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CLIENT'S COPY

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u>A</u>	ror th	e 2023 calendar year, or tax year beginning OC	1 1, 2023 and	enaing S	EP 30, 2024				
В	Check if applicab	C Name of organization			D Employer identifi	cation number			
	Addre		2.						
	Name chang	Doing business as RARE BOOK SCH	HOOL		54-16675	57			
F	Initial return	Number and street (or P.O. box if mail is not delive	ered to street address)	Room/suite	E Telephone numbe	er			
	Final	D O BOY 100103 IINTVERSI		Troomy care	434-924-				
	—lreturn termir ated	City or town, state or province, country, and ZIF			G Gross receipts \$	5,069,432.			
	Amen				H(a) Is this a group re				
	Applic				for subordinates				
	pendi	SAME AS C ABOVE			H(b) Are all subordinates in				
$\overline{}$	Tax-ex	empt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1)	or 527	1	list. See instructions			
	Websi		(11100111101) [10 17 (4)(1)	01 021	H(c) Group exemption				
			ciation Other	1 Year		M State of legal domicile; VA			
	art I	Summary		- 1001	01101111au011, == = = [• Otato or rogar dominoro, - = =			
	1	Briefly describe the organization's mission or most significant si	nificant activities: ADVO	CACY.	EDUCATION A	ND OUTREACH			
ä	'	FOR THE STUDY OF THE HISTOR							
nan	2		nued its operations or dispos						
Ver	3	Number of voting members of the governing body (Pa	· ·		3	24			
Ö	4	Number of independent voting members of the gover	. , , , , , , , , , , , , , , , , , , ,			23			
<u>ر</u> م	5	Total number of individuals employed in calendar yea				43			
<u>ë</u>	6	Total number of volunteers (estimate if necessary)				30			
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, colur			7a	0.			
ă	b	Net unrelated business taxable income from Form 99				0.			
	 ~	The difference business taxable moonle from Fermi se	0 1,1 die 1, mio 11		Prior Year	Current Year			
Revenue	8	Contributions and grants (Part VIII, line 1h)			4,074,302.	4,081,680.			
	9				699,945.	717,460.			
	10	Investment income (Part VIII, column (A), lines 3, 4, ar		-5,681.	-3,462.				
å	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9			8,630.	725.			
	1	Total revenue - add lines 8 through 11 (must equal Pa			4,777,196.	4,796,403.			
	13	Grants and similar amounts paid (Part IX, column (A),			377,887.	413,186.			
	14	Benefits paid to or for members (Part IX, column (A), I		0.	0.				
	45	Salaries, other compensation, employee benefits (Par	,		1,059,615.	1,362,907.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line			0.	0.			
Den	b	Total fundraising expenses (Part IX, column (D), line 2		67.					
X	17	Other expenses (Part IX, column (A), lines 11a-11d, 1			960,570.	1,121,552.			
		Total expenses. Add lines 13-17 (must equal Part IX,			2,398,072.	2,897,645.			
	19	Revenue less expenses. Subtract line 18 from line 12			2,379,124.	1,898,758.			
		Trevende 1655 expenses. Subtract line 16 from line 12			ginning of Current Year	End of Year			
Net Assets or	20	Total assets (Part X, line 16)			21,242,434.	25,128,340.			
Ass	21	Total liabilities (Part X, line 26)			42,607.	34,466.			
Net	22	Net assets or fund balances. Subtract line 21 from lin	e 20		21,199,827.	25,093,874.			
P	art II	Signature Block	0.20						
		ulties of perjury, I declare that I have examined this return, inc	cluding accompanying schedules	s and stateme	ents, and to the best of m	v knowledge and belief, it is			
		et, and complete. Declaration of preparer (other than officer)				,, ,,			
	,								
Sig	ın	Signature of officer			Date				
He		MICHAEL F. SUAREZ, EXECUTIV	E DIRECTOR						
	_	Type or print name and title							
		Print/Type preparer's name	reparer's signature] [Date Check	PTIN			
Pai	d	MONTE J. GLANZER	1		if self-emplo	p01301538			
	parer	Firm's name HANTZMON WIEBEL LLE		4-0618213					
	Only	Firm's address PO BOX 1408							
_	•	CHARLOTTESVILLE, VA	A 22902		Phone no. (4	34) 296-2156			
Ma	v the I	RS discuss this return with the preparer shown above			1. //0/10 1101 (=	X Yes No			
111	<u>, поп</u>	Denomination Ast Nation and the consult	· · · · · · · · · · · · · · · · · · ·			QQN (2022)			

rai	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.
4	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. (Code:) (Expenses \$ 1,196,403. including grants of \$) (Revenue \$ 718,185.
4a	(Code:) (Expenses \$ 1,196,403. including grants of \$) (Revenue \$ 718,185. 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 2024, MORE THAN 560
	STUDENTS TOOK 43 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.
	DOORDINGING TO BORN DIGITAL MATERIALD AND TEXTOAL ENCODING.
	RARE BOOK SCHOOL ALSO PROVIDES AN ONGOING SERIES OF WIDELY ADVERTISED,
4b	(Code:) (Expenses \$ 394,228 • including grants of \$
70	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
4c	(Code:) (Expenses \$
	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
4d	Other program services (Describe on Schedule O.)
4	(Expenses \$\frac{1}{2}\text{ including grants of \$\frac{1}{2} including grants of \$\frac{1
4e	Total program service expenses 2,379,664.

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Form 990 (2023) 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	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
•	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,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8	Х	
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	-	- 21	
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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		Х
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		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	TOWN THE PLANT OF	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
-1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	domocio government orti artix, comunin (-), inte 1: II Tes. Complete Schedule I, Parts I and II	41	- 42	L

Pai	TIV Checklist of Required Schedules (continued)	1331	<u>F</u>	age ¬
	l (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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,			\vdash
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		l x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
•	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a		28a		X
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
C		200		X
20	"Yes," complete Schedule L, Part IV	28c 29	Х	
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	22	\vdash
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20	Х	
0.4	contributions? If "Yes," complete Schedule M	30	- 25	Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		┝≏
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			_v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			,,
	Part V, line 1	34		X
	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		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			۱
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
D	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			 ••
4	Enter the number reported in box 2 of Form 1006 Enter 0, if not applicable)	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable In the number of Forms W-2G included on line 1a. Enter -0, if not applicable In the number of Forms W-2G included on line 1a. Enter -0, if not applicable	\exists		
	Effect the flumber of Forms w 24 moldade of fine 1a. Effect of it flot applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		1

Form 990 (2023) THE BOOK ARTS PRESS, INC.

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

	- (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		100	140
	filed for the calendar year ending with or within the year covered by this return 2a 43			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> X</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	9a		
a	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
10	Section 501(c)(7) organizations. Enter:	อม		
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:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			77
	excess parachute payment(s) during the year?	15		_X_
	If "Yes," see the instructions and file Form 4720, Schedule N.			37
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<u> </u>
	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 activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Form **990** (2023) 332005 12-21-23

THE BOOK ARTS PRESS, INC. 54-1667557 Form 990 (2023) 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 Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 24 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 23 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 14 Х Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.

Section C. Disclosure

exempt status with respect to such arrangements?

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

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's

taxable entity during the year?

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website Another's website X Upon request Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION - 434-924-8851

P.O BOX 400103, UNIVERSITY OF VA, CHARLOTTESVILLE, VA 22904

Form **990** (2023)

Х

16a

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)				than o	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) MICHAEL F. SUAREZ, S.J. EXECUTIVE DIRECTOR	40.00	х		Х				155,200.	0.	43,632.
(2) DANIELLE CULPEPPER	40.00							133,200.	•	43,032.
DIRECTOR OF BUDGET & FINANCE	40.00	1		Х				88,506.	0.	26,473.
(3) KEVIN MCFADDEN	40.00							,		,
CHIEF OPERATING OFFICER				X				57,819.	0.	16,305.
(4) G. SCOTT CLEMONS	2.00									
CHAIR		Х		Х				0.	0.	0.
(5) MCKEY BERKMAN	2.00								_	_
VICE CHAIR		Х		X				0.	0.	0.
(6) BEPPY LANDRUM OWEN	2.00	1								
SECRETARY		Х		Х				0.	0.	0.
(7) MARY E. CRAWFORD	2.00	ļ								
TREASURER		Х		X				0.	0.	0.
(8) KRYSTAL APPIAH	2.00	ļ							•	•
DIRECTOR	2 00	Х						0.	0.	0.
(9) CHERYL BEREDO	2.00	3,7							0	0
DIRECTOR (10) MURDAY PRAGRAM	2 00	X						0.	0.	0.
(10) MURRAY BRASSEUX DIRECTOR	2.00	Х						0.	0.	0.
(11) ROBERT F. BRUNER	2.00	Λ				_		0.	0.	<u> </u>
DIRECTOR	2.00	Х						0.	0.	0.
(12) FERN D. COHEN	2.00	77						0.	0.	<u></u>
DIRECTOR	2.00	х						0.	0.	0.
(13) MEREDITH EVANS	2.00							•	•	
DIRECTOR		х						0.	0.	0.
(14) BARBARA J. FRIED	2.00								•	
DIRECTOR		Х						0.	0.	0.
(15) VICTORIA HARKER	2.00									_
DIRECTOR		Х						0.	0.	0.
(16) DAVID A. HARPER	2.00									
DIRECTOR		Х						0.	0.	0.
(17) NORA JAMES	2.00									
DIRECTOR		Х						0.	0.	0.

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Form 990 (2023) THE BOOK	ARTS PR	ES	ss,	T	NC				54-1667	557 Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	Hi	ghes	t C	ompensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per week (list any	box	not cl	ss per	more son i	than o s both or/trus	n an	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MISC/ 1099-NEC)	from the organization and related organizations
(18) KENNETH KARMIOLE	2.00									_
DIRECTOR		Х						0.	0.	0.
(19) GLEN S. MIRANKER DIRECTOR	2.00	х						0.	0.	0.
(20) NAOMI NELSON	2.00									<u> </u>
DIRECTOR		Х						0.	0.	0.
(21) DIANA PEARSON	2.00								_	
DIRECTOR		Х						0.	0.	0.
(22) MARTHA FLEISCHMAN DIRECTOR	2.00	х						0.	0.	0.
(23) KENNETH SOEHNER	2.00									
DIRECTOR		Х						0.	0.	0.
(24) SUSAN JAFFE TANE DIRECTOR	2.00	х						0.	0.	0.
(25) JOHN M. UNSWORTH	2.00	22							<u> </u>	<u></u>
DIRECTOR	2.00	Х						0.	0.	0.
(26) DAVID S. ZEIDBERG	2.00									
DIRECTOR		Х						0.	0.	0.
1b Subtotal								301,525.	0.	86,410.
c Total from continuation sheets to Part V	II, Section A							0.	0.	0.
d Total (add lines 1b and 1c)								301,525.	0.	86,410.
2 Total number of individuals (including but r	not limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable	1

compensation from the organization

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

Section B. Independent Contractors

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

(A) Name and business address	NONE	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including bu	t not limited to those listed	d above) who received more than	

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\$100,000 of compensation from the organization

			Check if Schedule O c	onta	ins a respo	nse (or note to anv lin	e in this Part VIII			
							,	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
									function revenue	business revenue	sections 512 - 514
S so	1	۰	Federated campaigns		1a						
핥	•										
ਲੌਂ ਹੁ			Membership dues								
Ťs,			Fundraising events								
ig ig			Related organizations								
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contri								
e Ë		Ť	All other contributions, gifts,			1	001 600				
들됨			similar amounts not included				081,680.				
d d		-	Noncash contributions included in I	ines 1	a-1f 1g	\$	118,072.	4 001 600			
o g		h	Total. Add lines 1a-1f					4,081,680.			
							Business Code	717 460	717 460		
Se	2	? a	TUITION REVEN	UE			611600	717,460.	717,460.		
e Z		b									
Score		С									
ran ev		d									
Program Service Revenue		е									
₫			All other program service r								
		g	Total. Add lines 2a-2f					717,460.			
	3	3	Investment income (includ	ing o	dividends, i	ntere	st, and				
			other similar amounts)								
	4	ŀ	Income from investment of	f tax	exempt bo	nd p	roceeds				
	5	5	Royalties								
					(i) Rea	I	(ii) Personal				
	6	a	Gross rents	6a							
		b	Less: rental expenses	6b							
		С	Rental income or (loss)	6с							
		d Net rental income or (loss)									
	7		Gross amount from sales of		(i) Securi	ties	(ii) Other				
			assets other than inventory	7a	263,00	7.					
		b	Less: cost or other basis								
ē			and sales expenses	7b	266,46	59.					
her Revenue		С	Gain or (loss)	7c	-3,46	52.					
Şe.			Net gain or (loss)				l	-3,462.			-3,462.
ē	8		Gross income from fundraisin					,			
₽	Ū	_	including \$.g	of						
Ĭ			contributions reported on	line '							
			Part IV, line 18		,	8a					
		h	Less: direct expenses			8b					
			Net income or (loss) from f								
	a		Gross income from gaming								
	,		Part IV, line 19	_							
		h	Less: direct expenses								
			Net income or (loss) from g								
	10		Gross sales of inventory, le								
	10	, a	and allowances			10a	7,285.				
		h				10a					
			Less: cost of goods sold Net income or (loss) from s				0,500.	725.	725.		
			Net income or (loss) from s	saics	or invento	ту	Business Code	723.	723.		
ns	44										
e Te	. 1	l a									
Miscellaneous Revenue		b									
Sce		C	All athor rous:			_					
Ξ			All other revenue								
	۰.		Total. Add lines 11a-11d					4,796,403.	718,185.	0.	-3,462.
	12	<u>: </u>	Total revenue. See instruction	IIS				14, / 20, 403.	1 1 1 0 , 1 0 3 •	U •	-J,4UZ•

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 10,000. 10,000. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 403,186. 403,186. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,106,743. 909,579. 114,160. 83,004. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 256,164. 204,155. 30,498. 21,511. Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): Management 468. 468. Legal 18,500. 18,500. Accounting Lobbying Professional fundraising services. See Part IV, line 17 92,482. 92,482. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 268,352. 279,754. 11,402. column (A), amount, list line 11g expenses on Sch O.) 6,033. 6,033. Advertising and promotion 12 112,602. 92,009. 10,381. 10,212. Office expenses 13 54,961. 12,095. 28,577. 14,289. Information technology 14 15 Royalties 2,039. 25,375. 20,942. 2,394. 16 Occupancy 138,807. 127,840. 5,787. 5,180. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 125,395. 15,561. 159,556. 18,600. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 5,670. 4,536. 612. 522. Depreciation, depletion, and amortization 22 4,483. 4,483. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 125,774. 125,774. FACULTY HONORARIA $\overline{35,018}$. $35,\overline{018}$. COLLECTION/REF MATERIAL 800. 800. **EQUIPMENT MAINTENANCE** С d 13,510. 61,269. 34,750. 13,009. All other expenses 2,897,645. 2,379,664. 349,114. 168,867. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2023)

Pa	rt X	Balance Sheet						
		Check if Schedule O contains a response or r	note to any l	line in this Part X				
					(A) Beginning of year		(B) End of year	
	1	Cash - non-interest-bearing			988,382.	1	402,445.	
	2	Savings and temporary cash investments				2		
	3	Pledges and grants receivable, net			3,549,005.	3	3,090,420.	
	4	Accounts receivable, net				4		
	5	Loans and other receivables from any current						
		trustee, key employee, creator or founder, su	ostantial co	ntributor, or 35%				
		controlled entity or family member of any of the		5				
	6	Loans and other receivables from other disqu	Loans and other receivables from other disqualified persons (as defined					
		under section 4958(f)(1)), and persons describ	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)					
S	7	Notes and loans receivable, net				7		
Assets	8	Inventories for sale or use		6,700.	8	7,373. 13,859.		
ĕ	9	Prepaid expenses and deferred charges			13,019.	9	13,859.	
	10a	Land, buildings, and equipment: cost or other	.					
		basis. Complete Part VI of Schedule D	10a	218,828. 191,971.				
	b	Less: accumulated depreciation	10b	191,971.	21,364.	10c	26,857.	
	11	Investments - publicly traded securities			11			
	12	Investments - other securities. See Part IV, lin		16,473,846.	12	21,348,852.		
	13	Investments - program-related. See Part IV, lir		13				
	14	Intangible assets		14				
	15	Other assets. See Part IV, line 11	190,118.	15	238,534.			
	16	Total assets. Add lines 1 through 15 (must e			21,242,434.	16	25,128,340.	
	17	Accounts payable and accrued expenses	25,857.	17	34,466.			
	18	Grants payable		18				
	19	Deferred revenue				19		
	20	Tax-exempt bond liabilities				20		
	21	Escrow or custodial account liability. Comple				21		
es	22	Loans and other payables to any current or fo						
₽		trustee, key employee, creator or founder, su						
Liabilities		controlled entity or family member of any of the	· ·	·····		22		
_	23	Secured mortgages and notes payable to unr				23		
	24	Unsecured notes and loans payable to unrela				24		
	25	Other liabilities (including federal income tax,						
		parties, and other liabilities not included on lin			16 750		0	
		of Schedule D			16,750. 42,607.	25	34,466.	
	26	Total liabilities. Add lines 17 through 25		X	42,007.	26	34,400.	
ģ		Organizations that follow FASB ASC 958, o	neck nere					
ž	07	and complete lines 27, 28, 32, and 33.			3,336,205.	27	3,101,785.	
<u>a</u>	27 28		17,863,622.	28	21,992,089.			
В	20	Net assets with donor restrictions Organizations that do not follow FASB ASC	17,005,022.	20	21,000.			
Ë			, 956, CHEC	K nere				
o -	20	and complete lines 29 through 33.	de	1		29		
əts	29	Capital stock or trust principal, or current fun- Paid-in or capital surplus, or land, building, or				30		
\ss(30 31	Retained earnings, endowment, accumulated				31		
Net Assets or Fund Balances	1			Г	21,199,827.	32	25,093,874.	
ž	32	Total liabilities and not assets/fund balances			21,242,434.	33	25,128,340.	
	33	Total liabilities and net assets/fund balances			41,444,434.	აა	23,120,340.	

Form **990** (2023)

Pa	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				03.
2	Total expenses (must equal Part IX, column (A), line 25)	2				45.
3	Revenue less expenses. Subtract line 2 from line 1					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	21,			
5	Net unrealized gains (losses) on investments	5	1,	924	.,50	69 .
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		70	7.7	20.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	25,	093	8,8	<u>74.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	<u></u>		X
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	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?		L	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.				
За	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>L</u>	За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
			F	orm !	990 ((2023)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

Name of the organization

Employer identification number

	THE	BOOK ARTS	PRESS, INC.				54-1667557
Part I	Reason for Public (Charity Status.	(All organizations must o	complete th	is part.) S		
The organ	ization is not a private found						
1	A church, convention of ch	urches, or association	on of churches described	l in sectio i	n 170(b)(1)(A)(i).	
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)						
3	A hospital or a cooperative	hospital service orga	anization described in s	ection 170	(b)(1)(A)(ii	i).	
4	A medical research organiz	zation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Ente	er the hospital's name,
	city, and state:						
5	An organization operated for	or the benefit of a co	ollege or university owned	d or operate	ed by a go	vernmental unit descril	oed in
	section 170(b)(1)(A)(iv). (0	Complete Part II.)					
6	A federal, state, or local go	vernment or governn	mental unit described in	section 17	0(b)(1)(A)	(v).	
7	An organization that norma	ally receives a substa	intial part of its support f	rom a gove	rnmental i	unit or from the genera	public described in
	section 170(b)(1)(A)(vi). (C	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	d in conju	nction with a land-gran	t college
	or university or a non-land-o	grant college of agric	culture (see instructions).	Enter the n	name, city	and state of the collec	ge or
	university:						
10 X	An organization that norma	ally receives (1) more	than 33 1/3% of its supp	ort from co	ontribution	is, membership fees, a	nd gross receipts from
	activities related to its exen	npt functions, subjec	ct to certain exceptions;	and (2) no r	nore than	33 1/3% of its support	from gross investment
	income and unrelated busing	ness taxable income	(less section 511 tax) from	om busines	ses acquii	red by the organization	after June 30, 1975.
	See section 509(a)(2). (Co	mplete Part III.)					
11 🖳	An organization organized a	and operated exclus	ively to test for public sa	fety. See s	section 50	9(a)(4).	
12	An organization organized a	•	•	-		•	
	more publicly supported or	·					Check the box on
	lines 12a through 12d that	* *		•			
a		•		•	-		
	the supported organization			ı majority o	f the direc	tors or trustees of the	supporting
	organization. You must o						
b		•					-
	control or management o			ame persor	ns that coi	ntrol or manage the su	pported
	organization(s). You mus	- · · · · · · · · · · · · · · · · · · ·				and formation all a last a sure	L. J 91.
с		-					tea witn,
	its supported organization		•				·:+:(-)
d							* *
	that is not functionally int	-		-			iveness
<u> </u>	requirement (see instruct	•					
e	Check this box if the orga functionally integrated, or					Type i, Type ii, Type iii	
f Ente	er the number of supported o		rially integrated supporti	ng organiza	ation.		
	vide the following information	•	ed organization(s).				
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the organ	nization listed	(v) Amount of monetary	(vi) Amount of other
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
			above (oce metractione))				
Total							

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

<u> </u>	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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.						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ŭ		•	•	. , . ,	
0	organization, check this box and stop						
	ction C. Computation of Publi					T I	
	Public support percentage for 2023 (I		•	***		14	<u>%</u>
	Public support percentage from 2022					15	. %
16a	33 1/3% support test - 2023. If the c						
	stop here. The organization qualifies		-				
O	33 1/3% support test - 2022. If the condition have	-					
47-	and stop here. The organization qual						
1/a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact			=		*	
L	meets the facts-and-circumstances te	-				170 and line 15 in	
O	10% -facts-and-circumstances test	•				•	1070 UI
	more, and if the organization meets the		•		•		
19	organization meets the facts-and-circu		-		• • •		
10	Private foundation. If the organization	ni dia noi check a	DUN UIT IIITE TO, TO	a, 100, 17a, 01 171	o, oneok uns dox a		(Form 990) 2023
						Julieuule A	1. 01111 3301 2023

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

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

Sec	ction A. Public Support	ciow, picase comp	icte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	(=, == 10	(2) 2020	(-)	(=, ====	(5, 2020	(.,
	membership fees received. (Do not include any "unusual grants.")	1606631.	2747600.	5397483.	4074302.	4081680.	17907696.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	9,355.	690,925.	672,230.	699,945.	478,478.	2550933.
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	441 400	412,990.	116 010	/O1 750	612 261	2394648.
_	the organization without charge	441,499. 2057485.	3851515.	6515753.	5256005.	5172510	22853277.
	Total. Add lines 1 through 5	2037403.	2021212.	0313733•	3230003.	31/2319.	22033211.
	3 received from disqualified persons	1089687.	1586919.	4356281.	2917956.	3510232.	13461075.
t	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.
c	Add lines 7a and 7b	1089687.	1586919.	4356281.	2917956.	3510232.	13461075.
	Public support. (Subtract line 7c from line 6.)						9392202.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	2057485.	3851515.	6515753.	5256005.	5172519.	22853277.
10a	dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	2057485.	3851515.	6515753.	5256005.	5172519.	22853277.
14	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	ear as a section 5	01(c)(3) organization	on,
_	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2023 (I	, , , , , , , , , , , , , , , , , , , ,		olumn (f))		15	41.10 %
	Public support percentage from 2022					16	<u>42.97 %</u>
	ction D. Computation of Inves					1	00 0
	Investment income percentage for 20					17	.00 %
	Investment income percentage from 2	•		an line 14 and line		18	% 7 is not
198	a 33 1/3% support tests - 2023. If the						v
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2022. If the	-		•	•		
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	s a publicly suppo	rted organization	
20	Private foundation. If the organization	n did not check a l	hox on line 14 19	a or 19h check th	is hox and see inst	tructions	1 7

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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.)

	Yes	No
1		
2		
_		
За		
3b		
- CE		
3с		
4a		
4b		
12		
4c		
70		
5a		
5b		
5с		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Par	TIV Supporting Organizations (continued)			
	_		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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,			
800	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	Г		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	r		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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below.			
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 inst	truction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

	dule A (Form 990) 2023 THE BOOK ARTS PRESS, II			04-100/33/ Page 6
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti			
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			

Schedule A (Form 990) 2023

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

emergency temporary reduction (see instructions).

instructions).

Schedule A (Form 990) 2023

e Excess from 2023

332028 12-21-23 Schedule A (Form 990) 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Schedule B (Form 990) (2023)

Employer identification number

THE BOOK ARTS PRESS 54-1667557 INC. Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule 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).

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

Schedule B (Form 990) (2023) Pag

Name of organization Employer identification number

THE BOOK ARTS PRESS, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	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
2		\$36,727.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$50,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	\$ 10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	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
6		\$\$	Person X Payroll

Schedule B (Form 990) (2023) Page **2**

Name of organization

Employer identification number

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>159,860.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4	Total contributions \$ 15,000.	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
11		\$ <u>15,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$\$	Person X Payroll

Schedule B (Form 990) (2023) Page

Name of organization Employer identification number

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
13		\$12,676 .	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$10,000 . _	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>15</u>		\$15,042.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 16	Name, address, and ZIP + 4	Total contributions \$ 25,200.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$10,025.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

THE	BOOK	ARTS	PRESS,	INC.
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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional and the copies of	tional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
19		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
20		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
21		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 22	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
23		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
24		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023) Pag

Name of organization Employer identification number

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
25		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 28	Name, address, and ZIP + 4	Total contributions \$ 3,149,823.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$	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
30		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

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
31		\$5,307.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$ <u>25,000.</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
33		\$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
34		\$\$0,000.	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
<u>35</u>		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

THE BOOK ARTS PRESS, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1.2	76 SHARES VOE		
13			
		\$12,676.	09/19/24
(a) No. from	(b)	(c) FMV (or estimate)	(d) Date received
Part I	Description of noncash property given	(See instructions.)	Date received
1.5	60 SHARES OF TESLA		
15	· ————		
		\$15,042.	07/23/24
(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
	133 SHARES OF APPLE, INC.		
16			
		\$\$	11/17/23
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
	164 SHARES OF INVESCO S&P 500		
17			
		\$10,025.	11/27/23
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I		(See instructions.)	
28	216 SHARES OF APPLE		
		40.000	07/10/04
		\$ 49,822.	07/12/24
(a)		(c)	
No. from	(b)	FMV (or estimate)	(d)
Part I	Description of noncash property given	(See instructions.)	Date received
24	45 SHARES OF EXXON MOBIL.		
31			
202452 40.00		\$5,307.	08/01/24

Page 4 Schedule B (Form 990) (2023) Name of organization **Employer identification number** THE BOOK ARTS PRESS, INC. 54-1667557 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

323454 12-26-23

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

THE BOOK ARTS PRESS, INC.

Employer identification number 54-1667557

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		nds or Acc	ounts. Complete if the
		(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor	advised funds	
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other pur	oose conferring	9
	impermissible private benefit?	·······		Yes No
Pai	rt II Conservation Easements. Complete if the organization	anization answered "Yes" on Form	990, Part IV, lir	ne 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreati	ion or education) Preservat	ion of a historic	cally important land area
	Protection of natural habitat	Preservat	ion of a certifie	ed historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the	form of a cons	ervation easement on the last
	day of the tax year.		Г	Held at the End of the Tax Year
а	Total number of conservation easements		Г	2a
b				2b
С	Number of conservation easements on a certified historic structure.			2c
	Number of conservation easements included on line 2c acquir			
	on a historic structure listed in the National Register	• • •		2d
3	Number of conservation easements modified, transferred, rele			tion during the tax
	year		, ,	· ·
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period		ig of	
	violations, and enforcement of the conservation easements it I	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing con	servation ease	ments during the year
8	Does each conservation easement reported on line 2d above s	satisfy the requirements of section	170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial st	atements that	describes the
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, o	r Other Sin	nilar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statem	ent and baland	ce sheet works
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education, or research	n in furtherance	e of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these	e items.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement	and balance s	heet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research ir	n furtherance o	f public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(m) 4			•
2	If the organization received or held works of art, historical trea			ovide
	the following amounts required to be reported under FASB AS			
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2023

332051 09-28-23

	t III Organizations Maintaining C	ARTS PRES		asures or Ot	her S		Assets			age ∠
								(contin	uea)	
3	Using the organization's acquisition, accession	n, and other records	, cneck any of the f	ollowing that mai	ke sign	ificant t	ise of its			
	collection items (check all that apply).	_	<u> </u>							
a	Public exhibition	d		hange program						
b	X Scholarly research	е	X Other TE	ACHING						
С	X Preservation for future generations									
4	Provide a description of the organization's co						se in Part	XIII.		
5	During the year, did the organization solicit or		•	•				7	▽	٦
Dar	to be sold to raise funds rather than to be ma							Yes	Δ	No
Fai	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		e if the organization	answered "Yes"	on For	rm 990,	Part IV, III	ne 9, or		
10	•		on, for contribution	a or other seeds	not inc	aludad				
ıa	Is the organization an agent, trustee, custodia							7 V		No
L	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a						∟	Yes	L] МО
b	in res, explain the arrangement in Part XIII a	and complete the lolid	owing table.					Amount		
•	Beginning balance					1c		7 (11100111)		
						1d				
	Additions during the year Distributions during the year					1e				
f	Ending balance					1f				
	Did the organization include an amount on Fo					$\overline{}$		Yes		No
	If "Yes," explain the arrangement in Part XIII.] 100]
Par										<u></u>
	Semplete ii	(a) Current year	(b) Prior year	(c) Two years ba		Three v	ears back	(e) Four	vears	back
1a	Beginning of year balance	13,394,768.	10,666,998.				48,490.			741.
	Contributions	3,974,594.	2,909,993.		_		46,905.			896.
	Net investment earnings, gains, and losses	1,682,321.	180,435.	-713,91		2,350,077.				884.
	Grants or scholarships	, ,	,	,			,			
	Other expenditures for facilities									
_	and programs	357,761.	277,201.	160,99	3.	1	63,764.		103,	752.
f	Administrative expenses	92,482.	85,457.	,	_		57,795 .			279.
g	End of year balance	18,601,440.	13,394,768.	10,666,99	8.		23,913.	5,		490.
2	Provide the estimated percentage of the curre	ent vear end balance	(line 1a. column (a)) held as:						
	Board designated or quasi-endowment	7.0100	%	,						
	Permanent endowment 76.1600	%								
	1.6 0200	 %								
	The percentages on lines 2a, 2b, and 2c show	ıld equal 100%.								
За	Are there endowment funds not in the posses		ion that are held ar	nd administered fo	or the			_		
	organization by:								Yes	No
	(i) Unrelated organizations?							3a(i)		X
	(ii) Related organizations?							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	d on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the		ment funds.							
Par	t VI Land, Buildings, and Equipm	ent								
	Complete if the organization answered	l "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Par	t X, lin	e 10.				
	Description of property	(a) Cost or ot basis (investm	` '	or other (other)	•	umulate eciation	ed	(d) Book	value	Э
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment		21	8,828.	19	1,9	71.	26	8!	57.
	Other									
Total	. Add lines 1a through 1e. (Column (d) must ed		. line 10c. column	(B))				26	8!	57.

Schedule D (Form 990) 2023

	(
Part VII	Investments - Other Securities

Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	I1b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) UVIMCO INVESTMENTS	19,315,730.	END-OF-YEAR MARKET VALUE
(B) WELLS FARGO MID-TERM POOL		
(C) INVESTMENT	266,943.	END-OF-YEAR MARKET VALUE
(D) WELLS FARGO SHORT-TERM		
(E) POOL INVESTMENT	1,556,467.	END-OF-YEAR MARKET VALUE
(F) CASH RESTRICTED FOR		
(G) LONG-TERM ENDOWMENT	211,444.	END-OF-YEAR MARKET VALUE
(H) DUE TO OPERATING ACCOUNT	-1,732.	END-OF-YEAR MARKET VALUE
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	21,348,852.	
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	I1c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		

Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets

(9)

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (0.4 mol/4) mol/4 mol/5	

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

Schedule D (Form 990) 2023

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

Pa	rt XI Reconciliation of Revenue per Audited Financial State	ments With	Revenue per Re	turn	_ c c c c c c c c c c c c c c c c c c c
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	7,072,589.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	1,924,569.		
b	Donated services and use of facilities	2b	612,361.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		70,720.		
е	Add lines 2a through 2d			2e	2,607,650.
3	Subtract line 2e from line 1			3	4,464,939.
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	92,482. 238,982.		
b	Other (Describe in Part XIII.)	4b	238,982.		
С	Add lines 4a and 4b			4c	331,464.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	4,796,403.
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ements Wit	h Expenses per F	Returi	า
	Complete if the organization answered "Yes" on Form 990, Part IV, line				
1	Total expenses and losses per audited financial statements			1	3,178,542.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	612,361.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	612,361.
3	Subtract line 2e from line 1			3	2,566,181.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b		92,482.		
b	Other (Describe in Part XIII.)	4b	238,982.		
С	Add lines 4a and 4b			4c	331,464.
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information			4c 5	331,464. 2,897,645.

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, 2024 AND 2023, THE ORGANIZATION PURCHASED LIBRARY COLLECTIONS TOTALING \$35,018 AND \$32,345, RESPECTIVELY.

PART III, LINE 4:

THE SCHOOL HAS A TEACHING COLLECTION OF APPROXIMATELY 100,000 ITEMS

RELATED TO THE HISTORY OF BOOKS AND PRINTING; INCLUDING MANUSCRIPT, PRINT,

AND BORN-DIGITAL MATERIALS. EVERYTHING THAT THE SCHOOL ACQUIRES AND HOLDS

IN THEIR COLLECTIONS IS INSTRUCTIONAL MATERIAL OBTAINED FOR TEACHING

PURPOSES AND IS INTERPRETED SPECIFICALLY FOR CLASSROOM USE. THESE

COLLECTIONS DIRECTLY SUPPORT 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	35,708.
CHANGE IN DISCOUNT OF PROMISES TO GIVE	40,000.
LOSS ON DISPOSAL OF FIXED ASSETS	-4,988.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	70,720.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

TUITION REDUCTIONS NETTED ON FINANCIAL STATEMENTS 238,982.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2023

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

THE BOOK ARTS PRESS, INC.							54-1667557
Part I General Information on Grants a							
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	on
criteria used to award the grants or assistance?							
2 Describe in Part IV the organization's pr	ocedures for monito	oring the use of grant	funds in the United	l States.			
Part II Grants and Other Assistance to					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than	1		1	1	(f) Mothod of		
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF TEXAS AT AUSTIN 2515 SPEEDWAY							
AUSTIN, TX 78712	74-6000203		0.	10,000.	BOOK		SYMPOSIA SPONSORSHIP
	71 0000200		•	10,000.			
2 Enter total number of section 501(c)(3) a	nd government org	anizations listed in the	e line 1 table		1		
3 Enter total number of other organization							

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

(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	187	0.	238,982.	BOOK VALUE - COST	REDUCTED TUITION
					STIPEND FOR TRAVEL AND
TIPENDS	62	69,448.	0.	BOOK VALUE - COST	RESEARCH
			-		
					REIMBURSEMENT FOR TRAVEL AND
EIMBURSEMENT FOR TRAVEL AND REASEARCH EXPENSES	99	59,084.	0.	BOOK VALUE - COST	RESEARCH EXPENSES
Part IV Supplemental Information. Provide the information re	equired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
ART I, LINE 2:					
WE ODGANIZATION MATNUATING DECORDS	CIIDDODMI	NO MILE CEI	ECMION CDI	menta ucen	
HE ORGANIZATION MAINTAINS RECORDS	SUPPORTI	NG THE SEL	ECTION CRI	TERIA USED	
O AWARD SCHOLARSHIPS AND FINANCIA	L AID, WH	ICH ALSO I	NCLUDES TH	E AMOUNTS	
WARDED AND RECIPIENTS' NAMES.					

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

THE BOOK ARTS PRESS, INC.

Employer identification number 54-1667557

Pa	irt I Questions Regarding Compensation	00733	-	
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
	Participate in or receive payment from a supplemental nonqualified retirement plan?			Х
	Participate in or receive payment from an equity-based compensation arrangement?			Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	. 5a		Х
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
;	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
;	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?			

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

Schedule J (Form 990) 2023

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-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(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)	155,200.	0.	0.	17,542.	26,090.	198,832.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DANIELLE CULPEPPER	(i)	88,506.	0.	0.	8,276.	18,197.	114,979.	0.
DIRECTOR OF BUDGET & FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
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	(i)							
	(ii)							
	(i)							
_	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(II)						<u> </u>	

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 (UVA), AN

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

AND SCHEDULE J, PART II IS CONTRIBUTED COMPENSATION FROM UVA, WHICH

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 CONTRIBUTED 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.

DANIELLE CULPEPPER IS THE DIRECTOR OF BUDGET & FINANCE OF THE

ORGANIZATION. A PORTION OF DANIELLE'S COMPENSATION COMES FROM THE

UNIVERSITY OF VIRGINA, AN UNRELATED ORGANIZATION. THE COMPENSATION

REPORTED ON FORM 990, PART VII AND SCHEDULE J, PART II INCLUDES BOTH

COMPENSATION PAID BY THE ORGANIZATION AND COMPENSATION CONTRIBUTED BY

THE UVA, WHICH REPRESENTS AN ESTIMATE OF HER TIME AND EFFORTS RELATED

TO ORGANIZATION AFFAIRS AND DOES NOT REPRESENT ADDITIONAL COMPENSATION

Schedule J (Form 990) 2023

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.
ABOVE WHAT IS RECEIVED FROM UVA. ADDITIONALLY, THE PORTION OF
CONTRIBUTED 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 M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Employer identification number

	THE BOOK ARTS PRESS, INC.							54-1667557			
Pai	rt I Types of Property										
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	g		(d hod of d n contrib	etermi	_	s	
1	Art - Works of art										
2	Art - Historical treasures										
3	Art - Fractional interests										
4	Books and publications										
5	Clothing and household goods										
6	Cars and other vehicles										
7	Boats and planes										
8	Intellectual property										
9	Securities - Publicly traded	Х	6	118,072	. QUC	OTED	MARI	KET	VAL	JES	
10	Securities - Closely held stock			-							
11	Securities - Partnership, LLC, or										
	trust interests										
12	Securities - Miscellaneous										
13	Qualified conservation contribution -										
	Historic structures										
14	Qualified conservation contribution - Other										
15											
16	Real estate - Commercial										
17	Real estate - Other										
18	Collectibles										
19	Food inventory										
20	Drugs and medical supplies										
21	Taxidermy										
22	Historical artifacts										
23	Scientific specimens										
24	Archeological artifacts										
25	Other ()										
26	Other ()										
27	Other ()										
28	Other (
29	Number of Forms 8283 received by the organiz	zation during	the tax year for c	ontributions							
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29					0		
									Yes	No	
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 thro	ugh 28,	that it					
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ch isn't required to be use	ed for						
	exempt purposes for the entire holding period?	?						30a		X	
b											
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?						Х				
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash										
	contributions?										
b	If "Yes," describe in Part II.										
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is c	necked,						
	describe in Part II.										

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

Schedule M (Form 990) 2023

332142 09-11-23 Schedule M (Form 990) 2023

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE BOOK ARTS PRESS, INC.

Employer identification number 54-1667557

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 675 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

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

FOR REVIEW PRIOR TO FILING.

DURING THE YEAR, THE EXECUTIVE DIRECTOR MONITORS FOR POTENTIAL CONFLICTS OF For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

LHA 332211 11-14-23

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization

THE BOOK ARTS PRESS, INC.

Employer identification number
54-1667557

INTEREST. ANNUALLY, THE BOARD REVIEWS THE CONFLICT OF INTEREST POLICY AND 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

CHANGE IN VALUATION OF PROMISES TO GIVE

40,000.

LOSS ON DISPOSAL OF FIXED ASSETS

TOTAL TO FORM 990, PART XI, LINE 9

70,720.

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.

Schedule O (Form 990) 2023	Page 2
Name of the organization THE BOOK ARTS PRESS, INC.	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	JNIVERSITY 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	ID THE
FACILITIES ATTRIBUTABLE TO THE ORGANIZATION'S OPERATIONS.	THE
CONTRIBUTED SERVICES OF \$612,361 ARE CLASSIFIED AS \$444,43	9 TO PROGRAM
SERVICES, \$114,062 TO MANAGEMENT AND GENERAL, AND \$53,860	TO
FUND-RAISING FOR THE YEAR ENDED SEPTEMBER 30, 2024.	