## Form **990**

**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

2022, and ending For the 2022 calendar year, or tax year beginning **. 20** 2023 Check if applicable: D Employer identification number BARBERSHOP BOOKS, INC. Address change 46-4377279 8 WEST 126TH STREET, 3RD FL Telephone number Name change NEW YORK, NY 10027 (347) 470-8779 Initial return Final return/terminated Amended return **G** Gross receipts \$ 857. F Name and address of principal officer: H(a) Is this a group return for subordinates Application pending ALVIN IRBY **H(b)** Are all subordinates included? If "No," attach a list. See instructions. No SAME AS C ABOVE Yes Tax-exempt status: X 501(c)(3) 4947(a)(1) or 527 501(c) ( (insert no.) Website: BARBERSHOPBOOKS.ORG H(c) Group exemption number M State of legal domicile: Form of organization: Corporation L Year of formation: Summary Briefly describe the organization's mission or most significant activities: THE MISSION OF BARBERSHOP BOOKS, IS TO INSPIRE BLACK BOYS AND OTHER VULNERABLE CHILDREN TO READ FOR FUN THROUGH CHILD-CENTERED, CULTURALLY RESPONSIVE, AND COMMUNITY-BASED PROGRAMMING AND CONTENT. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) ...... Number of independent voting members of the governing body (Part VI, line 1b)..... 12 5 Total number of volunteers (estimate if necessary)..... 6 Total unrelated business revenue from Part VIII, column (C), line 12 ..... **b** Net unrelated business taxable income from Form 990-T, Part I, line 11..... 0. **Current Year** Contributions and grants (Part VIII, line 1h)..... 329,313 857,252. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 11 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 12 329,313 Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... Benefits paid to or for members (Part IX, column (A), line 4)..... 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . 210,332 476,054 **16a** Professional fundraising fees (Part IX, column (A), line 11e)..... Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 17 360,321 364,411. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).... 570,653 840,465. Revenue less expenses. Subtract line 18 from line 12..... -241,340. 16,787. **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16)..... 395,192 383,381. 21 Total liabilities (Part X, line 26)..... 41,745. 46,721.

Part II Signature Block

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

Sian	Signature of officer		Date				_	
Sign Here	ALVIN IRB			EXECUTIVE DIR.				
	Type or print name a	and title						
	Print/Type preparer'	s name	Preparer's signature	Check	if	PTIN		
Paid	ROBERT J.	LOGAN, CPA	ROBERT J. LOGAN, CPA	self-employed P01394294				
	Firm's name	FUOCO GROUP	LLP					
Haa Oak	Firm's address	200 PARKWAY	DR S STE 302		Firm's EIN 20-0268717			
		HAUPPAUGE, N	Phone no. 914-999-3230					
May the IRS	discuss this retu	ırn with the prepare	shown above? See instructions				X Yes	No

Net assets or fund balances. Subtract line 21 from line 20.....

336,660.

353,447.

			- – – – – – – -		
			- – – – – – – -		
4d	Other program services (Describe of	n Schedule O.)			
	(Expenses \$	including grants of	\$	) (Revenue \$	)
4e	Total program service expenses	604,610	١.		
۱A		TEE	A0102L 09/01/22		Form <b>990</b> (2022)

# Form 990 (2022) BARBERSHOP BOOKS, 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	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Χ	
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 Revenue Procedure 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? <i>If "Yes," complete Schedule D, Part II.</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Х	
b	Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Х
С	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," complete Schedule F, Parts II and IV.	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		Х
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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

# Form 990 (2022) BARBERSHOP BOOKS, INC. Part 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		Х
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? <i>If "Yes," complete Schedule J.</i>	23		Х
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 a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part l</i>	25b		Х
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		Х
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		Х
	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? <i>If</i> "Yes," complete Schedule L, Part IV	28a		Χ
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	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		Χ
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30		Χ
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		X
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? <i>If "Yes," complete Schedule R, Part I.</i>	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	37		Х
	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	. No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	140
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
ВΛΛ	(gambing) winnings to prize winners:	_	Δ 000 (	2000

# Form 990 (2022) BARBERSHOP BOOKS, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			res	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 17			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule 0.</i>	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Χ
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
·	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
۵	Sponsoring organizations maintaining donor advised funds.	•		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:	3.5		
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10b</b>			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			77
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
16	If "Yes," see the instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.	10		23
	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would	17		
	result in the imposition of an excise tax under section 4951, 4952, or 4953?	.,		
	and the Brane commence.			

ALVIN IRBY 8 WEST 126TH STREET

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year. . . . . 12 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..... 12 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O..... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates?..... 10a Χ b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Did the organization have a written conflict of interest policy? If "No," go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Χ 12b to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 X Χ **14** Did the organization have a written document retention and destruction policy?..... 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official...... 15a **b** Other officers or key employees of the organization..... 15b X 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 arrangement with a taxable entity during the year?..... 16a X b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements?... Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records.

3RD FL NEW YORK NY 10027 (347)

Form	990	(2022)	BARBERSHOP	BOOKS	INC.

46-4377279

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
				(C)	)					
(A) Name and title	(B) Average hours per	thar	n one s both dir	box, an α	unles officer /truste	eck moss pers and a ee)	son	(D)  Reportable compensation from the organization	(E)  Reportable compensation from	<b>(F)</b> Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) ALVIN IRBY	40									
EXECUTIVE DIR.	0			Χ				79,912.	0.	13,126.
(2) JALEN ALEXANDER	5									
SECRETARY	0	Χ		Χ				0.	0.	0.
(3) WILL BIFULCO	5									
TREASURER	0	Χ		Χ				0.	0.	0.
(4) MICHAEL KAPLAN	5									
TRUSTEE	0	Х						0.	0.	0.
(5) DR. ADRIAN MAYSE	5									
TRUSTEE	0	Χ						0.	0.	0.
(6) FARHAD ASGHAR	5									
TRUSTEE	0	Χ						0.	0.	0.
(7) DEBORAH EMBAIE	5									
PRESIDENT	0	Χ						0.	0.	0.
(8) QUENTIN MARTIN	5									
TRUSTEE	0	Χ						0.	0.	0.
(9) ROLAND KENNEDY, JR.	5									
PRESIDENT	0	Χ		Χ				0.	0.	0.
(10) SOPHIE PAUZE	55									
TRUSTEE	0	Χ						0.	0.	0.
(11) MARTIN PRATT	5									
TRUSTEE	0	Χ						0.	0.	0.
(12) DR. SHIRLEY H. SMITH	5									
TRUSTEE	0	Χ						0.	0.	0.
(13) LAURENCE WELCH	5									
TRUSTEE	0	Χ						0.	0.	0.
(14)										
	1	1	1		1		1 1			

Part VII	Section A. Officers, Directors, 11	(B)	ney	⊏II	1D10	_	es, a	anc	a nignest com	ipensated Empi	oyees	(conti	nuea)
		, ,			•	•			<b>(D)</b>	<b>(E)</b>		<b>(</b> E)	
	<b>(A)</b> Name and title	Average hours	box	, unle	ess pe	erson	than	n an	(D) Reportable	<b>(E)</b> Reportable	Ectim	<b>(F)</b> ated am	ount
		per week (list any	_				or/trus		compensation from the organization (W-2/1099-	compensation from related organizations (W-2/1099-	compe	of other nsation	from
		hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	MISC/1099-NEC)	MISC/1099-NEC)	an	rganizat d related	d
		related organiza - tions	ictor	ional		nplo	t con	Ή			org	anizatior	15
		below	ruste	sna		/ee	npeni						
		line)	0	ee			sated						
(15)													
<u> </u>			•										
(16)													
(17)													
(17)													
(18)													
(19)													
(20)													
(20)		1											
(21)													
(22)													
(23)													
			•										
(24)													
(25)													
(23)		1											
1b Subt	otal								79,912.	0.	13,126.		
	from continuation sheets to Part VII, Secti								0.	0.			0.
	number of individuals (including but not limited								79,912.	0.	ancatio	13,1	L26.
	the organization	1 10 111036 1	isteu	abo	ve) i	WITO	i ecei	veu	more than \$100,00	o or reportable comp	crisatio		
	<u> </u>											Yes	No
3 Did ti	he organization list any former officer, direc	tor, truste	e, ke	ey e	mple	oyee	e, or	high	nest compensated	employee	3		37
	ne 1a? If "Yes, "complete Schedule J for suc										3		Х
the o	iny individual listed on line 1a, is the sum o rganization and related organizations greate	er than \$1	50,00	00?	If "	Yes,	" con	nple	ete Schedule J for	from			
	individual										4		X
<b>5</b> Did a for se	any person listed on line 1a receive or accruervices rendered to the organization? If "Ye	e comper s," comple	isatio <i>ete S</i>	n tr <i>che</i>	om <i>dule</i>	any • <i>J f</i> o	unre o <i>r su</i>	Iate ch p	ed organization or oerson	ındıvıdual	. 5		Х
Section	B. Independent Contractors												
I Comp	olete this table for your five highest compenensation from the organization. Report comper	sated indi sation for	epen the c	deni alen	t coi dar j	ntra year	ctors endii	tha ng v	it received more th vith or within the or	nan \$100,000 of ganization's tax year			
	(A) Name and business add								(B)		(	C)	
	Name and business address							Description of	of services	Compe	ensauc	)[]	
-													
-													
		1 12							<u> </u>				
	number of independent contractors (including I,000 of compensation from the organization		ited to	o tho	ose I	ısted	abo	ve)	wno received more	tnan			
Ψ100	,000 or compensation from the organization	0											

		Check if Schedule O contains a resp	ponse or note to any	/ line in this Part V	III		
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a b c d	Federated campaigns1aMembership dues1bFundraising events1cRelated organizations1d					
ontributions, nd Other Sim	e f g	Government grants (contributions)   1e   All other contributions, gifts, grants, and similar amounts not included above   1f   Noncash contributions included in   1g					
	h	Total. Add lines 1a-1f		857,252.			
Эпе	_		Business Code				
Program Service Revenue	2a b c d e f	All other program service revenue					
ğ	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, other similar amounts)					
	5	Royalties					
	b	Gross rents	(ii) Personal				
	d	Net rental income or (loss)					
		Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses 7b	(ii) Other				
		and sales expenses         7b           Gain or (loss)         7c           Net gain or (loss)					
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c).  See Part IV, line 18	la				
ē	b	<u> </u>	3b				
₹	С	Net income or (loss) from fundraising	events				
		·	la				
			)b				
		Net income or (loss) from gaming acti Gross sales of inventory, less returns and allowances					
		Less: cost of goods sold					
		Net income or (loss) from sales of inv					
s .	Ť		Business Code				
Š a	11a						
בַּ בֻּ	b						
Miscellaneous Revenue	11a b c d						
<u>≅</u> ∝		All other revenue					
2		Total. Add lines 11a-11d					
	12	<b>Total revenue.</b> See instructions		857,252.	0.	0.	0.

## Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a re	sponse or note to any			
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		,		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	192,079.	127,318.	36,934.	27,827.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	199,351.	164,116.	16,331.	18,904.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	199,331.	104,110.	10,331.	10, 304.
9	Other employee benefits	51,108.	33,586.	7,284.	10,238.
10	Payroll taxes	33,516.	22,491.	5,751.	5,274.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	8,395.	1,262.	6,685.	448.
С	Accounting	36,968.	2,065.	33,888.	1,015.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0\$CH.	213,751.	186,426.	22,249.	5,076.
12	Advertising and promotion	12,875.	9,059.		3,816.
13	Office expenses	9,528.	451.	5,873.	3,204.
14	Information technology	7,818.	677.	6,995.	146.
15	Royalties	,		,	
16	Occupancy	3,004.	2,210.	339.	455.
17	Travel	6,116.	4,005.	2,099.	12.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,549.	1,500.	34.	15.
20	Interest	,	,		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	279.		279.	
23	Insurance	3,459.	120.	3,280.	59.
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	PROGRAM EXPENSES	46,364.	46,259.	105.	
b	DUES AND SUBSCRIPTIONS	9,701.	2,278.	6,396.	1,027.
C	BANK FEES	3,033.	126.	2,882.	25.
d	PHONE AND INTERNET	1,295.	661.	598.	36.
•	All other expenses.	276.		276.	
25	<b>Total functional expenses.</b> Add lines 1 through 24e	840,465.	604,610.	158,278.	77,577.
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 if following SOP 98-2 (ASC 958-720).				

_		Check if Schedule O contains a response or note to	o any lin	e in this Part X	<u></u>	<u></u>	
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			260,571.	1	311,388.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			122,531.	3	81,002.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantia controlled entity or family member of any of these pe	ner office	er, director,			
		controlled entity or family member of any of these pe	rsons			5	
	6	Loans and other receivables from other disqualified p		`			
		section 4958(f)(1)), and persons described in section		_		6	
	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
SS(	9	Prepaid expenses and deferred charges				9	2,802.
A	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	2,432.			
		Less: accumulated depreciation		2,432.	279.	10c	
	11	Investments – publicly traded securities				11	
	12	Investments – other securities. See Part IV, line 11.		<u> </u>		12	
	13	Investments – program-related. See Part IV, line 11.		-		13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line	33)		383,381.	16	395,192.
	17	Accounts payable and accrued expenses		46,721.	17	41,745.	
	18	Grants payable			10,721.	18	11//10.
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
es	21	Escrow or custodial account liability. Complete Part	IV of Sc	hedule D		21	
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribution	ficer, dir utor, or 3	ector, trustee, 35%			
Lia		controlled entity or family member of any of these pe		_		22	
	23	Secured mortgages and notes payable to unrelated the		<u> </u>		23	
	24	Unsecured notes and loans payable to unrelated third				24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com		<u> </u>		25	
	26	Total liabilities. Add lines 17 through 25			46,721.	26	41,745.
ıces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	е	X			
ılar	27	Net assets without donor restrictions			144,055.	27	274,356.
B	28	Net assets with donor restrictions			192,605.	28	79,091.
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here				
ō	29	Capital stock or trust principal, or current funds				29	
sts	30	Paid-in or capital surplus, or land, building, or equipm				30	
SSE	31	Retained earnings, endowment, accumulated income				31	
t A	32	Total net assets or fund balances		<u> </u>	336,660.	32	353,447.
Ne	33	Total liabilities and net assets/fund balances		<u> </u>	383,381.	33	395,192.
BA				L 09/01/22	200,001.	<u> </u>	Form <b>990</b> (2022)

Pai	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI.						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8	57,2	252.		
2	Total expenses (must equal Part IX, column (A), line 25)	2		40,4			
3	Revenue less expenses. Subtract line 2 from line 1	3		16,7			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		36,6			
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	9 Other changes in net assets or fund balances (explain on Schedule O)						
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))							
Pai	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				. П		
	,			Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviews separate basis, consolidated basis, or both:  X Separate basis Consolidated basis Both consolidated and separate basis	ed on a					
b	Were the organization's financial statements audited by an independent accountant?		2b		Χ		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis	ate					
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?	, 	2c		Х		
	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 Guidance, 2 C.F.R Part 200, Subpart F?	Uniform 	За		Х		
b	o 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		3b				
BAA	TEEA0112L 09/01/22		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.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization Employer identification number						ation number		
	BARBERSHOP BOOKS, INC. 46-4377279							
	I Reason for Public Cha	<u> </u>					ctions.	
The c	The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)							
1	A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i)</b> .							
2								
3	A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii)</b> .							
4	A medical research organiza	tion operated in conj	junction with a hospital	describe	d in <b>sec</b>	ction 1 <b>70(b)(1)(A)(iii)</b> . E	Inter the hospital's	
	name, city, and state:							
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)							
6	A federal, state, or local gov	ernment or governm	ental unit described in s	ection 1	<b>70(b)(</b> 1)	(A)(v).		
7	An organization that normally r in section 170(b)(1)(A)(vi).	receives a substantial Complete Part II.)	part of its support from a	governm	ental uni	it or from the general pu	blic described	
8	A community trust described	in section 170(b)(1)	(A)(vi). (Complete Part	1.)				
9	An agricultural research organi				oniunctio	on with a land-grant colle	eue	
J	or university or a non-land-graduniversity:							
10	An organization that normall from activities related to its investment income and unre June 30, 1975. See section 9	lated business taxab	le income (less section	oort from ns; and 511 tax)	n contrib (2) no r ) from b	outions, membership fe more than 33-1/3% of i usinesses acquired by	es, and gross receipts ts support from gross the organization after	
11	An organization organized a	nd operated exclusiv	ely to test for public safe	ety. See	section	n 509(a)(4).		
12	An organization organized at or more publicly supported of lines 12a through 12d that do	rganizations describe	ed in <b>section 509(a)(1)</b> d	r <b>sectio</b>	on 509(a	)(2). See section 509(a	ut the purposes of one a)(3). Check the box on	
а	Type I. A supporting organization organization (s) the power to recomplete Part IV, Sections A	on operated, supervise gularly appoint or elec	ed, or controlled by its sur	ported o	organizat	ion(s), typically by givino	g the supported ion. <b>You must</b>	
b	Type II. A supporting organiz management of the supporting must complete Part IV, Sect	organization vested in	controlled in connection the same persons that c	with its ontrol or	support manage	ted organization(s), by the supported organizat	having control or tion(s). <b>You</b>	
c	Type III functionally integrated organization(s) (see instruction	. A supporting organiza	ation operated in connection	n with, a	nd functio	onally integrated with, its	supported	
d	Type III non-functionally integ functionally integrated. The cinstructions). You must com	rated. A supporting or organization generall	ganization operated in cor v must satisfy a distribu	nnection	with its s	supported organization(s t and an attentiveness	) that is not requirement (see	
е	Check this box if the organiz integrated, or Type III non-fu	ation received a writ	ten determination from	the IRS	that it is	a Type I, Type II, Typ	e III functionally	
f	Enter the number of supported	organizations						
g	Provide the following information		ed organization(s).					
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat	s the tion listed poverning ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				Yes	No			
(A)								
<u>(B)</u>								
(C)								
(D)								
(E)								
Total								

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

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

Sec	tion A. Public Support		, ,,		,		
Cale	ndar year (or fiscal year nning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	<b>(d)</b> 2021	<b>(e)</b> 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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						
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	<b>(d)</b> 2021	<b>(e)</b> 2022	<b>(f)</b> Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	ities, etc. (see ins	structions)				
13	First 5 years. If the Form 990 is organization, check this box and	for the organization	on's first, second	, third, fourth, or f	ifth tax year as a	section 501(c)(3)	
Sec	tion C. Computation of Pul	olic Support P	ercentage				_
	Public support percentage for 20	•			•		%
15	Public support percentage from 2	2021 Schedule A,	Part II, line 14.			15	%
16a	6a 33-1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.						
b	<b>33-1/3% support test—2021.</b> If th and <b>stop here.</b> The organization	e organization did qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a organization	a, and line 15 is 3	3-1/3% or more, ch	neck this box
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the facts-	meets the facts-a	nd-circumstances	s test, check this b	pox and stop here	e. Explain in Part V	/I how
	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the facts-and	meets the facts-a -circumstances to	nd-circumstances est. The organiza	s test, check this l tion qualifies as a	pox and <b>stop here</b> publicly supporte	Explain in Part Ved organization	/I how the
18	Private foundation. If the organiz	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see inst	tructions

Schedule A (Form 990) 2022

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

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

Sec	tion A. Public Support	· · · · · · · · · · · · · · · · · · ·	'	,			
Calen	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	<b>(d)</b> 2021	<b>(e)</b> 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	228,725.	150,787.	544,971.	383,381.	854,680.	2,162,544.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	220,123.	130,707.	344,371.	303,301.	034,000.	0.
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	228,725.	150,787.	544,971.	383,381.	854,680. 0.	2,162,544.
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.	0.	0.	0.	0.	0.	
_	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
	Public support. (Subtract line 7c from line 6.)	0.	0.	0.	0.	0.	2,162,544.
Sec	tion B. Total Support					•	
Calen	dar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	<b>(d)</b> 2021	<b>(e)</b> 2022	(f) Total
9	Amounts from line 6	228,725.	150,787.	544,971.	383,381.	854,680.	2,162,544.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0.
	taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	0.	0	0	0	0.	0.
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	0.	0.	0.	0.	0.	0.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	228,725.	150,787.	544,971.	383,381.	854,680.	2,162,544.
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or fi	fth tax year as a s	ection 501(c)(3)	
	tion C. Computation of Pul	•		10		T	105.55
	Public support percentage for 20	•	•			<u> </u>	100.00 %
	Public support percentage from 2					16	100.00 %
	tion D. Computation of Inv				(6)	17	0 00 %
	Investment income percentage for investment	•	• • •	-	* * * *		0.00 %
	33-1/3% support tests-2022. If t	the organization di	d not check the b	ox on line 14, an	d line 15 is more	than 33-1/3%, and	d line 17
	is not more than 33-1/3%, check <b>33-1/3% support tests—2021.</b> If the line 18 is not more than 33-1/3%	the organization di b, check this box a	d not check a box nd <b>stop here.</b> The	on line 14 or line organization qua	e 19a, and line 16 alifies as a publicl	is more than 33- y supported organ	1/3%, and nization
20	Private foundation. If the organization	zation did not ched	ck a box on line 1	4, 19a, or 19b, cl	heck this box and	see instructions	

## Part IV Supporting Organizations

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

## **Section A. All Supporting Organizations**

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
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>4</b> a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 <b>Part VI</b> 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.	4c		
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 <b>Part VI</b> , 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).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).	7		
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).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI.</b>	9a		
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 <b>Part VI</b> .	9b		
С	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 <b>Part VI</b> .	9с		
0a	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.	10a		
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.)	10b		

Par	: IV	Supporting Organizations (continued)			
11	Hac	the organization accepted a gift or contribution from any of the following persons?		Yes	No
		rson who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,			
	the q	governing body of a supported organization?	11a		
b	A fa	mily member of a person described on line 11a above?	11b		
		% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .	11c		
Sect	ion	B. Type I Supporting Organizations			
1	or moffice organization	the governing body, members of the governing body, officers acting in their official capacity, or membership of one nore supported organizations have the power to regularly appoint or elect at least a majority of the organization's ers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported noization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more to one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers		Yes	No
2	durii Did that bene	the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supported organization? If "Yes," explain in <b>Part VI</b> how providing such efit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization.	2		
Sect	ion	C. Type II Supporting Organizations			
				Yes	No
1	of ea	e a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ach of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the porting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sect	ion	D. All Type III Supporting Organizations			
1	orga year	the organization provide to each of its supported organizations, by the last day of the fifth month of the inization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the inization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes	No
2	Were	e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported inization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how organization maintained a close and continuous working relationship with the supported organization(s).			
	the	organization maintained a close and continuous working relationship with the supported organization(s).	2		No No
3	voice all ti	eason of the relationship described on line 2, above, did the organization's supported organizations have a significant e in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played his regard.	3		
Sect		E. Type III Functionally Integrated Supporting Organizations			
a b c		ck the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instru	uctions	s).
2	Activ	vities Test. <i>Answer lines 2a and 2b below.</i>	ĺ	Yes	No
	Did : supp	substantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported</b> anizations and explain how these activities directly furthered their exempt purposes, how the organization was		163	NO
		nonsive to those supported organizations, and how the organization determined that these activities constituted stantially all of its activities.	2a		
b	more reas	the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or e of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the cons for the organization's position that its supported organization(s) would have engaged in these activities for the organization's involvement.	2b		
3		ent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did <sup>1</sup> each	the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of n of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .	3a		
b		the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its ported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on No	ov. 20, 1970 (explain ir st complete Sections A	n Part VI). <b>See</b> . through E.
Sec	tion 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		
Sec	tion 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):			
á	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
•	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		
Sec	tion 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	<b>Distributable Amount.</b> 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-functionally inte (see instructions).	grated	Type III supporting or	ganization

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Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (contin	nued)	
Sec	tion D - Distributions		<b>Current Year</b>
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5	
6	Other distributions (describe in <b>Part VI</b> ). See instructions.	6	
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	8	
9	Distributable amount for 2022 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Line 6 amount divided by line 5 amount		1.0	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required — <i>explain in Part VI</i> ). See instructions.			
3 Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019			
<b>d</b> From 2020			
<b>e</b> From 2021			
f Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
<b>b</b> Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

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Part VI

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