## **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A F	or the	2021 calendar year, or tax year beginning JU	L 1, 2021 and	ending J	<u>UN 30, 2022</u>					
	heck if	C Name of organization			D Employer identific	cation number				
	Addres	BOOKS FOR AFRICA, INC.								
	Name change	Doing business as			41-16273	91				
	Initial  return  Final	Number and street (or P.O. box if mail is not deliv 717 PRIOR AVENUE N.	ered to street address)	Room/suite	E Telephone numbe 651-602-					
	Jreturn/ termin- ated		ID or foreign postal code		G Gross receipts \$ 31,917,470.					
	Amend	, , , , , , , , , , , , , , , , , , , ,	ir or loreign postal code		H(a) Is this a group return					
	_return _Applica _tion		ICK PLONSKI		for subordinates					
	pendin	SAME AS C ABOVE, ST. PAU			<b>H(b)</b> Are all subordinates in	—				
ΙT	ax-exe		(insert no.) 4947(a)(1) (	or 527		list. See instructions				
		e: ► BOOKSFORAFRICA.ORG	/		H(c) Group exemption number ▶					
K F	orm of	organization: X Corporation Trust Asso	ociation Other >	L Year		M State of legal domicile: MN				
		Summary								
4	1	Briefly describe the organization's mission or most si	ignificant activities: THE	ORGANI	ZATION COLLI	ECTS BOOKS				
Governance	:	FROM SCHOOLS, LIBRARIES AND	D PUBLISHERS AN	D THEN	DONATES TH	E BOOKS TO				
ra La	2	Check this box 🕨 🔲 if the organization discont	inued its operations or dispos	sed of more	than 25% of its net ass					
) Ne	3	Number of voting members of the governing body (P	art VI, line 1a)		3	25				
ত		Number of independent voting members of the gove				25				
Activities &		Total number of individuals employed in calendar yea				20				
ĬĘ		Total number of volunteers (estimate if necessary)				7144				
Act		Total unrelated business revenue from Part VIII, colu				0.				
$\dashv$	b	Net unrelated business taxable income from Form 99	90-T, Part I, line 11	·····		0.				
	•	Ocatile disease and secreta (Dect VIII lies dis)			Prior Year 25,069,635.	Current Year 31,829,701.				
e n					<u>25,009,033.</u> 0.	0.				
Revenue					62,137.	87,769.				
B		Investment income (Part VIII, column (A), lines 3, 4, a Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9			02,137.	0,703.				
		Total revenue - add lines 8 through 11 (must equal P			25,131,772 <b>.</b>					
$\dashv$		Grants and similar amounts paid (Part IX, column (A)			26,281,769.					
		Benefits paid to or for members (Part IX, column (A),			0.	0.				
,		Salaries, other compensation, employee benefits (Pa			925,261.	731,858.				
se		Professional fundraising fees (Part IX, column (A), line			0.	0.				
Expenses		Total fundraising expenses (Part IX, column (D), line 2		52.						
ω̈́		Other expenses (Part IX, column (A), lines 11a-11d, 1	•		1,820,052.					
		Total expenses. Add lines 13-17 (must equal Part IX,			29,027,082.					
		Revenue less expenses. Subtract line 18 from line 12	2		-3,895,310.	2,849,156.				
Net Assets or Fund Balances					ginning of Current Year	End of Year				
sets	20	Total assets (Part X, line 16)			11,188,622.	13,734,656.				
	21	Total liabilities (Part X, line 26)			365,882.	418,781.				
Ž::	22	Net assets or fund balances. Subtract line 21 from lin	ne 20		10,822,740.	13,315,875.				
	rt II	Signature Block				. Imposited as a sed ballof it is				
		ties of perjury, I declare that I have examined this return, in t, and complete. Declaration of preparer (other than officer)				/ knowledge and belief, it is				
uue,	Correc	, and complete. Declaration of preparer (other than officer)	is based on an iniormation of wi	licii preparei	ilas ally kilowieuge.					
C:		Signature of officer			I Date					
Sigr Here		, -	IVE DIRECTOR							
Here	•	Type or print name and title	IVE DIRECTOR							
		,	Preparer's signature		Date Check	PTIN				
Paid			HRIS LEWIS, CPA	4 l	0/26/22 if self-employ	P01402886				
Prep		Firm's name JOHNSON, LEWIS &		, <del>-</del>		85-1379064				
Use		Firm's address 5151 EDINA INDUST		250	5 Em					
_		EDINA, MN 55439	·		Phone no. 95	2-854-6262				
Mav	the IF	S discuss this return with the preparer shown above	2 See instructions		•	X Yes No				

28,783,072.

Total program service expenses ▶

Form 990 (2021) BOOKS FOR AFRICA, 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		_ <u>X</u> _
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		_X_
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		_X_
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		_X_
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? If "Yes," complete			
	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
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, 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	X	
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		_X_
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		<u> </u>
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			37
	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		_X_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			37
	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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
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			v
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X_
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		v	
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	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			v
46	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,"			v
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
	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	ا ا		v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Part I	V	Checklist of Required Schedules	(continued)
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	·		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	Х	<u> </u>
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			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del></del>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
ч	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	244		$\overline{}$
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			<del></del>
	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		<u> </u>
	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			v
	"Yes," complete Schedule L, Part IV	28c	Х	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Λ	$\vdash$
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
31	contributions? If "Yes," complete Schedule M  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</i>	<u> </u>		<del></del>
O_	Schedule N, Part II	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? 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			
	Part V, line 1	34		X
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)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u> X</u>
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		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Pai	Note: All Form 990 filers are required to complete Schedule O  't V Statements Regarding Other IRS Filings and Tax Compliance	38	X	<u> </u>
	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			
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		l .

Form 990 (2021) BOOKS FOR AFRICA, INC.

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										
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х								
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.										
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X							
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>							
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		X							
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 Accounts (FBAR).										
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X							
b	<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?										
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			۱							
	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 contributions or gifts										
	were not tax deductible?	6b									
7	Organizations that may receive deductible contributions under section 170(c).			7.7							
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							
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		-							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required										
	to file Form 8282?	7c		X							
	If "Yes," indicate the number of Forms 8282 filed during the year	_									
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		$\vdash$							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f									
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h									
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11									
0		8									
9	sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.	Ů									
а	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									
10	Section 501(c)(7) organizations. Enter:										
	Initiation fees and capital contributions included on Part VIII, line 12										
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b										
	Section 501(c)(12) organizations. Enter:										
а	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.)										
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a									
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year										
13	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									
	Note: See the instructions for additional information the organization must report on Schedule O.										
b	Enter the amount of reserves the organization is required to maintain by the states in which the										
	organization is licensed to issue qualified health plans 13b										
	Enter the amount of reserves on hand	44-		Х							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a									
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b									
15		15		X							
	excess parachute payment(s) during the year?  If "Yes," see the instructions and file Form 4720, Schedule N.	13		Ë							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х							
	If "Yes," complete Form 4720, Schedule O.										
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any										
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		1							
	If "Yes." complete Form 6069.										

Form 990 (2021) BOOKS FOR AFRICA, INC. 41
Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below Page 6

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.	NO I	espon	se							
	· · · · · · · · · · · · · · · · · · ·			X							
Sec	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management										
000	tion 7. doverning body and management		Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year 25		163	140							
Iu	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										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
_	office will discover the state of the second second	2		Х							
3	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		х							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X							
5											
6	Did the organization have members or stockholders?	<u>5</u>		X							
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		Х							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	persons other than the governing body?	7b		Х							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
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 reached at the										
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X							
Sec	tion 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		X							
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?	11a	X								
	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	X								
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
	on Schedule O how this was done	12c	X								
13	Did the organization have a written whistleblower policy?	13	X								
14	Did the organization have a written document retention and destruction policy?	14	X								
15	Did the process for determining compensation of the following persons include a review and approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45.	X								
	The organization's CEO, Executive Director, or top management official	15a	X								
D	Other officers or key employees of the organization	15b	Λ								
16-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.										
Ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	160		Х							
h	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		21							
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's										
	exempt status with respect to such arrangements?	16b									
Sec	tion C. Disclosure	100									
17	List the states with which a copy of this Form 990 is required to be filed ►MN, GA, MS, NY, TN, IL, VA, CA, NJ	WI.	NC								
18	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			ole							
-	for public inspection. Indicate how you made these available. Check all that apply.	.,,									
	X Own website X Another's website Upon request Other (explain on Schedule O)										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	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 books and records										
	PATRICK PLONSKI - 651-602-9844										
	717 PRIOR AVE N, ST. PAUL, MN 55104										

# 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, 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 n	or any related	orga	niza	tion	con	npen	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than				nne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	n an	compensation	compensation	amount of
	week		l an	lu a u	Tecto	ii i us	(66)	from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or 0	stee			satec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	mper		1099-NEC)	10001120)	and related
	below	idual	ution	er	Key employee	est co oyee	le.	<u> </u>		organizations
	line)	Indiv	Instii	Officer	Key	Highest compensated employee	Former			
(1) PATRICK PLONSKI (EX OFFICIO)	40.00									
EXECUTIVE DIRECTOR		Х		Х				162,179.	0.	22,089.
(2) JONI SUSSMAN	0.00									
PRESIDENT		Х		Х				0.	0.	0.
(3) PATRICK MANDILE	0.00								_	_
TREASURER		Х		Х				0.	0.	0.
(4) THOMAS WARTH (EX OFFICIO)	0.00									
FOUNDER		Х						0.	0.	0.
(5) FATIMA LAWSON	0.00									
SECRETARY	0.00	Х		Х				0.	0.	0.
(6) STEPHANIE DAVERN	0.00	.,							_	
BOARD MEMBER	0 00	Х						0.	0.	0.
(7) NICLETTE MUNDABI	0.00	<b>.</b> ,							_	_
BOARD MEMBER	0.00	Х						0.	0.	0.
(8) ERIN BAGNIEWSKI BOARD MEMBER	0.00	Х						0.	0.	0.
(9) DUSTIN HOLLAND	0.00	Λ						0.	U •	· ·
BOARD MEMBER	0.00	Х						0.	0.	0.
(10) PAUL MUSHERURE	0.00	Λ						0.	0.	<u>.</u>
BOARD MEMBER	0.00	х						0.	0.	0.
(11) MATILDA ARHIN	0.00							•	•	•
BOARD MEMBER		х						0.	0.	0.
(12) JEFF LEBLANC	0.00	T-							0.1	
BOARD MEMBER		Х						0.	0.	0.
(13) LILLIAN OTIENO	0.00								-	
BOARD MEMBER		Х						0.	0.	0.
(14) GARY ZELKO	0.00									
BOARD MEMBER		Х						0.	0.	0.
(15) TOM GITAA	0.00									
BOARD MEMBER		Х						0.	0.	0.
(16) CHARLES COGAN	0.00									
BOARD MEMBER		Х						0.	0.	0.
(17) EMMA KASIGA	0.00									
BOARD MEMBER		Х						0.	0.	0.

Section A. Officers, Directors, Trus	tees, Key Emp	DIOY	ees,	anu	ı mıç	gnes	st C	ompensated Employee	s (continued)	—			
(A)	(B)		<b>(C)</b> Position					(D)	(E)			(F)	
Name and title	Average hours per		not c	heck r	more	than		Reportable	Reportable			timate	
	week			ss per id a di				compensation from	compensation from related			ount o	וכ
	(list any	sctor						the	organizations			pensat	tion
	hours for related	or dire	9.			ated		organization	(W-2/1099-MISC	ا /د		om the	
	organizations	ustee	truste		e.	ubeus		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		•	anizati I relate	
	below	Individual trustee or director	Institutional trustee	_	Key employee	st con	, je	1099-NEC)				nizatio	
	line)	Indivi	Instit	Officer	Key er	Highest compensated employee	Former				3		
(18) KOJO AMOO-GOTTFRIED	0.00												
BOARD MEMBER		Х						0.		0.			0.
(19) ISAAC OWENS	0.00												
BOARD MEMBER	0.00	Х				_		0.		0.			0.
(20) TAMMIE FOLLETT	0.00									,			^
BOARD MEMBER	0 00	Х				-		0.		0.			0.
(21) JOHN RUPP	0.00	Х						0.		0.			Λ
BOARD MEMBER (22) HOWARD JETER	0.00	^				┢		0.		<del>"  </del>			0.
BOARD MEMBER	0.00	Х						0.		0.			0.
(23) MIKE ESSIEN	0.00							0.		•			<u> </u>
PRESIDENT-ELECT	0.00	х						0.		0.			0.
(24) JOHN ELSTAD	0.00									+			
BOARD MEMBER		Х						0.		0.			0.
(25) LOUIS BROWNSTONE	0.00												
BOARD MEMBER		Х						0.		0.			0.
1b Subtotal								162,179.		0.	22	2,08	
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	162,179.		0.		2,08	39.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove	e) wn	io re	eceived more than \$100,	000 of reportable				1
compensation from the organization												Yes	No
3 Did the organization list any <b>former</b> officer,	director trust	ee k	ev e	mple	ove	e or	hia	thest compensated empl	ovee on	П			
line 1a? If "Yes," complete Schedule J for si	•		•	•	•		_		•		3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	),000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual		[	4	Х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," com	plete Schedule	e <i>J f</i> e	or su	ıch r	oers	on				<u> </u>	5		X
Section B. Independent Contractors													
1 Complete this table for your five highest con										ensati	on fro	m	
the organization. Report compensation for t	the calendar ye	ear e	ndir	ng wi	ith c	or wi	thin I		ear.				
<b>(A)</b> Name and business	address	NIC	ONE	7				<b>(B)</b> Description of s	ervices	Co	(C omper	i) nsatior	า
		-110	7111										
2 Total number of independent contractors for	adudina but -	o+ II	nit n	1+0+	thac	20 11-	+00	abovo) who received a	are then				
<ul> <li>Total number of independent contractors (in \$100,000 of compensation from the organize</li> </ul>	•	טנ ווו	ıntec	ו נט ז	tnos (		ıed	above) who received mo	ne uiaii				
\$100,000 or compensation from the organiz	Lation										-orm S	990 (2	2021)

41-1627391

			Check if Schedule O o	contair	ns a res	sponse	or note to anv lin	e in this Part VIII			
								(A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated business revenue	Revenue excluded from tax under
									function revenue	business revenue	sections 512 - 514
လ လ	1	а	Federated campaigns		1	а					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues								
ي ق			Fundraising events								
ifts			<b>-</b>								
niis,			Government grants (contri								
Sign			All other contributions, gifts,								
le E			similar amounts not included			f	31,829,701.				
草口		g	Noncash contributions included in I			g \$	29,446,656.				
Sol		_	Total. Add lines 1a-1f		_		<u> </u>	31,829,701.			
<u> </u>							Business Code	, ,			
	2	а									
Š	_	b									
Ser		c									
E S		d									
gra Re		e	-								
Program Service Revenue			All other program service i	reveni							
			Total. Add lines 2a-2f								
	3	9	Investment income (includ								
	Ū		other similar amounts)					87,769.			87,769.
	4		Income from investment o					,			,
	5		Royalties		-	-					
	_				(i) R		(ii) Personal				
	6	а	Gross rents	6a							
	·		Less: rental expenses	6b							
		c	Rental income or (loss)	6c							
			Net rental income or (loss)				<b>•</b>				
	7		Gross amount from sales of		(i) Sec	urities	(ii) Other				
	•	u	assets other than inventory	7a	(1)		(.,				
		h	Less: cost or other basis	74							
Ð				7b							
ne		_	Gain or (loss)	7c							
her Revenue			Net gain or (loss)								
꾸			Gross income from fundraisir								
Ŏ.	Ü	u	including \$	•	0						
٠			contributions reported on			'					
			Part IV, line 18		•	8a					
		b	Less: direct expenses								
			Net income or (loss) from				<b>•</b>				
	9		Gross income from gaming								
	•	_	Part IV, line 19	-							
		h	Less: direct expenses								
			Net income or (loss) from				•				
	10		Gross sales of inventory, le	-	-						
		_	and allowances			10a					
		h	Less: cost of goods sold								
			Net income or (loss) from				<u> </u>				
			. 131 moonto or hood, norm	-4.55	VOI		Business Code				
sno	11	а									
nec	••	b									
Miscellaneous Revenue		c									
isce			All other revenue								
Σ			Total. Add lines 11a-11d				<b></b>				
	12		Total revenue See instruction					31 917 470.	0.	0.	87 769.

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (B) Program service expenses (C) Management and general expenses Do not include amounts reported on lines 6b. Total expenses expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign 26,734,480. 26,734,480. individuals. See Part IV, lines 15 and 16 ...... Benefits paid to or for members Compensation of current officers, directors, 25,957. 173,047. 138,438. 8,652. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and 376,205. 348,889. 10,201. 17,115. persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 182,606. 135,128. 25,565. Other employee benefits 21,913. 9 10 Payroll taxes 11 Fees for services (nonemployees): Management 51,254. 22,039. 8,201. 21,014. Legal 5,700. 5,700. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 10,663. 14,410. 3,747. Advertising and promotion 12 64,977. 37,037. 8,447. 19,493. 13 Office expenses 34,974. 17,487. 5,246. 12,241. Information technology 14 Royalties 15 289,919. 284,121. 2,899. 2,899. 16 Occupancy 17,801. 14,241. 3,560. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 31,342. 11,283. 20,059. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 2,929. 2,636. 293. Depreciation, depletion, and amortization 22 6,439. 4,894. 837. 708. 23 Other expenses. Itemize expenses not covered 24 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.) 799,442. 799,442. SHIPPING EXPENSE SPECIAL SHIPMENTS 124,101. 124,101. 32,<mark>839.</mark> 86,418. 6,049. 47,530. MISCELLANEOUS 72,270. d WAREHOUSE SUPPLIES 72,270. e All other expenses 29,068,314. 28,783,072. 82,090. 203,152. Total functional expenses. Add lines 1 through 24e 25 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)

Form 990 (2021)
Part X Balance Sheet

Pai	rt X	Balance Sneet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			314,642.	1	321,554.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			21,593.	3	340,463.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	stantial o	ontributor, or 35%			
		controlled entity or family member of any of the	se pers	ons		5	
	6	Loans and other receivables from other disqual					
		under section 4958(f)(1)), and persons describe		6			
Š	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			7,954,861.	8	10,667,037.
ğ	9	Donat and a superior and all forms of all and a				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	67,815.			
	b	Less: accumulated depreciation	10b	62,598.	8,146.	10c	5,217. 2,375,411.
	11	Investments - publicly traded securities		2,864,406.	11	2,375,411.	
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	24,974.	15	24,974.		
	16	Total assets. Add lines 1 through 15 (must equ	11,188,622.	16	13,734,656.		
	17	Accounts payable and accrued expenses		365,882.	17	418,781.	
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		ı		20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs					
ja;		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line of Schedule D	S 17-24	. Complete Part X		25	
	06	Total liabilities. Add lines 17 through 25		·····	365,882.	<u>25</u> 26	418,781.
	26	Organizations that follow FASB ASC 958, che	ook bor	Ϋ́	303,002.	20	410,701.
S		and complete lines 27, 28, 32, and 33.	eck Hei				
ğ	27				1,716,319.	27	1,446,086.
sala	28	Net assets with donor restrictions	9,106,421.	28	11,869,789.		
펄		Organizations that do not follow FASB ASC 9	2/200/2221				
Ē		and complete lines 29 through 33.	JOO, 0110				
ō	29	Capital stock or trust principal, or current funds	:			29	
ets	30	Paid-in or capital surplus, or land, building, or e				30	
Ass	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			10,822,740.	32	13,315,875.
2	33	Total liabilities and net assets/fund balances			11,188,622.	33	13,734,656.
		rotal habilities and not assets/fully balances			,_,_,,,		

Pa	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		L,91						
2	Total expenses (must equal Part IX, column (A), line 25)	2	29	06,06	8,3	14.				
3	Revenue less expenses. Subtract line 2 from line 1	3		2,84	<u>9,1</u>	<u>56.</u>				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))									
5	Net unrealized gains (losses) on investments	5		-35	6,0	18.				
6	Donated services and use of facilities	6								
7	Investment expenses	7								
8	Prior period adjustments	8								
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,									
	column (B))	10	13	3,31	5,8	78.				
Pa	rt XII Financial Statements and Reporting									
	Check if Schedule O contains a response or note to any line in this Part XII					X				
					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	Ο.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a								
	separate basis, consolidated basis, or both:									
	Separate basis Consolidated basis Both consolidated and separate basis									
b	Were the organization's financial statements audited by an independent accountant?			2b	X					
	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									
С	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 Sche									
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Au	dit							
Act and OMB Circular A-133?										
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	dit							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b						

Form **990** (2021)

#### **SCHEDULE A**

(Form 990)

Total

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

2021

Open to Public Inspection

**Employer identification number** Name of the organization BOOKS FOR AFRICA, INC. 41-1627391 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Pa	art II Support Schedule for	Organizations	Described in	Sections 170(	b)(1)(A)(iv) and	l 170(b)(1)(A)(vi	,)
	(Complete only if you checket fails to qualify under the test			-	n failed to qualify ι	under Part III. If the	organization
<u>S</u>	ction A. Public Support	s listed below, piea	se complete Part	····.)			
	• • • • • • • • • • • • • • • • • • • •	(-) 0017	(h) 0010	(=) 0010	(4) 0000	(-) 0001	(s) Tatal
	endar year (or fiscal year beginning in)  Gifts, grants, contributions, and	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
'	membership fees received. (Do not						
	include any "unusual grants.")	25398669.	38883821	37112403	24701861	29446656	1555/3/10
•	Tax revenues levied for the organ-	23370007.	50005021.	37112403.	24/01001.	274400300	133343410
2	ization's benefit and either paid to						
	or expended on its behalf						
2	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
1	Total. Add lines 1 through 3	25398669.	38883821.	37112403.	24701861.	29446656.	155543410
	The portion of total contributions	23330003.	50003021.	371124031	24701001.	23440030.	133343410
3	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.						155543410
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	25398669.	38883821.	37112403.	24701861.	29446656.	155543410
	Gross income from interest,						
Ū	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	44,947.	66,831.	58,282.	62,137.	87,769.	319,966.
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	<b>Total support.</b> Add lines 7 through 10						155863376
	Gross receipts from related activities	, etc. (see instruction	ons)		•	12	
	First 5 years. If the Form 990 is for t		rst, second, third,	fourth, or fifth tax	year as a section 5	i01(c)(3)	
	organization, check this box and sto	p here			• • • • • • • • • • • • • • • • • • • •		
Se	ction C. Computation of Publ	ic Support Per	centage				
14	Public support percentage for 2021 (	(line 6, column (f), d	livided by line 11,	column (f))		14	99.79 %
	Public support percentage from 2020					15	99.83 %
	a 33 1/3% support test - 2021. If the					ore, check this box	x and
	stop here. The organization qualifies						▶ 🔽
ŀ	33 1/3% support test - 2020. If the	organization did no	ot check a box on				
	and <b>stop here.</b> The organization qua						
178	10% -facts-and-circumstances tes	t - 2021. If the org	anization did not				
	and if the organization meets the fac-						
	meets the facts-and-circumstances to						
ŀ	o 10% -facts-and-circumstances tes	t - 2020. If the org	anization did not	check a box on line			

more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the

Schedule A (Form 990) 2021

#### 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services 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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(	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 th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organizati	on,
	check this box and stop here						<b>&gt;</b>
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2021 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2020	·				16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	<b>)21</b> (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from					18	%
19	a 33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization quali	fies as a publicly s	supported organiza	ition	<b>&gt;</b>
k	33 1/3% support tests - 2020. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	<b>op here.</b> The orga	nization qualifies a	as a publicly suppo	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	structions	

#### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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.)

	Yes	No
	163	NO
4		
1		
_		
2		
3a		
3b		
3с		
4a		
4b		
4-		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ja		
٥h		
9b		
0		
9с		
10a		
10b		

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	tion 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 office	ers,		
	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 suppor 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	tion 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	tion 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		
	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			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	ctions).		
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	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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		
b	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			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ing Orgar	nizations	- ag-	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 ( explain in	Part VI). See instructions.	
	All other Type III non-functionally integrated supporting organizations mu		•		
Section A - Adjusted Net Income  (A) Prior Year  (B) Current You (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			
c	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	<b>Discount</b> 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-function	ally integrat	ed Type III supporting orga	nization (see	
	instructions).				

Schedule A (Form 990) 2021

	dule A (Form 990) 2021 BOOKS FOR AFR			4	1-1627391 Page 7
Pai	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations <sub>(continu</sub>	ied)	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets	-		4	
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	orial distants in		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
_	(provide details in <b>Part VI</b> ). See instructions.	is organization to respondite		8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	Eine o amount aivided by line o amount	(i)	(ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	ıs	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
<u> </u>	From 2016				
b	From 2017				
	From 2018				
	From 2019				
	From 2020				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
<del>-</del>	Carryover from 2016 not applied (see instructions)				
÷	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
7	line 7: \$				
	Applied to underdistributions of prior years  Applied to 2021 distributable amount				
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
э	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
_8_	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
С	Excess from 2019				

Schedule A (Form 990) 2021

d Excess from 2020 e Excess from 2021

#### **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

BOOKS FOR AFRICA, INC.

**Employer identification number** 41-1627391

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		ar Funds or Ad	counts. Complete if the
	,,	(a) Donor advised fun	ds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in	donor advised fund	ds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad	lvisors in writing that grant fu	nds can be used c	only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other	er purpose confer	ring
	impermissible private benefit?			
Pai	t II Conservation Easements. Complete if the organic	anization answered "Yes" on	Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreating	ion or education) 🔲 Pre	servation of a histo	orically important land area
	Protection of natural habitat	Pre	servation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribution	in the form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic structure			2c
d	Number of conservation easements included in (c) acquired af	· ·		
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or termin	ated by the organ	ization during the tax
	year ▶			
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period		andling of	
	violations, and enforcement of the conservation easements it l			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enf	orcing conservation	on easements during the year
	<b>&gt;</b>			
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcin	ig conservation ea	sements during the year
	<b>&gt;</b> \$			
8	Does each conservation easement reported on line 2(d) above	•	. , . , . ,	· — —
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation		•	
	balance sheet, and include, if applicable, the text of the footnotes and include, if applicable, the text of the footnotes are also as a second control of the f	ote to the organization's finan	icial statements th	at describes the
Dai	organization's accounting for conservation easements.  t III Organizations Maintaining Collections of	Art Historical Treasur	as or Other 9	Similar Accete
ı aı	Complete if the organization answered "Yes" on Form 9	•	es, or other c	miniai Assets.
10	If the organization elected, as permitted under FASB ASC 958		atatament and hal	anno aboat warks
Ia	of art, historical treasures, or other similar assets held for publ	·		
	•	•		ice of public
h	service, provide in Part XIII the text of the footnote to its finance.			a shoot works of
b	If the organization elected, as permitted under FASB ASC 958	•		
	art, historical treasures, or other similar assets held for public or provide the following amounts relating to those items:	eanibilion, education, or rese	arcii iii iurtrierance	or public service,
	provide the following amounts relating to these items:			<b>•</b> •
	(i) Revenue included on Form 990, Part VIII, line 1			
^		auros er ather similar assets		
2	If the organization received or held works of art, historical trea-			provide
_	the following amounts required to be reported under FASB AS			<b>•</b> •
a	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			<b>▶</b> \$

	t III Organizations Maintaining C	collections of Ar			asures. o	r Other S	Similar		(conti		age 🚄
3									(COIIII	iueu)	
J	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):										
а											
b	Scholarly research	6									
c	Preservation for future generations	•	,	Otrici							
4	Provide a description of the organization's co	allections and explain	a how th	ev further th	ne organizatio	n's evemr	nt nurnos	a in Part	XIII		
5	During the year, did the organization solicit of	· ·		-	-	-		c iiii ait	XIII.		
•	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arran										
	reported an amount on Form 990, Pa		ete ii tiie	organizatio	ii alisweled	163 0111	om sso,	, raitiv,	iii le 3, 0i		
12	Is the organization an agent, trustee, custodi		liany for (	contribution	e or other sec	eats not in	cluded				
ıa									Yes		No
h	on Form 990, Part X?  If "Yes," explain the arrangement in Part XIII								_ 163	L	_ 140
D	ii res, explain the arrangement ii r art xiii	and complete the lo	nowing t	abic.					Amour	t	
_	Reginning balance						1c		7		
	Additions during the year						1d				
	Additions during the year						1e				
f	Distributions during the year						1f				
	Ending balance  Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.					•					]
	t V Endowment Funds. Complete										
	Complete	(a) Current year		Prior year	(c) Two yea			ears back	(e) Fou	r vears	back
10	Beginning of year balance	(a) can one year	(2):	,	(0) 1110 302	(4	<b>.,</b>	ouro puore	(0):00	y our o	54011
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance		/ı: 4		<u> </u>						
2	Provide the estimated percentage of the curr	rent year end balance	•	g, column (a	)) held as:						
a	Board designated or quasi-endowment		_%								
	Permanent endowment	%									
С		%									
_	The percentages on lines 2a, 2b, and 2c sho	•									
За	Are there endowment funds not in the posse	ssion of the organiza	ation tha	t are held ar	nd administer	ed for the	organiza	tion		Vaa	Na
	by:								- "	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								_3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment f	unds.							
Pai			D4 N	/ line 11 = C		Dart V III	10				
	Complete if the organization answere							.			
	Description of property	(a) Cost or obasis (investr			or other (other)		cumulate eciation	d	( <b>d</b> ) Boo	k valu	е
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment			6	7,815.	(	62,59	8.		5,2	17.
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990. Part	X. colun	nn (B). line 1	0c.)			<b>•</b>		5,2	17.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 BOOKS FOR AF	PTCA TMC	<i>A</i> 1	1627391	Page
Schedule D (Form 990) 2021 BOOKS FOR AF Part VII Investments - Other Securities.	RICH, INC.		102/371	Page
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11b. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market v	/alue
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.	5 000 B . N. II			
Complete if the organization answered "Yes" o			<del></del>	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market v	/alue
<u>(1)</u>				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.				
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.		
(a) D	escription		(b) Book va	alue
(1)				
(2)				
(3)				
(4)				
(E)			1	

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

#### Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (h) must equal Form 990 Part X col. (R) line 25.)	•

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X 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

	dule D (Form 990) 2021 BOOKS FOR AFRICA, INC.	t- \A/:tla	Davianus nav Da		1627391 Page
Pai	TXI Reconciliation of Revenue per Audited Financial Stateme		Revenue per Re	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			1	31,782,452
1				7	31,702,432
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	الما	_356 019		
a	Net unrealized gains (losses) on investments		-356,018. 221,000.		
b	Donated services and use of facilities		221,000.	-	
С	Recoveries of prior year grants			-	
d	Other (Describe in Part XIII.)			+	125 010
е	Add lines 2a through 2d			2e	-135,018 31,917,470
3	Subtract line 2e from line 1			3	31,911,470
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1			
a	Investment expenses not included on Form 990, Part VIII, line 7b			4	
b	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b			4c	21 017 470
5 Do	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)  TXII Reconciliation of Expenses per Audited Financial Statem	onto With	Evnences per l	5	31,917,470
Ра			Expenses per i	netui	11.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			Τ.	1 20 200 214
1	Total expenses and losses per audited financial statements			1	29,289,314
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	11	221 000		
a	Donated services and use of facilities		221,000.	4	
b	Prior year adjustments			-	
С	Other losses			4	
	Other (Describe in Part XIII.)	2d			221 000
_	Add lines 2a through 2d			2e	221,000
3	Subtract line 2e from line 1			3	29,068,314
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			4	
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	29,068,314
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par			4; Part	X, line 2; Part XI,
iines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	aitionai intorr	nation.		
PAI	RT X, LINE 2:				
THI	ORGANIZATION IS EXEMPT FROM INCOME TAXES	UNDER	INTERNAL F	REVE	NUE CODE
~=-	THE CO. (2) (2) AND ADDITION OF THE CO.		-		
SEC	CTION 501(C)(3) AND APPLICABLE MINNESOTA S	TATUTES	<b>.</b>		

THE ORGANIZATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN THE FINANCIAL STATEMENTS ANNUALLY ASSESSING ITS EXPOSURE FOR UNCERTAIN TAX POSITIONS. IF REQUIRED, THE ORGANIZATION WOULD ACCRUE INCOME TAXES PLUS A RELATED INTEREST AND PENALTY AS A LIABILITY. FOR THE YEARS PRESENTED THE ORGANIZATION HAS RECORDED NO LIABILITY FOR UNCERTAIN TAX POSITIONS. TAX YEARS ENDING AFTER JUNE 30, 2019 REMAIN OPEN AND SUBJECT TO EXAMINATION FOR BOTH FEDERAL AND STATE RETURNS.

Schedule D (Form 990) 2021 Part XIII Supplemental Info	BOOKS FOR AFRIC	A, INC.	41-1627391 Page 5
Part XIII   Supplemental Info	rmation (continued)		

#### SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

### **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.

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

2021
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

300	OKS FOR AFRIC	A, INC.				41-162739	1	
Pa	rt I General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organ	ization answered "	res" on	
	Form 990, Part I\							
1	=	-		ds to substantiate the amount of its gra			[==]	
	the grantees' eligibility for	or the grants or a	issistance, and t	he selection criteria used to award the	grants or assis	tance?	Yes X No	
2	For grantmakers. Desc	ribe in Part V the	organization's	procedures for monitoring the use of its	grants and oth	ner assistance outs	ide the	
	United States.							
3				n be duplicated if additional space is n			(f) Total	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a prog describe	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region		
			<u> </u>					
3 a	Subtotal	0	0				0.	
	Total from continuation							
	sheets to Part I	0	0				0.	
С	Totals (add lines 3a	_	_				_	
	and 3h)	ı 0	0				0.	

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>(b)</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)
			DONATED BOOKS OR					
			ELECTRONIC MEDIA TO					
		SUB-SAHARAN	EDUCATE CHILDREN IN				BOOKS OR	
		AFRICA	AFRICA	0.		264,000.	ELECTRONIC MEDIA	FMV
			DONATED BOOKS OR					
			ELECTRONIC MEDIA TO					
		SUB-SAHARAN	EDUCATE CHILDREN IN				BOOKS OR	
		AFRICA	AFRICA	0.		264,000.	ELECTRONIC MEDIA	FMV
			DONATED BOOKS OR					
			ELECTRONIC MEDIA TO					
		SUB-SAHARAN	EDUCATE CHILDREN IN				BOOKS OR	
		AFRICA	AFRICA	0.		378,000.	ELECTRONIC MEDIA	FMV
			DONATED BOOKS OR					
			ELECTRONIC MEDIA TO					
		SUB-SAHARAN	EDUCATE CHILDREN IN				BOOKS OR	
		AFRICA	AFRICA	0.		528,000.	ELECTRONIC MEDIA	FMV
			DONATED BOOKS OR			,		
			ELECTRONIC MEDIA TO					
		SUB-SAHARAN	EDUCATE CHILDREN IN				BOOKS OR	
		AFRICA	AFRICA	0.		500,000.	ELECTRONIC MEDIA	FMV
			DONATED BOOKS OR					
			ELECTRONIC MEDIA TO					
		SUB-SAHARAN	EDUCATE CHILDREN IN				BOOKS OR	
		AFRICA	AFRICA	0.		2892500.	ELECTRONIC MEDIA	FMV
			DONATED BOOKS OR					
			ELECTRONIC MEDIA TO					
		SUB-SAHARAN	EDUCATE CHILDREN IN				BOOKS OR	
		AFRICA	AFRICA	0.		2664000.	ELECTRONIC MEDIA	FMV
			DONATED BOOKS OR					
			ELECTRONIC MEDIA TO					
		SUB-SAHARAN	EDUCATE CHILDREN IN				BOOKS OR	
		AFRICA	AFRICA	0.		4092300.	ELECTRONIC MEDIA	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 II Continu	ation of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organi	zation (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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			DONATED BOOKS OR					
			ELECTRONIC MEDIA TO					
		SUB-SAHARAN	EDUCATE CHILDREN IN				BOOKS OR	
		AFRICA	AFRICA	0.		906,000.	ELECTRONIC MEDIA	FMV
			DONATED BOOKS OR					
			ELECTRONIC MEDIA TO					
		SUB-SAHARAN	EDUCATE CHILDREN IN				BOOKS OR	
		AFRICA	AFRICA	0.		1170000.	ELECTRONIC MEDIA	FMV
			DONATED BOOKS OR					
			ELECTRONIC MEDIA TO					
		SUB-SAHARAN	EDUCATE CHILDREN IN				BOOKS OR	
		AFRICA	AFRICA	0.		264,000.	ELECTRONIC MEDIA	FMV
			DONATED BOOKS OR					
			ELECTRONIC MEDIA TO					
		SUB-SAHARAN	EDUCATE CHILDREN IN				BOOKS OR	
		AFRICA	AFRICA	0.		176,580.	ELECTRONIC MEDIA	FMV
			DONATED BOOKS OR					
			ELECTRONIC MEDIA TO					
		SUB-SAHARAN	EDUCATE CHILDREN IN				BOOKS OR	
		AFRICA	AFRICA	0.		1290900.	ELECTRONIC MEDIA	FMV
			DONATED BOOKS OR					
			ELECTRONIC MEDIA TO					
		SUB-SAHARAN	EDUCATE CHILDREN IN				BOOKS OR	
		AFRICA	AFRICA	0.		558,000.	ELECTRONIC MEDIA	FMV
			DONATED BOOKS OR					
			ELECTRONIC MEDIA TO					
		SUB-SAHARAN	EDUCATE CHILDREN IN				BOOKS OR	
		AFRICA	AFRICA	0.		2184000.	ELECTRONIC MEDIA	FMV
			DONATED BOOKS OR					
			ELECTRONIC MEDIA TO					
		SUB-SAHARAN	EDUCATE CHILDREN IN				BOOKS OR	
		AFRICA	AFRICA	0.		2640000.	ELECTRONIC MEDIA	FMV
			DONATED BOOKS OR					
			ELECTRONIC MEDIA TO					
		SUB-SAHARAN	EDUCATE CHILDREN IN				BOOKS OR	
		AFRICA	AFRICA	0.		528,000.	ELECTRONIC MEDIA	FMV

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	v
1 (a) Name of organization	<b>(b)</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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			DONATED BOOKS OR					
			ELECTRONIC MEDIA TO					
		SUB-SAHARAN	EDUCATE CHILDREN IN				BOOKS OR	
		AFRICA	AFRICA	0.		1447200.	ELECTRONIC MEDIA	FMV
			DONATED BOOKS OR					
			ELECTRONIC MEDIA TO					
		SUB-SAHARAN	EDUCATE CHILDREN IN				BOOKS OR	
		AFRICA	AFRICA	0.		1346000.	ELECTRONIC MEDIA	FMV
			DONATED BOOKS OR					
			ELECTRONIC MEDIA TO					
		SUB-SAHARAN	EDUCATE CHILDREN IN				BOOKS OR	
		AFRICA	AFRICA	0.		1320000.	ELECTRONIC MEDIA	FMV
			DONATED BOOKS OR					
			ELECTRONIC MEDIA TO					
		SUB-SAHARAN	EDUCATE CHILDREN IN				BOOKS OR	
		AFRICA	AFRICA	0.		528,000.	ELECTRONIC MEDIA	FMV
			DONATED BOOKS OR			,		
			ELECTRONIC MEDIA TO					
			EDUCATE CHILDREN IN				BOOKS OR	
			AFRICA	0.		793,000.	ELECTRONIC MEDIA	FMV
						,		

			ites. Complete i	f the organization answered "Yes"	on Form 990, Part	IV, line 16.	
Part III can be duplicated if a	(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)

Page	4

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

Schedule F (Form 990) 2021

# Schedule F (Form 990) 2021 Part V | Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. PART I, LINE 2: BOOKS FOR AFRICA SHIPS CONTAINERS OF BOOKS TO PARTNERS IN AFRICA. ONCE THE BOOKS ARE RECEIVED BY THE PARTNERS, BOOKS FOR AFRICA HAS NO MORE DEALINGS OR RESPONSIBILITY WITH THE USE OF THE BOOKS. BOOKS FOR AFRICA DOES RECEIVE FEED BACK FROM THE PARTNERS ON THE USE AND SUCCESS OF THE BOOKS RECEIVED.

#### SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

2021

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

BOOKS FOR AFRICA, INC.

Part I Questions Regarding Compensation

Employer identification number 41-1627391

			Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а		4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
•	contingent on the net earnings of:			
а	The organization?	6a		х
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.	35		<u> </u>
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
•		7		х
	not described on lines 5 and 6? If "Yes," describe in Part III	/		_^ <u>^</u>
0				
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
8	were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х

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

Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) PATRICK PLONSKI (EX OFFICIO)	(i)	141,025.	21,154.	0.	0.	22,089.	184,268.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
-	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)						<u> </u>	1

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

#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ 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.

Name of the organization BOOKS FOR AFRICA, INC. Employer identification number 41-1627391

11 Securities - Partnership, LLC, or trust interests 2 Securities - Miscellaneous 3 Qualified conservation contribution - Historic structures 4 Qualified conservation contribution - Other 5 Real estate - Residential 6 Real estate - Commercial 7 Real estate - Other 8 Collectibles 9 Food inventory 10 Drugs and medical supplies 11 Taxidermy 12 Historical artifacts 23 Scientific specimens 4 Archeological artifacts 25 Other ▶ ( ) )	Par	TI Types of Property										
Art - Works of art  Art - Works of art  Art - Mistorical treasures  Art - Fractional interests  Art - Fractional interests  Books and publications  X  29,446,656,\$12-\$20 PER BOOK  Clothing and household goods  Intellectual property  Securities - Publicly traded  Securities - Closely held stock  Securities - Publicly traded  Securities - Realestate  Other  Real estate - Commercial  Real estate - Commercial  Securities - Se												
tems contributed Form 990, Part VIII, line 1g  Art - Works of art  Art - Historical treasures  Boats and publications  X					l						_	_
2 Art - Historical treasures 3 Art - Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded 10 Securities - Publicly traded 11 Securities - Publicly traded 12 Securities - Publicly traded 13 Securities - Publicly traded 14 Securities - Publicly traded 15 Securities - Publicly traded 16 Securities - Publicly traded 17 Securities - Publicly traded 18 Securities - Nilscellaneous 19 Cualified conservation contribution 19 Historic structures 10 Cualified conservation contribution - Other 19 Real estate - Residential 19 Real estate - Residential 19 Real estate - Commercial 19 Real estate - Other ending the structures 19 Coulcibles 10 Drugs and medical supplies 10 Trademy 11 Historical artifacts 10 Securities - Miscellaneous 10 Securities - Miscellaneous 11 Trademy 12 Historical artifacts 11 Trademy 12 Historical artifacts 11 Trademy 12 Historical artifacts 13 Other			applicable					noncash o	contribution	on am	nounts	3
2 Art - Historical treasures 3 Art - Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded 10 Securities - Publicly traded 11 Securities - Publicly traded 12 Securities - Publicly traded 13 Securities - Publicly traded 14 Securities - Publicly traded 15 Securities - Publicly traded 16 Securities - Publicly traded 17 Securities - Publicly traded 18 Securities - Nilscellaneous 19 Cualified conservation contribution 19 Historic structures 10 Cualified conservation contribution - Other 19 Real estate - Residential 19 Real estate - Residential 19 Real estate - Commercial 19 Real estate - Other ending the structures 19 Coulcibles 10 Drugs and medical supplies 10 Trademy 11 Historical artifacts 10 Securities - Miscellaneous 10 Securities - Miscellaneous 11 Trademy 12 Historical artifacts 11 Trademy 12 Historical artifacts 11 Trademy 12 Historical artifacts 13 Other	1	Art - Works of art										
3 At - Fractional interests												
A Books and publications	3											
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2021

Schedule M	(Form 990) 2021 BOOKS FOR AFRICA, INC. 41-102/391 Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

#### **SCHEDULE 0** (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.

**Open to Public** Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

INC. BOOKS FOR AFRICA,

**Employer identification number** 41-1627391

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
AGENCIES IN AFRICA.	
FORM 990, PART VI, SECTION B, LINE 11B:	
A COPY OF THE 990 IS PRESENTED TO THE EXECUTIVE DIRECTOR AND GOVERNING	
BOARD BEFORE IT IS FILED.	
FORM 990, PART VI, SECTION B, LINE 12C:	
CONFLICTS OF INTEREST ARE BROUGHT TO THE BOARD AND ARE REVIEWED BY THE	
BOARD AS THEY ARISE. BOARD MEMBERS AND STAFF ANNUALLY REVIEW THE CONFLICT	
OF INTEREST POLICY AND DISCLOSE ANY POTENTIAL CONFLICTS.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE BOARD OF DIRECTORS REVIEWS AND DETERMINES SALARIES AT THE BEGINNING OF	
EACH FISCAL YEAR, INCLUDING ANNUAL PERFORMANCE REVIEW OF THE EXECUTIVE	
DIRECTOR AND DETERMINATION OF SALARY.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS INCLUDING CONFLICT OF INTEREST POLICY, WHISTLEBLOWER	
POLICY, RECORD RETENTION AND DESTRUCTION POLICIES ARE AVAILABLE UPON	
REQUEST. FINANCIAL STATEMENTS ARE AVAILABLE ON THE WEBSITE AND UPON	
REQUEST.	
PART XII, LINE 2C	
THE BOARD OF DIRECTORS APPROVES THE AUDITOR ANNUALLY. THE EXECUTIVE	

THE AUDITOR MEETS