SCANNED MAY 1 0 2022

990-EZ

Short Form Return of Organization Exempt From Income Tax

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

2020

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form, as it may be made public.

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

Open to Public Inspection

Αŀ	For the	2020 calenda	ar year, or tax year beginning	January 1	<u>,</u> 2020, a	nd ending	Dec	embe	er 31, 20	20
В	Check if ap	oplicable	C Name of organization				D Emple	oyer ic	dentification numb	er
	Address c	hange	Bookstock			_			33-3415790	
=	Name cha	ŭ	Number and street (or PO box if mail is not deli	ivered to street address)	i	Room/suite	E Telep	hone r	number	
=	Initial retur		29699 Southfield Road					24	48-559-5000	
_	Amended	n/terminated	City or town, state or province, country, and ZIP	or foreign postal code		ለጋ	F Grou	р Ехе	emption	
=		n pending	Southfield, MI 48076			US	Num	ber	>	i
_		ting Method	☐ Cash	>		н	Check •	• 	if the organization	n is not
	Vebsite		bookstockmi.org	. <u> </u>					tach Schedule B	3
JΤ	ax-exen	npt status (che	eck only one) — 🗸 501(c)(3) 🔲 501(c) () ◀ (insert no) ☐ 4947	'(a)(1) or	<u></u>			0-EZ, or 990-PF)	
_		organization			Other					
			7b to line 9 to determine gross receipts If g			ore, or if tota	al assets		•	
(Pa	rt II, col	umn (B)) are \$	5500,000 or more, file Form 990 instead of F	Form 990-EZ				▶ §	\$	46,551
P	art I	Revenu	e, Expenses, and Changes in Ne	t Assets or Fund B	alance	es (see the	instruc	tions	s for Part I)	10,001
			the organization used Schedule O to						•	. 🔽
	1		ons, gifts, grants, and similar amounts i					1		45,086
	2		ervice revenue including government fe					2		10,000
	3	-	ip dues and assessments					3		
	4	Investment	•					4		
	5a		ount from sale of assets other than inve	entory	5a		· · ·			
	Ь		or other basis and sales expenses.		5b					
	C		ss) from sale of assets other than inven			ne 5a)		5c		
	6		d fundraising events.	nory (odbirdot into ob						
	a	•	ome from gaming (attach Schedule	G if greater than					RECEN	
ē	"	\$15,000) .	·	grouter than	6a			((===	RECEIV	ED
Revenue	Ь	•	me from fundraising events (not includ	lina \$		f contribution	ากร	ألايء	1/1/	304
ě	"		aising events reported on line 1) (attac		1,403	· commoda	51.5		MAY 173	021 1
Œ			th gross income and contributions exce		6b			إ		
	c		t expenses from gaming and fundraising		6c		Ĭ.		TO CO En a	
	ď		e or (loss) from gaming and fundraising			6b and si	ibtract	k ==1	DGDEN.	UT
	"	line 6c)						6d		-
	7a	•	s of inventory, less returns and allowar	nces	7a					
	b		of goods sold		7b		-			
	1		it or (loss) from sales of inventory (subt	ract line 7h from line				7c		1,465
	8						· ·	8		1,405
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, an			• •	•	9		46,551
-	10		I similar amounts paid (list in Schedule			· · · ·		10		25,396
	11		aid to or for members	0,	• •		· · · }	11		23,330
s	12		ther compensation, and employee ben				}	12		
a)	13		al fees and other payments to indepen				· · · }	13		5,000
Expens							· , }	14		
×	14		/, rent, utilities, and maintenance .					15		5,000
-	15		ublications, postage, and shipping . enses (describe in Schedule O) .				r	16		2,088
	16	-	·							9,617
_	17	Total expe	enses. Add lines 10 through 16	· · · · · · · · · · · · · · · · · · ·	· ·	· · · · ·	· •	17	_	47,101
its	18		(deficit) for the year (subtract line 17 fro					18		-550
sse	19		or fund balances at beginning of year figure reported on prior year's return)					10		
Net Assets		-						19		96,007
Š	20		iges in net assets or fund balances (ex					20		
_	21	Net assets	or fund balances at end of year. Comb	oine lines 18 through 2	<u> 20</u>		. ▶	21		95,457

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
	Instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s rari	Yes	No
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 O	33	163	√
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions			,
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)?	34 35a		V
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
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		
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	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b 38a	Did the organization file Form 1120-POL for this year?	37b	,	1
b 39	If "Yes," complete Schedule L, Part II, and enter the total amount involved Section 501(c)(7) organizations. Enter	38a		V
а	Initiation fees and capital contributions included on line 9			
b 40a	Gross receipts, included on line 9, for public use of club facilities			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40ь		✓_
С	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			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ▶ Michigan			
42a	The organization's books are in care of ▶ JVS Human Services Telephone no. ▶ (248) 5	59-500)0
	Located at ▶ 29699 Southfield Road, Southfield, MI ZIP + 4 ▶	48076	-2063	
. b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	42b	Yes	No ✓
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
С	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. I	▶ □
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	
b	completed instead of Form 990-EZ	44a	-	√
'	completed instead of Form 990-EZ	44b		√
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		
4-	explanation in Schedule O	44d	ļ ——	1
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		√

Page	4
rage	-

							Yes	i No
46	Did the organization engage, directly or ii	ndirectly, in political c	ampaign activities on	behalf of or	ın opposi	tion 🖟	N W	**** <u>**</u>
	to candidates for public office? If "Yes," of						46	1
Part V			<u>, </u>				·• .1	
raitv	All section 501(c)(3) organization		etions 47–40h and	52 and co	molete th	e table	e for li	200
		is must answer que	SIIO115 47 -490 and	oz, and co	inpiete in	e lable	55 IUI III	163
	50 and 51.							
	Check if the organization used Sc	hedule O to respond	l to any question in t	his Part VI		·		
-							Yes	No
47	Did the organization engage in lobbying	activities or have a	section 501(h) electio	n in effect	during the	tax [
	year? If "Yes," complete Schedule C, Par						47	/
					• •	-		
	Is the organization a school as described i					· -	48	↓ √
	Did the organization make any transfers t			zation?		. 4	l9a	✓
b	If "Yes," was the related organization a se	ection 527 organization	on?			4	9b	√
	Complete this table for the organization's			er than offic	ers, direct	ors, tru	stees, a	nd ke
	employees) who each received more than	n \$100,000 of compe	nsation from the orgai	nization. If th	nere is non	e. ente	r "None.	,,
		[T	(d) Health				
	AND an and the of each conclusion	(b) Average	(c) Reportable	contributions		(e) Estu	mated am	ount of
	(a) Name and title of each employee	hours per week a devoted to position	compensation (Forms W-2/1099-MISC)	benefit plans,		other	compens	ation
		devoted to position	(1 011113 44-22 1000-141100)	comper	nsation			
None								
		1						
-			***************************************					
				i				
-								
			-					
				į				
_								
f ·	Total number of other employees paid ov	rer \$100,000 .	. ▶					
	Complete this table for the organization		ensated independent	contractors	who each	receiv	ed mor	e thai
J1	\$100,000 of compensation from the orga	nization. If there is no	ne. enter "None."	00111110101010				
-	Trooper or componential from the organ		1					
	(a) Name and business address of each independ	dent contractor	(b) Type of serv	rice	(c)) Comper	nsation	
None								
-					·····			
								
'								
- ,								
				٠ - دسد				
				٠ - ١٠٠		A *		
- 								
,	Total number of other independent contri	actors each receiving	over \$100,000	· ••				
		_		►	nust attacl			
52	Did the organization complete Schedi	_		nizations m			Yes □	No
52	Did the organization complete Schedi	ule A? Note: All se	ection 501(c)(3) orga			n a ▶ 🛘 '		
52 Under pe	Did the organization complete Schedi completed Schedule A	ule A? Note: All se	ection 501(c)(3) orga	ents, and to the	best of my ki	n a ▶ 🛘 '		
52 Under pe	Did the organization complete Schedi	ule A? Note: All se	ection 501(c)(3) orga	ents, and to the	best of my ki	n a ▶ □ \	and belie	
52 Under pe	Did the organization complete Schedi completed Schedule A	ule A? Note: All se	ection 501(c)(3) orga	ents, and to the	best of my ki	n a ▶ 🛘 '	and belie	
52 Under pe	Did the organization complete Schedi completed Schedule A	ule A? Note: All se	ection 501(c)(3) orga	ents, and to the	best of my kidge	n a ▶ □ \	and belie	
Under pe	Did the organization complete Schedicompleted Schedule A malties of perjury, I declare that I have examined this ect, and complete Declaration of preparer (other that	ule A? Note: All se	ection 501(c)(3) orga	ents, and to the	best of my kidge	n a ▶ □ \	and belie	
Under pe true, corre	Did the organization complete Schedicompleted Schedule A Inalties of perjury, I declare that I have examined this ect, and complete Declaration of preparer (other that Signature of office) Signature of officer Selvin C. TSI	ule A? Note: All se	ection 501(c)(3) orga	ents, and to the	best of my kidge	n a ▶ □ \	and belie	
Under pe true, corre	Did the organization complete Schedicompleted Schedule A enalties of perjury, I declare that I have examined this ect, and complete Declaration of preparer (other that Signature of office) Type or print name and title	return, including accompan n officer) is based on all info	ection 501(c)(3) orga	ents, and to the nas any knowle Dat	best of my kidge	n a in a in owledge	and belie	
Under pe true, corre	Did the organization complete Schedicompleted Schedule A Inalties of perjury, I declare that I have examined this ect, and complete Declaration of preparer (other that Signature of office) Signature of officer Selvin C. TSI	ule A? Note: All se	ection 501(c)(3) orga	ents, and to the nas any knowle Dat	best of my kindge 5 10.	n a in one of the control of the co	and belie	
Under pe true, corre Sign Here	Did the organization complete Schedicompleted Schedule A analties of perjury, I declare that I have examined this ect, and complete Declaration of preparer (other that Signature of office) Type or print name and title Print/Type preparer's name	return, including accompan n officer) is based on all info	ection 501(c)(3) orga	ents, and to the nas any knowle Dat	best of my kindge	n a in one of the control of the co	and belie	
Under petrue, corres Sign Here Paid Prepa	Did the organization complete Schedicompleted Schedule A Inalties of perjury, I declare that I have examined this ect, and complete Declaration of preparer (other that I have examined this ect, and complete Declaration of preparer (other that I have examined this ect, and complete Declaration of preparer (other that I have examined this ect, and complete Declaration of preparer (other that I have examined this ect, and complete Declaration of preparer (other that I have examined this ect, and complete Schedule A I have examined this ect, and complete Schedule A I have examined this ect, and complete Schedule A I have examined this ect, and complete Declaration of preparer (other that I have examined this ect, and complete Declaration of preparer (other that I have examined this ect, and complete Declaration of preparer (other that I have examined this ect, and complete Declaration of preparer (other that I have examined this ect, and complete Declaration of preparer (other that I have examined this ect, and complete Declaration of preparer (other that I have examined this ect, and complete Declaration of preparer (other that I have examined this ect, and complete Declaration of preparer (other that I have examined this ect, and complete Declaration of preparer (other that I have examined this ect, and complete Declaration of preparer (other that I have examined this ect, and complete Declaration of preparer (other that I have examined this ect, and complete Declaration of preparer (other that I have examined this ect, and complete Declaration of preparer (other that I have examined this ect, and complete Declaration of preparer (other that I have examined this ect, and complete Declaration of preparer (other that I have examined this ect, and complete Declaration of preparer (other that I have examined this ect, and complete Declaration of preparer (other that I have examined this ect, and complete Declaration of preparer (other that I have examined this examined this examined this examined this examined th	return, including accompan n officer) is based on all info	ection 501(c)(3) orga	ents, and to the nas any knowled	best of my kindge 5 10.	n a in one of the control of the co	and belie	
Under pe true, corre Sign Here	Did the organization complete Schedicompleted Schedule A Inalties of perjury, I declare that I have examined this ect, and complete Declaration of preparer (other that I have examined this ect, and complete Declaration of preparer (other that I have examined this ect, and complete Declaration of preparer (other that I have examined this ect, and complete Declaration of preparer (other that I have examined this ect, and complete Declaration of preparer (other that I have examined this ect, and complete Schedule A I have examined this ect, and complete Schedule A I have examined this ect, and complete Schedule A I have examined this ect, and complete Declaration of preparer (other that I have examined this ect, and complete Declaration of preparer (other that I have examined this ect, and complete Declaration of preparer (other that I have examined this ect, and complete Declaration of preparer (other that I have examined this ect, and complete Declaration of preparer (other that I have examined this ect, and complete Declaration of preparer (other that I have examined this ect, and complete Declaration of preparer (other that I have examined this ect, and complete Declaration of preparer (other that I have examined this ect, and complete Declaration of preparer (other that I have examined this ect, and complete Declaration of preparer (other that I have examined this ect, and complete Declaration of preparer (other that I have examined this ect, and complete Declaration of preparer (other that I have examined this ect, and complete Declaration of preparer (other that I have examined this ect, and complete Declaration of preparer (other that I have examined this ect, and complete Declaration of preparer (other that I have examined this ect, and complete Declaration of preparer (other that I have examined this ect, and complete Declaration of preparer (other that I have examined this ect, and complete Declaration of preparer (other that I have examined this examined this examined this examined this examined th	return, including accompan n officer) is based on all info	ection 501(c)(3) orga	ents, and to the has any knowled Dat	best of my kindge S · 10. e Check self-emplo	n a in one of the control of the co	and belie	

SCHEDULE A (Förm 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Employer identification number

Open to Public Inspection

<u>Book</u>	stoci							<u> 15790 </u>	
Par	t I	Reason for Public Chai	rity Status. (All	organizations mus	t comple	ete this p	oart.) See instructi	ons.	
The c	rgar	nization is not a private founda	tion because it is	s: (For lines 1 through	12, chec	k only or	ne box)	_	
1	_	A church, convention of church						\ <i>0</i>	
2		A school described in section						, ,	
		A hospital or a cooperative hos							
3								/:::\	
4	_	A medical research organization hospital's name, city, and state	•	mjunction with a nost	onai desc	nbea in s	ection 170(b)(1)(A)	(III). E	ter the
_									
5	- ;	An organization operated for t section 170(b)(1)(A)(iv). (Comp	olete Part II)					ai unit	described in
6 7		A federal, state, or local goverr An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its sup				n the g	eneral public
8		A community trust described in			Part II.)				
9		An agricultural research organi				erated in	conjunction with a l	and-ara	ant college
-	(or university or a non-land-graiuniversity.	nt college of agr	iculture (see instruction	ons) Ente	r the nan	ne, city, and state of	the co	llege or
10	_ r	An organization that normally receipts from activities related support from gross investment acquired by the organization a	to its exempt fui income and uni	nctions, subject to ce related business taxal	rtain exce ole incom	eptions; a ne (less se	ind (2) no more than ection 511 tax) from	331/3%	of its
11		An organization organized and				-	•		
12		An organization organized and		-				ry out	the nurnoses
12		of one or more publicly suppo							
		Check the box in lines 12a thro	-		_				
	,		•	• • • • • • • • • • • • • • • • • • • •		_	· ·		_
а	L	Type I. A supporting organ							
		the supported organization	• •	• • • •			he directors or trust	ees of	the
		supporting organization. Ye	ou must comple	ete Part IV, Sections	A and B.	•			
b		Type II. A supporting organ	nization supervis	ed or controlled in co	nnection	with its s	upported organizati	on(s), b	y having
		control or management of to organization(s). You must o	the supporting o	rganization vested in	the same				
С	г	Type III functionally integ				onnectio	n with, and functions	ally inte	grated with,
•		its supported organization(•	
d		☐ Type III non-functionally i	ntegrated. A su	pporting organization	operated	in conne	ection with its suppo	orted or	ganızatıon(s)
		that is not functionally integ	grated. The orga	nization generally mus	st satisfy	a distribu	ition requirement an	d an at	tentiveness
		requirement (see instruction	ns). You must c	omplete Part IV, Sec	tions A a	and D, ar	nd Part V.		
е	Г	Check this box if the organ	ization received	a written determination	on from th	ne IRS th	at it is a Type I. Type	ıl Tvr	ne ill
Ĭ	-	functionally integrated, or T						· · · , · · , r	, c
f	Fr	nter the number of supported of		, , ,					
g		ovide the following information	-	orted organization(s)	•			•	
9		ame of supported organization				roanization	(v) Amount of monotony	601	Amount of
	(1) 14	ame or supported organization	(II) EIN	(described on lines 1–10 above (see instructions))	listed in you	r governing ment?	support (see instructions)	other	support (see structions)
					Yes	No			
/A\		<u>.</u>			-				·
(A)							<u>-</u>	•	_
(B)									
(C)									
(D)					·				
			_		<u> </u>				-
(E)									
							·		

Part	Support Schedule for Organization (Complete only if you checked the complete only if you checked						-
	Part III. If the organization fails to						
Secti	on A.Public Support	- "					
Calen	dar yeầr (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
.	The value of services or facilities furnished by a governmental unit to the organization without charge	-		t.			
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)			**	, , ,		t. r <u>r</u>
6	Public support. Subtract line 5 from line 4						
	on B. Total Support	1,2212		() 0040	4 11 0040		
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4					+	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc			.\		12	
13	First 5 years. If the Form 990 is for the				or fifth tax ye	ear as a section	on 501(c)(3)
0	organization, check this box and stop he				• •	•	· · • 📙
	on C. Computation of Public Suppor Public support percentage for 2020 (line 6			11 column(f)		_14 <	. , %
14 15 16a	Public support percentage for 2020 (in example) Public support percentage from 2019 Sch 331/3% support test—2020. If the organization quality and stop here. The organization quality support percentage for 2020 (in example) Public support percentage from 2019 Sch 331/3% support test—2020. If the organization quality support percentage from 2019 Sch 331/3% support test—2020. If the organization quality support percentage from 2019 Sch 331/3% support test—2020. If the organization quality support percentage from 2019 Sch 331/3% support test—2020. If the organization quality support percentage from 2019 Sch 331/3% support test—2020. If the organization quality support percentage from 2019 Sch 331/3% support test—2020. If the organization quality support percentage from 2019 Sch 331/3% support test—2020 Sch 331/3% support test—2020 Sch 331/3% support percentage from 2019 Sch 331/3% support test—2020 Sch 331/3	nedule A, Part ization did not	II, line 14 . check the box	 c on line 13, ar	id line 14 is 3	15	check this
b	331/3% support test—2019. If the organithis box and stop here. The organization					ıs 331/3% or m	nore, check
17a	10%-facts-and-circumstances test—26 10% or more, and if the organization metal VI how the organization meets the organization	eets the facts	s-and-circumst	ances test, ch	eck this box	and stop here	. Explaın ın
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization meets the organization	on meets the fa	acts-and-circui	mstances test,	check this bo	ox and stop he	re. Explain
18	Private foundation. If the organization instructions						

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

	if the organization rails to quality	under the te	SIS listed beig	w, piease co	implete Part II	·)	
	on A. Public Support			_		· · · · · · · · · · · · · · · · · · ·	
Calen	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees	1					
•	received. (Do not include any "unusual grants")				119,763	45,086	164,849
2	Gross receipts from admissions, merchandise sold or services performed, or facilities	ļ					
	furnished in any activity that is related to the						
	organization's tax-exempt purpose					1,465	1,465
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the]				
	organization's benefit and either paid to						
	or expended on its behalf		<u> </u>				
5	The value of services or facilities		ا بي			ļ	
	furnished by a governmental unit to the	,		•	• • •	Fo district	•
_	organization without charge						
6	Total. Add lines 1 through 5.		·		119,763	46,551	166,314
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .		j				
	·	ļ	1				
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						
С	Add lines 7a and 7b		 				
8	Public support. (Subtract line 7c from		- 			•	
•	line 6.)	۰					166,314
Secti	on B. Total Support	F			L	t	100,011
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6				119,763	46,551	166,314
10a	Gross income from interest, dividends,			•			
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						·
_	Add lines 10a and 10b						
11	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)				119,763	46,551	166,314
14	First 5 years. If the Form 990 is for the	L organization	's first_second	third, fourth.			
•	organization, check this box and stop he	_					. ▶ ☑
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2020 (line 8			3, column (f))		15	%
16	Public support percentage from 2019 Scl					16	%
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2020 (•	• • •	•		17	%
18	Investment income percentage from 2019					18	%
19a	331/3% support tests-2020. If the organ						
	17 is not more than 331/3%, check this box	-	-				
b	331/3% support tests—2019. If the organiz						
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di	id not check a	box on line 14,	19a, or 19b, o	check this box a	and see instruc	tions ▶ 🔲

Part IV Supporting Organizations

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

ecti	on A. All Supporting Organizations		\ <u>-</u>	N ₁
			Yes	NO
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.	⊢		
_	· · · · · · · · · · · · · · · · · · ·	1_		
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).	2		·
20	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	-	-	
3a	lines 3b and 3c below.	3a		
	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	Ja		
þ	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	corganization made the determination.	3b		
	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	, 35		***
·	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c	 	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	00		
70	"Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			-
D	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.	4b		
С	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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer lines 5b and 5c below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN	ļ		
	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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	_	
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.	<u> </u>		-
7		6		<u> </u>
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			ļ .
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	 	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	ا		
_	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	1		
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	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.	9c		
10a				
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated		<u> </u>	
	supporting organizations)? If "Yes," answer line 10b below.	10a	ļ	
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.)	10h	I	1

Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported		3	1
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		1	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Sacti	on C. Type II Supporting Organizations			l
Secu	on c. Type it supporting organizations		Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
1	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sacti	on D. All Type III Supporting Organizations			
Secu	on B. All Type III Supporting Sigurizations		Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		.00	
1	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		ال
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
_				
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
<u> </u>	on E. Type III Functionally Integrated Supporting Organizations			L
		netru	otion	<u></u>
~ 1 <i>,</i>	The organization satisfied the Activities Test. Complete line 2 below.		J., O. 13	-,
a	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line of below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	lega in	etruci	tionel
C	Activities Test. <i>Answer lines 2a and 2b below.</i>	,300 111	Yes	
2			103	110
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	·			
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	<u></u>		
	these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3h		I

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	tru	st on Nov. 20, 1970 (expla	ın ın Part VI). See
	instructions. All other Type III non-functionally integrated supporting organ	ızat	ions must complete Section	
Sect	ion A-Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5_		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
	Other expenses (see instructions)	7	# · =====	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	ion B-Minimum Asset Amount	٠,	(A) Prior Year	(B) Current Year 역 (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
	Acquisition indebtedness applicable to non-exempt-use assets	2		<u></u>
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7	· · · · · · · · · · · · · · · · · · ·	
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C-Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0 85 of line 1.	2	 	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5	ı	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)			- •
7	Check here if the current year is the organization's first as a non-functional (see instructions).	ally	ntegrated Type III support	ing organization

Part	Type III Non-Functionally Integrated 509(a)(3	s, Supporting Organi	Zations (Continue	u) 1	
Secti	on D—Distributions				Current Year
1	Amounts paid to supported organizations to accomplish			1	
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted		
	organizations, in excess of income from activity			2	
_3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets	·-·		4	
5	Qualified set-aside amounts (prior IRS approval required-		VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
	Total annual distributions. Add lines 1 through 6.	h th		7	
8	Distributions to attentive supported organizations to whice (provide details in Part VI). See instructions.	n the organization is res	sponsive		
	·			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	<u> </u>		10	/:::\
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribútion Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				,
	(reasonable cause required -explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2020			\dashv	
	From 2015				
b	From 2016				
<u>_</u>	From 2017			\dashv	
<u>d</u>	From 2018			-	
	From 2019				
$-\frac{f}{g}$	Total of lines 3a through 3e			_	
<u>g</u> h	Applied to underdistributions of prior years Applied to 2020 distributable amount			-	
<u>'''</u>	Carryover from 2015 not applied (see instructions)			\dashv	
<u>;</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f				
4	Distributions for 2020 from				
•	Section D, line 7: \$				
	Applied to underdistributions of prior years			\neg	
<u>_</u>	Applied to 2020 distributable amount				
С	Remainder, Subtract lines 4a and 4b from line 4.			\neg	<u></u>
5	Remaining underdistributions for years prior to 2020, 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 2020 Subtract lines 3h	-			.
	and 4b from line 1. For result greater than zero, explain in				•
	Part VI. See instructions				
7	Excess distributions carryover to 2021. Add lines 3j and 4c				
8	Breakdown of line 7:		<u> </u>		
	Excess from 2016				
<u>a</u> b	Evenes from 2017			\dashv	
<u>b</u>	Excess from 2018			\dashv	¥
d	Excess from 2019		····	\dashv	
e	Excess from 2020				
	LAUGUS 110111 £0£0	<u> </u>			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 23a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Bookstock 83-3415790 Expenses pertaining to Form 990 Part I, Line 16 (Other Expenses) Promotional \$1,355.00 Digital Services \$1,187.00 General Insurance \$ 78.00 Miscellaneous \$1,746.00 Storage \$1,082.00 Contractual Services \$3,169.00 Moving \$1,000.00 Total \$9,617.00 Grants paid in 2020 Remain in Touch allows incarcerated parents the opportunity to read books aloud with children from birth to 12 years old. For older children they are able to read introductions and borrow books their children are reading. \$1,000.00 Progressionista highlights a person in a career by sending the girls in the club a Book Experience Box that includes a book and an activity related to the monthly progressionista. \$1,200.00 Racquet Up Detroit supports and empowers Detroit youth so they can achieve their full potential through long-term, demanding, and inspiring mentoring program of squash, academics, and community service. \$1,500.00 Southwest Economic Solutions promote and preserve homeownership and advance financial literacy, and have become a leader in workforce development and adult literacy services. \$1,000.00 City Year unites and empowers diverse teams of idealistic young people and charges them with addressing some of our country's most difficult challanges to help change the world for the better. \$18,000.00

Name of the organization							Employer ident	ification numbe	er
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