TAX RETURN FILING INSTRUCTIONS

FORM 990-EZ

FOR THE YEAR ENDING

DECEMBER 31, 2017

BOOK FAIRIES, INC. 70 NORTH MAIN STREET FREEPORT, NY 11520
RICHARDS, WITT & CHARLES, LLP 100 RING ROAD WEST GARDEN CITY, NY 11530
NOT APPLICABLE
NOT APPLICABLE
NOT APPLICABLE
NOT APPLICABLE
THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY NOVEMBER 15, 2018.

	887	20	
Form	00/	3-	J

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Department of the Treasury
Internal Revenue Service

For calendar year 2017, or fiscal year beginning , 2017, and ending

Go to www.irs.gov/Form8879EO for the latest information.

Do not send to the IRS. Keep for your records.

Name of exempt organization

Employer identification number

46-3262048

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BOOK FAIRIES, INC. Name and title of officer

anno ana a			
AMY Z	ASLANSKY		
FOUND	ER/EXECUTIVE	DIRECTOR	

Type of Return and Return Information (Whole Dollars Only) Part I

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a	Form 990-EZ check here b X b Total revenue, if any (Form 990-EZ, line 9)	2b	190,126.
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	

Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X Lauthorize RICHARDS, WITT & CHARLES, LLP ERO firm name	to enter my PIN 11520 Enter five numbers, but do not enter all zeros
as my signature on the organization's tax year 2017 electronically filed return. If I is being filed with a state agency(ies) regulating charities as part of the IRS Fed/S enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organi indicated within this return that a copy of the return is being filed with a state age	have indicated within this return that a copy of the return state program, I also authorize the aforementioned ERO to ization's tax year 2017 electronically filed return. If I have
program, I will enter my PIN on the return's disclosure consent screen.	Date ►
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.	12681711530 Do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 2017 electron confirm that I am submitting this return in accordance with the requirements of Pub. 4163 , <i>e-file</i> Providers for Business Returns.	
ERO's signature	Date 10/30/18
ERO Must Retain This Form - See I Do Not Submit This Form to the IRS Unless	
LHA For Paperwork Reduction Act Notice, see instructions.	Form 8879-EO (2017)
723051 10-11-17	

2017.04030 BOOK FAIRIES, INC.

Form 990-EZ	

Short Form

OMB No. 1545-1150

2017

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.

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

A	For the	2017 calendar year, or tax year beginning	and endi	ng			
В	Check if applicat	C Name of organization		-	D Emp	loyer id	dentification number
Г		ess change					
		BOOK FAIRIES, INC.			4	6-32	262048
	Initia	return Number and street (or P.O. box, if mail is not delivered to street address)		Room/suite	E Tele	phone	number
		return/ 70 NORTH MAIN STREET			53	16-5	557-6645
	Ame	ded return City or town, state or province, country, and ZIP or foreign postal code			F Grou	up Exer	nption
		ation pending FREEPORT, NY 11520				nber 🕨	
G	Accour	nting Method: Cash X Accrual Other (specify)			H Che	ck 🕨	if the organization is
I.	Websi	te: ► WWW.THEBOOKFAIRIES.ORG			not	require	d to attach Schedule B
J	Tax-e>	empt status (check only one) — 🚺 501(c)(3) 🛄 501(c) () ◀(insert no.)	4947(a)(1) c	or 527	(For	m 990,	990-EZ, or 990-PF).
Κ	Form c	f organization: 🔟 Corporation 🛄 Trust 🔄 Association 📃	Other				
L	Add lin	es 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 o	r more, or if total	assets (Part I	I,		
	columi	n (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ				▶ \$	190,126.
	art I	Revenue, Expenses, and Changes in Net Assets or Fund	d Balances (see the instru	ctions	for Part	t I)
		Check if the organization used Schedule O to respond to any question in this Part I					
-	1	Contributions, gifts, grants, and similar amounts received				1	190,126.
	2	Program service revenue including government fees and contracts				2	
	3	Membership dues and assessments				3	
	4	Investment income				4	
	5a	Gross amount from sale of assets other than inventory	5a				
	b	Less: cost or other basis and sales expenses	5b				
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)				5c	
	6	Gaming and fundraising events					
Ð	a	Gross income from gaming (attach Schedule G if greater than					
enu		\$15,000)	6a				
Revenue	b	Gross income from fundraising events (not including \$	of contributions				
ш.		from fundraising events reported on line 1) (attach Schedule G if the sum of such					
		gross income and contributions exceeds \$15,000)	6b				
	c	Less: direct expenses from gaming and fundraising events	6c				
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and sub	otract line 6c)			6d	
	7a	Gross sales of inventory, less returns and allowances	7a				
	b	Less: cost of goods sold	7b				
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				7c	
	8	Other revenue (describe in Schedule 0)				8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				9	190,126.
	10	Grants and similar amounts paid (list in Schedule 0)				10	
	11	Benefits paid to or for members				11	
es	12	Salaries, other compensation, and employee benefits				12	26,959.
ens	13	Professional fees and other payments to independent contractors				13	
Expenses	14	Occupancy, rent, utilities, and maintenance				14	
ш	15	Printing, publications, postage, and shipping Other expenses (describe in Schedule 0) SE				15	110 000
	16	Other expenses (describe in Schedule 0)	E SCHEDU	JLE O		16	110,982.
	17	Total expenses. Add lines 10 through 16				17	137,941.
ţ	18	Excess or (deficit) for the year (Subtract line 17 from line 9)				18	52,185.
sse	19	Net assets or fund balances at beginning of year (from line 27, column (A))					
Net Assets		(must agree with end-of-year figure reported on prior year's return)				19	20,711.
Ne	20	Other changes in net assets or fund balances (explain in Schedule 0)			- E	20	0.
	21	· · · · · · · · · · · · · · · · · · ·				21	72,896.
LH	A Foi	Paperwork Reduction Act Notice, see the separate instructions.					Form 990-EZ (2017)

732171 11-22-17

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Form 990-EZ (2017) BOOK FAIRIES, INC.			46-	32620	48 Page 2
Part II Balance Sheets (see the instructions for Part II)					
Check if the organization used Schedule O to resp					X
	(/	A) Beginning of year		(B) E	nd of year
22 Cash, savings, and investments		20,711	• 22		73,446.
23 Land and buildings			23		
24 Other assets (describe in Schedule 0) SEE SCHEDULE O		0			450.
25 Total assets		20,711	_		73,896.
26 Total liabilities (describe in Schedule 0) SEE SCHEDULE O		0			1,000.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		20,711	• 27		72,896.
Part III Statement of Program Service Accomplishmer	,	,			(penses
Check if the organization used Schedule O to resp	oond to any question	in this Part III	X		for section and 501(c)(4)
What is the organization's primary exempt purpose? SEE SCHEDULE O				organizatio	ons; optional for
Describe the organization's program service accomplishments for each of its three largest program s manner, describe the services provided, the number of persons benefited, and other relevant inform		s. In a clear and concise		others.)	
	anon for each program title.				
28 SEE SCHEDULE O					
		>		000	21 113
(Grants \$) If this amount includes foreign g 29 SEE SCHEDULE O	rants, check here	····· ►		28a	24,143.
29 SEE SCHEDULE O					
(Create ¢	ranta abaali bara	>		29a	38,628.
(Grants \$) If this amount includes foreign g 30 THE GLOBAL LITERACY PARTNERSHIP INV				298	50,020.
ORGANIZATIONS THAT PROVIDE MUCH-NEE					
DISADVANTAGED SCHOOLS IN AFRICA.					
(Grants \$) If this amount includes foreign g	ranta abaak bara			30a	17,705.
31 Other program services (describe in Schedule O)				504	17,705.
(Grants \$) If this amount includes foreign g				31a	
			~	32	80,476.
Part IV List of Officers, Directors, Trustees, and Key E	mplovees (list each one e	ven if not compensated -	see the		
Check if the organization used Schedule O to resp					, L
	(b) Average hours	(C) Reportable		alth benefits,	(e) Estimated
(a) Name and title	per week devoted to	compensation (Forms		ibutions to	
			emplo	oyee benefit	amount of other
	position	W-2/1099-MISC) (if not paid, enter -0-)	emplo plans,		
AMY ZASLANSKY		W-2/1099-MISC)	emplo plans,	oyee benefit and deferred	amount of other
AMY ZASLANSKY FOUNDER/EXECUTIVE DIRECTOR		W-2/1099-MISC)	emplo plans,	oyee benefit and deferred	amount of other
	position	W-2/1099-MISC) (if not paid, enter -0-)	emplo plans,	oyee benefit and deferred pensation	amount of other compensation
FOUNDER/EXECUTIVE DIRECTOR	position	W-2/1099-MISC) (if not paid, enter -0-)	emplo plans,	oyee benefit and deferred pensation	amount of other compensation
FOUNDER/EXECUTIVE DIRECTOR RYAN MCLAUGHLIN	position 40.00	W-2/1099-MISC) (if not paid, enter -0-) 0 •	emplo plans,	byee benefit and deferred pensation	amount of other compensation 0 •
FOUNDER/EXECUTIVE DIRECTOR RYAN MCLAUGHLIN	position 40.00	W-2/1099-MISC) (if not paid, enter -0-) 0 •	emplo plans,	byee benefit and deferred pensation	amount of other compensation 0 •
FOUNDER/EXECUTIVE DIRECTOR RYAN MCLAUGHLIN	position 40.00	W-2/1099-MISC) (if not paid, enter -0-) 0 •	emplo plans,	byee benefit and deferred pensation	amount of other compensation 0 •
FOUNDER/EXECUTIVE DIRECTOR RYAN MCLAUGHLIN	position 40.00	W-2/1099-MISC) (if not paid, enter -0-) 0 •	emplo plans,	byee benefit and deferred pensation	amount of other compensation 0 •
FOUNDER/EXECUTIVE DIRECTOR RYAN MCLAUGHLIN	position 40.00	W-2/1099-MISC) (if not paid, enter -0-) 0 •	emplo plans,	byee benefit and deferred pensation	amount of other compensation 0 •
FOUNDER/EXECUTIVE DIRECTOR RYAN MCLAUGHLIN	position 40.00	W-2/1099-MISC) (if not paid, enter -0-) 0 •	emplo plans,	byee benefit and deferred pensation	amount of other compensation 0 •
FOUNDER/EXECUTIVE DIRECTOR RYAN MCLAUGHLIN	position 40.00	W-2/1099-MISC) (if not paid, enter -0-) 0 •	emplo plans,	byee benefit and deferred pensation	amount of other compensation 0 •
FOUNDER/EXECUTIVE DIRECTOR RYAN MCLAUGHLIN	position 40.00	W-2/1099-MISC) (if not paid, enter -0-) 0 •	emplo plans,	byee benefit and deferred pensation	amount of other compensation 0 •
FOUNDER/EXECUTIVE DIRECTOR RYAN MCLAUGHLIN	position 40.00	W-2/1099-MISC) (if not paid, enter -0-) 0 •	emplo plans,	byee benefit and deferred pensation	amount of other compensation 0 •
FOUNDER/EXECUTIVE DIRECTOR RYAN MCLAUGHLIN	position 40.00	W-2/1099-MISC) (if not paid, enter -0-) 0 •	emplo plans,	byee benefit and deferred pensation	amount of other compensation 0 •
FOUNDER/EXECUTIVE DIRECTOR RYAN MCLAUGHLIN	position 40.00	W-2/1099-MISC) (if not paid, enter -0-) 0 •	emplo plans,	byee benefit and deferred pensation	amount of other compensation 0 •
FOUNDER/EXECUTIVE DIRECTOR RYAN MCLAUGHLIN	position 40.00	W-2/1099-MISC) (if not paid, enter -0-) 0 •	emplo plans,	byee benefit and deferred pensation	amount of other compensation 0 •
FOUNDER/EXECUTIVE DIRECTOR RYAN MCLAUGHLIN	position 40.00	W-2/1099-MISC) (if not paid, enter -0-) 0 •	emplo plans,	byee benefit and deferred pensation	amount of other compensation 0 •
FOUNDER/EXECUTIVE DIRECTOR RYAN MCLAUGHLIN	position 40.00	W-2/1099-MISC) (if not paid, enter -0-) 0 •	emplo plans,	byee benefit and deferred pensation	amount of other compensation 0 •
FOUNDER/EXECUTIVE DIRECTOR RYAN MCLAUGHLIN	position 40.00	W-2/1099-MISC) (if not paid, enter -0-) 0 •	emplo plans,	byee benefit and deferred pensation	amount of other compensation 0 •
FOUNDER/EXECUTIVE DIRECTOR RYAN MCLAUGHLIN	position 40.00	W-2/1099-MISC) (if not paid, enter -0-) 0 •	emplo plans,	byee benefit and deferred pensation	amount of other compensation 0 •
FOUNDER/EXECUTIVE DIRECTOR RYAN MCLAUGHLIN	position 40.00	W-2/1099-MISC) (if not paid, enter -0-) 0 •	emplo plans,	byee benefit and deferred pensation	amount of other compensation 0 •
FOUNDER/EXECUTIVE DIRECTOR RYAN MCLAUGHLIN	position 40.00	W-2/1099-MISC) (if not paid, enter -0-) 0 •	emplo plans,	byee benefit and deferred pensation	amount of other compensation 0 •
FOUNDER/EXECUTIVE DIRECTOR RYAN MCLAUGHLIN	position 40.00	W-2/1099-MISC) (if not paid, enter -0-) 0 •	emplo plans,	byee benefit and deferred pensation	amount of other compensation 0 •
FOUNDER/EXECUTIVE DIRECTOR RYAN MCLAUGHLIN	position 40.00	W-2/1099-MISC) (if not paid, enter -0-) 0 •	emplo plans,	byee benefit and deferred pensation	amount of other compensation 0 •
FOUNDER/EXECUTIVE DIRECTOR RYAN MCLAUGHLIN	position 40.00	W-2/1099-MISC) (if not paid, enter -0-) 0 •	emplo plans,	oyee benefit and deferred pensation 0 . 0 .	amount of other compensation 0 •

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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V). Check if the organization used Sch. Ot orespond to any question in this Part V Yes 30 Did the organization engage in any significant dariuly not previously reported to the IRS7 H'Yes," provide a detailed description of each aching the organization manages made to the organization area. Otherwise, explain the change on Schedule 0 (see instructions) 33 X 34 Wire any significant changes made to the organization area. Otherwise, explain the change on Schedule 0 (see instructions) 34 X 35 Did the organization a second Structure and the organization area. Otherwise, explain the change on Schedule 0 (see instructions) 34 X 36 Diff the organization a second Structure and the organization and the second structure and the second on the amended documents? If Yes, 'another an explanation inschedule (second area and the second on the amended documents? If Yes,' another any structure and the organization intege and the second on the second structure and the second on the amended documents? If Yes,' another any structure and the organization intege and the second on the second structure and struc	Instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V. [X] 33 Did the organization engage in any significant activity not previously reported to the IRS? If Yes,' provide a detailed description of each activity in Schedule 0 33 X 34 Were any significant change made to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions) 34 X 35 Diff the organization have unrelated business grass income of \$1,000 or more during the year of mussines activities (such as those reported on lines 2, 6a, and 7a, anno go thers)? 35 X 36 Diff the organization indergo a significant disposition of the tays of the forganization subject to section 603(a) notice, reporting, and proxy tax 35 X 37 Exter anomatication indergo a significant disposition of ref assets during the year? If Yes, 'attach a conformed copy of the anomation or any activity and proxy tax 36 X 38 Did the organization indergo a significant disposition of ref assets during the year? If Yes, 'attach and proxy tax 36 X 39 Did the organization indergo a significant disposition of ref assets during the year? If Yes, 'attach and proxy tax 37 X 38 Did the organization indergo a significant disposition of ref assets during the year? If Yes, 'attach and proxy tax 38 X 39 Section 501(Forn	n 990-EZ (2017) BOOK FAIRIES, INC. 46-3262			Page 3
3 Did the organization engage in any significant activity not previously reported to the RSP If 'Ves,' provide a detailed description of each activity in Schedule 0 33 X 4W Were any significant changes made to the organization rane. Otherwise, explain the change on Schedule 0 (see instructions) 34 X 55 Did the organization theor granization rane. Otherwise, explain the change on Schedule 0 (see instructions) 35 X 36 Did the organization activity net previously reported units (such as tuber eported on inset, 6, and 7a, annong other (s)4, 50 (Si (Gi) organization subject to selection Sol2(e) notice, reporting, and proxy tax requirements during the year? If Yes,' complet applicable previously of the instructions 36 X 37 Did the organization inferrom 1120-POL tor this year? Did the organization inferrom 1120-POL tor this year? 37 37 36 38 Did the organization inferrom 1120-POL tor this year? Section 50(r)(r) organizations. 36 X 39 Section 50(r)(r)(regranizations. Enter: 38 N/A 38 X 39 Section 50(r)(r) organizations. Enter 38 N/A 38 X 30 Section 50(r)(r)(r) organizations. Enter 38 N/A 38 X 30 Section 50(r)(r)(r) organizations. Enter	3 Did the organization engage in any significant activity not previously reported to the IRSP II "Yes," provide a detailed description of each activity (N is Schedule 0) 33 X 4 Were ary significant change not and to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions) 34 X 51 Did the organization have methand business groups income of \$1.000 muse during the year from business activities (sach as those reported on line 3, bas to organization field a form 900 ° T for its year ?1 TNs; movide a default of (see instructions) 35 N/A 34 Were ary significant change no underail of the organization field a form 900 ° T for its year ?1 TNs; movide an explanation in Schedule 0 36 X 35 Did the organization needs on isolation, solotion, termination, or significant disposition of net assets during the year? If "Yes," complete applicable paris of Schedule N 37 X 36 X 38 N/A 38 X 37 X 38 Did the organization, solution, termination, or significant disposition of net assets during the year? If "Yes," complete basels during the year? If "Yes," complete basels during the year? If "Yes," and the base year owner any such loans made in a provy star and still obtaining and and the the year owner owner any such loans made in a provy star and still obtaining and and the the year owner owner any such loans made in a star officer, star owner owner any such loans made in a provy star and still obtaining the wear owner owner owner owner	Pa				
33 Dit the organization sequence in any significant activity not previously reported to the IRS? If Yes,' provide a detailed description of each activity in Schedule 0. 33 X 44 Were any significant changes made to the organization's rame. Otherwise, explain the change on Schedule 0 (see instructions) 34 X 35 Diff the organization have unreleaded toxines gross toxic during the year for the year? If Yes,' stratch a conformed copy of the amended on these 2, 68, and 7a, anno 0 thers?) 36 X 36 Diff the organization is during the year? If Yes,' stratch a conformed copy of the amended on these 2, 68, and 7a, anno 0 thers?) 36 X 37 Bit Yes's fine 63, has the organization ified a form 990-T for the year? If Yus,' provide an explanation in Schedule 0 36 X 38 Diff the organization stepet to section 6033(e) notice, reporting, and proxy tax requirements it the organization is form 1120-P0L for indired. 2, as described in the instructions 271 0. 375 X 39 Diff the organization bit for form 1120-P0L for indired. 2, as described in the instructions 272 0. 375 X 38 Diff the organization indired for mark any losis 10, any officer, director, trustee, or key emptype or were any such toals made in a nor y or indired any dama or cost 10, and or or indired to schedule 1. 374 X 39 Diff the organization bit for	33 bit the organization engage in any significant calculary not previously reparted to the HSP IT Yes, "forced a detailed description of each entry in 5 checklub 0. 38 X 34 We any significant change to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions) 34 X 35. In the organization have unrelated losiness gross income of \$1,000 or more during the year from business activities (secula at 50,000 rules), instructions) 36 X 36. If Yes 0 in los 5, has the organization is filled a form 990-1 for the year? If No," provide a explanation is Schedule 0. 36. X 37. If A and Ta, and pros 1 (section 500 (section 5		instructions for Part V.) Check if the organization used Sch. O to respond to any question in thi	s Part	V	X
achievy in Schedule 0 33 X 24 Were any significant changes made to the organization is mane. Otherwise, explain the change on Schedule 0 (see instructions) 34 X 25 Did the organization active unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6, and 7,a, arong others?) 38 X 26 If the organization active or the organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If Yes; form 300-for the year? If Yin, "provide an explanation in Schedule 0 36 X 27 Exter amount of policitation, dissolution, termination, or significant disposition of net assets during the year? If Yes; complete schedule 0, etc. 100, 100, 100, 100, 100, 100, 100, 100	actively in Schedule 0 33 X 4We are systemized characterized to be organization is prave office and the term set of the commutation action of the commutation is control of the commutation action of the commutation is control of the commutation action of the commutation is control of the commutation is control of the commutation action of the commutation is control of the commutation in the control of the commutation is control of the commutation in the control of the commutation is control of the commutation. Second is control of the commutation is control of the commutation in the control of the commutation is control of the commutation. Second is control of the commutation is control of the commutation is control of the commutation in the control of the commutation is control of the commutation in control of the commutation is control of the commutation in control of the commutation in control of the commutation is control of the commutation in contro of the commutation in control of the commutation in				Yes	No
34 Were any significant changes made to the organization or governing documents? If "Yes," attach a conformed copy of the amended documents if they relief a change to the organization is name. Otherwise, explain the change on Schedule 0 (see instructions) as a schedule of the structions of 10.000 or one during the year from business costs. Since one 0.51.000 or one during the year from busines access thill schedule as those reported as the organization and unsight eyes are the organization as eacher 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 38 N/A 35 Did the organization is access to the organization is specificat disposition of net assets during the year? II "Yes," complete Schedule C, Part III 38 X 36 Did the organization is form 102+00. for this year? 37 C 37 X 37 Enter amount on make any loans any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38 N/A 38 Did the organization. Enter amount of tax imposed on the organization during the year or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction of the amount of tax imposed on the organization and year of did it engage in an excess benefit transaction of the year or did it engage in an excess benefit transaction of the progenization. Schedule I, Part I made enter the total amount of tax on line 402, end 405, and 4958 O, end 406 X </td <td>44 44 44 44 44 44 45 14<!--</td--><td>33</td><td>Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each</td><td></td><td></td><td></td></td>	44 44 44 44 44 44 45 14 </td <td>33</td> <td>Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each</td> <td></td> <td></td> <td></td>	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
documents if the relate a change to the organization s same. Otherwise, explain the change on Schedule 0 (see instructions) 34 X 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on line 3, 6a, and 7a, among others)? 35a	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule () see instructions) 34 X 35 on lines 2, 6a, and 7a, among othersi? 35a X 35b X 36 if they reflect a black as the organization filed a form 980-T for the year? If No, provide an explanation in Schedule () (see instructions) 35b X 37a X 35b X 35b X 37a X 35b X 35b X 37b XX 35b X 35b X 37b X 35b X 35b X 35b X 37b X <td></td> <td>activity in Schedule O</td> <td>33</td> <td></td> <td>X</td>		activity in Schedule O	33		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a X 36a X	35a Difference 35a Z Difference Difference D	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
on lines 2, 6a, and 7a, among othersi? 35a X b If Yes' to line 35a, has the organization field a from 990-T for the year? If No, "provide an explanation in Schedule 0. 35b N/A b Was the organization a sociol 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 603(s) notice, reporting, and proxy tax requirements during the year? If Yes," complete Schedule C, Part II 35c X 37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 37a X 38a Did the organization norw from, or make any lans to, any officer, director, trustee, or key employee or were any such hars made in a prory ward astill outstanding at the end of the tax year covered by this return? 38a X b If Yes, "complete Schedule L, Part II and enter the total amount involved 38b N/A 38a X b If spior Form S90 or 900-E2? If Yes, "complete Schedule L, Part II and enter the total amount of tax nopesed on on any or tax imposed on organization. Form any of to a folic/30 organizations. Enter 0 5 0 c Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Cher amount of tax imposed on organization managers or disqualified persons during the year of the organization in a prory section 4935 0 0 0 s Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Enter amount of tax nopesed on organization managers or disgualified persons during the year under	on ines 2, 64, and 74, among others)? 354 X b If Yes's to ines 35, has the organization field a form 900-T for the year? If Yes, "provide an explanation in Schedule 0			34		X
b If Yes' to line 35a, has the organization field a Form 990-1 for the year? If 'No, 'provide an explanation in Schedule 0 36b N/A c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 603(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Applicable parts of Schedule 0, Part III 36c X 30 Did the organization nuderyo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N 37a 0 37b X 31 Did the organization norm or more any anon to any officer, director, trustee, or key employee or were any such hans made in a prior year and sill outstanding at the end of the tax year covered by this return? 38b N/A 32 Both the organizations. Enter: 38h N/A 33 Both the organizations. Enter 38b N/A 40 Section 501(c)(3) organizations. Enter 0 - ; section 4012 b) 0 - ; section 4017 b) 0 - ; section 501(c)(3), organizations. Enter anount of tax imposed on the organization engage in an excess benefit transaction during the year of did tengage in an excess benefit transaction any section 4985 b) 0 - 0 - 40 Section 501(c)(3), optic)(4), and 501(c)(29) organizations. Enter anount of tax imposed on organization engage in an excess benefit transaction in a prior year that has not been reported on any org	b H*ext to line 35a, has the organization field a form 990-1 for the year? If No, provide an explanation is Schedule 0. 356 N/A c Was the organization a section b01(c(4), 501(c(5)), or 501(c(6)) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If Yest, complete Schedule C, Part II 356 N/A 38 Did the organization in form 197 (ext, complete Schedule C, Part II 371 0. 370 X 38 Did the organization in Form 197 (ext, complete Schedule C, Part II 380 N/A 380 X 38 Did the organization in Form 197 (ext, complete Schedule C, Part II 380 N/A 380 X 39 Section 501(c)(7) organization included on line 9 380 N/A 380 X 30 Section 501(c)(7) organizations included on line 9 0. 380 N/A 380 X 30 Section 501(c)(7) organizations. Their 380 N/A 380 N/A 31 Section 501(c)(7) organizations. Dub the organization during the year under: section 490 (section 491 (35 a				
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c X 38 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete Schedule C, Part III 57a 0. 39 Did the organization torrow from, or make any loars to, any officer, director, trustee, or key employee or were any such loars made in a prory syar and still outstanding at the end of the tax years covered by this return? 38b N/A 30 Bott the organization borrow from, or make any loars to, any officer, director, trustee, or key employee or were any such loars made in a prory syar and still outstanding at the end of the tax years covered by this return? 38b N/A 30 Section 501(c)(7) organizations. Enter: 38b N/A 38a X 31 Did the organization borrow from, or make any loars to, any officer, director, trustee, or key employee or were any such loars made 38a N/A 32 But the organization to trust the tax year covered by this return? 0. 38a N/A 33 Section 501(c)(3) organizations. Enter 0. 34 Section 501(c)(3) so 101(c)(2) organizations. Enter amount of tax innosed on o	c Was the organization as sectors 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax 356 X 38 Did the organization under park liquication, disstitution, termination, or significant disposition of net assets during the year? If Yes," complete applicable parts of Schedule N 366 X 39 Did the organization under park liquication, disstitution, termination, or significant disposition of net assets during the year? If Yes," complete of policial eparts of Schedule N, and the organization time of no miles x, year owered by this return? 374 C 375 X 39 Did the organization tories of non-ormake any logan son, any officer, director, trustee, or key employee or were any such loans made in a prior year and sill outstanding at the end of the tax year owered by this return? 386 N/A 386 X 39 Exclose 501(c)(7) organizations. Enter 380 N/A 380 N/A 39 Exclose 501(c)(7) organizations. Enter 0.; section 4912 0.; section 4915 0. . 40 Grass receives, included on line 9 (c) public use of club fabritises 390 N/A 380 N/A 39 Controls 501(c)(7) organizations. Enter amount fox imposed on organization during the year, ord did ungaps in an excess benefit transaction in a prior year that has not been reported on any of a prantization state with which a copy of this return is filed > NY 219 400 X <		on lines 2, 6a, and 7a, among others)?		NT /	
requirements during the year? If "Yes," complete Schedule C, Part III 35c X 38 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," 36 X 38 Did the organization the Form 102P-OL in this year? 37a Co 37a Co 38 Did the organization the Form 102P-OL in this year? 38a X 37a Co 39 Did the organization the Form 102P-OL in this year? 38a X 38a X 39 Section 501(c)(3) reganizations. Enter: 38a N/A 39a N/A 39 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 38a N/A 30 Dic()(3) songanizations. Enter amount of tax imposed on the organization engage in any section 4958 O. O. b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on sorganization managers or digate in any section 4912, 4955, and 4958 O. O. c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on the organization any of tax price in any action 4958 O. O. c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax in line 40° reinbursed by the organiza	requirements during the year? If Yes," complete Schedule P, art III 3sc X 80 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes," ssc x 80 Did the organization brow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prory year and still not standing at the end of the key war? 37a C. 37b X 81 Did the organization brow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prory year the xy vacrowered but his return? 3ab N / A 93 Bection 501(c)(2) organizations. Enter 3ab N / A 94 Section 501(c)(2) organizations. Enter 0.: ; section 4955 0 95 Section 501(c)(2) organizations. Enter 0.: ; section 4955 0 96 Section 501(c)(3), 501(c)(4), and 501(c)(2) organization. Enter amount of tax imposed on organization engage in any section 4958 0 96 Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Enter amount of tax no in a 400 reimbursed on organization managers or disqualified persons during the year, vas the organization engage in any section 4958 0 98 Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Enter amount of tax no ine 400 reimbursed by the organization reactis and w			350	<u>и</u> /	A
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes,' complete applicable parts of Schedule N 38 X 37 A Thet amount of political expenditures, direct or indirect, as described in the instructions 57a 0. bit the organization borow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year coverad by this return? 58b N/A bit "Yes," complete Schedule L, Part II and enter the total amount involved 38a N/A 38 Section 501(c)(3) organizations. Enter: 38a N/A 39 Section 501(c)(3) organizations. Enter: 0 ; section 4915 0 40a Section 501(c)(3) organizations. Enter: 0 ; section 4915 0 40a Section 501(c)(3) organizations. Enter: 0 ; section 501(c)(3) organizations. Did the organization engage in any section 4958 0 40a Section 501(c)(3) organizations. Did the organization engage in any section 4958 0 40a Section 501(c)(3) sol1(c)(4), and 501(c)(29) organizations. Enter amount of tax miposed on organization manages or disqualitied persons during the exart nucles schematical assetter 0 41	38 Did the organization under pa Equidation, termination, or significant disposition of net assets during the year? If Yes,' complete applicable parts of Schedule N	C		250		x
complete applicable parts of Schedule N 37a	complete applicable parts of Schedule N 38 X 37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a Stat 0. 37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a X 38a Did the organization file Form 1120-POL for this year? X 38a X 38a X X 38a X 38a X 38a X 38 Section 501(c/0) organizations. Enter 38b N/A 39 Section 501(c/0), 501(c/0), 401(c/20) organizations. Dift the organization flags and sing social v4858 0. 39 Section 501(c/0), 501(c/0), 401(c/20) organizations. Enter amount of the organization fing any section 4958 0. 40b X Section 501(c/0), 501(c/0), 401(c/0), 403 001(c/20) organizations. Enter amount of tax imposed on organization singlade parses thruing the year under sections 4912, 4953, and 4958. 0. 41 List the states with which a corp of this return is filed ▶ NY Telephone no. ▶ 516-557-6645 Located al ▶ 70 NORTH MAIN STREET, FREEPORT, NY ZIP + 4 ▶ 11520 42 Aray time during the scale of AUNY ZASLANSKY Telephone no. ▶ 516-557-6645 <td< td=""><td>36</td><td></td><td>000</td><td></td><td></td></td<>	36		000		
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0. 37b X b Did the organization force with one, or make any leans to, any officer, director, trustee, or key employee or vere any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38b N/A 38 Ut the organization borrow from, or make any leans to, any officer, director, trustee, or key employee or vere any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38b N/A 38 Section 501(c)(3) organizations. Enter 38a N/A 39 Borton 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 501(c)(3) organizations. Enter amount of tax imposed on the organization engage in any section 4955 ▶ 0. 0 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization engage in any section 4958 0. 40b X 1 Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Enter amount of tax imposed on morganization than any inter during the tax year, was the organization to make any to a spohibited tax sheller transaction? 0. 40b X 4 Ut organizations. Enter 0. 1 1 1 1 1 1 1 <td< td=""><td>37a Entra anound to political expenditures, direct or indirect, as described in the instructions ▶ 37a 0. 37b X b Did the organization file Form 1120-POL for this year? 38b 0. 37b X 38 Did the organization borrow form, or make any locars to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38b N/A 39 Diffyers Total and expert the total amount involved 38b N/A 39 Bortos recepts, included on line 9, or public use of cub facilities a initiation fees and capital contributions included on line 9 0. ; section 4305) 0. b Bortos recepts, included on line 9, or public use of cub facilities 0. ; section 4305) 0. b Bortos recepts, included on line 9, or public use of cub facilities 0. ; section 4305) 0. b Bortos recepts, included on line 9, or public uses benefit transaction and prior year that has not been reported on any of factor form 580 or 990-727 lifes of chadu L, part 0. X c Borton 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified person of tube recepts, and 4088 - 0. 0</td><td></td><td></td><td>36</td><td></td><td>x</td></td<>	37a Entra anound to political expenditures, direct or indirect, as described in the instructions ▶ 37a 0. 37b X b Did the organization file Form 1120-POL for this year? 38b 0. 37b X 38 Did the organization borrow form, or make any locars to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38b N/A 39 Diffyers Total and expert the total amount involved 38b N/A 39 Bortos recepts, included on line 9, or public use of cub facilities a initiation fees and capital contributions included on line 9 0. ; section 4305) 0. b Bortos recepts, included on line 9, or public use of cub facilities 0. ; section 4305) 0. b Bortos recepts, included on line 9, or public use of cub facilities 0. ; section 4305) 0. b Bortos recepts, included on line 9, or public uses benefit transaction and prior year that has not been reported on any of factor form 580 or 990-727 lifes of chadu L, part 0. X c Borton 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified person of tube recepts, and 4088 - 0. 0			36		x
b Did the organization life Form 1120-PCL for this year? 37b X 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employe or were any such loans made 37b X 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employe or were any such loans made 38a X 39a Exton 501 (c)(7) organizations. Enter: 38a N/A 38a X 40a Section 501 (c)(3) organizations. Enter: 38a N/A 38a N/A 40a Section 501 (c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 0.; section 4915	b Uit the organization the Form 112e-PCL for this year? 37b X 38a Did the organization borrw form, or make any loans to, any officer, firster, rivste, or key employee or were any such bans made 38b X/A 38a Did the organization borrw form, or make any loans to, any officer, firster, rivste, or key employee or were any such bans made 38b X/A 38a Section 501 (c)(7) organizations. Enter 38b N/A 40 Gross receipts, included on the 9 (rives, form 900 must be organization flags in a process during the year or dispatibility of the organization engine in any section 4956 excess benefit transaction during the year or dispatibility of 15 prior 61(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization engine in a section 4956 excess benefit transaction flip (c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization engine to dispatibility of 15 prior 61(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization engine to dispatibility of the organization flip (c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization flip (c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization flip (c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on the dispatibility. The any and 501(c)(29) organizations. Enter amount of tax imposed on organization shows an interval to 10 to 200 prior flip (c)(2), 501(c)(4), and 501(c)(2) organizations. Enter amount of tax imposed on organization flip (c)(3), 501(c)(4), and 501(c)(2) organization. Enter amount of tax imposed on any or anization flip (c) (10 mole (c) math tas the organization flip (c) (c) (c) (c) (c) (c) (c) (c	37 a				
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a Initiation fees and capital contributions included on line 9 38a N/A b Gross receipts, included on line 9, for public use of club facilities 38a N/A 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0. b Gross receipts, included on line 9, or gold it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction a prior year that has not been reported on any of its prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I 40b X c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0. 40c X c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0. 40c X 41 List the states with which a copy of this return is filed ▶ NY Telephone no. ▶ 516-557-6645 11520 42a The organization's books are in care of ▶ AMY ZASLANSKY Telephone no. ▶ 516-557-6645 219 + 4 ▶ 11520 43 At any time during the careadra yead, did the organization maintain on of fince outside the United States? 219 + 4 ▶ 11520 44a <	a Initiation fees and capital contributions included on line 9 38 N/A b Gross receipts, included on line 9, for public use of club facilities 0, isoction 495 N/A 0 Gross receipts, included on line 9, for public use of club facilities 0, isoction 495 0, 0 Gross receipts, included on line 9, for public use of club facilities 0, isoction 495 0, 0 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit 40b X c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4012, 4955, and 4958 0, - 0 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax inposed on organization managers or disqualified persons during the year under sections 4012, 4955, and 4958 0, - 0 All List the states with which a copy of this return is filed ▶ NY 0. 40e X 41 List the states with which a copy of this return is filed ▶ NY Telephone no. ▶ 516-557-66455 Located at ▶ 70 NORTH MAIN STREET, FREEPORT, NY Telephone no. ▶ 516-557-66455 Located at ▶ 70 NORTH MAIN STREET, FREEPORT, NY 21P + 4 ▶ 11520 42 A try time during the calendar year, dift the organization have an office outside the United States? 42 X 43 with************************************	b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
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44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of 44 44 X b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead 44 X of Form 990-EZ 44 X	44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a X b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b X c Did the organization receive any payments for indoor tanning services during the year? 44c X d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 44d 44d 45a Did the organization neceive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 45a X b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 45a X					
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b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b X c Did the organization receive any payments for indoor tanning services during the year? 44c X d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an explanation</i> <i>in Schedule O</i> 44d 44d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a X b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b	44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
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	c Did the organization receive any payments for indoor tanning services during the year? 44c X d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation 44c X 44d 44d 44d 44d 44d 44d 44d 44d 45a X 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a X X b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b 45b	b				37
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I fill/an to line 44a has the exception filed a Ferm 700 to report these normation (File II and the exception	in Schedule O 44d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a X b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b			440		
	45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45 a X b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45 a X	d		444		
440 440 440 45a Did the organization have a controlled entity within the meaning of section 512(h)/(12)2	b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 45b 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b	<u>/</u> E ~	III Schedule C			x
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)					
		5		45b		
512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)					90-EZ	(2017)
519/h)/12/2 It "Vac " Form 000 and Schadula R may need to be completed instead of Form 000 E7 (see instructions)			יווא איז איז איז איז איז איז איז איז איז אי		90-57	(2017)

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Form 990-EZ	(2017) BOOK FAIRIES, INC.				46-3262	048		Page 4
							Yes	No
	organization engage, directly or indirectly, in political campaig					40		v
Part VI	complete Schedule C, Part I Section 501(c)(3) organizations only					46		X
	All section 501(c)(3) organizations must answer ques	ations 47-49b and 52	and comple	te the tables for line	s 50 and 51			
	Check if the organization used Schedule O to respon							
							Yes	
	organization engage in lobbying activities or have a section 5	. ,				47		X
	rganization a school as described in section 170(b)(1)(A)(ii)?					48		X
	organization make any transfers to an exempt non-charitable					49a 49b		X
50 Comple	was the related organization a section 527 organization? te this table for the organization's five highest compensated e	mnlovees (other than offi	cers directo	re truetees and key e	mplovees) who e		naived	more
	00,000 of compensation from the organization. If there is nor		0013, un 0010			aon ro	COIVEU	more
	(a) Name and title of each employee	(b) Averag	ge hours	(C) Reportable	(d) Health benefits	s, (e)Estin	ated
		per week d		compensation (Forms W-2/1099-MISC)	contributions to employee benefit plans, and deferre		ount of	
	NONE	posit	lion		compensation	- CO	mpens	ation
				+		+		
		——						
						+		
	umber of other employees paid over \$100,000	ndanandant oontrootara u	ha aaah raa	wind more than \$100	000 of company	tion fr	om th	-
-	ation. If there is none, enter "None." NONE	ndependent contractors w	Ino each rece	eiveu more man \$100,	ood of compensi			;
-	Name and business address of each independent contractor		(b) Type of service	(c)	Compe	nsatio	
	· · ·			, ,,				
d Total nu	umber of other independent contractors each receiving over \$	100,000		►				
	organization complete Schedule A? Note: All section 501(c)(, .					_	_
	ted Schedule A					X Ye		
	ies of perjury, I declare that I have examined this return, inclue and complete. Declaration of preparer (other than officer) is b					ige and	1 Delie1	, it is
	and complete. Declaration of preparer (other than officer) is the	Jaseu oli ali lilloi illatioli ol	i which prepa	arei nas any knowleug	e.			
Sign	Signature of officer				Date			
Here	AMY ZASLANSKY, FOUNDER/EX	ECUTIVE DIR	ECTOR					
	Type or print name and title							
	Print/Type preparer's name Preparer's s	•	Date	Check	if PTIN			
Paid		. CHARLES,	10/2	self- emplo	, ,			
Preparer	PAUL L. CHARLES, CPACPA		10/3		P00			
Use Only	Firm's name ► RICHARDS, WITT & C Firm's address ► 100 RING ROAD WES		,		▶11-24 516-74			
	GARDEN CITY, NY 1			Phone no.	510-74	<u>1 – 0</u>	713	
May the IRS	discuss this return with the preparer shown above? See instru					X Ye	s	No
nay the mo								_
					I	orm 9	90-EZ	(201

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SCHEDULE A

Department of the Treasury

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047
2017
Open to Public Inspection
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I

Intern	al Reve	nue Service		Go to www.irs.gov	/Form990 for instructi		he latest i	nformation.		Inspec	tion
Nan	ne of t	the organizati	on						Employer	identificatio	n number
			BOOK	FAIRIES,	INC.				4	6-32620	48
Pa	rt I	Reason	for Public (Charity Status (/	All organizations must co	omplete th	iis part.) Se	ee instruction	s.		
The	organ	nization is not a	ı private found	lation because it is: (For lines 1 through 12, o	check only	one box.)				
1		A church, co	nvention of ch	urches, or associatio	on of churches describe	d in sectio	on 170(b)([.]	1)(A)(i).			
2		A school des	cribed in sect i	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forr	n 990 or 9	90-EZ).)				
3		A hospital or	a cooperative	hospital service orga	anization described in s	ection 170)(b)(1)(A)(i	ii).			
4		A medical res	earch organiz	ation operated in co	njunction with a hospita	l describe	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's	name,
		city, and stat	e:								
5		An organizati	on operated fo	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental u	unit describ	ed in	
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, sta	te, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).			
7	X	An organizati	on that norma	Ily receives a substa	intial part of its support	from a gov	rernmental	unit or from t	he general	public descri	oed in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9		An agricultura	al research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college	
		or university of	or a non-land-g	grant college of agric	ulture (see instructions)	Enter the	name, cit	y, and state o	f the colleg	e or	
		university:									
10		An organizati	on that norma	Illy receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons, members	ship fees, a	nd gross rece	ipts from
		activities rela	ted to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	o more tha	in 33 1/3% of	its support	from gross ir	ivestment
					(less section 511 tax) fr	om busine	esses acqu	ired by the o	rganization	after June 30	, 1975.
		See section	509(a)(2). (Cor	mplete Part III.)							
11		•	-	-	ively to test for public sa	•					
12		-	-	-	ively for the benefit of, to	-			-		
					ed in section 509(a)(1) o					heck the box	in
			-	• •	of supporting organization		-		-		
а				-	upervised, or controlled	•	-				
			-		gularly appoint or elect	a majority	of the dire	ctors or truste	ees of the s	upporting	
	_	¬ -		complete Part IV, Se							
b				-	l or controlled in connec			-		-	
			-		anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported	
_		¬ -		t complete Part IV,					llu interret	ما بن نام	
с			-		g organization operated				illy integrate	ea with,	
4		-	•		b). You must complete				rtad araani	zation(a)	
d			-		oorting organization oper zation generally must sa				-		
			-		nplete Part IV, Section	•		-	u an alleni	10011035	
е		- ·	·	,	written determination fro						
Ŭ			0		nally integrated support			, i ype i, i ype	in, rype in		
f	Ente					0 0					
g				n about the supporte							
		(i) Name of supp	<u> </u>	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ing document?	(v) Amount of	fmonetary	(vi) Amount	of other
		organizatior	1		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see in	structions)
_											
Tota	ıl										

Schedule A (Form 990 or 990-EZ) 2017 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 5

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Schedule A (Form 990 or 990-EZ) 2017 BOOK FAIRIES, INC.

46-3262048 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")					171,527.	171,527.
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					171,527.	171,527.
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.						171,527.
	tion B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	(0) = 0 + 0	(0) 2011	(0) _0 : 0	(0, 2010	(e)2017 171,527.	(f) Total 171,527.
8	Gross income from interest,						
-	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
5	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)					18,600.	18,600.
11	Total support. Add lines 7 through 10					,	<u>18,600.</u> 190,127.
	Gross receipts from related activities,	etc. (see instructio				12	
	First five years. If the Form 990 is for			d fourth or fifth t	av vear as a sectio		
10	organization, check this box and stop	-			-		
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2017 (I			column (f))		14	90.22 %
	Public support percentage from 2016					15	%
	33 1/3% support test - 2017. If the c						
	stop here. The organization qualifies					,	N V
b	33 1/3% support test - 2016. If the c		-				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						or more.
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"				-	-	
h	10% -facts-and-circumstances tes	-	-	• • • •			► 10% or
5	more, and if the organization meets the						
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio						
10	i mate roundation. Il the organizatio	an ala not uncut a		a, 100, 17a, 01 17			

Schedule A (Form 990 or 990-EZ) 2017

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Schedule A (Form 990 or 990 EZ) 2017 BOOK FAIRIES, INC.

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						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3) organi	zation,
	check this box and stop here						>
Sec	ction C. Computation of Publ	ic Support Pe	ercentage			. <u> </u>	
15	Public support percentage for 2017 (ine 8, column (f) d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2016	Schedule A, Part	: III, line 15			16	%
Sec	ction D. Computation of Inves	stment Incom	e Percentage	•			
17	Investment income percentage for 20	17 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from 2	2016 Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2017. If the						17 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2016. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 10-06-17			, ., .		nedule A (Form 99	
				7	201		,
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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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* (*b*) *and* (*c*) *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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 (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 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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 in 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 in 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 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.)

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8 2017.04030 BOOK FAIRIES, INC.

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		<u> </u>
	tion B. Type I Supporting Organizations	110		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
2	organization(s) that operated, supervised, or controlled the supporting organization of If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	2		
000			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		res	No
•				
	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			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
000	tion D. An Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		162	NO
•				
	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	0		
~	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	-		
<u></u>	supported organizations played in this regard.	3		
-	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	-		
a	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		-)	
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	ŕ	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported examination (a) to which the examination was reasonable? If "Yea" then in Part VI identify			
	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	0-		
h	that these activities constituted substantially all of its activities.	2a		
D	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	0		
2	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or tructors of each of the supported ergenizations? <i>Provide details in</i> Part VI	2-		
L.	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
D	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		
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13202	5 10-06-17 Schedule A (Form 9 9	00 01 33	, ∪- Ľ ∠ ,	2017

2017.04030 BOOK FAIRIES, INC.

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Schedule A (Form 990 or 990-EZ) 2017 BOOK FAIRIES, INC.

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

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

Section A - Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain		1		
2 Recoveries of prior-year distribution	itions	2		
3 Other gross income (see instruc	ctions)	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 fo	r management, conservation, or			
maintenance of property held for	or production of income (see instructions)	6		
7 Other expenses (see instruction	is)	7		
8 Adjusted Net Income (subtrac	t lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amoun	t		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of a	all non-exempt-use assets (see			
instructions for short tax year o	r assets held for part of year):			
a Average monthly value of secur	ities	1a		
b Average monthly cash balances	3	1b		
c Fair market value of other non-e	xempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)		1d		
e Discount claimed for blockage	or other			
factors (explain in detail in Part	VI):			
2 Acquisition indebtedness applie	cable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d		3		
4 Cash deemed held for exempt	use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions)		4		
5 Net value of non-exempt-use as	sets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035		6		
7 Recoveries of prior-year distribution	itions	7		
8 Minimum Asset Amount (add	line 7 to line 6)	8		
Section C - Distributable Amount				Current Year
1 Adjusted net income for prior ye	ear (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1		2		
3 Minimum asset amount for prio	r 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	ar	5		
6 Distributable Amount. Subtract	t line 5 from line 4, unless subject to			
emergency temporary reduction	n (see instructions)	6		
	year is the organization's first as a non-function	ally integra	ted Type III supporting or	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2017

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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	<u>5</u>
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
-	Applied to underdistributions of prior years			
-	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
-	Excess from 2013			
	Excess from 2014			
-	Excess from 2015			
	Excess from 2016			
e	Excess from 2017		Oshadala A	

Schedule A (Form 990 or 990-EZ) 2017

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	Section D, lines 5, (See instructions.)	6, and 8; and Part	V, Section E, lines 2, 8	5, and 6. Also comple	ete this part for any ad	ditional information.	ection C, e; Part V,
	,						
32028 10-06-1	7				Sche	edule A (Form 990 or	990-EZ)

Schedule of Contributors

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

OMB No. 1545-0047

2017

Employer identification number

46-	326204	8
	20203	

Name	of the	organization
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Organization type (check one):

BOOK FAIRIES, INC.

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

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

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

X 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 or 990-EZ), 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, 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

BOOK FAIRIES, INC.

Employer identification number

46 - 3262048

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	REISERT FOUNDATION C/O FIDUCIARY TRUST CO. 280 PARK AVENUE NEW YORK, NY 10017	\$10,000.	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
2	DAUGHTERS OF WISDOM 385 OCEAN AVENUE ISLIP, NY 11751	\$10,000.	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
3	CA TECHNOLOGIES 520 MADISON AVENUE, 22ND FLOOR NEW YORK, NY 10022	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
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46 - 3262048

BOOK FAIRIES, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
- =		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a)		(c)	
No. from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
23453 11-01-17	15	Schedule B (Form	990, 990-EZ, or 990-PF

Page 3

	completing Part III, enter the total of exclusively religiou Use duplicate copies of Part III if addition	al space is needed.	
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
— <u> </u> 		(e) Transfer of gift	
	Transferee's name, address, a		Relationship of transferor to transferee

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(Form 990 or 990-EZ) Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

BOOK FAIRIES, INC.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT :
BOOKS DONATED	80,477.
OFFICE EXPENSE	12,000.
ACCOUNTING EXPENSE	600.
UTILITIES EXPENSE	5,000.
SUPPLIES EXPENSE	1,000.
OTHER PROGRAMMING EXPENSES	2,312.
SUPPLIES EXPENSE	3,343.
OTHER EXPENSES	6,250.
TOTAL TO FORM 990-EZ, LINE 16	110,982.

BEG. OF YEAR	END OF YEAR
0.	200.
0.	250.
0.	450.
	0.

FORM	990-EZ,	PART	II,	LINE	26,	OTHER	LIABILITIES:						
DESCI	RIPTION							BEG.	OF	YEAR	END	OF	YEAR
OTHER	R PAYABLI	ES								0.		1	,000.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE BOOK FAIRIES, INC.

(THE "BOOK FAIRIES") COLLECTS READING MATERIALS FOR PEOPLE IN NEED

THROUGHOUT METROPOLITAN NEW YORK. THE READING MATERIALS FOSTER LITERACY

AND ACADEMIC SUCCESS, PROVIDE A RESPITE FROM PERSONAL STRUGGLES, AND

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2017)

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 09-07-17
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2017.04030 BOOK FAIRIES, INC.

OMB No. 1545-0047

Open to Public

Inspection

Employer identification number

46-3262048

Schedule O (Form 990 or 990-EZ) (2017)
--

Name of the organization

BOOK FAIRIES, INC.

NURTURE A LOVE OF READING ACROSS AGE GROUPS.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

COMMUNITY INITIVES SUPPLIES, MAINTAINS AND REFRESHES BOOKS

FOR SHELVES IN VARIOUS SITES IN UNDESERVED COMMUNITIES TO

IMPROVE ACCESS TO BOOKS AND ENCOURAGE READING THROUGH

VARIED AND HIGH-INTEREST SELECTIONS.

FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLISHMENTS:

CHILDREN'S EDUCATION PROGRAMS PROVIDE LITERACY PROGRAMMING

TO STUDENTS IN HIGH-NEED DISTRICTS THROUGH COMMUNITY BOOK

FAIRS, FREE SCHOOL BOOK FAIRS, SUMMER TOTES, AND SPECIALTY

GIVEAWAYS.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

732212 09-07-17

Schedule O (Form 990 or 990-EZ) (2017)

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TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

FOR THE YEAR ENDING

DECEMBER 31, 2017

Prepared for	BOOK FAIRIES, INC. 70 NORTH MAIN STREET FREEPORT, NY 11520
Prepared by	RICHARDS, WITT & CHARLES, LLP 100 RING ROAD WEST GARDEN CITY, NY 11530
Amount due or refund	BALANCE DUE OF \$75.00
Make check payable to	DEPARTMENT OF LAW
Mail tax return and check (if applicable) to	NYS OFFICE OF ATTORNEY GENERAL CHARITIES BUREAU REGISTRATION SECTION 28 LIBERTY STREET NEW YORK, NY 10005
Return must be mailed on or before	PLEASE MAIL AS SOON AS POSSIBLE.
Special Instructions	THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S). THE ATTACHED COPY OF FEDERAL FORM 990-EZ MUST BE PROPERLY SIGNED AND DATED.

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Open to Public Inspection

1.General Informat	ion							
For Fiscal Year Beginning	g (mm/dd/yyyy) 01/01/	2017 and Ending	(mm/dd/yyyy) 12/31/2	017				
Check if Applicable:	Name of Organization:Employer Identification Number (ElBOOK FAIRIES, INC.46-3262048							
Name Change	Mailing Address: NY Registration Number 70 NORTH MAIN STREET 45-64-81							
Final Filing	City / State / ZIP: Telephone: FREEPORT, NY 11520							
Reg ID Pending	WWW.THEBOOKFAIRIES.ORG INFO@THEBOOKFAIF							
Check your organization's registration category: 7A only EPTL only X DUAL (7A & EPTL) EXEMPT* Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com.								
2. Certification								
See instructions for certif	ication requirements. Imprope	er certification is a violation	of law that may be subject	to penalties. The certification requires				
two signatories.				· ·				
	penalties of perjury that we rev e true, correct and complete i			best of our knowledge and belief, oplicable to this report.				
			AMY ZASLANS	KY				
President or Authorized	Officer:		FOUNDER/EXE	CUTIVE DI				
	Signature		Print Name	and Title Date				
	_							
Chief Financial Officer of			Drint Nome	and Title Data				
	Signature		Print Name	and Title Date				
3. Annual Reporting	a Exemption							
categories (DUAL filers) the additional attachments and	hat apply to your registration,	complete only parts 1, 2, a	and 3, and submit the certifie	gory (7A or EPTL only filers) or both ed Char500. No fee, schedules, or e exemption, you must file applicable				
3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.								
	filing exemption: Gross receip fiscal year.	ts did not exceed \$25,000	and the market value of ass	ets did not exceed \$25,000 at any time				
4. Schedules and A	ttachments							
See the following page for a checklist of schedules and attachments to complete your filing. Yes X No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.								
complete your filing.								
5. Fee								
See the checklist on the	7A filing fee:	EPTL filing fee:	Total fee:	Mala - single sheet				
next page to calculate yo	-			Make a single check or money order				
fee(s). Indicate fee(s) you				payable to:				
are submitting here:	\$	\$50.	\$	"Department of Law"				
CHAR500 Annual Filing fo	I r Charitable Organizations (Up	u odated April 2018)	1					
-	efers to an organization's NYS		s not refer to its IRS tax desi	gnation.				

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Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.

- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.

- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

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

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

Check the financial attachments you must submit with your CHAR500:

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

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

Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.

Audit Report if you received total revenue and support greater than \$750,000

X No Review Report or Audit Report is required because total revenue and support is less than \$250,000

We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

Calculate Your Fee

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

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

For EPTL and DUAL filers, calculate the EPTL fee:

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

Send Your Filing

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

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

Need Assistance?

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

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

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

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

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

DUAL filers are registered under both 7A and EPTL.

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

Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com.

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

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

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