

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**  
(Rev. January 2020)  
Department of the Treasury  
Internal Revenue Service

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

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2019**  
Open to Public Inspection

**A** For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>BOOKS FOR AFRICA, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>370 SELBY AVE 305</b> City or town, state or province, country, and ZIP or foreign postal code <b>ST. PAUL, MN 55102</b>	<b>D</b> Employer identification number <b>41-1627391</b> <b>E</b> Telephone number <b>651-602-9844</b>
<b>F</b> Name and address of principal officer: <b>PATRICK PLONSKI</b> <b>SAME AS C ABOVE, ST. PAUL, MN 55101</b>		<b>G</b> Gross receipts \$ <b>37,170,685.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>BOOKSFORAFRICA.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1989</b> <b>M</b> State of legal domicile: <b>MN</b>

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>THE ORGANIZATION COLLECTS BOOKS FROM SCHOOLS, LIBRARIES AND PUBLISHERS AND THEN DONATES THE BOOKS TO</b>	
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b> 20
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b> 20
<b>5</b>	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b> 32
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b> 12500
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b> 0.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b> 0.
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>8</b> 38,719,165. 37,085,183.
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>9</b> 0. 0.
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>10</b> 66,831. 58,282.
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>11</b> 164,656. 27,220.
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>12</b> 38,950,652. 37,170,685.
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>13</b> 31,014,956. 37,663,034.
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>14</b> 0. 0.
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>15</b> 903,908. 963,958.
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>16a</b> 0. 0.
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>232,375.</b>	
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>17</b> 1,841,198. 2,134,960.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>18</b> 33,760,062. 40,761,952.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>19</b> 5,190,590. -3,591,267.
<b>20</b>	Total assets (Part X, line 16)	<b>20</b> 18,284,694. 15,026,503.
<b>21</b>	Total liabilities (Part X, line 26)	<b>21</b> 236,326. 422,257.
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>22</b> 18,048,368. 14,604,246.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>PATRICK PLONSKI, EXECUTIVE DIRECTOR</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>CHRIS LEWIS, CPA</b>	Preparer's signature <b>CHRIS LEWIS, CPA</b>
	Firm's name ▶ <b>MARKWELL &amp; LEWIS LLP</b> Firm's address ▶ <b>5151 EDINA INDUSTRIAL BLVD, STE 250 EDINA, MN 55439</b>	Date <b>02/26/21</b>
		Check if self-employed <input type="checkbox"/> PTIN <b>P01402886</b>
		Firm's EIN ▶ <b>45-3961675</b> Phone no. <b>952-854-6262</b>

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: BOOKS FOR AFRICA, INC.'S MISSION IS TO COLLECT, SORT, SHIP AND DISTRIBUTE BOOKS TO CHILDREN IN AFRICA. ITS GOAL IS TO END THE BOOK FAMINE IN AFRICA.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 40,412,977. including grants of \$ 37,663,034. ) (Revenue \$ 37,170,685. ) BOOKS FOR AFRICA SENT 211 SHIPMENTS OF APPROXIMATELY 3,750,000 BOOKS AND DIGITAL BOOKS WITH AN ESTIMATED VALUE OF \$37,663,000 TO 20 AFRICAN COUNTRIES. BOOKS FOR AFRICA RECEIVES FUNDS FOR THE SHIPMENT OF BOOKS TO AFRICA, AND THIS IS THE ORGANIZATION'S ONLY PROGRAM. ADDITIONALLY, BOOKS FOR AFRICA ALLOWS DONORS TO TARGET DONATIONS TO SPECIFIC COUNTRIES AND PROVIDES FEEDBACK TO DONOR WHEN BOOKS HAVE BEEN SHIPPED TO THEIR COUNTRIES. 99% OF TOTAL EXPENSES ARE SPENT ON PROGRAM RELATED EXPENSES.

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

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

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

4e Total program service expenses 40,412,977.

**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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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 foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		32
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
<b>4a</b>	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)?		X
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a	
<b>b</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	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year 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.		
	1a 20		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	1b 20		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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		X

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

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

**Section C. Disclosure**

- 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 only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     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 financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **PATRICK PLONSKI - 651-602-9844**  
**370 SELBY AVE STE 305, ST. PAUL, MN 55102**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PATRICK PLONSKI (EX OFFICIO) EXECUTIVE DIRECTOR	40.00	X		X				148,966.	0.	19,453.
(2) JOE TADDESE PRESIDENT	0.00	X		X				0.	0.	0.
(3) PATRICK MANDILE TREASURER	0.00	X		X				0.	0.	0.
(4) THOMAS WARTH (EX OFFICIO) FOUNDER	0.00	X						0.	0.	0.
(5) TOM GITAA (EX OFFICIO) BOARD MEMBER	0.00	X						0.	0.	0.
(6) ATARE AGBAMU SECRETARY	0.00	X		X				0.	0.	0.
(7) LAMIN DIBBA BOARD MEMBER	0.00	X						0.	0.	0.
(8) FOTEMAH MBA BOARD MEMBER	0.00	X						0.	0.	0.
(9) VUVU MANSEKA BOARD MEMBER	0.00	X						0.	0.	0.
(10) JOHN ELSTAD BOARD MEMBER	0.00	X						0.	0.	0.
(11) GARY ZELKO BOARD MEMBER	0.00	X						0.	0.	0.
(12) CATHERINE RYAN BOARD MEMBER	0.00	X						0.	0.	0.
(13) JOHN STACEY BOARD MEMBER	0.00	X						0.	0.	0.
(14) DUSTIN HOLLAND BOARD MEMBER	0.00	X						0.	0.	0.
(15) EMMA KASIGA BOARD MEMBER	0.00	X						0.	0.	0.
(16) PAUL MUSHERURE BOARD MEMBER	0.00	X						0.	0.	0.
(17) JOHN RUPP BOARD MEMBER	0.00	X						0.	0.	0.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOANNA SUSSMAN PRESIDENT-ELECT	0.00	X						0.	0.	0.
(19) CHARLIE COGAN BOARD MEMBER	0.00	X						0.	0.	0.
(20) DR. FATIMA LAWSON BOARD MEMBER	0.00	X						0.	0.	0.
<b>1b Subtotal</b>								148,966.	0.	19,453.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								148,966.	0.	19,453.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns	<b>1a</b>			
	<b>b</b>	Membership dues	<b>1b</b>			
	<b>c</b>	Fundraising events	<b>1c</b>			
	<b>d</b>	Related organizations	<b>1d</b>			
	<b>e</b>	Government grants (contributions)	<b>1e</b>			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	37,085,183.		
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 34,134,511.		
	<b>h</b>	<b>Total.</b> Add lines 1a-1f		37,085,183.		
Program Service Revenue	<b>2 a</b>		<b>Business Code</b>			
	<b>b</b>					
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b>	All other program service revenue				
	<b>g</b>	<b>Total.</b> Add lines 2a-2f				
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		58,282.		58,282.
	<b>4</b>	Income from investment of tax-exempt bond proceeds				
	<b>5</b>	Royalties				
	<b>6 a</b>	Gross rents	(i) Real			
			(ii) Personal			
	<b>6 b</b>	Less: rental expenses				
	<b>6 c</b>	Rental income or (loss)				
	<b>d</b>	Net rental income or (loss)				
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities			
			(ii) Other			
	<b>7 b</b>	Less: cost or other basis and sales expenses				
	<b>7 c</b>	Gain or (loss)				
<b>d</b>	Net gain or (loss)					
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		27,220.			
		<b>8 b</b>	Less: direct expenses	0.		
<b>c</b>	Net income or (loss) from fundraising events		27,220.		27,220.	
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19					
		<b>9 b</b>	Less: direct expenses			
<b>c</b>	Net income or (loss) from gaming activities					
<b>10 a</b>	Gross sales of inventory, less returns and allowances					
		<b>10 b</b>	Less: cost of goods sold			
		<b>c</b>	Net income or (loss) from sales of inventory			
Miscellaneous Revenue	<b>11 a</b>		<b>Business Code</b>			
	<b>b</b>					
	<b>c</b>					
	<b>d</b>	All other revenue				
	<b>e</b>	<b>Total.</b> Add lines 11a-11d				
<b>12</b>	<b>Total revenue.</b> See instructions		37,170,685.	0.	0.	85,502.

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	37,663,034.	37,663,034.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	135,466.	108,223.	6,923.	20,320.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	616,727.	508,702.	50,658.	57,367.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits .....	172,400.	129,359.	23,337.	19,704.
<b>10</b> Payroll taxes .....	39,365.	29,760.	5,157.	4,448.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....	44,541.	44,541.		
<b>b</b> Legal .....	46,206.	21,474.	6,704.	18,028.
<b>c</b> Accounting .....	5,700.		5,700.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
<b>12</b> Advertising and promotion .....	37,760.	9,818.		27,942.
<b>13</b> Office expenses .....	65,094.	34,120.	8,530.	22,444.
<b>14</b> Information technology .....	18,914.	9,457.	2,837.	6,620.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	380,783.	370,593.	4,076.	6,114.
<b>17</b> Travel .....	15,275.	12,220.		3,055.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	24,879.	8,452.		16,427.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	5,127.	4,614.	513.	
<b>23</b> Insurance .....	3,894.	2,944.	510.	440.
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> SHIPPING EXPENSE	815,440.	815,440.		
<b>b</b> SPECIAL SHIPMENTS	538,940.	538,940.		
<b>c</b> WAREHOUSE SUPPLIES	71,100.	71,100.		
<b>d</b> MISCELLANEOUS	51,307.	20,186.	1,655.	29,466.
<b>e</b> All other expenses	10,000.	10,000.		
<b>25</b> Total functional expenses. Add lines 1 through 24e	40,761,952.	40,412,977.	116,600.	232,375.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	405,776.	<b>1</b>	438,058.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	20,216.	<b>3</b>	79,086.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	15,556,804.	<b>8</b>	12,028,281.
	<b>9</b> Prepaid expenses and deferred charges .....	9,501.	<b>9</b>	5,319.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 67,815.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 56,740.	16,201.	<b>10c</b> 11,075.
	<b>11</b> Investments - publicly traded securities .....	2,247,047.	<b>11</b>	2,435,535.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	29,149.	<b>15</b>	29,149.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	18,284,694.	<b>16</b>	15,026,503.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	236,326.	<b>17</b>	231,857.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	190,400.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	236,326.	<b>26</b>	422,257.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	1,685,050.	<b>27</b>	1,802,322.
	<b>28</b> Net assets with donor restrictions .....	16,363,318.	<b>28</b>	12,801,924.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	18,048,368.	<b>32</b>	14,604,246.
	<b>33</b> Total liabilities and net assets/fund balances .....	18,284,694.	<b>33</b>	15,026,503.

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	37,170,685.
2	Total expenses (must equal Part IX, column (A), line 25)	2	40,761,952.
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,591,267.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	18,048,368.
5	Net unrealized gains (losses) on investments	5	147,145.
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	14,604,246.

**Part XII Financial Statements and Reporting**

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

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

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

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

<b>Name of the organization</b> <p style="text-align: center;">BOOKS FOR AFRICA, INC.</p>	<b>Employer identification number</b> <p style="text-align: center;">41-1627391</p>
--	--

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

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

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	36529532.	35554810.	25398669.	38883821.	37112403.	173479235
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	36529532.	35554810.	25398669.	38883821.	37112403.	173479235
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						173479235

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....	36529532.	35554810.	25398669.	38883821.	37112403.	173479235
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	43,307.	45,589.	44,947.	66,831.	58,282.	258,956.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						173738191
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	

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

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	99.85 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	<b>15</b>	99.86 %

**16a 33 1/3% support test - 2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization .....

**b 33 1/3% support test - 2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization .....

**17a 10% -facts-and-circumstances test - 2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....

**b 10% -facts-and-circumstances test - 2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....

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

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

**Section A. Public Support**

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

**Section B. Total Support**

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

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

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

**19a 33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

**b 33 1/3% support tests - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2019

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

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

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



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

2019 Open to Public Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (2a-2d table). 3-7. Monitoring and enforcement details. 8-9. Reporting requirements.

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

Form with sections 1a-1b and 2. 1a: Reporting for public service. 1b: Reporting for public service with amounts. 2: Reporting for financial gain with amounts.

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations  | 3a(i)  |    |
| (ii) Related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		67,815.	56,740.	11,075.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				11,075.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) 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 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 ...

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	37,544,830.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	147,145.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	227,000.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	374,145.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	37,170,685.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	37,170,685.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	40,988,952.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	227,000.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	227,000.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	40,761,952.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	40,761,952.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2:**

THE ORGANIZATION IS EXEMPT FROM INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) AND APPLICABLE MINNESOTA STATUTES.

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, 2015 REMAIN OPEN AND SUBJECT TO EXAMINATION FOR BOTH FEDERAL AND STATE RETURNS.



**Part XIII** Supplemental Information *(continued)*

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**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization <b>BOOKS FOR AFRICA, INC.</b>	Employer identification number <b>41-1627391</b>
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**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

(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, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
<b>3 a</b> Subtotal .....	0	0			0.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			0.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		264,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		378,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		132,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		264,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		378,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		13,200.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		500,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		378,000.	BOOKS OR ELECTRONIC MEDIA	FMV

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

3 Enter total number of other organizations or entities ▶ \_\_\_\_\_

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		180,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		180,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		180,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		180,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		180,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		180,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		180,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		264,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		294,000.	BOOKS OR ELECTRONIC MEDIA	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		264,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		264,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		53,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		378,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		500,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		1545000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		1545000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		1545000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		1545000.	BOOKS OR ELECTRONIC MEDIA	FMV

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		500,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		588,390.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		500,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		515,180.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		505,064.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		264,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		264,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		13,200.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		500,000.	BOOKS OR ELECTRONIC MEDIA	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		378,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		378,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		378,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		378,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		378,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		300,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		310,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		264,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		378,000.	BOOKS OR ELECTRONIC MEDIA	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		264,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		264,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		264,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		264,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		310,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		264,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		264,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		264,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		264,000.	BOOKS OR ELECTRONIC MEDIA	FMV



Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		264,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		264,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		264,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		264,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		264,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		264,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		264,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		264,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		264,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		264,000.	BOOKS OR ELECTRONIC MEDIA	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		264,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		264,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		264,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		378,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		264,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		264,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		264,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		264,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		264,000.	BOOKS OR ELECTRONIC MEDIA	FMV

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		294,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		378,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		264,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		172,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		264,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		264,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		294,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		250,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		264,000.	BOOKS OR ELECTRONIC MEDIA	FMV

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		176,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		311,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		311,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		341,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		341,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		311,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		311,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		311,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		311,000.	BOOKS OR ELECTRONIC MEDIA	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		311,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		311,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		311,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		264,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		264,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		264,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		378,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		408,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		264,000.	BOOKS OR ELECTRONIC MEDIA	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		264,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		180,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		264,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		264,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		264,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		264,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		264,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		264,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		264,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		264,000.	BOOKS OR ELECTRONIC MEDIA	FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		264,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		264,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		264,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		264,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		264,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		264,000.	BOOKS OR ELECTRONIC MEDIA	FMV
		SUB-SAHARAN AFRICA	DONATED BOOKS OR ELECTONIC MEDIA TO EDUCATE CHILDREN IN AFRICA	0.		264,000.	BOOKS OR ELECTRONIC MEDIA	FMV

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

Part III can be duplicated if additional space is needed.

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



**Part IV Foreign Forms**

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

**Part V Supplemental Information**

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

**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 G**  
**(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

**Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**

**2019**

Department of the Treasury  
Internal Revenue Service

**▶ Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

**▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

**BOOKS FOR AFRICA, INC.**

Employer identification number

**41-1627391**

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a**  Mail solicitations
- b**  Internet and email solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of non-government grants
- f**  Solicitation of government grants
- g**  Special fundraising events

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b> .....						

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		<b>ANNUAL FUNDRAISER</b> (event type)	(event type)	<b>NONE</b> (total number)	
Revenue	<b>1</b> Gross receipts .....	27,220.			27,220.
	<b>2</b> Less: Contributions .....				
	<b>3</b> Gross income (line 1 minus line 2) .....	27,220.			27,220.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				27,220.	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue .....				
	<b>2</b> Cash prizes .....				
Direct Expenses	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

16 Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

\_\_\_\_\_

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

\_\_\_\_\_

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\_\_\_\_\_



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization

**BOOKS FOR AFRICA, INC.**

Employer identification number

**41-1627391**

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> 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. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<b>b</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 .....	<b>1b</b>	
<b>2</b> 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? .....	<b>2</b>	
<b>3</b> 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. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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:		
<b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	<b>X</b>
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	<b>4b</b>	<b>X</b>
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....	<b>4c</b>	<b>X</b>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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:		
<b>a</b> The organization? .....	<b>5a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>5b</b>	<b>X</b>
If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b> 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:		
<b>a</b> The organization? .....	<b>6a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>6b</b>	<b>X</b>
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....	<b>7</b>	<b>X</b>
<b>8</b> 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 .....	<b>8</b>	<b>X</b>
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

Schedule J (Form 990) 2019

**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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) PATRICK PLONSKI (EX OFFICIO) EXECUTIVE DIRECTOR	(i)	135,466.	13,500.	0.	0.	19,453.	168,419.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**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.

Multiple horizontal lines for supplemental information.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

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](http://www.irs.gov/Form990) for instructions and the latest information.

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

Part I	Types of Property			
	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1				
2				
3				
4	X		34,134,511.	\$12-\$20 PER BOOK
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**Part II**

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

BOOKS FOR AFRICA, INC.

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  
DIRECTOR AND FINANCE PERSON APPROVE THE AUDIT. THE AUDITOR MEETS

Name of the organization  
**BOOKS FOR AFRICA, INC.**

Employer identification number  
**41-1627391**

**ANNUALLY WITH THE BOARD OF DIRECTORS.**

Lined area for providing additional information.

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions.  <b>BOOKS FOR AFRICA, INC.</b>	Taxpayer identification number (TIN)  <b>41-1627391</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>370 SELBY AVE, NO. 305</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ST. PAUL, MN 55102</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**PATRICK PLONSKI**

- The books are in the care of ▶ **370 SELBY AVE STE 305 - ST. PAUL, MN 55102**  
Telephone No. ▶ **651-602-9844** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 17, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **JUL 1, 2019**, and ending **JUN 30, 2020**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BOOKS FOR AFRICA, INC.	*	DEPARTMENT OF THE TREASURY	9
143979	*	INTERNAL REVENUE SERVICE CENTER	9
CLIENT CODE: 3006	*	OGDEN, UT 84201-0027	0
	*		
	C		R
FRANCHISE TAX BOARD	A	REGISTRY OF CHARITABLE TRUSTS	R
PO BOX 942857	1	P.O. BOX 903447	F
SACRAMENTO CA 94257-0531	9	SACRAMENTO, CA 94203-4470	1
	9		
	A		
OFFICE OF THE ATTORNEY GENERAL	G	MINNESOTA ATTORNEY GENERALS OFFICE	
CHARITABLE TRUST BUREAU	9	CHARITIES DIVISION	
100 WEST RANDOLPH ST., 11TH FLOOR	9	445 MINNESOTA STREET, SUITE 1200	
CHICAGO, IL 60601-3175	0	ST. PAUL, MN 55101-2130	
	C		N
NEW JERSEY DIVISION OF CONSUMER AFF	R	NYS OFFICE OF ATTORNEY GENERAL	Y
CHARITIES REGISTRATION & INVESTIGAT	2	CHARITIES BUREAU REGISTRATION SECTI	5
P.O. BOX 45021	0	28 LIBERTY STREET	0
NEWARK, NJ 07101	0	NEW YORK, NY 10005	0

**California Exempt Organization  
Annual Information Return**

Calendar Year 2019 or fiscal year beginning (mm/dd/yyyy) **07/01/2019**, and ending (mm/dd/yyyy) **06/30/2020**

Corporation/Organization name <b>BOOKS FOR AFRICA, INC.</b>		California corporation number	
Additional information. See instructions.		FEIN <b>41-1627391</b>	
Street address (suite or room) <b>370 SELBY AVE, NO. 305</b>		PMB no.	
City <b>ST. PAUL</b>		State <b>MN</b>	ZIP code <b>55102</b>
Foreign country name		Foreign province/state/county	
		Foreign postal code	

<p><b>A</b> First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>B</b> Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>C</b> IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>D</b> Final Information Return?  <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized          Enter date: (mm/dd/yyyy) _____</p> <p><b>E</b> Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p><b>F</b> Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990PF (3) <input type="checkbox"/> Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series</p> <p><b>G</b> Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>H</b> Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? _____</p> <p><b>I</b> Did the organization have any changes to its guidelines not reported to the FTB? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b>J</b> If exempt under R&amp;TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>K</b> Is the organization exempt under R&amp;TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p><b>L</b> If organization is a public charity exempt under R&amp;TC Section 23701d and meets the filing fee exception, check box. No filing fee is required <input type="checkbox"/></p> <p><b>M</b> Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>N</b> Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>O</b> Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>P</b> Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date filed with IRS _____</p>
--	--

**Part I Complete Part I unless not required to file this form. See General Information B and C.**

<b>Receipts and Revenues</b>	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	85,502	00
	2 Gross dues and assessments from members and affiliates	2		00
	3 Gross contributions, gifts, grants, and similar amounts received	3	37,085,183	00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	37,170,685	00
	5 Cost of goods sold	5		00
	6 Cost or other basis, and sales expenses of assets sold	6		00
	7 Total costs. Add line 5 and line 6	7		00
	8 Total gross income. Subtract line 7 from line 4	8	37,170,685	00
<b>Expenses</b>	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	40,761,952	00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-3,591,267	00
<b>Filing Fee</b>	11 Total payments	11		00
	12 Use tax. See General Information K	12		00
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15 Filing fee \$10 or \$25. See General Information F	15		10
16 Penalties and Interest. See General Information J	16		00	
17 <b>Balance due.</b> Add line 12, line 15, and line 16. Then subtract line 11 from the result	17		10	00

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

<b>Sign Here</b>	Signature of officer	Title <b>EXECUTIVE DIRE</b>	Date	• Telephone <b>651-602-9844</b>
<b>Paid Preparer's Use Only</b>	Preparer's signature	<b>CHRIS LEWIS, CPA</b>	Date <b>02/26/21</b>	• PTIN <b>P01402886</b>
	Firm's name (or yours, if self-employed) and address	<b>MARKWELL &amp; LEWIS LLP 5151 EDINA INDUSTRIAL BLVD, STE 250 EDINA, MN 55439</b>		• Firm's FEIN <b>45-3961675</b>
				• Telephone <b>952-854-6262</b>

May the FTB discuss this return with the preparer shown above? See instructions  Yes  No



**Part II** Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

928951 12-04-19

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	•	1	27,220	00	
	2	Interest	•	2	58,282	00	
	3	Dividends	•	3		00	
	4	Gross rents	•	4		00	
	5	Gross royalties	•	5		00	
	6	Gross amount received from sale of assets (See Instructions)	•	6		00	
	7	Other income	•	7		00	
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	85,502	00	
	9	Contributions, gifts, grants, and similar amounts paid	•	9	37,663,034	00	
	10	Disbursements to or for members	•	10		00	
	11	Compensation of officers, directors, and trustees	•	11	SEE STATEMENT 3	135,466 00	
	12	Other salaries and wages	•	12	616,727	00	
	<b>Expenses and Disbursements</b>	13	Interest	•	13		00
		14	Taxes	•	14	39,365	00
		15	Rents	•	15	380,783	00
		16	Depreciation and depletion (See instructions)	•	16	5,127	00
		17	Other Expenses and Disbursements	•	17	SEE STATEMENT 4	1,921,450 00
		18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	40,761,952	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash		405,776		• 438,058
2 Net accounts receivable				•
3 Net notes receivable				•
4 Inventories		15,556,804		• 12,028,281
5 Federal and state government obligations				•
6 Investments in other bonds				•
7 Investments in stock				•
8 Mortgage loans				•
9 Other investments STMT 5		2,247,047		• 2,435,535
10 a Depreciable assets	67,815		67,815	
b Less accumulated depreciation	( 51,614 )	16,201	( 56,740 )	11,075
11 Land				•
12 Other assets STMT 6		58,866		• 113,554
13 <b>Total assets</b>		18,284,694		15,026,503
<b>Liabilities and net worth</b>				
14 Accounts payable		236,326		• 231,857
15 Contributions, gifts, or grants payable				•
16 Bonds and notes payable				•
17 Mortgages payable				•
18 Other liabilities STMT 7				190,400
19 Capital stock or principal fund				•
20 Paid-in or capital surplus. Attach reconciliation				•
21 Retained earnings or income fund		18,048,368		• 14,604,246
22 <b>Total liabilities and net worth</b>		18,284,694		15,026,503

**Schedule M-1** Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1 Net income per books	• -3,591,267	7 Income recorded on books this year not included in this return	•
2 Federal income tax	•	8 Deductions in this return not charged against book income this year	•
3 Excess of capital losses over capital gains	•	9 Total. Add line 7 and line 8	
4 Income not recorded on books this year	•	10 Net income per return.	
5 Expenses recorded on books this year not deducted in this return	•	Subtract line 9 from line 6	-3,591,267
6 Total. Add line 1 through line 5	-3,591,267		

CA 199

CASH CONTRIBUTIONS  
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
FHI 360	1825 CONNECTICUT AVE WASHINGTON, DC 20009		299,501.
CREATIVE ASSOCIATES INTERNATIONAL	5301 WISCONSIN AVE NW, STE 700 WASHINGTON, DC 20015		229,373.
MERCK & CO.	ONE MERCK DR WS2A-13 WHITEHOUSE STATION, NJ 08889		150,000.
OUT OF PRINT	1745 BROADWAY ST. MAIL DROP 5-1 NEW YORK, NY 10019		131,672.
THE JAMES L. KRAFT FUND	2617 HUMBOLDT AVE S APT 2 MINNEAPOLIS, MN 55408		120,000.
EDUCATION DEVELOPMENT CENTER WASHINGTON D.C. OFFICE	1025 THOMAS JEFFERSON ST NW STE 700 WASHINGTON, DC 20007		62,794.
MARGARET & BRUCE SENTS	2000 VALLEY LO LN GLENVIEW, IL 60025		50,050.
THE WASILY FAMILY FOUNDATION	2801 CENTERVILLE RD FIRST FLOOR PMB 1041 WILMINGTON, DE 19808		50,001.
ROOM TO READ	465 CALIFORNIA ST STE 1000 SAN FRANCISCO, CA 94104		46,927.
BETTER WORLD BOOKS	55740 CURRANT RD MISHAWKA, IN 46545		33,932.
DODGE & COX	555 CALIFORNIA ST 40TH FL SAN FRANCISCO, CA 94104		25,000.
RICHARD & VIVIKKA DELOACH	3533 CHESAPEAKE AVE. HAMPTON, VA 23661		25,000.

<u>BOOKS FOR AFRICA, INC.</u>		<u>41-1627391</u>
THOMSON REUTERS	610 OPPERMAN DRIVE EAGAN, MN 55123	25,000.
AID FOR AFRICA	6909 RIDGEWOOD AVE CHEVY CHASE, MD 20815	23,945.
EDUCATION DEVELOPMENT CENTER HEADQUARTERS	43 FOUNDRY AVE WALTHAM, MA 02453	23,648.
PEACHTREE PRESBYTERIAN CHURCH	3434 ROSWELL RD ATLANTA, GA 30305	19,000.
CATHOLIC RELIEF SERVICES	228 WEST LEXINGTON ST BALTIMORE, MD 21201	16,500.
CHRISTIAN RELIEF SERVICES	8301 RICHMOND HWY ALEXANDRIA, VA 22309	16,000.
FRANK BABKA	2220 S PLYMOUTH RD #110 HOPKINS, MN 55305	15,000.
TOM WARTH & ZANTHA LAFON WARTH	200 SECOND ST PO BOX 253 MARINE ON SAINT CROIX, MN 55047	13,658.
CAUSELY	PO BOX 55376 LEXINGTON, KY 40555-5376	13,636.
LISA CRESSMAN	3 BLUE IRON DR. MISSOURI CITY, TX 77459	12,077.
MANN FAMILY FOUNDATION	121 MARTINGALE DRIVE HOLLY SPRINGS, NC 27540	11,000.
JAMES COUGHLIN	216 WATERKLOOF ROAD BROOKLYN, NY 11218	10,300.
THE CULP FAMILY FOUNDATION	20 OLD ORCHARD LN TONKA BAY, MN 55331	10,000.
CAROL O'ROURKE	529 EDGEWORTHE DR SE ADA, MI 49301	10,000.

<u>BOOKS FOR AFRICA, INC.</u>		<u>41-1627391</u>
JOHN RUPP & STEPHANIE LAITALA-RUPP	366 SUMMIT AVE SAINT PAUL, MN 55102	9,400.
MARGARET RIVERS FUND	P.O. BOX 197 STILLWATER, MN 55082	9,000.
FRIENDS UNITED MEETING	101 QUAKER HILL DRIVE RICHMOND, IN 47374	8,400.
DICK SIMPSON	2650 N. LAKEVIEW AVE., APT. 1601 CHICAGO, IL 60614	7,000.
REBECCA MARR	3045 RANDOLPH DR RENO, NV 89502	6,218.
VINCENT BARTON	1201 YALE PL #405 MINNEAPOLIS, MN 55403	6,000.
SARAH RATNER	52 DEAN ST APT 3D BROOKLYN, NY 11201-6582	5,500.
JESSE OKIE & MARY HARRINGTON	4627 LAKE AVE N WHITE BEAR LAKE, MN 55110	5,182.
ROBINS KAPLAN CHARITABLE FOUNDATION	800 LASALLE AVE, SUITE 2800 MINNEAPOLIS, MN 55402	5,000.
VECTOR GLOBAL LOGISTICS	887 WEST MARIETTA ST NW STE N109 ATLANTA, GA 30318	5,000.
JACK KABAK	10 COYOTE HILL POTOLA VALLEY, CA 94028	5,000.
RICHARD MURPHY	4673 18TH ST SAN FRANCISCO, CA 94114	5,000.
CLARK & VONNIE LACHAPELLE	4588 OAK LEAF DR NAPLES, FL 34119	5,000.
JOSEPH GHARTEY	261 HANCOCK ST BROOKLYN, NY 11216	5,850.
KEITH LEVY	671 BALDWIN PALM AVE PLANTATION, FL 33324	5,000.

<u>BOOKS FOR AFRICA, INC.</u>		<u>41-1627391</u>
BRUCE HENDRY	46760 AGNES BAY RD DRUMMOND, WI 54832-4435	5,000.
NEIL ARORA	110 BRODERICK ST APT 10 SAN FRANCISCO, CA 94117	5,000.
PATRICK & EUGENIE HOGGARD	1503 ROSECREST TER SAN JOSE, CA 95126	5,000.
AFOLAKE MOBOLAJI	1319 SPINDLEWOOD DR MARIETTA, GA 30062	5,000.
MARK ELENKO	1 RICHDALE AVE, UNIT 10 CAMBRIDGE, MA 02140	20,000.
FRIENDS OF RWANDAN EDUCATION INC.	P.O. BOX 841 HUDSON, OH 44236	18,000.
MARTIN BRADSHAW	2725 BLACKSTONE AVE ST. LOUIS PARK, MN 55416	14,756.
PARTNERS WITH ETHIOPIA	P.O. BOX 27637 GOLDEN VALLEY, MN 55427	14,200.
SUSAN NELSON-BENWAY	18951 EDGECLIFF DR. SW NORMANDY PARK, WA 98166	10,000.
MIKE SPURLINO	921 SILVERCREEK CIRCLE DAYTON, OH 45458	5,000.
BUCHI KAMITONDO CHILDHOOD ASSOCIATION (BUKACA)	PO BOX 21152, KITWE, ZAMBIA	9,202.
ESMASH COLLEGE P.L.C.	SUB-CITY AKAKI KALITY WEREDA 4, KEBELE 09, HOUSE NO. NEW [131], ADDIS ABABA,	21,725.
GHANA BOOK TRUST	NO. 16 IPS ROAD, EAST LEGON - ACCRA, GHANA	10,275.
SIR EMEKA OFFOR FOUNDATION	51 ONITSHA-OWERRI RD, ORAIFITE, ANAMBRA STATE, NIGERIA	108,998.

BOOKS FOR AFRICA, INC.

41-1627391

BOOKS FOR AFRICA NIGERIA INITIATIVE 5 OBANOBAN STREET GRA PHASE II, PORT HARCOURT, NIGERIA

9,998.

TOTAL INCLUDED ON LINE 3

1,798,718.

CA 199

NONCASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3

STATEMENT 2

CONTRIBUTOR'S NAME

CONTRIBUTOR'S ADDRESS

FOLLET

3 WESTBROOK CORPORATE CENTER WESTCHESTER, IL 60154

PROPERTY DESCRIPTION

DATE OF GIFT

TOTAL AMOUNT

FMV OF GIFT

BOOK DONATIONS

12/31/19

3,666,300.

3,666,300.

CONTRIBUTOR'S NAME

CONTRIBUTOR'S ADDRESS

BETTER WORLD BOOKS

55740 CURRANT RD MISHAWKA, IN 46545

PROPERTY DESCRIPTION

DATE OF GIFT

TOTAL AMOUNT

FMV OF GIFT

BOOK DONATIONS

12/31/19

7,649,400.

7,649,400.

CONTRIBUTOR'S NAME

CONTRIBUTOR'S ADDRESS

CAPSTONE

1710 ROE CREST DR NORTH MANKATO, MN 56003

PROPERTY DESCRIPTION

DATE OF GIFT

TOTAL AMOUNT

FMV OF GIFT

BOOK DONATIONS

12/31/19

971,317.

971,317.

CONTRIBUTOR'S NAME

CONTRIBUTOR'S ADDRESS

WALKER BOOKSTORE

1104 W GENEVA DR TEMPE, AZ 85282

PROPERTY DESCRIPTION

DATE OF GIFT

TOTAL AMOUNT

FMV OF GIFT

BOOK DONATIONS

12/31/19

954,854.

954,854.

CONTRIBUTOR'S NAME

CONTRIBUTOR'S ADDRESS

LERNER

241 1ST AVE NE MINNEAPOLIS, MN 55401

PROPERTY DESCRIPTION

DATE OF GIFT

TOTAL AMOUNT

FMV OF GIFT

BOOK DONATIONS

12/31/19

362,186.

362,186.

BOOKS FOR AFRICA, INC.

41-1627391

CONTRIBUTOR'S NAME

CONTRIBUTOR'S ADDRESS

READERLINK

50 S 10TH ST MINNEAPOLIS, MN 55403

PROPERTY DESCRIPTION

DATE OF GIFT

TOTAL AMOUNT

FMV OF GIFT

BOOK DONATIONS

12/31/19

329,260.

329,260.

CONTRIBUTOR'S NAME

CONTRIBUTOR'S ADDRESS

EMC PUBLISHING

875 MONTREAL WAY ST. PAUL, MN 55102

PROPERTY DESCRIPTION

DATE OF GIFT

TOTAL AMOUNT

FMV OF GIFT

BOOK DONATIONS

12/31/19

493,890.

493,890.

TOTAL INCLUDED ON LINE 3

14,427,207.

CA 199

COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES

STATEMENT 3

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
PATRICK PLONSKI (EX OFFICIO) 370 SELBY AVE, NO. 305 ST. PAUL, MN 55102	EXECUTIVE DIRECTOR 40.00	0.
JOTE TADDESE 370 SELBY AVE, NO. 305 ST. PAUL, MN 55102	PRESIDENT 0.00	0.
PATRICK MANDILE 370 SELBY AVE, NO. 305 ST. PAUL, MN 55102	TREASURER 0.00	0.
THOMAS WARTH (EX OFFICIO) 370 SELBY AVE, NO. 305 ST. PAUL, MN 55102	FOUNDER 0.00	0.
TOM GITAA (EX OFFICIO) 370 SELBY AVE, NO. 305 ST. PAUL, MN 55102	BOARD MEMBER 0.00	0.
ATARE AGBAMU 370 SELBY AVE, NO. 305 ST. PAUL, MN 55102	SECRETARY 0.00	0.
LAMIN DIBBA 370 SELBY AVE, NO. 305 ST. PAUL, MN 55102	BOARD MEMBER 0.00	0.
FOTEMAH MBA 370 SELBY AVE, NO. 305 ST. PAUL, MN 55102	BOARD MEMBER 0.00	0.
VUVU MANSEKA 370 SELBY AVE, NO. 305 ST. PAUL, MN 55102	BOARD MEMBER 0.00	0.
JOHN ELSTAD 370 SELBY AVE, NO. 305 ST. PAUL, MN 55102	BOARD MEMBER 0.00	0.
GARY ZELKO 370 SELBY AVE, NO. 305 ST. PAUL, MN 55102	BOARD MEMBER 0.00	0.



BOOKS FOR AFRICA, INC.

41-1627391

CATHERINE RYAN  
370 SELBY AVE, NO. 305  
ST. PAUL, MN 55102

BOARD MEMBER  
0.00

0.

JOHN STACEY  
370 SELBY AVE, NO. 305  
ST. PAUL, MN 55102

BOARD MEMBER  
0.00

0.

DUSTIN HOLLAND  
370 SELBY AVE, NO. 305  
ST. PAUL, MN 55102

BOARD MEMBER  
0.00

0.

EMMA KASIGA  
370 SELBY AVE, NO. 305  
ST. PAUL, MN 55102

BOARD MEMBER  
0.00

0.

PAUL MUSERURE  
370 SELBY AVE, NO. 305  
ST. PAUL, MN 55102

BOARD MEMBER  
0.00

0.

JOHN RUPP  
370 SELBY AVE, NO. 305  
ST. PAUL, MN 55102

BOARD MEMBER  
0.00

0.

JOANNA SUSSMAN  
370 SELBY AVE, NO. 305  
ST. PAUL, MN 55102

PRESIDENT-ELECT  
0.00

0.

CHARLIE COGAN  
370 SELBY AVE, NO. 305  
ST. PAUL, MN 55102

BOARD MEMBER  
0.00

0.

DR. FATIMA LAWSON  
370 SELBY AVE, NO. 305  
ST. PAUL, MN 55102

BOARD MEMBER  
0.00

0.

TOTAL TO FORM 199, PART II, LINE 11

0.

CA 199	OTHER EXPENSES	STATEMENT 4
DESCRIPTION		AMOUNT
SHIPPING EXPENSE		815,440.
SPECIAL SHIPMENTS		538,940.
WAREHOUSE SUPPLIES		71,100.
MISCELLANEOUS		51,307.
OTHER EMPLOYEE BENEFITS		172,400.
MANAGEMENT FEES		44,541.
LEGAL FEES		46,206.
ACCOUNTING FEES		5,700.
ADVERTISING AND PROMOTION		37,760.
OFFICE EXPENSES		65,094.
INFORMATION TECHNOLOGY		18,914.
TRAVEL		15,275.
CONFERENCES AND CONVENTIONS		24,879.
INSURANCE		3,894.
ALL OTHER EXPENSES		10,000.
TOTAL TO FORM 199, PART II, LINE 17		1,921,450.

CA 199	OTHER INVESTMENTS	STATEMENT 5
DESCRIPTION	BEG. OF YEAR	END OF YEAR
INVESTMENTS	2,247,047.	2,435,535.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	2,247,047.	2,435,535.

CA 199	OTHER ASSETS	STATEMENT 6
DESCRIPTION	BEG. OF YEAR	END OF YEAR
SECURITY DEPOSIT	29,149.	29,149.
PLEDGES AND GRANTS RECEIVABLE	20,216.	79,086.
PREPAID EXPENSES AND DEFERRED CHARGES	9,501.	5,319.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	58,866.	113,554.

CA 199	OTHER LIABILITIES	STATEMENT 7	
<u>DESCRIPTION</u>		<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
UNSECURED NOTES AND LOANS PAYABLE		0.	190,400.
TOTAL TO FORM 199, SCHEDULE L, LINE 18		0.	190,400.

CA 199	FUND BALANCES	STATEMENT 8	
<u>DESCRIPTION</u>		<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
NET ASSETS WITHOUT DONOR RESTRICTIONS		1,685,050.	1,802,322.
NET ASSETS WITH DONOR RESTRICTIONS		16,363,318.	12,801,924.
TOTAL TO FORM 199, SCHEDULE L, LINE 21		18,048,368.	14,604,246.

**Voucher at bottom of page.**

**DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.**  
If the amount of payment is zero, do not mail this voucher.

**WHERE TO FILE:** Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number, FEIN, CA SOS file number and "2019 FTB 3586" on the check or money order. Detach voucher below. Enclose, but **do not** staple, payment with voucher and mail to:  
**FRANCHISE TAX BOARD  
PO BOX 942857  
SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

**WHEN TO FILE:**  
**Corporations - File and Pay by the 15th day of the 4th month following the close of the taxable year.**  
**S corporations - File and Pay by the 15th day of the 3rd month following the close of the taxable year.**  
**Exempt organizations - File and Pay by the 15th day of the 5th month following the close of the taxable year.**

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

**ONLINE SERVICES:** Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to [ftb.ca.gov/pay](http://ftb.ca.gov/pay) for more information.

939035 11-12-19

--- DETACH HERE ----- IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER ----- DETACH HERE ---

**CAUTION:** You may be required to pay electronically, see instructions.

TAXABLE YEAR **2019** **Payment Voucher for Corporations and Exempt Organizations e-filed Returns**

CALIFORNIA FORM  
**3586 (e-file)**

0000000 BOOK 41-1627391 000000000000 19 FORM 3  
TYB 07-01-2019 TYE 06-30-2020  
BOOKS FOR AFRICA INC

370 SELBY AVE NO 305  
ST PAUL MN 55102

(651) 602-9844

Amount of Payment 10.

TAXABLE YEAR  
**2019**

# California e-file Return Authorization for Exempt Organizations

FORM  
**8453-EO**

Exempt Organization name	Identifying number
<b>BOOKS FOR AFRICA, INC.</b>	<b>41-1627391</b>

**Part I Electronic Return Information** (whole dollars only)

<b>1</b> Total gross receipts (Form 199, line 4)	<b>1</b>	<b>37,170,685</b>
<b>2</b> Total gross income (Form 199, line 8)	<b>2</b>	<b>37,170,685</b>
<b>3</b> Total expenses and disbursements (Form 199, line 9)	<b>3</b>	<b>40,761,952</b>

**Part II Settle Your Account Electronically for Taxable Year 2019**

<b>4</b> <input type="checkbox"/> Electronic funds withdrawal	<b>4a</b> Amount	<b>4b</b> Withdrawal date (mm/dd/yyyy)
---	------------------	--

**Part III Banking Information** (Have you verified the exempt organization's banking information?)

<b>5</b> Routing number _____	<b>7</b> Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>6</b> Account number _____	

**Part IV Declaration of Officer**

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2019 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

<b>Sign Here</b>		_____ Date		_____ Title
------------------	--	---------------	--	----------------

**Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.**

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2019 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>ERO</b>	ERO's signature	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN <b>P01402886</b>
<b>Must Sign</b>	Firm's name (or yours if self-employed) and address <b>5151 EDINA INDUSTRIAL BLVD, STE 250 EDINA, MN</b>				Firm's FEIN <b>45-3961675</b> ZIP code <b>55439</b>

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>Paid Preparer</b>	Paid preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
<b>Must Sign</b>	Firm's name (or yours if self-employed) and address			Firm's FEIN ZIP code

**ANNUAL REGISTRATION RENEWAL FEE REPORT  
 TO ATTORNEY GENERAL OF CALIFORNIA**

Section 12586 and 12587, California Government Code  
 11 Cal. Code Regs. section 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

(For Registry Use Only)

**BOOKS FOR AFRICA, INC.**

Name of Organization

List all DBAs and names the organization uses or has used  
**370 SELBY AVE, NO. 305**

Address (Number and Street)

**ST. PAUL, MN 55102**

City or Town, State, and ZIP Code

**651-602-9844**

Telephone Number

E-mail Address

Check if:

- Change of address  
 Amended report

State Charity Registration Number **CT** \_\_\_\_\_

Corporation or Organization No. \_\_\_\_\_

Federal Employer ID No. **41-1627391**

**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)  
 Make Check Payable to Department of Justice**

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 07/01/2019 ending 06/30/2020 ) list:

Gross Annual Revenue \$ 37,170,685 Noncash Contributions \$ 34,134,511 Total Assets \$ 15,026,503  
 Program Expenses \$ 40,412,977 Total Expenses \$ 40,761,952

**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.**

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?		X
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?		X
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

**I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.**

**PATRICK PLONSKI**

**EXECUTIVE DIRECTOR**

Signature of Authorized Agent

Printed Name

Title

Date

**ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT**

PMT #	_____
AMT	_____
INIT	_____

**Attorney General KWAME RAOUL State of Illinois**  
**Charitable Trust Bureau, 100 West Randolph**  
**11th Floor, Chicago, Illinois 60601**

**CO #** \_\_\_\_\_

**Report for the Fiscal Period:**

**Beginning** 07/01/2019

**& Ending** 06/30/2020  
MO DAY YR

**Make Checks Payable to the Illinois Charity Bureau Fund**

- Check all items attached:**
- Copy of IRS Return
  - Audited Financial Statements
  - Copy of Form IFC
  - \$15.00 Annual Report Filing Fee
  - \$100.00 Late Report Filing Fee
- MO DAY YR

Federal ID # 41-1627391

Are contributions to the organization tax deductible?  Yes  No

Date Organization was created:

LEGAL NAME <b>BOOKS FOR AFRICA, INC.</b> MAIL ADDRESS <b>370 SELBY AVE, NO. 305</b> CITY, STATE <b>ST. PAUL, MN</b> ZIP CODE <b>55102</b>	Year-end amounts	
	A) ASSETS	A) \$ <b>15,026,503.</b>
	B) LIABILITIES	B) \$ <b>422,257.</b>
	C) NET ASSETS	C) \$ <b>14,604,246.</b>
<b>I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:</b>	PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	<b>99.843 %</b>	D) \$ <b>37,112,403.</b>
E) GOVERNMENT GRANTS & MEMBERSHIP DUES	%	E) \$
F) OTHER REVENUES	<b>0.157 %</b>	F) \$ <b>58,282.</b>
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) \$ <b>37,170,685.</b>
<b>II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:</b>		
H) OPERATING CHARITABLE PROGRAM EXPENSE	<b>6.746 %</b>	H) \$ <b>2,749,943.</b>
I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) \$
J) <b>TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H &amp; I)</b>	<b>6.746 %</b>	J) \$ <b>2,749,943.</b>
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):		\$
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	<b>92.398 %</b>	K) \$ <b>37,663,034.</b>
L) <b>TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J &amp; K)</b>	<b>99.144 %</b>	L) \$ <b>40,412,977.</b>
M) MANAGEMENT AND GENERAL EXPENSE	<b>0.286 %</b>	M) \$ <b>116,600.</b>
N) FUNDRAISING EXPENSE	<b>0.570 %</b>	N) \$ <b>232,375.</b>
O) <b>TOTAL EXPENDITURES THIS PERIOD (ADD L, M, &amp; N)</b>	100 %	O) \$ <b>40,761,952.</b>
<b>III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES:</b> (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)		
<b>PROFESSIONAL FUNDRAISERS:</b>		
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$ <b>0.</b>
Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$
<b>PROFESSIONAL FUNDRAISING CONSULTANTS:</b>		
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$ <b>0.</b>
<b>IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:</b>		
T) NAME, TITLE: <b>PATRICK PLONSKI EXECUTIVE DIRECTOR</b>		T) \$
U) NAME, TITLE:		U) \$
V) NAME, TITLE:		V) \$
<b>V. CHARITABLE PROGRAM DESCRIPTION:</b> CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES		List on back side of instructions CODE
W) DESCRIPTION: <b>BOOKS SENT TO 21 AFRICAN COUNTRIES</b>		W) # <b>300</b>
X) DESCRIPTION:		X) #
Y) DESCRIPTION:		Y) #

**IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:**

	YES	NO
1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT? .....		<input checked="" type="checkbox"/>
2. HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY? .....		<input checked="" type="checkbox"/>
3. DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION? .....		<input checked="" type="checkbox"/>
4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES? .....		<input checked="" type="checkbox"/>
5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION? .....		<input checked="" type="checkbox"/>
6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC) .....		<input checked="" type="checkbox"/>
7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES? .....		<input checked="" type="checkbox"/>
7b. IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ _____ ; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ _____ ; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ _____ ; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$ _____		
8. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES? .....		<input checked="" type="checkbox"/>
9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY? .....		<input checked="" type="checkbox"/>
10. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS? .....		<input checked="" type="checkbox"/>
11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:  _____  _____  _____		
12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: <b>PATRICK PLONSKI - 651-602-9844</b>		

**ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS**

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS, AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

**BE SURE TO INCLUDE ALL FEES DUE:**

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

**PATRICK PLONSKI**

PRESIDENT or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

\_\_\_\_\_  
TREASURER or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

**CHRIS LEWIS, CPA**

PREPARER (PRINT NAME)

SIGNATURE

DATE



# REPORT OF INDIVIDUAL FUNDRAISING CAMPAIGN

**CHARITY:**

Name BOOKS FOR AFRICA, INC. Reporting Period Beginning \_\_\_\_\_ and Ending \_\_\_\_\_  
 Mailing Address 370 SELBY AVE, NO. 305 CO# \_\_\_\_\_  
 City, State, ZIP Code ST. PAUL, MN 55102 Phone # 651-602-9844  
 Contact Person PATRICK PLONSKI Title EXECUTIVE DIRECTOR Phone # 651-602-9844

**PROFESSIONAL FUND RAISER (PFR):**  
 Name BETTER WORLD BPOOKS PFR #02- \_\_\_\_\_

**NATURE OF FUNDRAISING ACTIVITY:** SEE STATEMENT 1

A. Total Amount Raised ..... A. \$

B. Expenses:	PAID BY:	
	PFR	Charity
1. Professional Fundraiser Fee ..... 1.		
2. Solicitor Compensation ..... 2.		
3. Salaries ..... 3.		
4. Printing ..... 4.		
5. Postage ..... 5.		
6. Telephone ..... 6.		
7. Rent & Utilities ..... 7.		
8. Supplies ..... 8.		
9. Travel ..... 9.		
10. _____ 10.		
11. _____ 11.		
12. _____ 12.		
13. TOTAL EXPENSES (PFR + Charity) ..... 13.		

... B. \$   
 C. Total amount received by the charitable organization (after all expenses are paid) ..... C. \$   
 D. Percentage of Funds received by charity (Line C divided by Line A) ..... D. %

E. Bank where funds are deposited? ..... E. \_\_\_\_\_  
 F. Who (charity or PFR) has signature control of the account(s) listed above? \_\_\_\_\_  
 G. Are the expenses in B above actual expenses for this campaign? Yes  or No  If No, attach a schedule explaining in detail, how expenses are allocated between fundraising campaigns.

We the undersigned, declare and certify under perjury that we have examined this report, including all the schedules, and statements, and the facts therein stated are true and complete and filed with the Illinois Attorney General for the purpose of having the people of the State of Illinois rely thereupon.

PFR CAMPAIGN  
 MANAGER (Print Name) \_\_\_\_\_ TITLE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

OFFICER, DIRECTOR  
 OF CHARITY (Print Name) PATRICK PLONSKI TITLE EXECUTIVE DIRECTOR

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

---

FORM IFC

NATURE OF FUNDRAISING ACTIVITY

STATEMENT 1

---

BETTER WORLD BOOKS COLLECTS AND SELLS BOOKS ONLINE. THEY DONATE MONEY FROM THOSE SALES TO BOOKS FOR AFRICA

**Mail To:**

Minnesota Attorney General's Office  
Charities Division  
445 Minnesota Street, Suite 1200  
St. Paul, MN 55101-2130

**STATE OF MINNESOTA  
CHARITABLE ORGANIZATION  
ANNUAL REPORT FORM**

C2

**Website Address:**

www.ag.state.mn.us/charity

(Pursuant to Minn. Stat. ch. 309)

**SECTION A: Organization Information**

Legal Name of Organization BOOKS FOR AFRICA, INC.

Federal EIN: 41-1627391

Fiscal Year-End: 06302020

mm/dd/yyyy

Did the organization's fiscal year-end change?  Yes  No

<b>Mailing Address:</b> <u>PATRICK PLONSKI</u> Contact Person <u>370 SELBY AVE, NO. 305</u> Street Address <u>ST. PAUL, MN 55102</u> City, State, and ZIP Code <u>651-602-9844</u> Phone Number <u>PATRICK@BOOKSFORAFRICA.ORG</u> Email Address	<b>Physical Address:</b> <u>PATRICK PLONSKI</u> Contact Person <u>370 SELBY AVE, NO. 305</u> Street Address <u>ST. PAUL, MN 55102</u> City, State, and ZIP Code <u>651-602-9844</u> Phone Number <u>PATRICK@BOOKSFORAFRICA.ORG</u> Email Address
---	--

1. Organization's website: BOOKSFORAFRICA.ORG

2. List all of the organization's alternate and former names (attach list if more space is needed).  
 Alternate  Former  
 Alternate  Former

3. List all names under which the organization solicits contributions (attach list if more space is needed).  
\_\_\_\_\_  
\_\_\_\_\_

4. Is the organization incorporated pursuant to Minn. Stat. ch. 317A?  Yes  No

5. Total amount of contributions the organization received from Minnesota donors: \$ 372,269.

6. Has the organization's tax-exempt status with the IRS changed?  
 Yes  No If yes, attach explanation.

7. Has the organization significantly changed its purpose(s) or program(s)?  
 Yes  No If yes, attach explanation.

CHARITABLE ORGANIZATION ANNUAL REPORT FORM  
(Continued)

8. Has the organization been denied the right to solicit contributions by any court or government agency?  
 Yes  No If yes, attach explanation.

9. Does the organization use the services of a professional fundraiser (outside solicitor or consultant) to solicit contributions in Minnesota?  Yes  No  
If yes, provide the following information for each (attach list if more space is needed):

Name of Professional Fundraiser	Compensation
Street Address	City, State, and ZIP Code

10. Is the organization a food shelf?  Yes  No  
If yes, is the organization required to file an audit?  Yes, audit attached  No

**Note:** An organization that has total revenue of more than \$750,000 is required to file an audit prepared in accordance with generally accepted accounting principles by an independent CPA or LPA. The value of donated food to a nonprofit food shelf may be excluded from the total revenue if the food is donated for subsequent distribution at no charge and is not resold.

11. Do any directors, officers, or employees of the organization or its related organization(s) receive total compensation\* of more than \$100,000?  Yes  No  
If yes, provide the following information for the five highest paid individuals:

Name and title	Compensation*	Other compensation
PATRICK PLONSKI (EX OFFICIO) EXECUTIVE DIRECTOR	148,966.	19,453.

\*Compensation is defined as the total amount reported on Form W-2 (Box 5) or Form 1099-MISC (Box 7) issued by the organization and its related organizations to the individual. See Minn. Stat. § 309.53, subd. 3(i) and Minn. Stat. § 317A.011 for definitions.

**CHARITABLE ORGANIZATION ANNUAL REPORT FORM**  
**(Continued)**

**SECTION B: Financial Information**

This section must be completed by organizations that file an IRS Form 990-EZ, 990-PF, or 990-N.

Organizations that file an IRS Form 990 may skip Section B and go directly to Section C.

**INCOME**

1. Contributions Received	\$ <u>37,085,183.</u>	1
2. Government Grants	\$ _____	2
3. Program Service Revenue	\$ _____	3
4. Other Revenue	\$ <u>85,502.</u>	4
<b>5. TOTAL INCOME</b>	<b>\$ <u>37,170,685.</u></b>	<b>5</b>

**EXPENSES**

6. Program Expenses	\$ <u>40,412,977.</u>	6
7. Management & General Expenses	\$ <u>116,600.</u>	7
8. Fund-raising Expenses	\$ <u>232,375.</u>	8
<b>9. TOTAL EXPENSES</b>	<b>\$ <u>40,761,952.</u></b>	<b>9</b>
<b>10. EXCESS or DEFICIT</b>	<b>\$ <u>-3,591,267.</u></b>	<b>10</b>
(Line 5 minus Line 9)		

**ASSETS**

11. Cash	\$ <u>438,058.</u>	11
12. Land, Buildings & Equipment	\$ <u>11,075.</u>	12
13. Other Assets	\$ <u>14,577,370.</u>	13
<b>14. TOTAL ASSETS</b>	<b>\$ <u>15,026,503.</u></b>	<b>14</b>

**LIABILITIES**

15. Accounts Payable	\$ <u>231,857.</u>	15
16. Grants Payable	\$ _____	16
17. Other Liabilities	\$ <u>190,400.</u>	17
<b>18. TOTAL LIABILITIES</b>	<b>\$ <u>422,257.</u></b>	<b>18</b>

**FUND BALANCE/NET WORTH**

(Line 14 minus Line 18)

\$ 14,604,246.

**CHARITABLE ORGANIZATION ANNUAL REPORT FORM  
(Continued)**

**Section B (continued): Statement of Functional Expenses**

This expense statement must be prepared in accordance with generally accepted accounting principles. Each column must be completed, and Columns B, C, and D must equal Column A. The amount on Line 25, Column A must match Line 17 of IRS Form 990-EZ or Line 26 of IRS Form 990-PF.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1. Grants and other assistance to governments and organizations in the U.S.				
2. Grants and other assistance to individuals in the U.S.				
3. Grants and other assistance to governments, organizations, and individuals outside the U.S.	37,663,034.	37,663,034.		
4. Benefits paid to or for members				
5. Compensation of current officers, directors, trustees, and key employees	135,466.	108,223.	6,923.	20,320.
6. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B))				
7. Other salaries and wages	616,727.	508,702.	50,658.	57,367.
8. Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9. Other employee benefits	172,400.	129,359.	23,337.	19,704.
10. Payroll taxes	39,365.	29,760.	5,157.	4,448.
11. Fees for services (non-employees):				
a. Management	44,541.	44,541.		
b. Legal	46,206.	21,474.	6,704.	18,028.
c. Accounting	5,700.		5,700.	
d. Lobbying				
e. Professional fundraising services				
f. Investment management fees				
g. Other				
12. Advertising and promotion	37,760.	9,818.		27,942.
13. Office expenses	65,094.	34,120.	8,530.	22,444.
14. Information technology	18,914.	9,457.	2,837.	6,620.
15. Royalties				
16. Occupancy	380,783.	370,593.	4,076.	6,114.
17. Travel	15,275.	12,220.		3,055.
18. Payments of travel or entertainment expenses for any federal, state, or local public officials				
19. Conferences, conventions, and meetings	24,879.	8,452.		16,427.
20. Interest				
21. Payments to affiliates				
22. Depreciation, depletion, and amortization	5,127.	4,614.	513.	
23. Insurance	3,894.	2,944.	510.	440.
24. Other expenses. Itemize expenses not covered above. Expenses labeled miscellaneous may not exceed 5% of total expenses (Line 25).				
a. SHIPPING EXPENSE	815,440.	815,440.		
b. SPECIAL SHIPMENTS	538,940.	538,940.		
c. WAREHOUSE SUPPLIES	71,100.	71,100.		
d. ALL OTHER EXPENSE STMT 1	61,307.	30,186.	1,655.	29,466.
25. Total functional expenses. Add lines 1 through 24d	40,761,952.	40,412,977.	116,600.	232,375.
26. Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in Column B joint costs from a combined educational campaign and fundraising solicitation				

**CHARITABLE ORGANIZATION ANNUAL REPORT FORM  
(Continued)**

**Section C: Board of Directors Signatures and Acknowledgment**

The form must be executed pursuant to a resolution of the board of directors, trustees, or managing group and must be signed by two officers of the organization. See Minn. Stat. § 309.52, subd. 3.

We, the undersigned, state and acknowledge that we are duly constituted officers of this organization, being the \_\_\_\_\_ (Title) and \_\_\_\_\_ (Title) respectively, and that we execute this document on behalf of the organization pursuant to the resolution of the \_\_\_\_\_ (Board of Directors, Trustees, or Managing Group) adopted on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, approving the contents of the document, and do hereby certify that the \_\_\_\_\_ (Board of Directors, Trustees, or Managing Group) has assumed, and will continue to assume, responsibility for determining matters of policy, and have supervised, and will continue to supervise, the operations and finances of the organization. We further state that the information supplied is true, correct and complete to the best of our knowledge.

**PATRICK PLONSKI**  
\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

**EXECUTIVE DIRECTOR**  
\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

---



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ANNUAL REPORT	ALL OTHER EXPENSES FOR FUNCTIONAL EXPENSE STATEMENT	STATEMENT 1
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DESCRIPTION	TOTAL	PROGRAM	MANAGEMENT	FUNDRAISING
MISCELLANEOUS	51,307.	20,186.	1,655.	29,466.
BAD DEBT	10,000.	10,000.	0.	0.
TOTAL TO LINE 24D OF STATEMENT OF FUNCTIONAL EXPENSE	61,307.	30,186.	1,655.	29,466.



**RETURN MUST BE FILED ONLINE.**  
**This form cannot be paper filed - this**  
**copy is for informational purposes only.**

**Form CRI-200**  
**Short-Form Registration/Verification Statement**  
(Revised April 2008)

**All questions must be answered.**

Charitable organizations, domiciled or doing business in the State of New Jersey, which receive gross contributions of \$25,000 or less per year, are required to submit an initial registration and to renew registration annually. In both circumstances this form may be used. In the event an organization receives gross contributions of less than \$10,000 per year and does not compensate anyone to solicit or perform fund-raising activities on its behalf, the organization is exempt from registration, but may still choose to register. The registration fee for charities with gross contributions between \$0 and \$25,000 is \$30, whether the fee is for an initial or renewal registration. Payment is to be made by check or money order, made payable to the "New Jersey Division of Consumer Affairs," and is due at the time of submission of the form.

1a. This statement is an  Initial  Renewal Registration (check one only.)

1b. This statement contains the facts and financial information for the fiscal year ending: 06/30/2020  
month day year

2. Federal ID Number (EIN) 41-1627391 2a. N.J. Charities Registration Number: CH- \_\_\_\_\_  
(Leave blank ONLY if this is an initial registration.)

3. Full legal name of the registering organization: BOOKS FOR AFRICA, INC.  
In care of: (if necessary, otherwise leave this line blank) \_\_\_\_\_

4. Mailing Address: 370 SELBY AVE, ST. PAUL, MN 55102  Change of Address  
Street Address City State ZIP Code

**NOTE: If "in care of," a postal, private or rural delivery mail box number is used, the street address of the charity must be given below.**

5. The principal street address of the registering organization \_\_\_\_\_  
 Same as Mailing Address Street Address City State ZIP Code

6. Does the organization have any offices in New Jersey in addition to the one listed above?  Yes  No  
If "Yes," attach a list giving the street address and telephone number of each office in New Jersey.

6a. If the street address listed above is not where the organization's official records are kept, or if the organization does not maintain an office in New Jersey, indicate the name, full address, phone and fax number of the person having custody of the organization's records, and to whom correspondence should be addressed.

PATRICK PLONSKI 370 SELBY AVE STE 305, ST. PAUL, MN 55102  
Contact person Street address City State ZIP Code

651-602-9844  
Telephone number (include area code)

\_\_\_\_\_  
Fax number (include area code)

7. Organization's contact information:

651-602-9844  
Telephone number (include area code)

\_\_\_\_\_  
Fax number (include area code)

\_\_\_\_\_  
E-mail address

BOOKSFORAFRICA.ORG  
Web site

8. The organization is eligible to file a Short Form Registration because:
- a) It did not receive gross contributions in excess of \$25,000 in the preceding fiscal year, AND all of the organization's functions, including fund-raising, are conducted by volunteers, members, officers or persons who are not compensated for soliciting contributions.  Yes  No
  - b) It is a fraternal, patriotic, social or alumni organization, historical society or similar organization organized under the provisions of Title 15 of the New Jersey Revised Statutes or Title 15A of the New Jersey Statutes, AND solicitation of contributions is confined to the organization's membership and performed by members of the organization.  Yes  No
  - c) It solicits on behalf of a specified individual, and all contributions, without any deductions whatsoever, will be turned over to this beneficiary.  Yes  No
  - d) It is a local post, camp, chapter or similarly designated element or county unit, of a bona fide veterans' organization which issues charters to the local elements throughout New Jersey or to any veterans' organization chartered under federal law or a service foundation of such an organization recognized in the organization's by-laws.  Yes  No
  - e) It is a private foundation that raised less than \$25,000 in public contributions.  Yes  No

**Note to question 8: If after reviewing the answers to questions 8a through 8e, none of the statements can be answered "Yes," the charity is not eligible to use the Short-Form CRI-200 and instead must use the Long-Form Initial Registration Statement CRI-150-I or the Long-Form Renewal Statement CRI-300R.**

9. Have there been changes in the organization's name, address, Internal Revenue Service (I.R.S.) status, etc. since the date of your last reporting?  Yes  No

If "Yes," please provide the details on a separate sheet of paper, and provide copies of the documentary proof of a name change (example: amendment to incorporation) and/or a copy of the letter of determination from the I.R.S. regarding the tax-exempt-status changes.

- 9a. Is the organization a chapter or local unit of a parent organization?  Yes  No

If "Yes," write in the full name, address and phone number (include the area code) of the parent organization. Please do not use abbreviations.

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10. Purpose for which the organization was created (write in or attach a statement to this registration): \_\_\_\_\_
- 

- 10a. Does the organization solicit or intend to solicit contributions from the general public in the State of New Jersey (including through the sale of merchandise)?  Yes  No

If "Yes," explain the purpose for which solicited funds are being raised (write in or attach a statement to this registration):

---

- 10b. Does the organization solicit funds under any other name(s)?  Yes  No

If "Yes," please attach to this registration a list of all other names used: \_\_\_\_\_

11. Does the organization register or solicit in other states?  Yes  No

If "Yes," please indicate other states here or, if necessary, attach to this registration a list of those states. \_\_\_\_\_

- 11a. Has the organization ever been enjoined in any jurisdiction from soliciting contributions or has it been found to have engaged in unlawful practices in the solicitation of contributions or the administration of charitable assets?  Yes  No

If "Yes," list the jurisdiction and attach copies of all the relevant documents. \_\_\_\_\_

- 11b. Has the organization's charity registration been denied, suspended or revoked by any jurisdiction or state?  Yes  No

- 11c. Has the organization voluntarily entered into an assurance of voluntary compliance agreement or any similar order or legal agreement with any jurisdiction, state or federal agency or officer?  Yes  No

12. If the answer to 11a, 11b or 11c is "Yes," please attach to this registration a statement that provides the details of the action, together with the reason(s) for that denial, suspension, revocation, injunction, compliance agreement etc., including the state or jurisdiction involved, the dates and full copies of all related documents.

Indicate the attachment of documents to this Registration/Verification Statement by checking this box:

13. Is the organization currently I.R.S. tax-exempt?  Yes  No

If "Yes," under which section of the code? \_\_\_\_\_

14. Has the organization's tax-exempt status been revoked, changed, or refused by the I.R.S.?  Yes  No

If "Yes," please attach to this registration a statement providing an explanation, including all of the facts, dates, and all letters and notices received from the I.R.S.

15. Has the organization used an independent paid fund-raiser, fund-raising counsel or commercial co-venturer?  Yes  No

If "Yes," for what purpose(s) are funds being raised? \_\_\_\_\_

15a. If the answer to question 15 is "Yes," write in or provide a separate listing of the name(s) of all independent paid fund-raiser(s), fund-raising counsel and/or commercial co-venturer(s): \_\_\_\_\_

16. Provide on a separate sheet of paper the name, title, street address, telephone number and salary of each officer, director and trustee, and the five most-highly compensated employees in the organization.

Indicate the attachment of documents to this Registration/Verification Statement by checking this box:  SEE STATEMENT 1

16a. Has any person listed in the response to question 16 been adjudged liable in any administrative or civil action, or been convicted in a criminal action involving theft, fraud or deceptive business practices?  Yes  No

If the response is "Yes," please provide all of the details on a separate sheet and also attach to this registration a copy of the order, judgment or other document(s) indicating final disposition of the matter.

**Please note:** For the purpose of question 16a, a plea of guilty, non vult, nolo contendere or any similar disposition of the alleged activity shall be deemed a conviction. A judgment of liability in an administrative or civil action would include a finding or admission that the individual engaged in an unlawful practice relating to the solicitation of contributions or the administration of charitable assets.

We understand that this registration is being issued at the discretion of the Division of Consumer Affairs and agree that employees of the Division may inspect the records in the possession of this organization in order to ascertain compliance with the statute and all pertinent regulations. We also understand that we may be required to provide additional information if requested.

We hereby certify that the above information and the attached financial schedule(s) and statement(s) are true. We are aware that if any of the above statements are willfully false, we are subject to punishment.

Signature \_\_\_\_\_ Name PATRICK PLONSKI Title EXECUTIVE DIRECTOR Date \_\_\_\_\_

Signature \_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

*This form must be signed by two (2) authorized officers of the organization, including the chief financial officer.*

# CRI-200 Short-Form Registration Verification Financial Statement

**Note:** If the financial value of a line item = 0, place a zero in the space provided.  
Please report all figures as GROSS, not NET.

Full legal name and street address of the organization				
Full legal name: <b>BOOKS FOR AFRICA, INC.</b>				
Fiscal year-end being reported: <b>06/30/2020</b>		Federal ID Number (EIN) <b>41-1627391</b>		
month day year				
Mailing address:				
<b>370 SELBY AVE, ST. PAUL, MN 55102</b>				
Mailing Address	P.O. Box Number or Suite	City	State	ZIP Code
Street address of the registering organization:				
Street Address	City	State	ZIP Code	
New Jersey Charities Registration number: CH _____		-00 Telephone number: <b>651-602-9844</b>		
		(include area code)		

## A. Revenue

Line A1.	Contributions & Donations: Includes but is not limited to individual and corporate contributions, donations, legacies, bequests and gross receipts from fundraising:	
A1a.	Direct Public Support .....	37,112,403.
A1b.	Indirect Public Support (including donations from other charities) .....	
<b>A1c.</b>	<b>Gross Contributions</b> (add lines 1a and 1b) .....	<b>37,112,403.</b>
Line A2.	Government Grants .....	
Line A3.	Other Income	
A3a.	Membership dues and assessments .....	
A3b.	Interest and dividends .....	58,282.
A3c.	Program service revenue .....	
A3d.	Gain from sale of assets .....	
A3e.	Other income (please specify on a separate statement): .....	
A3f.	Donations from founder(s) of private foundation .....	
A3g.	Total other income .....	58,282.
Line A4.	<b>Total Gross Revenue</b> (add lines A1c, A2 and A3g) .....	<b>37,170,685.</b>

## B. Expenses

Line B1.	Program .....	40,412,977.
Line B2.	Management, office and general expenses .....	116,600.
Line B3.	Fund-raising expenses .....	232,375.
Line B4.	Payments to state/national affiliates (if applicable) .....	
Line B5.	<b>Total Expenses</b> (add lines B1, B2, B3 and B4) .....	<b>40,761,952.</b>

## C. Excess or Deficit

Line C1.	Excess or deficit for the year-end noted above (subtract line B5 from A4): .....	-3,591,267.
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**Please Note:** The amount of Gross Contributions (line A1c on this form) determines the registration fee which must be paid and the form which should be used. July 2006 revisions to the Charities Registration Act now require all charities to pay a registration fee, including charities whose Gross Contributions are less than \$10,000. Further information for charity registrants may be found on our Web site: <http://www.njconsumeraffairs.gov/ocp/charities.htm>

FORM CRI-200

LIST OF OFFICERS, DIRECTORS, TRUSTEES  
AND FIVE MOST HIGHLY PAID EMPLOYEES

STATEMENT 1

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<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
PATRICK PLONSKI (EX OFFICIO)	EXECUTIVE DIRECTOR	

ADDRESS

370 SELBY AVE, NO. 305  
ST. PAUL, MN 55102

SALARY

0.

---

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
JOTE TADDESE	PRESIDENT	

ADDRESS

370 SELBY AVE, NO. 305  
ST. PAUL, MN 55102

SALARY

0.

---

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
PATRICK MANDILE	TREASURER	

ADDRESS

370 SELBY AVE, NO. 305  
ST. PAUL, MN 55102

SALARY

0.

---

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
THOMAS WARTH (EX OFFICIO)	FOUNDER	

ADDRESS

370 SELBY AVE, NO. 305  
ST. PAUL, MN 55102

SALARY

0.

BOOKS FOR AFRICA, INC.

41-1627391

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

TOM GITAA (EX OFFICIO)

BOARD MEMBER

ADDRESS

370 SELBY AVE, NO. 305  
ST. PAUL, MN 55102

SALARY

0.

---

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

ATARE AGBAMU

SECRETARY

ADDRESS

370 SELBY AVE, NO. 305  
ST. PAUL, MN 55102

SALARY

0.

---

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

LAMIN DIBBA

BOARD MEMBER

ADDRESS

370 SELBY AVE, NO. 305  
ST. PAUL, MN 55102

SALARY

0.

---

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

FOTEMAH MBA

BOARD MEMBER

ADDRESS

370 SELBY AVE, NO. 305  
ST. PAUL, MN 55102

SALARY

0.

BOOKS FOR AFRICA, INC.

41-1627391

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

VUVU MANSEKA

BOARD MEMBER

ADDRESS

370 SELBY AVE, NO. 305  
ST. PAUL, MN 55102

SALARY

0.

---

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

JOHN ELSTAD

BOARD MEMBER

ADDRESS

370 SELBY AVE, NO. 305  
ST. PAUL, MN 55102

SALARY

0.

---

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

GARY ZELKO

BOARD MEMBER

ADDRESS

370 SELBY AVE, NO. 305  
ST. PAUL, MN 55102

SALARY

0.

---

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

CATHERINE RYAN

BOARD MEMBER

ADDRESS

370 SELBY AVE, NO. 305  
ST. PAUL, MN 55102

SALARY

0.

BOOKS FOR AFRICA, INC.

41-1627391

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

JOHN STACEY

BOARD MEMBER

ADDRESS

370 SELBY AVE, NO. 305  
ST. PAUL, MN 55102

SALARY

0.

---

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

DUSTIN HOLLAND

BOARD MEMBER

ADDRESS

370 SELBY AVE, NO. 305  
ST. PAUL, MN 55102

SALARY

0.

---

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

EMMA KASIGA

BOARD MEMBER

ADDRESS

370 SELBY AVE, NO. 305  
ST. PAUL, MN 55102

SALARY

0.

---

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

PAUL MUSERURE

BOARD MEMBER

ADDRESS

370 SELBY AVE, NO. 305  
ST. PAUL, MN 55102

SALARY

0.

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BOOKS FOR AFRICA, INC.

41-1627391

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

JOHN RUPP

BOARD MEMBER

ADDRESS

370 SELBY AVE, NO. 305  
ST. PAUL, MN 55102

SALARY

0.

---

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

JOANNA SUSSMAN

PRESIDENT-ELECT

ADDRESS

370 SELBY AVE, NO. 305  
ST. PAUL, MN 55102

SALARY

0.

---

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

CHARLIE COGAN

BOARD MEMBER

ADDRESS

370 SELBY AVE, NO. 305  
ST. PAUL, MN 55102

SALARY

0.

---

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

DR. FATIMA LAWSON

BOARD MEMBER

ADDRESS

370 SELBY AVE, NO. 305  
ST. PAUL, MN 55102

SALARY

0.

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## Certification

Form CRI-150I, CRI-300R, CRI-200

This Registration Form **must** be authorized by two (2) officers of the organization, one being the Chief Financial Officer or Treasurer.

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*First Authorization:*

*I understand that this registration is being issued at the discretion of the New Jersey Division of Consumer Affairs and agree that employees of the Division may inspect the records in the possession of this organization in order to ascertain compliance with the statute and all pertinent regulations. I also understand that I may be required to provide additional information if requested.*

*I hereby certify that the information contained in this registration and the attached financial schedule(s) and statement(s) are true. I am aware that if any of the above statements are willfully false, I am subject to punishment.*

Signature \_\_\_\_\_ Name PATRICK PLONSKI Title EXECUTIVE DIRECTOR Date \_\_\_\_\_

---

*Second Authorization:*

*I understand that this registration is being issued at the discretion of the New Jersey Division of Consumer Affairs and agree that employees of the Division may inspect the records in the possession of this organization in order to ascertain compliance with the statute and all pertinent regulations. I also understand that I may be required to provide additional information if requested.*

*I hereby certify that the information contained in this registration and the attached financial schedule(s) and statement(s) are true. I am aware that if any of the above statements are willfully false, I am subject to punishment.*

Signature \_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

---

# CHAR500

NYS Annual Filing for Charitable Organizations  
www.CharitiesNYS.com

Send with fee and attachments to:  
NYS Office of the Attorney General  
Charities Bureau Registration Section  
28 Liberty Street  
New York, NY 10005

**2019**  
**Open to Public Inspection**

## 1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) <b>07/01/2019</b> and Ending (mm/dd/yyyy) <b>06/30/2020</b>		
Check if Applicable: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending	Name of Organization: <b>BOOKS FOR AFRICA, INC.</b>	Employer Identification Number (EIN): <b>41-1627391</b>
	Mailing Address: <b>370 SELBY AVE, NO. 305</b>	NY Registration Number: <b>421416</b>
	City / State / ZIP: <b>ST. PAUL, MN 55102</b>	Telephone: <b>651 602-9844</b>
	Website: <b>BOOKSFORAFRICA.ORG</b>	Email:
Check your organization's registration category: <input type="checkbox"/> 7A only <input type="checkbox"/> EPTL only <input checked="" type="checkbox"/> DUAL (7A & EPTL) <input type="checkbox"/> EXEMPT* Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com.		

## 2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requires two signatories.

*We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.*

President or Authorized Officer:	<b>PATRICK PLONSKI</b>		
	Signature	Print Name and Title	Date
Chief Financial Officer or Treasurer:			
	Signature	Print Name and Title	Date

## 3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

- 3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.
- 3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

## 4. Schedules and Attachments

See the following page for a checklist of schedules and attachments to complete your filing.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4b. Did the organization receive government grants? If yes, complete Schedule 4b.

## 5. Fee

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee: \$ <u>25.</u>	EPTL filing fee: \$ <u>750.</u>	Total fee: \$ <u>775.</u>	Make a single check or money order payable to: <b>"Department of Law"</b>
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CHAR500 Annual Filing for Charitable Organizations (Updated January 2020)

\*The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

# CHAR500

## Annual Filing Checklist

- Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:
- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
  - Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
  - Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

### Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.
- Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.
- Audit Report if you received total revenue and support greater than \$750,000
- No Review Report or Audit Report is required because total revenue and support is less than \$250,000
- We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

### Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you checked the 7A exemption in Part 3a
- \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- \$0, if you checked the EPTL exemption in Part 3b
- \$25, if the NET WORTH is less than \$50,000
- \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- \$1500, if the NET WORTH is \$50,000,000 or more

### Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General  
 Charities Bureau Registration Section  
 28 Liberty Street  
 New York, NY 10005

#### Need Assistance?

Visit: [www.CharitiesNYS.com](http://www.CharitiesNYS.com)  
 Call: (212) 416-8401  
 Email: [Charities.Bureau@ag.ny.gov](mailto:Charities.Bureau@ag.ny.gov)

#### Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

**7A** filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

**EPTL** filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

**DUAL** filers are registered under both 7A and EPTL.

**EXEMPT** filers have registered with the NY Charities Bureau and meet conditions in **Schedule E - Registration Exemption for Charitable Organizations**. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at [www.CharitiesNYS.com](http://www.CharitiesNYS.com).

#### Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).