	-		EXTENDED TO AUGUST 15, 202 Return of Organization Exempt From	14 Income Tax	OMB No. 1545-0047
Form 990 Department of the Treasury			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (2022
			Do not enter social security numbers on this form as it may	-	Open to Public
Inter	nal Reve	enue Service	Go to www.irs.gov/Form990 for instructions and the late ar year, or tax year beginning OCT 1, 2022 and ending		Inspection
в	Check if applicab	ole:	forganization	D Employer identificat	lon number
	Addre Chane	ge THE	BOOK ARTS PRESS, INC.		_
	chang	^{ge} Doing b	usiness as RARE BOOK SCHOOL	54-1667557	<u>/</u>
	returr Final	Number	and street (or P.O. box if mail is not delivered to street address) Room/s BOX 400103, UNIVERSITY OF VA	uite E Telephone number 434-924-88	351
	lreturr termi ated	n_	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	4,857,559.
Г	Amer	nded CUAD	LOTTESVILLE, VA 22904	H(a) Is this a group retu	
	Appli		nd address of principal officer: MICHAEL F. SUAREZ	for subordinates?	
	pend		AS C ABOVE	H(b) Are all subordinates inclu	ded? Yes No
I.	Tax-ex	empt status:	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527 If "No," attach a lis	
	Websi		RAREBOOKSCHOOL.ORG	H(c) Group exemption r	number
			X Corporation Trust Association Other L	/ear of formation: 1983 M S	state of legal domicile: VA
P	art I	,			
	1	Briefly describ	e the organization's mission or most significant activities: ADVOCACY	, EDUCATION AND	OUTREACH
Governance		FOR THE	STUDY OF THE HISTORY OF BOOKS, PRINTI	NG, & RELATED I	FIELDS
rna	2	Check this bo	x if the organization discontinued its operations or disposed of m	nore than 25% of its net asset	
eve ove	3	Number of vot	25		
		Number of inc	lependent voting members of the governing body (Part VI, line 1b)		24
es de	5	Total number	of individuals employed in calendar year 2022 (Part V, line 2a)		35
viti	6		of volunteers (estimate if necessary)		67
Activities &	7 a	Total unrelate	d business revenue from Part VIII, column (C), line 12		0.
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11		0.
				Prior Year	Current Year
e	8		and grants (Part VIII, line 1h)	5,397,483.	4,074,302.
Revenue	9	•	ce revenue (Part VIII, line 2g)	672,230.	699,945.
Rev	10		come (Part VIII, column (A), lines 3, 4, and 7d)	0.	-5,681.
_	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,717. 6,073,430.	8,630. 4,777,196.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	487,370.	
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	487,370.	<u> </u>
	14		to or for members (Part IX, column (A), line 4)	1,126,158.	1,059,615.
ses	15	Salaries, other	r compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
ens	10a	Protessional f	undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) <u>163,063.</u>	0.	• 0
Expenses			es (Part IX, column (A), lines 11a-11d, 11f-24e)	837,924.	960,570.
	17		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,451,452.	2,398,072.
	19		expenses. Subtract line 18 from line 12	3,621,978.	2,379,124.
		nevenue less		Beginning of Current Year	End of Year
Net Assets or	20	Total assets (F	Part X, line 16)	18,999,420.	21,242,434.
Assi	21		(Part X, line 26)	231,529.	42,607.
Net,	22		fund balances. Subtract line 21 from line 20	18,767,891.	21,199,827.
P	art II				
Und	ler pen	-	I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of mv kr	owledge and belief. it is
			Declaration of preparer (other than officer) is based on all information of which prep		
			· · · · · · · · · · · · · · · · · · ·		

Sign	Signature of officer		Date					
-	MICHAEL F. SUAREZ, EXECUTI							
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN				
Paid	MONTE J. GLANZER			self-employed P01301538				
Preparer	Firm's name HANTZMON WIEBEL LI	LP		Firm's EIN 54-0618213				
Use Only	Firm's address PO BOX 1408							
	Phone no. (434) 296-2156							
May the IRS discuss this return with the preparer shown above? See instructions								
232001 12-1	232001 12-13-22LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2022)							

Par	990 (2022) THE BOOK ARTS PRESS, INC. 54-1667557 Page t 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: RARE BOOK SCHOOL STRENGHTENS GLOBAL COMMUNITIES OF THE BOOK AND
	ADVANCES THE STUDY OF CULTURAL HERITAGE.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
1	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
	RARE BOOK SCHOOL ANNUALLY OFFERS APPROXIMATELY 40 WEEK-LONG COURSES IN
	THE STUDY, CARE, AND USES OF MANUSCRIPTS, PRINTED, AND BORN-DIGITAL
	MATERIALS. RBS OFFERED FOR THE FIRST TIME IN 2022 A FULL ROSTER OF
	COURSES BOTH ONLINE AND IN-PERSON. IN FISCAL YEAR 2023, MORE THAN 570
	STUDENTS TOOK 44 COURSES OFFERED ONLINE OR IN PERSON IN CHARLOTTESVILLE
	OR AT A PARTNER INSTITUTION, ENGAGING IN COURSE DISCUSSIONS, LECTURES,
	AND RECEPTIONS ACROSS A DIGITAL PLATFORM. IN A TYPICAL YEAR,
	LIBRARIANS, SCHOLARS, CONSERVATORS, BOOK DEALERS, STUDENTS, COLLECTORS,
	AND EDUCATORS STUDIED TOPICS THAT RANGED FROM MEDIEVAL MANUSCRIPTS TO
	BOOKBINDING TO BORN-DIGITAL MATERIALS AND TEXTUAL ENCODING.
	RARE BOOK SCHOOL ALSO PROVIDES AN ONGOING SERIES OF WIDELY ADVERTISED,
1b	(Code:) (Expenses \$ 343,526 . including grants of \$) (Revenue \$)
	RARE BOOK SCHOOL (RBS) OWNS A TEACHING COLLECTION OF MORE THAN 100,000
	ITEMS ACQUIRED FOR THE PURPOSE OF BIBLIOGRAPHICAL INSTRUCTION. THE
	COLLECTION IS DESIGNED AS A TEACHING LABORATORY, NOT AS A LIBRARY. A
	SUBSTANTIAL NUMBER OF THE SCHOOL'S HOLDINGS WERE PURCHASED FOR LESS
	THAN \$75 PER ITEM, OR WERE RECEIVED AS GIFTS (E.G., AS DUPLICATE OR
	DISCARDED BOOKS FROM LIBRARIES; AS DONATIONS FROM ANTIQUARIAN
	BOOKSELLERS; AS CONTRIBUTIONS FROM FORMER STUDENTS; &C.).
	WHAT SETS RARE BOOK SCHOOL APART FROM OTHER PROGRAMS OF ITS KIND IS THE
	SCHOOL'S STRONG FOCUS ON BOOKS AS PHYSICAL OBJECTS. RBS COURSES CONVEY
	METHODS FOR UNDERSTANDING THE HISTORIES OF MATERIAL TEXTS IN THEIR
	PRODUCTION, MANUFACTURE, DISTRIBUTION, AND RECEPTION THROUGH
10	
	(Code:) (Expenses \$658,975. including grants of \$377,887.) (Revenue \$ RARE BOOK SCHOOL OFFERS A NUMBER OF SCHOLARSHIP AND FELLOWSHIP
	OPPORTUNITIES FOR STUDENTS ATTENDING ITS PROGRAMS. RBS MAKES AWARDS
	AVAILABLE FOR NEW AND RETURNING STUDENTS, INCLUDING LIBRARIANS,
	BOOKSELLERS, CONSERVATORS, AND ACADEMICS. PROFESSIONALS FROM DIVERSE
	RACIAL AND ETHNIC BACKGROUNDS RECEIVED FUNDING TO ATTEND RARE BOOK
	SCHOOL THROUGH THE SCHOOL'S GLOBAL BOOK HISTORIES INITIATIVE, FUNDED IN
	PART BY THE NEH, AND FROM THE ANDREW W. MELLON FELLOWSHIP FOR
	DIVERSITY, INCLUSION, & CULTURAL HERITAGE. ADVANCED GRADUATE STUDENTS
	AND JUNIOR ACADEMICS ALSO HAD THE OPPORTUNITY TO PARTICIPATE IN THE
	ANDREW W. MELLON SOCIETY OF FELLOWS IN CRITICAL BIBLIOGRAPHY PROGRAM.
	IN ORDER TO SUSTAIN ITS COMMITMENT TO PROVIDING OPPORTUNITIES TO
	EDUCATION FOR PROSPECTIVE STUDENTS FROM VARIED BACKGROUNDS, THE
1d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
le	Total program service expenses 1,958,750.
	Form 990 (202
2002	SEE SCHEDULE O FOR CONTINUATION(S)
	2
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 THE BOOK ARTS PRESS, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		37
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		v	
•	Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			х
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40	х	
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Δ	
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			
~	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If</i> "Yes," <i>complete Schedule D</i> .			
d		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	- 11	
5		11b	х	
c	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	1.10		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		_X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? /f "Yes, "			
	complete Schedule G, Part III	19		<u> </u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	
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			Yes	NO
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2-10		<u> </u>
C		04-		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes." complete Schedule L. Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
		27		x
00	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	21		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
02		32		x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
33				x
~ ~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa		_ 00		L
	Check if Schedule O contains a response or note to any line in this Part V			
			Vee	
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0	-		
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	
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Form	990 (2022) THE BOOK ARTS PRESS, INC. t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	54-1667	557	P	age 5
Fai	Statements Regarding Other IRS Filings and Tax Compliance (continued)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			165	
20	filed for the calendar year ending with or within the year covered by this return	2a 35			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	Х	
			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		<u>X</u>
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 Ac	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction tax shelter tax she		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				v
			<u>6a</u>		<u> </u>
a	If "Yes," did the organization include with every solicitation an express statement that such contribution		Ch.		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).		6b		
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the pavor?	7a		х
a b			7a 7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s required	- 10		
U	to file Form 8282?		7c		х
Ь	If "Yes," indicate the number of Forms 8282 filed during the year	7d	10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
	sponsoring organization have excess business holdings at any time during the year?	-	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	•		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		10-		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the				
U	organization is licensed to issue qualified health plans	13b			
с	Enter the amount of reserves on hand	13c			
14a			14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				
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Check if Schedule O contains a response or note to any line in this Part VI

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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. X

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 25			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 24			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
-	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	Tita		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes." <i>describe</i>	12.5		
Ŭ	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b		x
D.	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
104	taxable entity during the year?	16a		x
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
D.	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed VA, CA, FL, IL, MD, MA, NY, PA			
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)	availal	nle
.5	for public inspection. Indicate how you made these available. Check all that apply.	Siny)	avandi	510
	Own website Another's website X 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	finan	cial	
	statements available to the public during the tax year.	man		
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	DANIELLE CULPEPPER, DIRECTOR OF BUDGET & FINANCE, RARE BOOK SCHO	OT.	- 4	34
	P.O BOX 400103, UNIVERSITY OF VA, CHARLOTTESVILLE, VA 22904			
232000	12-13-22	Form	990	(2022)
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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensate
	Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an		compensation	compensation	amount of			
	week		officer and a director/tr		director/trustee)		tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con yee	_	1099-1420)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MICHAEL F. SUAREZ, S.J.	40.00			0	×	1 0				
EXECUTIVE DIRECTOR		X		Х				154,489.	0.	22,167.
(2) G. SCOTT CLEMONS	2.00									
CHAIR		х		х				0.	0.	0.
(3) SELBY KIFFER	2.00									
VICE CHAIR		х		х				0.	0.	0.
(4) BEPPY LANDRUM OWEN	2.00									
SECRETARY		х		х				0.	0.	0.
(5) MARY E. CRAWFORD	2.00									
TREASURER		X		Х				0.	0.	0.
(7) CHERYL BEREDO	2.00									
DIRECTOR		Х						0.	0.	0.
(8) MCKEY BERKMAN	2.00									
DIRECTOR		Х						0.	0.	0.
(9) MURRAY BRASSEUX	2.00									
DIRECTOR		Х						0.	0.	0.
(10) ROBERT F. BRUNER	2.00									
DIRECTOR		Х						0.	0.	0.
(11) FERN D. COHEN	2.00									
DIRECTOR		Х						0.	0.	0.
(12) MEREDITH EVANS	2.00									
DIRECTOR		Х						0.	0.	0.
(13) BARBARA J. FRIED	2.00									
DIRECTOR		Х						0.	0.	0.
(14) VICTORIA HARKER	2.00									
DIRECTOR		Х						0.	0.	0.
(15) DAVID A. HARPER	2.00									
DIRECTOR		Х						0.	0.	0.
(16) NORA JAMES	2.00									
DIRECTOR		Х						0.	0.	0.
(17) KENNETH KARMIOLE	2.00									
DIRECTOR		Х						0.	0.	0.
(18) CHRIS LOKER	2.00									
DIRECTOR		Х						0.	0.	0.
232007 12-13-22										Form 990 (2022)

Form 990 (2022)

Form 990 (2022)

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Part VII S	ection A. Officers, Directors, Tru	istees, Key Emp	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)			
	(A)	(B)				C)			(D)	(E)	(F)		
	Name and title	Average	(do		Pos heck		ו than d	one	Reportable	Reportable			
		hours per week	box	, unles	ss pei	rson i	is both pr/trus	n an	compensation	compensation		amount	of
		(list any							_ from the	from related organizations		other compensa	tion
		hours for	ndividual trustee or director				Ð		organization	(W-2/1099-MISC/		from th	
		related	tee or	istee			ensate		(W-2/1099-MISC/	1099-NEC)		organizat	
		organizations	l trust	nal tru		oyee	ompe		1099-NEC)			and relat	ed
		below	ividua	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former				organizati	ons
		line)	Ind	Ins	0#	Key	en Hig	For			+		
	S. MIRANKER	2.00								0			~
DIRECTOR			Х				<u> </u>		0.	0.	•		0.
(20) NAOMI	NELSON	2.00	77							0			0
DIRECTOR	DEADGON	2 00	Х				-		0.	0.	·+-		0.
(21) DIANA	PEARSON	2.00	v						0	0			^
DIRECTOR	A FLEISCHMAN	2.00	Х				-		0.	0.	·+-		0.
DIRECTOR	A FLEISCHMAN	2.00	x						0.	0.			Δ
(23) KENNE	MU COFUNED	2.00	~				-		0.	0.	'		0.
DIRECTOR	IN SULANER	2.00	x						0.	0.			0.
	JAFFE TANE	2.00	Λ				-		0.	0.	' -		0.
DIRECTOR	JAFFE TANE	2.00	x						0.	0.			0.
	M. UNSWORTH	2.00	Δ				-		0.	0.	<u>'</u>		0.
DIRECTOR	H. UNSWORTH	2.00	х						0.	0.			Ο.
	S. ZEIDBERG	2.00	Λ				+		0.	0.0	<u>'</u> -		
DIRECTOR		2.00	x						0.	0.			Ο.
											<u>'</u>		<u> </u>
1b Subtot	al						-		154,489.	0.		22,1	67.
c Total fr	rom continuation sheets to Part	/II. Section A						•	0.	0.	_		0.
							0.	_	22,1	67.			
	umber of individuals (including but									00 of reportable		<u> </u>	
	nsation from the organization						,		,				1
												Yes	No
3 Did the	organization list any former office	er, director, truste	ee, k	key e	empl	loye	e, or	hig	hest compensated emplo	oyee on			
line 1a?	? If "Yes," complete Schedule J for	such individual									L	3	X
4 For any	individual listed on line 1a, is the	sum of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from th	e organization			
and rela	ated organizations greater than \$1	50,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	for such individual		L	4 X	
	person listed on line 1a receive or												
rendere	ed to the organization? <i>If "Yes," co</i>	mplete Schedule	e J fe	or sı	ıch į	bers	on .					5	X
Section B. I	ndependent Contractors												
1 Comple	ete this table for your five highest o	ompensated ind	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of compens	atic	on from	
the org	anization. Report compensation fo	r the calendar ye	ear e	endir	ng w	rith c	or wi	thin	the organization's tax ye	ear.			
	(A)	a adduces			_				(B)		0	(C)	
	Name and busines	s address	NC	ONE	9				Description of se	ervices	0	mpensatio	n
2 Total n	umber of independent contractors	(including but no	ot lin	niter	d to	thos	se lis	ted	above) who received mo	re than			
	00 of compensation from the organ)						

Form **990** (2022)

232008 12-13-22

		(2022) THE BOOK ARTS	PRESS,	INC.		54-1667	557 Page 9
Pa	rt VI	Statement of Revenue					
		Check if Schedule O contains a response of	or note to any lin		(5)		
				(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
ស ស	1 a	Federated campaigns					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
Ē	с						
ifts ar A	d	Related organizations 1d					
s, G Bila	е		195,360.				
i Sij	f	All other contributions, gifts, grants, and					
but		similar amounts not included above If 3,	878,942.				
dri	g	Noncash contributions included in lines 1a-1f	76,019.				
aŭ	h	Total. Add lines 1a-1f		4,074,302.			
			Business Code				
e	2 a	TUITION REVENUE	611600	699,945.	699,945.		
e vic	b						
Sen	с						
ram Reve	d						
Program Service Revenue	е						
ā	f	All other program service revenue					
	g			699,945.			
	3	Investment income (including dividends, interest					
		other similar amounts)					
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
	-		(ii) Personal				
		Gross rents 6a					
		Less: rental expenses 6b					
	C						
		Net rental income or (loss) Gross amount from sales of (i) Securities	(ii) Other				
	<i>i</i> a	assets other than inventory 7a 70 , 338 .					
	h	Less: cost or other basis					
e	N	and sales expenses					
venue		$\begin{array}{c c} \hline \textbf{Gain or (loss)} \\ \hline \textbf{C} \hline \hline \textbf{C} \hline \textbf{C} \\ \hline \textbf{C} \hline \hline \textbf{C} \hline \textbf{C} \\ \hline \textbf{C} \hline \hline \textbf{C} \hline \textbf{C} \hline \hline \textbf{C} \hline \textbf{C} \hline \textbf{C} \hline \textbf{C} \hline \textbf{C} \hline \textbf{C} \hline \hline \textbf{C} \hline \hline \textbf{C} \hline \textbf{C} \hline \textbf{C} \hline \textbf{C} \hline \textbf{C} \hline \textbf{C} \hline \hline \textbf{C} \hline $					
		Net gain or (loss)		-5,681.			-5,681.
Other Re		Gross income from fundraising events (not					
Ę	•••	including \$ of					
•		contributions reported on line 1c). See					
		Part IV, line 18 8a					
	b	Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
	b	Less: direct expenses9b					
	С	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	b	Less: cost of goods sold 10b	4,344.				
	С	Net income or (loss) from sales of inventory		2,349.	2,349.		
S			Business Code	6 001			6 001
eou	11 a	OTHER REVENUE	900099	6,281.			6,281.
lan	b						
Miscellaneous Revenue	C						
Nis	d	All other revenue		6 201			
		Total. Add lines 11a-11d		<u>6,281.</u> 4,777,196.	702 204	0.	600.
	12	Total revenue. See instructions		μ,///,190.	702,294.	U.	Form 990 (2022)
23200	9 12-13	-22		•			FOLUI 220 (2022)

THE BOOK ARTS PRESS, 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).

INC.

7b, 8b, 9b, 1 Gran and 0 Gran 2 Gran indiv Gran 3 Gran indiv Gran 3 Gran indiv Gran 3 Gran indiv Gran 4 Benn 5 Corn trust Gran 6 Corn perso perso 7 Othe 8 Pens secti 9 9 Othe 10 Payr 11 Fees a Man b Lega c Accord d Lobble e Profet f Inve g Othe 13 Offici 14 Infor 15 Roya 16 Occ	Include amounts reported on lines 6b, 3b, and 10b of Part VIII. Ints and other assistance to domestic organizations domestic governments. See Part IV, line 21 Ints and other assistance to domestic ividuals. See Part IV, line 22 Ints and other assistance to foreign anizations, foreign governments, and foreign ividuals. See Part IV, lines 15 and 16 Inefits paid to or for members Impensation of current officers, directors, stees, and key employees Inpensation not included above to disqualified sons (as defined under section 4958(f)(1)) and sons described in section 4958(c)(3)(B) Iner salaries and wages Ision plan accruals and contributions (include tion 401(k) and 403(b) employees): Iner employee benefits <i>y</i> roll taxes Iso for services (nonemployees): Inagement Igal	(A) Total expenses 8,500. 369,387. 889,486. 170,129. 818.	(B) Program service expenses 8,500. 369,387. 733,649. 138,116.	(C) Management and general expenses	(D) Fundraising expenses 89,204.
and a 2 Gran indiv orga indiv orga indiv orga indiv Benu 5 Correr 4 Benu 5 Correr 6 Correr 6 Correr 7 Other 8 Pens 9 Other 10 Payn 11 Fees a Mann b Lega c Accord d Lobbit e Profeet f Inverget g Other 13 Officit 14 Infor 15 Roya 16 Occord	domestic governments. See Part IV, line 21 ants and other assistance to domestic ividuals. See Part IV, line 22 ants and other assistance to foreign anizations, foreign governments, and foreign ividuals. See Part IV, lines 15 and 16 mefits paid to or for members mpensation of current officers, directors, stees, and key employees npensation not included above to disqualified sons (as defined under section 4958(f)(1)) and sons described in section 4958(c)(3)(B) mer salaries and wages sion plan accruals and contributions (include tion 401(k) and 403(b) employer contributions) mer employee benefits yroll taxes as for services (nonemployees): nagement gal	369,387. 889,486. 170,129. 818.	369,387.		
 2 Gran indiv 3 Gran orga indiv 4 Bene 5 Corr trust 6 Corr perso 7 Othe 8 Pens secti 9 Othe 10 Payr 11 Fees a Man b Lega c Accord lobble Profe f Inve g Othe 13 Offici 14 Infor 15 Roya 16 Occ 	ants and other assistance to domestic ividuals. See Part IV, line 22 ants and other assistance to foreign anizations, foreign governments, and foreign ividuals. See Part IV, lines 15 and 16 mefits paid to or for members mpensation of current officers, directors, stees, and key employees npensation not included above to disqualified sons (as defined under section 4958(f)(1)) and sons described in section 4958(c)(3)(B) mer salaries and wages sion plan accruals and contributions (include tion 401(k) and 403(b) employer contributions) mer employee benefits yroll taxes as for services (nonemployees): nagement gal	369,387. 889,486. 170,129. 818.	369,387.		
 indiv Grar orga indiv Grar orga indiv Earne Com perso perso<	ividuals. See Part IV, line 22 ants and other assistance to foreign anizations, foreign governments, and foreign ividuals. See Part IV, lines 15 and 16 mefits paid to or for members mpensation of current officers, directors, stees, and key employees npensation not included above to disqualified sons (as defined under section 4958(f)(1)) and sons described in section 4958(c)(3)(B) mer salaries and wages sion plan accruals and contributions (include tion 401(k) and 403(b) employer contributions) mer employee benefits <i>y</i> roll taxes es for services (nonemployees): nagement gal	889,486. 170,129. 818.	733,649.		
3 Gran orga indiv 4 4 Benu 5 4 Benu 7 5 Com perso perso 7 6 Com perso 7 7 Other 8 8 Pens secti 9 Other 10 9 Other 11 6 Com Pays 10 Pays 11 Fees A 0 Lega C 10 Pays 11 Fees A 10 Pays 11 Fees A 12 Accord C 13 Offici Colur 14 Infor 15 Roya 16 Occur	ants and other assistance to foreign anizations, foreign governments, and foreign ividuals. See Part IV, lines 15 and 16 mefits paid to or for members mpensation of current officers, directors, stees, and key employees npensation not included above to disqualified sons (as defined under section 4958(f)(1)) and sons described in section 4958(c)(3)(B) mer salaries and wages sion plan accruals and contributions (include tion 401(k) and 403(b) employer contributions) mer employee benefits yroll taxes es for services (nonemployees): nagement gal	889,486. 170,129. 818.	733,649.		
orga indiv indiv indiv indiv 5 6 7	anizations, foreign governments, and foreign ividuals. See Part IV, lines 15 and 16 mefits paid to or for members mpensation of current officers, directors, stees, and key employees npensation not included above to disqualified sons (as defined under section 4958(f)(1)) and sons described in section 4958(c)(3)(B) mer salaries and wages sion plan accruals and contributions (include tion 401(k) and 403(b) employer contributions) mer employee benefits yroll taxes es for services (nonemployees): nagement gal	170,129.			
4 Bennelistical 4 Bennelistical 5 Commenter 6 Commenter 7 Other 8 Pensistical 9 Other 9 Other 10 Payre 11 Feese a Mannelistical b Legatical c According d Lobblical e Profit f Inveit g Other 13 Official 14 Infori 15 Royatial 16 Occurrential	ividuals. See Part IV, lines 15 and 16 mefits paid to or for members mpensation of current officers, directors, stees, and key employees neensation not included above to disqualified sons (as defined under section 4958(f)(1)) and sons described in section 4958(c)(3)(B) mer salaries and wages sion plan accruals and contributions (include tion 401(k) and 403(b) employer contributions) mer employee benefits yroll taxes as for services (nonemployees): magement	170,129.			
 4 Benu 5 Com trust 6 Com perso <li< td=""><td>nefits paid to or for members</td><td>170,129.</td><td></td><td></td><td></td></li<>	nefits paid to or for members	170,129.			
5 Com trust 6 Com perso perso 7 Othe 8 Pens secti 9 Othe 10 Payn 11 Fees a Man b Lega c Acco d Lobbl e Profe f Inve g Othe colur 12 Adve 13 Offic 14 Infor 15 Roya 16 Occ	mpensation of current officers, directors, stees, and key employees npensation not included above to disqualified sons (as defined under section 4958(f)(1)) and sons described in section 4958(c)(3)(B) mer salaries and wages sion plan accruals and contributions (include tion 401(k) and 403(b) employer contributions) mer employee benefits yroll taxes es for services (nonemployees): nagement	170,129.			
frust 6 Com perso perso 7 Other 8 Penso 9 Other 10 Payo 11 Feeso 12 Accord 13 Other 14 Infor 15 Roya	stees, and key employees npensation not included above to disqualified sons (as defined under section 4958(f)(1)) and sons described in section 4958(c)(3)(B) ner salaries and wages sion plan accruals and contributions (include tion 401(k) and 403(b) employer contributions) ner employee benefits yroll taxes es for services (nonemployees): nagement gal	170,129.			
6 Com. perso perso 7 Other 8 Pens 9 Other 9 Other 10 Payr 11 Fees a Man b Lega c Accord d Lobble perso Other g Other 10 Profe 11 Fees 20 Conde 21 Accord 32 Other 33 Official 134 Infor 135 Roya 16 Occord	npensation not included above to disqualified sons (as defined under section 4958(f)(1)) and sons described in section 4958(c)(3)(B) mer salaries and wages sion plan accruals and contributions (include tion 401(k) and 403(b) employer contributions) mer employee benefits yroll taxes s for services (nonemployees): magement gal	170,129.			
perso perso </td <td>sons (as defined under section 4958(f)(1)) and sons described in section 4958(c)(3)(B) er salaries and wages sion plan accruals and contributions (include tion 401(k) and 403(b) employer contributions) her employee benefits yroll taxes es for services (nonemployees): nagement gal</td> <td>170,129.</td> <td></td> <td></td> <td></td>	sons (as defined under section 4958(f)(1)) and sons described in section 4958(c)(3)(B) er salaries and wages sion plan accruals and contributions (include tion 401(k) and 403(b) employer contributions) her employee benefits yroll taxes es for services (nonemployees): nagement gal	170,129.			
perso 7 Othe 8 Pens 9 Othe 9 Othe 10 Pays 11 Fees a Man b Lega c Accord d Lobble e Profe f Inve g Othe 12 Advord 13 Official 14 Infor 15 Roya 16 Occord	sons described in section 4958(c)(3)(B) her salaries and wages sion plan accruals and contributions (include tion 401(k) and 403(b) employer contributions) her employee benefits yroll taxes taxes for services (nonemployees): nagement gal	170,129.			
 7 Othe 8 Pens secti 9 Othe 10 Pays 11 Fees a Man b Lega c Acca d Loble e Profe d Loble e Othe colur 12 Adve 13 Offic 14 Infor 15 Roya 16 Occ 	er salaries and wages sion plan accruals and contributions (include tion 401(k) and 403(b) employer contributions) her employee benefits /roll taxes es for services (nonemployees): nagement gal	170,129.			
8 Pens section 9 Other 10 Payr 11 Fees a Man b Lega c Accord d Loba c Accord d Loba e Profestion f Inversion g Other 12 Adversion 13 Officiant 14 Inform 15 Roser 16 Occord	sion plan accruals and contributions (include tion 401(k) and 403(b) employer contributions) her employee benefits /roll taxes es for services (nonemployees): nagement gal	170,129.			
secti 9 Othe 10 Payr 11 Fees a Man b Lega c Accord d Lobd e Profe f Inverse g Othe 112 Adverse 13 Offici 14 Infor 15 Rose 16 Occord	tion 401(k) and 403(b) employer contributions) her employee benefits /roll taxes es for services (nonemployees): nagement gal	818.	138,116.	13,766.	18,247.
9 Other 10 Payr 11 Fees a Man b Lega c Accord d Lobal d Lobal d Norder fd Invertight g Other 112 Advard 113 Official 114 Information 115 Rosard 116 Octord	rer employee benefits /roll taxes es for services (nonemployees): nagement	818.	138,116.	13,766.	18,247.
10 Pays 11 Fees a Man b Lega c Accord d Loba d Profe f Inve g Other 11 Contract 12 Active 13 Office 14 Infor 15 Roya 16 Occurr	/roll taxes as for services (nonemployees): nagement jal	818.	130,110.	13,700.	
11 Fees a Man b Lega c Accord d Loba e Profe f Inver g Other 12 Adver 13 Office 14 Infor 15 Roya 16 Occurr	es for services (nonemployees): nagement jal				
a Man b Lega c Accord d Lobbit e Profection f Invertion g Other 12 Advertion 13 Official 14 Inform 15 Rosya	nagement				
b Lega c Accord d Loba e Profection f Invertein g Other total Columnation 12 Advection 13 Official 14 Inform 15 Rosyst	gal				
 c Accc d Lobi e Profe f Inve g Other colur 12 Adve 13 Offici 14 Infor 15 Roya 16 Occ 				818.	
 d Lobi e Profe f Inve g Other colur 12 Adve 13 Office 14 Infor 15 Rova 16 Occ 	counting			21,225.	
 e Profe f Inve g Othe coluri 12 Adve 13 Offici 14 Infor 15 Roya 16 Occ 		21,225.		41,445.	
f Inversion g Other total Other 12 Adversion 13 Official 14 Inform 15 Rosya 16 Occursion	bying				
 g Other colur 12 Adve 13 Offici 14 Infor 15 Roya 16 Occ 	fessional fundraising services. See Part IV, line 17	85,457.		85,457.	
colur 12 Adva 13 Offic 14 Infor 15 Roya 16 Occ	estment management fees	05,457.		05,457.	
12 Adva 13 Offic 14 Infor 15 Roya 16 Occ	her. (If line 11g amount exceeds 10% of line 25,	105,268.	96 2/1	9,027.	
 13 Offic 14 Infor 15 Roya 16 Occord 	umn (A), amount, list line 11g expenses on Sch O.)	2,426.	96,241. 2,426.	9,027.	
14 Infor 15 Roya 16 Occord	vertising and promotion	137,592.	120,259.	10,297.	7,036.
15 Roya 16 Occ		50,239.	11,075.	26,108.	13,056.
16 Occ	prmation technology	50,259.	, U/J•	20,100.	
	/alties	22,229.	18,035.	2,097.	2,097.
17 Irav		123,342.	109,202.	7,070.	7,070
	vel	123,342.	109,202.	7,070•	7,070
	ments of travel or entertainment expenses				
	any federal, state, or local public officials	137,866.	113,363.	10,009.	14,494.
	nferences, conventions, and meetings	±37,000•	, , , , , , , , , , , , , , , , , ,	10,009.	
	verest				
	ments to affiliates preciation, depletion, and amortization	3,842.	2,996.	423.	423.
		6,092.	4,330•	6,092.	443.
	urance er expenses. Itemize expenses not covered	0,052.		0,052.	
abov line 2	er expenses. Itemize expenses not covered ve. (List miscellaneous expenses on line 24e. If 24e amount exceeds 10% of line 25, column (A), punt, list line 24e expenses on Schedule O.)				
	CULTY HONORARIA	140,755.	140,755.		
	DLLECTION/REF MATERIAL	32,345.	32,345.		
	UIPMENT MAINTENANCE	546.		546.	
d <u> 2</u>					
		90,528.	62,401.	16,691.	11,436.
	other expenses		1,958,750.	276,259.	163,063.
	other expenses	2,398.072.1	_,,		
	al functional expenses. Add lines 1 through 24e	2,398,072.			
-	al functional expenses. Add lines 1 through 24e nt costs. Complete this line only if the organization	2,398,072.			
Chec	al functional expenses. Add lines 1 through 24e	2,398,072.			

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232010 12-13-22

Form 990 (2022)

Form 990 (2022)

		Check if Schedule O contains a response or not	e to any	line in this Part X			
		·			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			607,484.	1	988,382.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			3,538,661.	З	3,549,005.
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subs	antial co	ntributor, or 35%			
		controlled entity or family member of any of the	se persor	ns		5	
	6	Loans and other receivables from other disquali	fied pers	ons (as defined			
		under section 4958(f)(1)), and persons described	l in sectio	on 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			5,483.	8	6,700.
As	9				28,195.	9	13,019.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	385,578.			
	b	Less: accumulated depreciation		364,214.	16,015.	10c	21,364.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line -		14,591,413.	12	16,473,846.	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			212,169.	15	190,118.
	16	Total assets. Add lines 1 through 15 (must equ			18,999,420.	16	21,242,434.
	17	Accounts payable and accrued expenses	36,169.	17	25,857.		
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ŝ	22	Loans and other payables to any current or form	ner office	r, director,			
Liabilities		trustee, key employee, creator or founder, subst	antial co	ntributor, or 35%			
abil		controlled entity or family member of any of the	se persor	ns		22	
	23	Secured mortgages and notes payable to unrela	ted third	parties		23	
	24	Unsecured notes and loans payable to unrelated	d third pa	irties		24	
	25	Other liabilities (including federal income tax, pa	yables to	related third			
		parties, and other liabilities not included on lines	s 17-24).	Complete Part X			
		of Schedule D			195,360.	25	16,750.
	26	Total liabilities. Add lines 17 through 25			231,529.	26	42,607.
		Organizations that follow FASB ASC 958, che	ck here	X			
ces		and complete lines 27, 28, 32, and 33.					
an	27	Net assets without donor restrictions			3,063,554.	27	3,336,205.
Ba	28	Net assets with donor restrictions	15,704,337.	28	17,863,622.		
pur		Organizations that do not follow FASB ASC 9	58, chec	k here			
Net Assets or Fund Balances		and complete lines 29 through 33.					
S O	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ec	quipment	fund		30	
As	31	Retained earnings, endowment, accumulated in	come, or	other funds		31	
Net	32	Total net assets or fund balances			18,767,891.	32	21,199,827.
	33	Total liabilities and net assets/fund balances			18,999,420.	33	<u>21,242,434</u> .

Form 990 (2022)

Form	1990 (2022) THE BOOK ARTS PRESS, INC.	54-2	L667557	Pag	_{ge} 12
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,777	7,1	96.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,398	3,0'	72.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,379	9,1	24.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	18,767	7,89	91.
5	Net unrealized gains (losses) on investments	5	283	3,4	44.
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	-230),6	32.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	21,199	9,82	27.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		<u>2</u> c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3</u> a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	L

Form **990** (2022)

232012 12-13-22

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public Inspection

Ν

Name	of t	the organization							identification number		
	_	THE	BOOK ARTS	PRESS, INC.					4-1667557		
Par	tl	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.			
The o	rgan	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)					
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	on 170(b)(1	l)(A)(i).				
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)						
3 [A hospital or a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(ii	i).				
4 [A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,		
		city, and state:									
5 [An organization operated for	or the benefit of a col	llege or university owned	l or operat	ed by a go	vernmental ur	nit describe	ed in		
		section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).				
7 [An organization that norma	Ily receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	e general p	oublic described in		
		section 170(b)(1)(A)(vi). (Complete Part II.)									
8 [A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)						
9 [An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	e or		
		university:									
10 [X	An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	p fees, and	d gross receipts from		
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support fi	rom gross investment		
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	sses acquii	red by the org	anization a	after June 30, 1975.		
		See section 509(a)(2). (Con	mplete Part III.)								
11 [An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).				
12 [An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functior	ns of, or to ca	ry out the	purposes of one or		
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section 5	509(a)(3). (Check the box on		
		lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.			
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported orga	anization(s), ty	pically by	giving		
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority c	of the direc	tors or trustee	es of the su	upporting		
		organization. You must o	complete Part IV, Se	ections A and B.							
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with it	s supporte	ed organization	n(s), by hav	ving		
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported		
		organization(s). You mus	t complete Part IV,	Sections A and C.							
с		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	y integrate	ed with,		
		its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ections A,	D, and E.				
d		Type III non-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection w	ith its suppor/	ted organiz	zation(s)		
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	/eness		
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V .				
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type I	I, Type III			
		functionally integrated, or	r Type III non-functior	nally integrated supportion	ng organiz	ation.					
		er the number of supported o	•								
g		vide the following information i) Name of supported	n about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) is the ora:	anization listed	(v) Amount of		() A maximum of other		
	(organization	(11) EIN	(described on lines 1-10	in your governi	ing document?	support (see in	,	(vi) Amount of other support (see instructions)		
		organization		above (see instructions))	Yes	No					
Total											

	fails to qualify under the tests	listed below, pleas	se complete Part	II.)	-		-
See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	_
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third,	fourth, or fifth tax y	year as a section 5	i01(c)(3)	
	organization, check this box and stop						
See	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I					14	%
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies		0				
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, che	ck this box and s t	t op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qu	alifies as a publicly	supported organi	zation	
18	Private foundation. If the organization	n did not check a l	box on line 13, 16	<u>a, 16b, 17a, or 17b</u>	, check this box a	nd see instruction	s

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

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022

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

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

Section A. Public Support (c) 2020 (d) 2021 Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (e) 2022 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 3873887.16056372. 2430771 1606631. 2747600. 5397483. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 690,925. 672,230. 699,945. 2831790. 759,335. 9,355. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to 499,959 441,499 412,990 446,040 481,758. 2282246. the organization without charge 3690065. 2057485. 3851515. 6515753. 5055590.21170408. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 2115935. 1097687. 1578919 4361281. 2919456.12073278. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 0. 2115935. 1578919. c Add lines 7a and 7b 1097687. 4361281 2919456.12073278 9097130. Public support. (Subtract line 7c from line 6.) Section B. Total Support (a) 2018 Calendar year (or fiscal year beginning in) (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 9 Amounts from line 6 2057485. 3851515. 6515753 5055590.21170408. 3690065 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 3690065. 2057485. 3851515. 6515753. 5055590.21170408. 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** Section C. Computation of Public Support Percentage 42.97 % Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 15 40.62 16 Public support percentage from 2021 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .00 17 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) % 18 Investment income percentage from 2021 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2022. 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 X 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 - 2021. 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 Schedule A (Form 990) 2022 232023 12-09-22

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1

Yes No

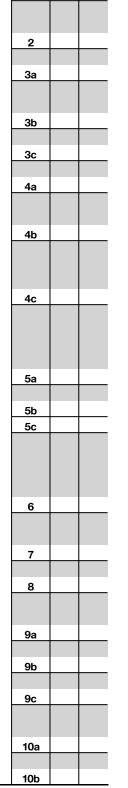
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

232024 12-09-22



Schedule A (Form 990) 2022

Sche	dule A	(Form 990) 2022 THE	BOOK	ARTS	PRESS,	INC.	54-10	0/22	/ Pa	age 5
Pa	rt IV	Supporting Organizations	(continu	ed)						
									Yes	No
11	Has t	he organization accepted a gift or c	ontributior	n from any	of the followi	ng persons?				
а	A per	son who directly or indirectly contro	ols, either a	alone or to	gether with p	ersons described on lines 11b and				
	11c b	elow, the governing body of a supp	orted orga	nization?				11a		
b	A fam	ily member of a person described o	on line 11a	above?				11b		

С	A 35% controlled entity of a person described on line 11a or 11b above?	lf "Yes	" to line 11a	a, 11b,	or 11	c, provide
	detail in Part VI.					

Section B. Type I Supporting Organizations

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

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

Section D	. All Type III	Supporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
_	supported organizations played in this regard.	3		<u> </u>

Section E. Type III Functionally Integrated Supporting Organizations

I Check the box next to the method that the organization used to satisfy the integral Part Lest during the year 1500 IIISU UC	I Part Test during the year (see instructions).	Check the box next to the method that the organization used to satisfy the Integral P
---	---	---

- The organization satisfied the Activities Test. Complete line 2 below. а
- b The organization is the parent of each of its supported organizations. Complete line 3 below.

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
---	--	---	---	--

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 232025 12-09-22

3b Schedule A (Form 990) 2022

2a

2b

3a

11c

1

V.

Yes No

Yes No

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232026 12-09-22

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

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

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

1

THE BOOK ARTS PRESS, INC.

6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2023. Add lines 3j

Part VI. See instructions.

and 4c. 8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

Schedule A (Form 990) 2022

2

3

8

9

THE BOOK ARTS PRESS, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions **Current Year** 1 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 6 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2022 from Section C, line 6 10 **10** Line 8 amount divided by line 9 amount (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Amount for 2022 Pre-2022 1 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022 **a** From 2017 **b** From 2018 c From 2019 d From 2020 e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, line 7: \$ a Applied to underdistributions of prior years b Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	THE BOOK				54-1667557 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	mation. Provide , 2, 3b, 3c, 4b, 4c, lines 2 and 3; Part	the expla 5a, 6, 9a, IV, Sectio	nations requi 9b, 9c, 11a, ⁻ n E, lines 1c,	red by Part 11b, and 1 2a, 2b, 3a,	t II, line 10; Part II, line 17a or 17b; Part III, line 12; 1c; Part IV, Section B, lines 1 and 2; Part IV, Section C, , and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, plete this part for any additional information.
SCHEDU	LE A, LIST OF	UNUSUAL (GRANTS	RECEI	VED:	
DESCRI	PTION: UNSOLI	CITED ESTA	ATE BE	QUEST		
DATE:	09/30/21	AMOUNT:	13009	95.		
232028 12-09-2	22			20		Schedule A (Form 990) 2022

** PUBLIC DISCLOSURE COPY

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

54-1667557

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					

INC.

Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______\$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

THE BOOK ARTS PRESS

Part I

(a)

No.

1

Page 2

Employer identification number

54-1667557

THE BOOK ARTS PRESS, INC.

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution X Person Payroll 200,000. Noncash \$____ (Complete Part II for noncash contributions.)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$ <u>1,025,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$92,645.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$ <u>275,192.</u>	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5		\$ <u>1,150,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u> </u>		\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

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Employer identification number

54-1667557

THE BOOK ARTS PRESS, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7_		\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8_		\$ <u>195,360.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9_		\$ <u>78,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$ <u>153,150.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

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Employer identification number

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THE BOOK ARTS PRESS, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 13 X Person Payroll 45,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 14 X Person Payroll 41,535. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 15 X Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 16 X Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 17 X Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 18 X Person Payroll 20,000. Noncash \$ (Complete Part II for noncash contributions.) 223452 11-15-22

Schedule B (Form 990) (2022)

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Employer identification number

54-1667557

THE BOOK ARTS PRESS, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 19 X Person Payroll 20,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 20 X Person Payroll 15,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 21 X Person Payroll 14,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 22 X Person Payroll 13,066. Noncash X \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 23 X Person Payroll 12,500. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 24 X Person Payroll 12,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

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Page **2**

Employer identification number

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THE BOOK ARTS PRESS, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 25 X Person Payroll 10,600. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 26 X Person Payroll 10,510. Noncash X (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 27 X Person Payroll 10,129. Noncash X \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 28 X Person Payroll 10,006. Noncash X \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 29 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 30 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

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Page **2**

Employer identification number

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THE BOOK ARTS PRESS, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 31 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 32 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 33 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 34 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 35 X Person Payroll X 7,717. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 36 X Person Payroll 6,500. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

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Part I

(a)

No.

37

(a)

No.

38

(a)

No.

39

(a)

No.

40

(a)

No.

41

(a)

No.

42

Page 2

Employer identification number

THE BOOK ARTS PRESS, INC.

54-1667557 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution X Person Payroll 6,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution X Person Payroll 5,500. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d)

Type of contribution

Person Payroll

Noncash

(Complete Part II for

X

Name, address, and ZIP + 4

2022.05070 THE BOOK ARTS PRESS, INC. 29031__1

5,000.

Total contributions

\$

Page 2

THE BOOK ARTS PRESS, INC.

Employer identification number

54-1667557

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

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Name of organization

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Employer identification number

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Part II	Noncash Property (see instructions). Use duplicate copies of F	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	164 SHARES OF JP MORGAN CHASE STOCK		
4			
		\$25,191.	07/18/23
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
	28 SHARES SDPR		
22			
		<u>\$ 12,466.</u>	09/15/23
(0)			
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I		(See instructions.)	
0.0	40 SHARES TESLA		
26			
		\$10,510.	07/28/23
		[\$ 10,310.	
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
	62 SHARES APPL		
27			
		<u> </u>	05/17/23
(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I	157 000000 000 000 000	(
28	157 SHARES INVESCO S7P 500,	——	
		\$10,006.	12/01/22
(a)		(c)	
No. from	(b) Description of poncesh property given	FMV (or estimate)	(d) Date received
Part I	Description of noncash property given	(See instructions.)	Date received
	434 SHARES VREX		
35			
		\$7,717.	05/01/23 Schedule B (Form 990) (2

32

223453 11-15-22

Schedule B (Form 990) (2022)

09190322 700786 29031

ame of or	ganization		Emp	loyer identification number
не вс	OOK ARTS PRESS, INC.		5	4-1667557
Part III) through (e) and the following line entr charitable, etc., contributions of \$1,000 or le	tion 501(c)(7), (8), or (10) that tota	l more than \$1,000 for the yea
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Descriptio	n of how gift is held
Part I				
		(e) Transfer of gift		
-	Transferee's name, address, a	and ZIP + 4	Relationship of transfere	or to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descriptio	n of how gift is held
ŀ		e) Transfer of gift		
-	Transferee's name, address, a	and ZIP + 4	Relationship of transfero	or to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descriptio	n of how gift is held
-		e) Transfer of gift		
-	Transferee's name, address, a	and ZIP + 4	Relationship of transfere	or to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descriptio	n of how gift is held
F		(e) Transfer of gift		
F	Transferee's name, address, a	and ZIP + 4	Relationship of transfere	or to transferee
3454 11-15-	-22			Schedule B (Form 990) (20

		Supplement	al Einanaial Statamanta		OMB No. 1545-0047
			al Financial Statements nization answered "Yes" on Form 990,		2022
(Forr	n 990)		11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		ZUZZ
	ment of the Treasury I Revenue Service		Ittach to Form 990. 0 for instructions and the latest information.		Open to Public Inspection
	e of the organizati			Emp	ployer identification number
_		THE BOOK ARTS PRES			54-1667557
Pa		-	d Funds or Other Similar Funds or A	ccour	Its. Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, lin	e 6. (a) Donor advised funds	(b) Euro	ide and other accounts
	Total works on at a			(b) Fun	ds and other accounts
1 2		nd of year f contributions to (during year)			
2		f grants from (during year)			
4		t end of year			
5			writing that the assets held in donor advised fur	nds	
	-		exclusive legal control?		Yes No
6	Did the organization	on inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	only	
	for charitable purp	ooses and not for the benefit of the donor o	r donor advisor, or for any other purpose confe	ring	
	impermissible priv	ate benefit?			Yes No
Pa			ganization answered "Yes" on Form 990, Part IV	/, line 7.	
1		servation easements held by the organization			
		n of land for public use (for example, recrea	tion or education) Preservation of a his Preservation of a cer		•
		of natural habitat n of open space	Preservation of a cer	tified his	storic structure
2		• •	fied conservation contribution in the form of a c	onserva	tion easement on the last
-	day of the tax yea	o o 1			Held at the End of the Tax Year
а				2a	
b				2b	
с	-		ucture included in (a)	2c	
		vation easements included in (c) acquired a			
	historic structure I	isted in the National Register		2d	
3	Number of conser	vation easements modified, transferred, rel	eased, extinguished, or terminated by the organ	nization	during the tax
	year				
4		where property subject to conservation eas			
5	-	tion have a written policy regarding the per			Yes No
6	•	forcement of the conservation easements it or hours devoted to monitoring inspecting	holds? handling of violations, and enforcing conservat		
Ŭ					anonto during the your
7	Amount of expense	 ses incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservation e	asemen	ts during the year
	·				0 /
8	Does each conser	vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(E	B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes 🗌 No
9	In Part XIII, descri	be how the organization reports conservation	on easements in its revenue and expense state	ment an	d
			note to the organization's financial statements the	nat desc	cribes the
Dai	organization's acc	ounting for conservation easements.	Art, Historical Treasures, or Other	Simila	r Accote
ı a		f the organization answered "Yes" on Form		Jiiiia	1 A33613.
10			8, not to report in its revenue statement and ba	lanco st	eet works
ia	0	, ,	blic exhibition, education, or research in furthera		
			ncial statements that describes these items.		
b	•		8, to report in its revenue statement and balance	e sheet	works of
	-		exhibition, education, or research in furtherand		
	provide the follow	ing amounts relating to these items:			
	(i) Revenue inclu	ded on Form 990, Part VIII, line 1			\$
	.,				\$
2	-		asures, or other similar assets for financial gain	provide	9
	-	unts required to be reported under FASB A	-		A
a h					\$
		eduction Act Notice, see the Instructions	s for Form 990		<u>*</u> Schedule D (Form 990) 2022
	. Si i aper work h	sausash Ast notice, see the mouldehold			201120010 0 (1 0111 000) 2022

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	3	4			
-	-		-	_	

		K ARTS PRES				54-16			age 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	er Simila	r Assets	(contin	nued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that make	significant	use of its			
	collection items (check all that apply):								
а	Public exhibition	d		hange program					
b	X Scholarly research	e	X Other TE	ACHING					
с	X Preservation for future generations								
4	Provide a description of the organization's co					ose in Part	XIII.		
5	During the year, did the organization solicit o			-	ar assets		-		-
Do	to be sold to raise funds rather than to be ma						Yes		No
Fai	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		te if the organizatio	n answered "Yes" o	n Form 99	0, Part IV,	ine 9, or		
				a ar athar agasta na	tipoludod				
1a	Is the organization an agent, trustee, custodi		•				7 ¥ • •		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII					∟	Yes		
b			owing table.				Amoun	t	
~	Beginning balance				1c		, arroarr		
	Additions during the year								
	Distributions during the year								
	Ending balance				1f				
	Did the organization include an amount on Fo				····	·	Yes		No
	If "Yes," explain the arrangement in Part XIII.				• • • • • • •		_		Ī
Par	t V Endowment Funds. Complete i	f the organization ans	swered "Yes" on Fo	orm 990, Part IV, line	e 10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Fou	' years	back
1a	Beginning of year balance	10,666,998.	8,823,913.	5,348,490.	3,	792,741.	3	,716,	695.
b	Contributions	2,909,993.	2,800,247.	1,346,905.	1,	110,896.	. 32,615		615.
с	Net investment earnings, gains, and losses	180,435.	-713,910.	2,350,077.	, !	582,884.	180,689.		689.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	277,201.	160,993.	,		103,752.			967.
f	Administrative expenses	85,457.	82,259.	· · · · ·		34,279.			291.
g	End of year balance	13,394,768.	10,666,998.	, ,	5,	348,490.	3	,792,	741.
2	Provide the estimated percentage of the curr)) held as:					
	Board designated or quasi-endowment	7.3400	_%						
	Permanent endowment 56.2200	%							
с		%							
0-	The percentages on lines 2a, 2b, and 2c show		· · · · · · · · · · · · · · · · · · ·	al a destatata a dife	u				
Ja	Are there endowment funds not in the posse	ssion of the organizat	tion that are held ar	a administered for 1	ine		1	Yes	No
	organization by: (i) Unrelated organizations						3a(i)	100	X
	(ii) Related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza								
4	Describe in Part XIII the intended uses of the						_ 0.2		
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Part X	(, line 10.				
	Description of property	(a) Cost or ot	her (b) Cost	or other (c)	Accumulat	ed	(d) Boo	k valu	e
		basis (investm	• •		epreciatior				
1a	Land								
	Buildings								
	Leasehold improvements								
d	Equipment		38	5,578.	364,2	14.	2	1,3	64.
е	Other								
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X	(, column (B), line 1	0c.)			2	1,3	64.
						Schedule	D (Forn	n 990)	2022

Schedule D (Form 990) 2022 THE BOOK AR	TS PRESS, INC.	. 54-1	667557 _{Page} 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	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-y	ear market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) UVIMCO INVESTMENTS	14,480,967.	END-OF-YEAR MARKET VA	LUE
(B) WELLS FARGO MID-TERM POOL			
(C) INVESTMENT	423,102.	END-OF-YEAR MARKET VA	LUE
(D) WELLS FARGO SHORT-TERM			
(E) POOL INVESTMENT	1,759,536.	END-OF-YEAR MARKET VA	LUE
(F) CASH RESTRICTED FOR			
(G) LONG-TERM ENDOWMENT	103,431.	END-OF-YEAR MARKET VA	LUE
(H) DUE TO OPERATING ACCOUNT	-293,190.	END-OF-YEAR MARKET VA	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	16,473,846.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-y	ear market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11e or 11f. See Form 990, Part X, line 25.	
1.(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) TUITION DEPOSITS			16,750.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)		16,750.
2. Liability for uncertain tax positions. In Part XIII, provide	,	the organization's financial statements that r	eports the
organization's liability for uncertain tax positions under	EASBASC 740 Check be	re if the text of the footnote has been provide	d in Part XIII X

Schedule D (Form 990) 2022

232053 09-01-22

Sche	edule D (Form 990) 2022 THE BOOK ARTS PRESS, INC.				100/33/ Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	5,001,119.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	283,444.		
b	Donated services and use of facilities	. 2b	481,758.		
с	Recoveries of prior year grants	. 2c			
d			-230,632.		
е	Add lines 2a through 2d			2e	534,570.
3	Subtract line 2e from line 1			3	4,466,549.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	85,457.		
	Other (Describe in Part XIII.)	. 4b	225,190.		
b				4c	310,647.
b C	Add lines 4a and 4b				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,777,196.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem	ents With			4,777,196.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12:	ients With	n Expenses per F		4,777,196. n.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem	ients With	n Expenses per F		4,777,196.
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12:	ients With	ו Expenses per F	letur	4,777,196. n.
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	ients With	n Expenses per F	letur	4,777,196. n.
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	a. 2a	ו Expenses per F	letur	4,777,196. n.
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b	ו Expenses per F	letur	4,777,196. n.
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c	ו Expenses per F	letur	<u>4,777,196.</u> n. <u>2,569,183.</u>
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) IT XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	1 Expenses per F 481,758.	letur	<u>4,777,196.</u> n. <u>2,569,183.</u> <u>481,758.</u>
5 Pai 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	1 Expenses per F 481,758.	1	<u>4,777,196.</u> n. <u>2,569,183.</u>
5 Par 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Int XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses and the part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	1 Expenses per F 481,758.	eturi 1 2e	<u>4,777,196.</u> n. <u>2,569,183.</u> <u>481,758.</u>
5 Par 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d 2d	1 Expenses per F 481,758. 85,457.	eturi 1 2e	<u>4,777,196.</u> n. <u>2,569,183.</u> <u>481,758.</u>
5 Par 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) IT XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d	1 Expenses per F 481,758.	eturi 1 2e	4,777,196. n. 2,569,183. 481,758. 2,087,425.
5 Pa 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) IT XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d 2d	1 Expenses per F 481,758. 85,457. 225,190.	1 1 2e 3 4c	4,777,196. n. 2,569,183. 481,758. 2,087,425. 310,647.
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) IT XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other losses Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d	1 Expenses per F 481,758. 85,457. 225,190.	1 2e 3	4,777,196. n. 2,569,183. 481,758. 2,087,425.

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 III, LINE 1A:

THE ORGANIZATION EXPENSES THE COST OF COLLECTION ITEMS. THE ACQUISITION
AND PRESERVATION OF COLLECTIONS IS ESSENTIAL IN FULFILLING THE
ORGANIZATION'S MISSION OF PROVIDING CONTINUING PROFESSIONAL EDUCATION FOR
RESEARCH LIBRARIANS AND ARCHIVISTS, ACADEMICS, ANTIQUARIAN BOOKSELLERS,
CONSERVATORS AND BOOKBINDERS, AND BOOK COLLECTORS. THE ORGANIZATION
ASSUMES THE RESPONSIBILITY OF PRESERVING AND MAINTAINING, AT THE HIGHEST
LEVEL, ITS HISTORIC COLLECTIONS. DURING THE YEARS ENDED SEPTEMBER 30, 2023
AND 2022, THE ORGANIZATION PURCHASED LIBRARY COLLECTIONS TOTALING \$32,345
AND \$28,145, RESPECTIVELY.

PART III, LINE 4:

232054 09-01-22

Schedule D (Form 990) 2022 THE	BOOK ARTS PRESS, INC.	54-1667557 Page 5
Part XIII Supplemental Information	(continued)	
THE SCHOOL HAS A TEACHIN	G COLLECTION OF APPROXIMATELY 1	00,000 ITEMS
RELATED TO THE HISTORY C	F BOOKS AND PRINTING; INCLUDING	MANUSCRIPT, PRINT,
AND BORN-DIGITAL MATERIA	LS. EVERYTHING THAT THE SCHOOL	ACQUIRES AND HOLDS
IN THEIR COLLECTIONS IS	INSTRUCTIONAL MATERIAL OBTAINED	FOR TEACHING
PURPOSES AND IS INTERPRE	TED SPECIFICALLY FOR CLASSROOM	USE. THESE
COLLECTIONS DIRECTLY SUP	PORT THE EDUCATIONAL MISSION OF	THE SCHOOL.

PART V, LINE 4:

RARE BOOK SCHOOL'S ENDOWMENT FUNDS ARE USED EXCLUSIVELY FOR OPERATING EXPENSES PURSUANT TO THE EDUCATIONAL MISSION OF THE SCHOOL.

PART X, LINE 2:

THE ORGANIZATION HAS REVIEWED AND EVALUATED THE RELEVANT TECHNICAL MERITS OF EACH OF ITS TAX POSITIONS IN ACCORDANCE WITH GUIDANCE ESTABLISHED BY THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) AND DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS THAT WOULD HAVE A MATERIAL IMPACT ON THE FINANCIAL STATEMENTS OF THE ORGANIZATION.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUATION OF CHARITABLE ANNUITY	-30,217.
CHANGE IN DISCOUNT OF PROMISES TO GIVE	-200,415.

38

TOTAL TO SCHEDULE D, PART XI, LINE 2D

PART XI, LINE 4B - OTHER ADJUSTMENTS:

TUITION REDUCTIONS NETTED ON FINANCIAL STATEMENTS

PART XII, LINE 4B - OTHER ADJUSTMENTS:

TUITION REDUCTIONS NETTED ON FINANCIAL STATEMENTS

225,190.

-230,632.

225,190.

Schedule D (Form 990) 2022

232055 09-01-22

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SCHEDULE I			rants and Oth					OMB No. 1545-0047
(Form 990)			vernments, an ete if the organization					2022
Department of the Treasury		Compre		Attach to Form				Open to Public
Internal Revenue Service			Go to www.irs	.gov/Form990 for	the latest inform	ation.		Inspection
THE BOOK ARTS PRESS, INC. 54								Employer identification number $54 - 1667557$
Part I General Information on Grants and Assistance								
1 Does the organization m	aintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	/ for the grants or assis	tance, and the selection	on
criteria used to award th	e grants or assis	stance?						X Yes 🗌 N
2 Describe in Part IV the o								
		-				anization answered "Y	es" on Form 990, Part	IV, line 21, for any
							(h) Purpose of grant or assistance	
UNIVERSITY OF TEXAS AT 2515 SPEEDWAY AUSTIN, TX 78712	AUSTIN	74-6000203		8,500.	0.	воок		SYMPOSIA SPONSORSHIP

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

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

Schedule I (Form 990) 2022

1.

Schedule I (Form 990) 2022

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
					THE ORGANIZATION PROVIDED
					NON-CASH SCHOLARSHIPS TO
					PARTICIPANTS IN THE FORM OF
UITION REDUCTIONS	169	0.	225,190.	BOOK VALUE - COST	REDUCTED TUITION
					STIPEND FOR TRAVEL AND
TIPENDS	48	77,000.	0.	BOOK VALUE - COST	RESEARCH
					REIMBURSEMENT FOR TRAVEL AND
EIMBURSEMENT FOR TRAVEL AND REASEARCH EXPENSES	70	67,197.	0.	BOOK VALUE - COST	RESEARCH EXPENSES

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE ORGANIZATION MAINTAINS RECORDS SUPPORTING THE SELECTION CRITERIA USED

TO AWARD SCHOLARSHIPS AND FINANCIAL AID, WHICH ALSO INCLUDES THE AMOUNTS

AWARDED AND RECIPIENTS' NAMES.

SC	HEDULE J	Compensation Information	1	OMB No. 1	545-004	47
(Fo	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest			2022		
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		ZUZZ		-
Depa	tment of the Treasury	Attach to Form 990.		Open to Inspe		
Intern	ternal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.					
Nam	e of the organization		Employer i			mber
De		THE BOOK ARTS PRESS, INC.	54-1	66755	1	
Pa	rt I Question	s Regarding Compensation				
1a	Part VII, Section A, First-class or c Travel for com Tax indemnific	panions Payments for business use of personal re ation and gross-up payments Definitiation fee	nal use sidence s		Yes	No
		spending account Personal services (such as maid, chauffer	ur, chet)			
h	If any of the boyos	on line 1a are checked, did the organization follow a written policy regarding payment or				
U	•			1b		
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	-	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
	,					
3	Indicate which, if an	ny, of the following the organization used to establish the compensation of the organization's	;			
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
	·	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
	·	compensation consultant				
	Form 990 of o	ther organizations Approval by the board or compensation of	ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re					
а	Receive a severanc	e payment or change-of-control payment?		4a		X
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?				X
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lin	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	-	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the r					v
		ation 0				X X
a		ation?		<u>5b</u>		
6		or 5b, describe in Part III.	'n			
0	contingent on the n	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation bet earnings of:	11			
а				6a		x
		ation?				X
~		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	5			
	not described on lines 5 and 6? If "Yes," describe in Part III					X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9		id the organization also follow the rebuttable presumption procedure described in				
		n 53.4958-6(c)?	<u></u>	9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	ule J (Forn	n 990)) 2022

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Schedule J (Form 990) 2022

54-1667557

Page **2**

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 and/or 1099-NEC compensation				(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MICHAEL F. SUAREZ, S.J.	(i)	154,489.	0.	0.	16,081.	6,086.	176,656.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	<u>(ii)</u>							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

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.

FORM 990, PART VII, LINE 5 AND SCHEDULE J, PART II:

MICHAEL SUAREZ IS THE EXECUTIVE DIRECTOR OF THE ORGANIZATION. MICHAEL

RECEIVES COMPENSATION FROM THE UNIVERSITY OF VIRGINA, AN UNRELATED

ORGANIZATION. THE COMPENSATION REPORTED ON FORM 990, PART VII AND

SCHEDULE J, PART II REPRESENTS AN ESTIMATE OF HIS TIME AND EFFORTS

RELATED TO ORGANIZATION AFFAIRS AND DOES NOT REPRESENT ADDITIONAL

COMPENSATION ABOVE WHAT IS RECEIVED FROM UVA. ADDITIONALLY, THE

COMPENSATION REPORTED ON FORM 990 AND SCHEDULE J IS INCLUDED IN THE

TOTAL OF CONTRIBUTED SERVICE AMOUNT REPORTED ON SCHEDULE D, PART XI,

LINE 2B AND PART XII, LINE 2A.

SCHEDULE	Μ
(Form 990)	

Noncash Contributions

OMB No. 1545-0047

Open to Public

Inspection

20

22

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

Department of the Treasury Internal Revenue Service

Attach to Form 990.	
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Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

Name	of the	organization

		THE BOOK ART	S PRES	S, INC.			54-1	667	557	
Par	tl Ty	pes 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 de cash contribu		•	s
1	Art - Work	s of art								
2		rical treasures								
3		ional interests								
4		publications								
5	Clothing a	nd household goods								
6		other vehicles								
7		planes								
8		l property								
9		- Publicly traded	X	6	76,019.	QUOTE	D MARK	ET	VAL	JES
10	Securities	- Closely held stock								
11	Securities	- Partnership, LLC, or								
	trust intere	ests								
12	Securities	- Miscellaneous								
13	Qualified of	conservation contribution -								
	Historic st	ructures								
14	Qualified of	conservation contribution - Other \dots								
15	Real estat	e - Residential								
16	Real estat	e - Commercial								
17	Real estat	e - Other								
18	Collectible	es								
19	Food inve	ntory								
20	Drugs and	l medical supplies								
21	Taxidermy	·								
22		artifacts								
23	Scientific	specimens								
24	Archeolog	ical artifacts								
25		()								
26	Other	()								
27	Other	()								
28	Other	()								
29		f Forms 8283 received by the organi	-						•	
	for which	the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29				0	
									Yes	No
30a	-	year, did the organization receive b	-	•••••			tit			
		for at least 3 years from the date of		ntribution, and whi	ich isn't required to be used	for				77
		urposes for the entire holding period	?					30a		X
	-	escribe the arrangement in Part II.							v	
31		organization have a gift acceptance		•		lions?		31	X	
32a	Does the contribution	organization hire or use third parties ons?		•	· • ·			32a	x	
b	lf "Yes," d	escribe in Part II.								
33	If the orga	nization didn't report an amount in c	column (c) fo	r a type of property	r for which column (a) is che	cked,				
	describe i	n Part II.								
LHA	For Pap	erwork Reduction Act Notice, see	the Instruc	tions for Form 990).		Schedule M	l (For	m 990)	2022

232141 09-09-22

Schedule M (Form 990) 2022	\mathbf{THE}	BOOK	ARTS	PRESS,	INC.	
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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.

<u>SCHEDULE M, PART I, COLUMN</u> (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS, RATHER THAN

THE NUMBER OF ITEMS RECEIVED. EACH CONTRIBUTION INCLUDED MULTIPLE

SHARES OF STOCK FROM A SINGLE DONOR.

SCHEDULE M, LINE 32B:

THE ORGANIZATION USES A SECURITIES BROKER TO PROCESS AND SELL DONATED

SECURITIES.

Schedule M (Form 990) 2022

54-1667557

Page 2

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SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



54-1667557

THE BOOK ARTS PRESS, INC.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

FREE PUBLIC LECTURES (BOTH DURING SCHOOL SESSIONS AND AT OTHER TIMES

DURING THE YEAR) ON A WIDE VARIETY OF BIBLIOGRAPHICAL AND

BOOK-HISTORICAL TOPICS. TO DATE, THE SCHOOL HAS PRESENTED MORE THAN 650

LECTURES, MANY OF WHICH ARE AVAILABLE FOR AUDIT STREAMING ON ITUNES OR

OTHER PODCAST APPS (BY SEARCHING FOR "RARE BOOK SCHOOL").

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

INTENSIVE, HANDS-ON INSTRUCTION WITH ORIGINAL ARTIFACTS INDIVIDUALLY

INTERPRETED FOR PEDAGOGICAL USE.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

SCHOOL'S BOARD OF DIRECTORS RE-INVESTS ANY APPROPRIATE SURPLUS FUNDS

INTO ITS OWN SCHOLARSHIP FUNDS EACH YEAR.

FORM 990, PART VI, SECTION A, LINE 7A:

THE UNIVERSITY OF VIRGINIA'S BOARD OF VISITORS HAS THE POWER TO APPOINT TWO

DIRECTORS TO THE ORGANIZATION'S BOARD. ONE IS A REPRESENTATIVE OF THE BOARD

OF VISITORS AND ONE IS A REPRESENTATIVE FROM THE PRESIDENT'S OFFICE.

FORM 990, PART VI, SECTION B, LINE 11B:

THE ORGANIZATION'S FORM 990 IS PROVIDED TO THE ENTIRE BOARD OF DIRECTORS

FOR REVIEW PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

 DURING THE YEAR, THE EXECUTIVE DIRECTOR MONITORS FOR POTENTIAL CONFLICTS OF

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2022

 232211 10-28-22
 Ic

DISCLOSES ANY POTENTIAL CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15A:

COMPENSATION FOR THE SCHOOL'S EXECUTIVE DIRECTOR IS DETERMINED BY THE

UNIVERSITY OF VIRGINIA.

FORM 990, PART VI, SECTION C, LINE 18:

THE SCHOOL'S FORM 1023 AND FORM 990 ARE AVAILABLE TO THE PUBLIC UPON

REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

THE SCHOOL'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED

FINANCIAL STATEMENTS ARE ACCESSIBLE FROM THE ORGANIZATION'S WEBSITE

(HTTP://RAREBOOKSCHOOL.ORG/ABOUT-RBS/RBS-FINANCIALS/) OR MAY BE SENT TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUATION OF CHARITABLE GIFT ANNUITY-30,217.CHANGE IN DISCOUNT OF PROMISES TO GIVE-200,415.

TOTAL TO FORM 990, PART XI, LINE 9

PART XII, LINE 2C

THE SCHOOL'S BOARD OF DIRECTORS HAS AN AUDIT COMMITTEE THAT IS

RESPONSIBLE FOR THE SELECTION AND RETENTION OF INDEPENDENT AUDITORS.

THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

232212 10-28-22

-230,632.

Schedule O (Form 990) 2022 Name of the organization THE BOOK ARTS PRESS, INC.	Page 2 Employer identification number 54-1667557
SCHEDULE D PARTS XII, LINE 2B AND XIII, LINE 2A	
DETAILS OF CONTRIBUTED SERVICES:	
THE ORGANIZATION RECEIVES CONTRIBUTED SERVICES FROM THE U	NIVERSITY OF
VIRGINIA IN THE FORM OF STAFF TIME AND FACILITIES. THE AM	OUNT OF THE
CONTRIBUTED SERVICES IS BASED ON THE PERCENTAGE OF TIME AN	D THE
FACILITIES ATTRIBUTABLE TO THE ORGANIZATION'S OPERATIONS.	THE
CONTRIBUTED SERVICES OF \$481,758 ARE CLASSIFIED AS \$340,88	5 TO PROGRAM
SERVICES, \$96,766 TO MANAGEMENT AND GENERAL, AND \$44,107 T	0
FUND-RAISING FOR THE YEAR ENDED SEPTEMBER 30, 2023.	