOR FEE FOR														
63	RENOVATION PMT #2	10/06/17	SL	20.00	1	16	87,661.				87,661.	18,628.		4,383.	23,011.
	CONTRACTOR FEE FOR														
64	RENOVATION PMT #3	10/23/17	SL	20.00	1	16	85,701.				85,701.	17,854.		4,285.	22,139.
65	BOOK STORAGE	10/31/17	SL	7.00	1	16	450.				450.	267.		64.	331.

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	C Lir o No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
67	DEPOSIT ON KITCHENETTE	11/01/17	SL	7.00	16	3,745.				3,745.	2,229.		535.	2,764.
68	DEPOSIT ON STORAGE CUBBIES	11/01/17	SL	7.00	16	2,323.				2,323.	1,383.		332.	1,715.
69	DEPOSIT ON KITCHEN BAR	11/01/17	SL	20.00	16	2,265.				2,265.	471.		113.	584.
70	DEPOSIT ON CONFERENCE TABLE LUMBER MATERIALS FOR	11/01/17	SL	7.00	16	1,805.				1,805.	1,075.		258.	1,333.
72	RENOVATION	11/03/17	SL	20.00	16	3,145.				3,145.	654.		157.	811.
73	HVAC UNITS FOR RENOVATION	11/03/17	SL	20.00	16	7,873.				7,873.	1,642.		394.	2,036.
74	COMPUTERS	11/15/17	SL	5.00	16	6,273.				6,273.	5,229.		1,044.	6,273.
75	CONTRACTOR FEE FOR RENOVATION PMT #4	11/20/17	SL	20.00	16	123,638.				123,638.	25,243.		6,182.	31,425.
76	COMPUTERS	11/22/17	SL	5.00	16	612.				612.	498.		114.	612.
77	APPLIANCES FOR KITCHENETTE	11/27/17	SL	7.00	16	1,595.				1,595.	931.		228.	1,159.
78	PMT OF BALANCE FOR KITCHENETTE	12/01/17	SL	7.00	16	3,745.				3,745.	2,185.		535.	2,720.
79	BOOK STORAGE	12/01/17	SL	7.00	16	370.				370.	216.		53.	269.
82	SHELVING RAILS AND ENDS - PAINTING	12/13/17	SL	20.00	16	7,230.				7,230.	1,478.		362.	1,840.
83	PAINT	12/14/17	SL	20.00	16	1,480.				1,480.	302.		74.	376.
84	LIGHTING FIXTURES	12/14/17	SL	20.00	16	11,556.				11,556.	2,360.		578.	2,938.
85	BALANCE DUE ON LUMBER FOR WAREHOUSE RENOVATION	12/15/17	SL	20.00	16	288.				288.	57.		14.	71.
86	DEPOSIT ON INSTALLATION OF RACKS	12/15/17	SL	20.00	16					490.	102.		25.	127.
87	CONTRACTOR FEE FOR RENOVATION PMT #5	12/19/17		20.00	16					117,265.	23,452.		5,863.	29,315.

⁽D) - Asset disposed

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
88	PROFESSIONAL SERVICES - FEE	12/27/17	SL	20.00	1	16	10,300.				10,300.	2,060.		515.	2,575.
89	COMPUTER SYSTEM INSTALLATION	01/01/18	SL	7.00	1	16	7,698.				7,698.	4,400.		1,100.	5,500.
90	CONFERENCE TABLES, SEA CONTAINER, OFFICES	01/01/18	SL	7.00	1	16	3,952.				3,952.	2,260.		565.	2,825.
91	RENOVATION	01/01/18	SL	20.00	1	16	220,711.				220,711.	44,144.		11,036.	55,180.
92	PAVING	08/31/22	SL	15.00	1	16	9,453.				9,453.			210.	210.
	* 990 PAGE 10 TOTAL OTHER						868,462.				868,462.	192,916.		46,589.	239,505.
	* GRAND TOTAL 990 PAGE 10 DEPR						1,016,929.				1,016,929.	337,109.		48,813.	385,922.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						1,007,476.			0.	1,007,476.	337,109.			385,712.
	ACQUISITIONS						9,453.			0.	9,453.	0.			210.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						1,016,929.			0.	1,016,929.	337,109.			385,922.
	ENDING ACCUM DEPR											385,922.			
	ENDING BOOK VALUE											631,007.			

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