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Form	JJU	

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



Dep	artment	of the Treasury	Do not enter social security numbers on this form	•	•	Open to Public
		enue Service	► Go to www.irs.gov/Form990 for instructions and ar year, or tax year beginning JUL 1, 2020 and		UN 30, 2021	Inspection
			f organization	ending 0	D Employer identificat	tion number
Б	Check i applicat	ble:	organization			
Γ	Addr chan	ess BEHI	ND THE BOOK, INC.			
		e	usiness as		32-0086097	1
	Initia retur	<u>~</u>		Room/suite	E Telephone number	
	Final	216	WEST 135TH STREET		212 222-36	527
	term ated	in- City or t	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,134,890.
	Ame retur	nded NEW	YORK, NY 10030		H(a) Is this a group retu	
	Appl tion	F Name a	nd address of principal officer:JO UMANS		for subordinates?	Yes X No
	penc		AS C ABOVE		H(b) Are all subordinates inclu	ded? Yes No
		kempt status:		or 📃 527	If "No," attach a list	. See instructions
			BEHINDTHEBOOK.ORG		H(c) Group exemption n	
		of organization:	X Corporation Trust Association Other	L Year	of formation: 2003 M S	tate of legal domicile: ${f NY}$
P	art I					
é	1	Briefly describ	be the organization's mission or most significant activities: ${f SEE}$	SCHEDU	LE O	
anc						
Activities & Governance	2	Check this bo	x 🕨 🛄 if the organization discontinued its operations or dispos	sed of more	1 1	
Š	3					20
م	4		lependent voting members of the governing body (Part VI, line 1b)			19
ties	5		of individuals employed in calendar year 2020 (Part V, line 2a) \ldots			10
tivi	6		of volunteers (estimate if necessary)			136
Ac			d business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	 I		
		Oraclaite			Prior Year 930,149.	Current Year 1,050,274.
Iue	8		and grants (Part VIII, line 1h)		69,082.	56,099.
Revenue	9		ce revenue (Part VIII, line 2g)		292.	1,153.
Be	10		come (Part VIII, column (A), lines 3, 4, and 7d) e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	<u> </u>
	11		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		999,523.	1,107,526.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14		to or for members (Part IX, column (A), line 4)	0.	0.	
S		Colorioo othou	companyation ampleures benefits (Part IX, solumn (A), lines 5.10)		427,088.	442,941.
Expenses	16a	Professional fi	undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) \blacktriangleright 182, 7		0.	0.
ber	h	Total fundraisi	ing expenses (Part IX, column (D), line 25) \blacktriangleright 182, 7	27.	-	
ш	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		408,703.	466,537.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		835,791.	909,478.
	19		expenses. Subtract line 18 from line 12		163,732.	198,048.
Net Assets or	8				ginning of Current Year	End of Year
sets	20	Total assets (F	Part X, line 16)		572,434.	779,322.
ASC	21		(Part X, line 26)		98,986.	107,826.
Find	22	Net assets or	fund balances. Subtract line 21 from line 20		473,448.	671,496.
P	art II	Signature	e Block			
Und	ler per	alties of perjury,	I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of my kr	nowledge and belief, it is
true	e, corre	ect, and complete	Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	

Sign	Signature of officer	Date								
Here	JO UMANS, EXECUTIVE DI									
	Type or print name and title									
	Print/Type preparer's name	Date Check PTIN								
Paid	MICHAEL WALLACE	if self-employed P00881958								
Preparer	Firm's name LUTZ AND CARR , C	Firm's EIN 🕨 13-1655065								
Use Only	nly Firm's address 551 FIFTH AVENUE, SUITE 400									
	NEW YORK, NY 101	Phone no. 212-697-2299								
May the I	RS discuss this return with the preparer shown abo	ve? See instructions	X Yes No							

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2020) BEHIND THE BOOK, INC.	32-0086097	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: OUR MISSION IS TO DEVELOP ENGAGED READERS AND WRI NYC PUBLIC SCHOOLS BY DESIGNING AND DELIVERING PR		D
	MULTI-DISCIPLINARY, CULTURALLY RESPONSIVE, AND PE		
	CONNECTIONS TO BOOKS AND THEIR AUTHORS.	COMOTE DEEFER	
2	Did the organization undertake any significant program services during the year which were not lis	sted on the	
-	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		XNo
3	Did the organization cease conducting, or make significant changes in how it conducts, any progr If "Yes," describe these changes on Schedule O.	ram services? Yes	XNo
4	Describe the organization's program service accomplishments for each of its three largest program Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and alloc		
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 573,375. including grants of \$ BEHIND THE BOOK (BTB) DEVELOPS ENGAGED READERS AN		099.
	UNDERSERVED NYC PUBLIC SCHOOLS BY DESIGNING AND I		
	THAT ARE MULTI-DISCIPLINARY, CULTURALLY RESPONSIV	/E, AND PROMOTE DEE	PER
	CONNECTIONS TO BOOKS AND THEIR AUTHORS.		
	BEHIND THE BOOK IS A LITERACY NONPROFIT SERVING E		
		INERS WITH TEACHERS	
	CREATE IMMERSIVE CURRICULUM UNITS BASED ON A BOOP WITH THE AUTHOR, WRITING, ART, AND EXPLORING THE		
	THROUGH DRAMA, AND RELEVANT FIELD TRIPS.	CONTENT OF THE BOO.	<u> </u>
	BTB EMPOWERS THE NEXT GENERATION OF READERS AND V	VRITERS BY NURTURIN	G
4b	(Code:) (Expenses \$ including grants of \$		
4			
łc	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 573, 375.		
			90 (2020
32002	SEE SCHEDULE O FOR CONTINU	DATION(2)	
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υT	125 / 59420 II005 Z020.05010 BERIND THE BO	OR, INC. IIU	'.)T

 Form 990 (2020)
 BEHIND THE BOOK, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
4	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		- 23
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
1E	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		X
15	foreign organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000	X
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 Form 990 (2020)
 BEHIND THE BOOK, I

 Part IV
 Checklist of Required Schedules (continued)
 BEHIND THE BOOK, INC.

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete</i>			v
h	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		x
h	"Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/	200		
Ũ	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
	Note: All Form 990 filers are required to complete Schedule O	38	x	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-		
С	Uid the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	x	
)32004	(gambing) winnings to prize winners?		990	(202
	5			
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Form	990 (2020) BEHIND THE BOOK, INC. 32-0086	097	Р	age 5			
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)						
			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return 2a 10						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X			
b	If "Yes," enter the name of the foreign country						
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	•		x			
	any contributions that were not tax deductible as charitable contributions?	6a		<u> </u>			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	0					
-	were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).	70	х				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b	X				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	70	- 23				
С	to file Form 8282?	7c		x			
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10					
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	76 7f		X			
g							
-							
8							
•	sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.	-					
	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12 10a						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders 11a						
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	Note: See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans 13b						
С	Enter the amount of reserves on hand 13c			37			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			- v			
	excess parachute payment(s) during the year?	15		X			
40	If "Yes," see instructions and file Form 4720, Schedule N.	40		X			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16					
	If "Yes," complete Form 4720, Schedule O.	F	000	(2020)			

Form **990** (2020)

032005 12-23-20

Form 990 (2020)

BEHIND THE BOOK, INC.

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

X

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

				Yes	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 2	0		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b 1	.9		1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with any other			
	officer, director, trustee, or key employee?		. 2		
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?		. 3		
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was filed?	. 4		
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?	. 5		
6	Did the organization have members or stockholders?		6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point one or			
	more members of the governing body?		. 7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s				Ι
	persons other than the governing body?		7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		-		
	The governing body?		8a	X	Ì
	Each committee with authority to act on behalf of the governing body?			X	1
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea				-
-	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		. 9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Re				
		,		Yes	-
0a	Did the organization have local chapters, branches, or affiliates?		10a		-
	If "Yes," did the organization have written policies and procedures governing the activities of such ch				1
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body		11a	X	1
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	x	1
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			X	1
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye		. 120		-
C	in Schedule O how this was done		12c	x	
13	Did the organization have a written whistleblower policy?			X	-
14	Did the organization have a written document retention and destruction policy?			X	-
15	Did the process for determining compensation of the following persons include a review and approva		. 14		1
15		a by independent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		45.0	x	1
	The organization's CEO, Executive Director, or top management official		15a	X	-
a	Other officers or key employees of the organization		. 15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	-			
oa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger		10		1
	taxable entity during the year?		. 16a		-
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization's			1
	exempt status with respect to such arrangements?		. 16b		_
	tion C. Disclosure				
	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright NY		(0)	,	
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	na 990-1 (Section 501(c)(3)s only	/) avai	il
	for public inspection. Indicate how you made these available. Check all that apply.				
_		on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest policy,	and fina	ncial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and records 🕨			
	JO UMANS - (212) 222-3627				_
	216 WEST 135TH STREET, NEW YORK, NY 10030				
12006	§ 12-23-20		Form	1 990	11
_	7				
01	123 759420 11005 2020.05010 BEHIND THE BOOP	K, INC.	11(005	

Part VII	Compensation of Officers,	Directors, Trustees,	Key Employees,	Highest C	ompensated
	Employees, and Independe	ent Contractors			

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

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

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

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

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos			one	Reportable	Reportable	Estimated
	hours per	box	, unle cer an	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week					1/1/1/1/15		from	from related	other
	(list any hours for	or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			Isatec		(W-2/1099-MISC)	(00-2/1099-00130)	organization
	organizations	truste	al trus		yee	mper				and related
	below	Individual trustee	Institutional trustee	ы	Key employee	Highest compensated employee	ler			organizations
	line)	Indiv	Instit	Officer	Keye	High empl	Former			
(1) JO UMANS	55.00									
EXECUTIVE DIRECTOR		Х		Х				83,630.	0.	3,753.
(2) SUSAN ELMAN	6.00									
CHAIR		Х		Х				0.	0.	0.
(3) IAN WOOLLEY	2.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(4) ROBIN CANTER	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(5) MUKUL GUPTA (THROUGH 9/2020)	1.00									
TREASURER		Х		Х				0.	0.	0.
(6) BRIAN TRAUMAN (FROM 9/20)	2.00									
TREASURER		Х		Х				0.	0.	0.
(7) KATE JONAS	2.00									
SECRETARY		Х		Х				0.	0.	0.
(8) CASEY CORNELIUS	1.00									_
DIRECTOR		Х						0.	0.	0.
(9) LAURA CAPPIELLO	1.00									_
DIRECTOR		х						0.	0.	0.
(10) ELENA WU	1.00									
DIRECTOR		X						0.	0.	0.
(11) DAVID WOLFOWITZ	1.00									
DIRECTOR		х						0.	0.	0.
(12) DOUGLAS DAVIDSON	1.00									
DIRECTOR		Х						0.	0.	0.
(13) MARISABEL RAYMOND	1.00									•
DIRECTOR	1 00	X						0.	0.	0.
(14) DERRY WILKENS	1.00									•
DIRECTOR		Х						0.	0.	0.
(15) RAHUL DANI	1.00									•
DIRECTOR		Х						0.	0.	0.
(16) STEVEN FELGRAN	1.00									<u> </u>
DIRECTOR		X						0.	0.	0.
(17) BARBARA HANEY	1.00									•
DIRECTOR		Х						0.	0.	0.
032007 12-23-20						~				Form 990 (2020)

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2020.05010 BEHIND THE BOOK, INC.

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Form	990 ((2020))

Part VII Section A. Officers, Directors, Trus		ploy	ees			ighe	st C						
(A)	(B)			Pos	C) itior	h		(D)	(E)		_	(F)	
Name and title	Average hours per	(do not check more than one			than		Reportable compensation	Reportable compensation			stimate nount		
	week					or/trus		from	from related			other	01
	(list any	ector						the	organization	s	corr	pensa	ition
	hours for	or dire	e			ated		organization	(W-2/1099-MIS	SC)		rom th	
	related organizations	Istee	truste		a	pensa		(W-2/1099-MISC)			Ĭ	anizat	
	below	ual tru	ional		ploye	t com /ee						d relat anizati	
	line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anzati	0113
(18) JISHA DYMOND	1.00		_		×	1 0	<u> </u>						
DIRECTOR		x						0.		Ο.			0.
(19) JOURDAN JONES	1.00												
DIRECTOR		X						0.		0.			0.
(20) BLAIR THETFORD (FROM 2/21)	1.00												
DIRECTOR		Х						0.		0.			0.
(21) MARVIN LARRY (FROM MAY 2021)	1.00												
DIRECTOR		Х						0.		0.			0.
		1											
		-											
							-						
		1											
		1											
								0.0 (0.0		_	<u> </u>	~ =	- ~
1b Subtotal								83,630.		0.		3,7	
c Total from continuation sheets to Part V								0.		0.		3,7	0.
d Total (add lines 1b and 1c)								83,630.		• •	<u> </u>	3,1	53.
2 Total number of individuals (including but r compensation from the organization ►	not limited to tr	lose	liste	ed al	bov	e) wi	no r	eceived more than \$100	1,000 of reportabl	e			0
												Yes	No
3 Did the organization list any former officer	. director. trust	ee.	kev e	ame	love	e. o	r hic	hest compensated emp	olovee on				
line 1a? If "Yes," complete Schedule J for s	, ,				,						3		Х
4 For any individual listed on line 1a, is the s													
and related organizations greater than \$15	-		-					-			4		Х
5 Did any person listed on line 1a receive or	accrue compe	nsat	ion f	from	any	/ unr	elat	ted organization or indivi	idual for services				
rendered to the organization? If "Yes," con	nplete Schedul	e J i	for s	uch	pers	son .					5		Х
Section B. Independent Contractors									• · · · · · · ·				
1 Complete this table for your five highest co										pens	ation	from	
the organization. Report compensation for (A)	the calendar y	ear	enui	ng v	vitri	or w		(B)	year.		(0	וי	
Name and business	address	N	ONI	Ξ				Description of s	ervices	С	compe		n
							_						
2 Total number of independent contractors (including but n	not li	mite	d to		~	stec	d above) who received m	nore than				
\$100,000 of compensation from the organ	ization 🕨					0						0.0.5	
											Form	990 (2020)

032008 12-23-20

b c d e	Statement of Re Check if Schedule O Federated campaigns Membership dues Fundraising events	contains a resp	oonse	or note to any li	ne in this Part VIII (A) Total revenue	(B)	(C)	(D)
b c d e	Federated campaigns	1a	onse	or note to any li	(A)	(B)	(C)	
b c d e	Membership dues						(C)	
b c d e	Membership dues				Total Totolido	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
c d e		16			-			
d e	Fundraising events				4			
е				207,854.	4			
	Related organizations			74,000.	-			
T.	Government grants (contr	· · ·		74,000.	4			
	All other contributions, gifts, similar amounts not included			768,420.				
a			¢	67,513.	4			
-		-			1,050,274.			
				Business Code				
2 a	PROGRAM SERVI	ICE INCO	ME	611710	56,099.	56,099.		
b								
с								
d								
е								
					56,099.			
3					1 215			1,215.
1					1,215.			1,213
5			•	-				
		(i) Re	al	(ii) Personal				
Зa	Gross rents	6a						
b		6b]			
с	Rental income or (loss)	6c						
d	Net rental income or (loss							
7а					4			
	•	7a 3,5	03.		-			
b		3 5	65					
•			$\frac{03}{62}$		-			
					-62.			-62.
	Part IV, line 18		8a	23,799.				
				23,799.				
	· ,	•		<u></u>	0.			
) a								
					4			
<i>,</i> u			10a					
b					1			
				>				
				Business Code				
la								
b								
С								
					1 107 526	56 099	0	1,153.
		UIIS		····· P	<u>, 107, J200</u>		I 0.	Form 990 (2020
	h abcdefg abcda b cda bca bc abcde	h Total. Add lines 1a-1f a PROGRAM SERV b	h Total. Add lines 1a-1f a PROGRAM SERVICE INCO b	h Total. Add lines 1a-1f A PROGRAM SERVICE INCOME B C C C C C C C C C C C C C C C C C C	h Total. Add lines 1a-1f Business Code a PROGRAM SERVICE INCOME 611710 b	h Total. Add lines 1a:1f ▶ 1,050,274. a PROGRAM SERVICE INCOME 611710 56,099. c 611710 56,099. c 611710 56,099. d 7 7 7 g Total. Add lines 2a:2f 56,099. 1,215. Income from investment of tax-exempt bond proceeds 1,215. 1,215. Income from investment of tax-exempt bond proceeds 6 6 g (0) Real (0) Personal 6 b Less: rental expenses 6b 6 c 6b 6 6 6 d Net rental income or (loss) 7 7,565. 7 c Gain or (loss) 7 7,565. 7 -62. d Net gain or (loss) 7 7,854. of contributions reported on line 1c). See Part IV, line 18 8 23,799. 8 23,799. b Less: circet expenses 0. 9a 9a	h Total. Add lines 1a:11 a PROGRAM SERVICE INCOME b 6 c 6 c 6 d 6 f All other program service revenue g Total. Add lines 2a:21 g Total. Add lines 2a:21 income from investment of tax-exempt bond proceeds income from investment from alse if the tax investores including if 0, 2077, 854. of construction c cain or (loss) including if 2, 207, 854. of constructions reported on line 1c). See Part IV, line 18 b coss income from gaming activities. See part IV, line 19 b b coss cost of goods sold total add liveances income or (loss) from gaming activities <td< td=""><td>h Total. Add lines 1a:1 ▶ 1,050,274. a PROGRAM SERVICE INCOME Business code b </td></td<>	h Total. Add lines 1a:1 ▶ 1,050,274. a PROGRAM SERVICE INCOME Business code b

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BEHIND THE BOOK, INC. Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respon	se or note to any line in (A)	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	رط) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
-	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
-	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	92,293.	19,899.	44,742.	27,652
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	308,664.	219,925.		88,739
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	6,363.	3,799.	716.	1,848
10	Payroll taxes	35,621.	21,306.	3,975.	10,340
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	68,737.		68,737.	
d	Lobbying				
е					
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	78,061.	69,448.	1,333.	7,280
12	Advertising and promotion	2,389.	125.	1,777.	487
13	Office expenses	39,228.	10,208.	8,638.	20,382
14	Information technology	11,213.	1,068.	9,143.	1,002
15	Royalties				
16	Occupancy	54,379.	32,301.	6,145.	15,933
17	Travel	2,042.	1,455.	162.	425
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,296.	3,765.	703.	1,828
23	Insurance	10,014.	5,019.	2,469.	2,526
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	EDUCATIONAL PROGRAM EXP	184,863.	184,863.		_
b	DUES AND SUBSCRIPTIONS	5,815.	194.	1,336.	4,285
с	BAD DEBT EXPENSE	3,500.		3,500.	
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	909,478.	573,375.	153,376.	182,727
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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2020.05010 BEHIND THE BOOK, INC.

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

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

BEHIND THE BOOK, INC.

1

2

3

(A) Beginning of year

67,791.

330,602.

106,646.

Part X Balance Sheet

•	Fieuges and grants receivable, riet			100,010.	•	101/2020
4	Accounts receivable, net			26,859.	4	1,368.
5	Loans and other receivables from any current of					
	trustee, key employee, creator or founder, subs	tantial cor	ntributor, or 35%			
	controlled entity or family member of any of the	se person	s		5	
6	Loans and other receivables from other disquali	fied perso	ons (as defined			
	under section 4958(f)(1)), and persons describe	d in sectio	on 4958(c)(3)(B)		6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges			6,322.	9	7,604
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	30,399.			
b	Less: accumulated depreciation		15,092.	17,703.	10c	15,307.
11	Investments - publicly traded securities				11	
12	Investments - other securities. See Part IV, line -	11			12	
13	Investments - program-related. See Part IV, line	11			13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11			16,511.	15	18,394
16	Total assets. Add lines 1 through 15 (must equ			572,434.	16	779,322
17	Accounts payable and accrued expenses			18,286.	17	27,126
18	Grants payable				18	
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete			21		
22	Loans and other payables to any current or form	ner officer	r, director,			
	trustee, key employee, creator or founder, subs	tantial cor	ntributor, or 35%			
	controlled entity or family member of any of the	se person	s		22	
23	Secured mortgages and notes payable to unrela	ated third	parties		23	
24	Unsecured notes and loans payable to unrelate	d third pa	irties	80,700.	24	80,700
25	Other liabilities (including federal income tax, pa	yables to	related third			
	parties, and other liabilities not included on lines	s 17-24). C	Complete Part X			
	of Schedule D				25	
26	Total liabilities. Add lines 17 through 25			98,986.	26	107,826
	Organizations that follow FASB ASC 958, che	eck here				
	and complete lines 27, 28, 32, and 33.					
27	Net assets without donor restrictions			371,195.	27	551,989
28	Net assets with donor restrictions			102,253.	28	119,507
	Organizations that do not follow FASB ASC 9	58, checl	k here 🕨 🛄			
	and complete lines 29 through 33.					
29	Capital stock or trust principal, or current funds				29	
30	Paid-in or capital surplus, or land, building, or ec				30	
31	Retained earnings, endowment, accumulated in				31	
32	Total net assets or fund balances			473,448.	32	671,496
33	Total liabilities and net assets/fund balances	<u></u>		572,434.	33	779, 322. Form 990 (2020

1

2

3

Assets

Liabilities

Net Assets or Fund Balances

(B) End of year

122,752.

511,635.

102,262.

	990 (2020) BEHIND THE BOOK, INC.	32-00	86097	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,10		
2	Total expenses (must equal Part IX, column (A), line 25)	2			78.
3	Revenue less expenses. Subtract line 2 from line 1	3			48.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	47	3,4	48.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	67	1,4	96.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	iired audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2020)

032012 12-23-20

SCHEDULE A

(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
2020
Open to Public Inspection
tal and the second second second second

	artment of the Treasury rnal Revenue Service Attach to Form 990 or Form 990-EZ. Open to Public Inspection										
Nar	ne of	the organizat	ion						Employer	identification	number
				ND THE BOO						2-00860	97
Pa	art I	Reason	for Public	Charity Status.	(All organizations must c	omplete ti	his part.) S	See instruction	ns.		
The	orga	nization is not	a private found	dation because it is: (For lines 1 through 12, c	heck only	one box.)				
1		A church, co	nvention of ch	urches, or associatio	on of churches described	d in sectio	on 170(b)(1	1)(A)(i).			
2		A school des	scribed in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 9	90-EZ).)				
3		A hospital or	a cooperative	hospital service org	anization described in s e	ection 170)(b)(1)(A)(ii	ii).			
4		A medical re	search organiz	ation operated in co	njunction with a hospita	l described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's i	name,
		city, and sta	-								
5		-	-		llege or university owned	d or opera	ted by a g	overnmental	unit descrik	ed in	
				Complete Part II.)							
6					nental unit described in						
7	X	e			intial part of its support f	rom a gov	ernmental	unit or from	the general	public describ	ed in
-				omplete Part II.)							
8	\square				(1)(A)(vi). (Complete Par						
9					in section 170(b)(1)(A)(
		-	or a non-land-	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state o	of the colleg	e or	
10		university:			then 00 1/00/ of its own				hin face a		-
10					than 33 1/3% of its sup						
					ct to certain exceptions; (less section 511 tax) fr						
				mplete Part III.)			sses acqu	lifed by the o	ryanization	alter Julie 30,	1975.
11				. ,	ively to test for public sa	fety See	section 50)9(a)(<u>4</u>)			
12		-	-	-	ively for the benefit of, to	•			arry out the	purposes of c	one or
					ed in section 509(a)(1) o						
					of supporting organizatio						
a	a 🗆				upervised, or controlled					aivina	
					gularly appoint or elect a						
				complete Part IV, Se		, ,				11 5	
k	b	-			l or controlled in connec	tion with it	ts support	ed organizatio	on(s), by ha	ving	
					anization vested in the s						
		organizatio	on(s). You mus	t complete Part IV,	Sections A and C.						
c	: [Type III fu	nctionally inte	egrated. A supportin	g organization operated	in connec	tion with, a	and functiona	ally integrate	ed with,	
		its support	ed organizatio	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.			
c	1 L	Type III no	on-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	orted organi	zation(s)	
		that is not	functionally int	tegrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement an	d an attent	iveness	
	_	requireme	nt (see instruct	tions). You must cor	nplete Part IV, Sections	s A and D,	, and Part	۷.			
e	• 🗆		•		written determination fro			а Туре I, Туре	e II, Type III		
					nally integrated support						
1											
ç	-	vide the follow (i) Name of supp	<u> </u>	n about the supporte		(iv) Is the orga	inization listed	(a) Americant a	f manage atoms		of oth or
		organizatio		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ing document?	(v) Amount o support (see ii	-	(vi) Amount of support (see ins	
					above (see instructions))	Yes	No		,		
Tot	al										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 14

2020.05010 BEHIND THE BOOK, INC.

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Schedule A (Form 990 or 990-EZ) 2020 BEHIND THE BOOK, INC.

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.)

See	ction A. Public Support						
Cale	ndar 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 received. (Do not						
	include any "unusual grants.")	538,497.	687,459.	823,410.	930,149.	1050274.	4029789.
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	538,497.	687,459.	823,410.	930,149.	1050274.	4029789.
	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)						318,825.
6	Public support. Subtract line 5 from line 4.						3710964.
	ction B. Total Support						
-	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	538,497.	687,459.	823,410.	930,149.	1050274.	4029789.
	Gross income from interest,						
0	dividends, payments received on						
	securities loans, rents, royalties,	119.	154.	197.	292.	1,215.	1,977.
•	and income from similar sources		1940		272.	1,213.	Ξ,) / / •
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.)						4021766
	Total support. Add lines 7 through 10						4031766.
	Gross receipts from related activities,					12	342,256.
13	First 5 years. If the Form 990 is for the	-	rst, second, third,	fourth, or fifth tax	year as a section §	501(c)(3)	
_	organization, check this box and stop						
	ction C. Computation of Publ						
14	Public support percentage for 2020 (line 6, column (f), c	livided by line 11,	column (f))		14	92.04 %
	Public support percentage from 2019					15	92.07 %
1 6a	33 1/3% support test - 2020. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organizatior				
b	33 1/3% support test - 2019. If the o	organization did no	t check a box on I	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	lifies as a publicly s	supported organiz	ation			▶□
17a	Ta 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
	meets the facts and circumstances test. The organization qualifies as a publicly supported organization						
b	b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or						
	more, and if the organization meets tl	-					
	organization meets the facts-and-circ						
18	Private foundation. If the organization						s b
				a, 100, 110, 01 11			

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Schedule A (Form 990 or 990-EZ) 2020 BEHIND THE BOOK, 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.)

	on A. Public Support ar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	ifts, grants, contributions, and	.,		,,	, , · · -	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	embership fees received. (Do not						
	clude any "unusual grants.")						
2 Gi m fo ar	ross receipts from admissions, erchandise sold or services per- rmed, or facilities furnished in ny activity that is related to the ganization's tax-exempt purpose						
3 Gi ar	ross receipts from activities that e not an unrelated trade or bus-						
ine	ess under section 513						
	ax revenues levied for the organ- ation's benefit and either paid to						
or	expended on its behalf						
	ne value of services or facilities rnished by a governmental unit to						
th	e organization without charge						
6 To	otal. Add lines 1 through 5						
	mounts included on lines 1, 2, and						
	received from disqualified persons						
fro	nounts included on lines 2 and 3 received m other than disqualified persons that ceed the greater of \$5,000 or 1% of the nount on line 13 for the year						
	dd lines 7a and 7b						
	ublic support. (Subtract line 7c from line 6.)						
	on B. Total Support						
Calenda	ar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	mounts from line 6						
di ⁱ se ar	ross income from interest, vidends, payments received on ecurities loans, rents, royalties, nd income from similar sources						
(le ac	nrelated business taxable income ess section 511 taxes) from businesses quired after June 30, 1975						
11 Ne ac wł	dd lines 10a and 10b et income from unrelated business ctivities not included in line 10b, hether or not the business is gularly carried on						
or	ther income. Do not include gain loss from the sale of capital sets (Explain in Part VI.)						
	Dtal support. (Add lines 9, 10c, 11, and 12.)		<u> </u>		I		
	rst 5 years. If the Form 990 is for th	-			-		nization,
	neck this box and stop here						►
	on C. Computation of Publ					1 1	
	ublic support percentage for 2020 (I			column (f))		15	9
	ublic support percentage from 2019					16	9
	on D. Computation of Inves					<u> </u>	
	vestment income percentage for 20					17	9
	vestment income percentage from 2					18	9
19a 33	3 1/3% support tests - 2020. If the	organization did	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and	line 17 is not
m	ore than 33 1/3% , check this box a	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	►
b 33	8 1/3% support tests - 2019. If the	organization did	not check a box o	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/	3%, and
lin	e 18 is not more than 33 1/3%, che	ck this box and s	top here. The orga	anization qualifies a	as a publicly suppo	orted organiza	ιtion ►
	rivate foundation. If the organizatio						
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				16		-	,
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3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

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.)

Section A. All Supporting Organizations

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

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_____ 10b | _____ Schedule A (Form 990 or 990-EZ) 2020 Part IV Supporting Organizations (continued)

1

2

3

2a

2b

За

3b

Yes No

Yes No

			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		
Sec	tion B. Type I Supporting Organizations			
			Yes	No

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

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated
supervised, or controlled the supporting organization.

Section	. Type II Si	upporting C	nyanizatio	119	
-					

1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
	the supported organization(s).	1	
Sec	tion D. All Type III Supporting Organizations		

-				
			Yes	N
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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.

Section 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. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c _____ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described 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 these activities but for the organization's involvement.*
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

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Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 BEHIND THE BOOK, 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.

Net short-term capital gain 1 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3. 4 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Attion B - Minimum Asset Amount 8 1 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a A verage monthly value of securities 1b 1 A verage monthly cash balances 1b 1 A verage monthly cash balances 1c 1 Discount claimed for blockage or other factors (explain in detail in Part VI): 2 2 Action in detail in Part VI): 4 3 3 Cash deemed held for exempt use assets (subtract line 3 (for greater amount, see instructions). 4 4 Net value of non-exempt use assets (subtract line 4 from line 3) 5 5 5	(A) Prior Year	(B) Current Year (optional)
Other gross income (see instructions) 3 Add lines 1 through 3. 4 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Etion B - Minimum Asset Amount 8 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a a Average monthly value of securities 1a b Average monthly cash balances 1b c Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 3 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 0.035. 6 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6)	(A) Prior Year	
Add lines 1 through 3. 4 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 extion B - Minimum Asset Amount 8 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a a Average monthly cash balances 1b 2 Fair market value of other non-exempt-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): 3 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 0.035. 6 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8	(A) Prior Year	
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maintenance of property held for production of income (see instructions)6Other expenses (see instructions)7Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)8ettion B - Minimum Asset Amount8Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):1aa Average monthly value of securities1ab Average monthly cash balances1bc Fair market value of other non-exempt-use assets1cd Total (add lines 1a, 1b, and 1c)1de Discount claimed for blockage or other factors (explain in detail in Part VI):3Acquisition indebtedness applicable to non-exempt-use assets2Subtract line 2 from line 1d.3Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).5Multiply line 5 by 0.035.6Recoveries of prior-year distributions7Minimum Asset Amount8etion C - Distributable Amount1Adjusted net income for prior year (from Section A, line 8, column A)1	(A) Prior Year	
Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 ettion B - Minimum Asset Amount 8 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a a Average monthly value of securities 1a o 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 e Discount claimed for blockage or other factors (explain in detail in Part VI): 1 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 0.035. 6 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 ettion C - Distributable Amount 1	(A) Prior Year	
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ction B - Minimum Asset Amount 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 e Discount claimed for blockage or other factors (explain in detail in Part VI): 1d Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 0.035. 6 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 ettion C - Distributable Amount 1	(A) Prior Year	· · ·
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):1a Average monthly value of securities1ab Average monthly cash balances1bc Fair market value of other non-exempt-use assets1cd Total (add lines 1a, 1b, and 1c)1de Discount claimed for blockage or other factors (explain in detail in Part VI):1dAcquisition indebtedness applicable to non-exempt-use assets2Subtract line 2 from line 1d.3Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).4Net value of non-exempt-use assets (subtract line 4 from line 3)5Multiply line 5 by 0.035.6Recoveries of prior-year distributions7Minimum Asset Amount (add line 7 to line 6)8ettor C - Distributable Amount1	(A) Prior Year	· · ·
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see instructions). 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 0.035. 6 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 etion C - Distributable Amount 4 Adjusted net income for prior year (from Section A, line 8, column A) 1		
Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 0.035. 6 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 etion C - Distributable Amount 2 Adjusted net income for prior year (from Section A, line 8, column A) 1		
Multiply line 5 by 0.035. 6 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 etion C - Distributable Amount 8 Adjusted net income for prior year (from Section A, line 8, column A) 1		
Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 etion C - Distributable Amount 4 Adjusted net income for prior year (from Section A, line 8, column A) 1		
Minimum Asset Amount (add line 7 to line 6) 8 etion C - Distributable Amount 4 Adjusted net income for prior year (from Section A, line 8, column A) 1		
Adjusted net income for prior year (from Section A, line 8, column A) 1		
Adjusted net income for prior year (from Section A, line 8, column A) 1		
		Current Year
Enter 0.85 of line 1. 2		
Minimum asset amount for prior year (from Section B, line 8, column A) 3		
Enter greater of line 2 or line 3. 4		
Income tax imposed in prior year 5		
Distributable Amount. Subtract line 5 from line 4, unless subject to		
emergency temporary reduction (see instructions). 6		

instructions).

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

Par	t v Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continue	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	s	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive	•		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	5	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
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.				
-	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

F	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, 2b, 3a, 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 E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
32028 01-25-21	1 Schedule A (Form 990 or 990-EZ) 2 21
01123	759420 11005 2020.05010 BEHIND THE BOOK, INC. 11005

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

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

2020

Employer identification number

32-	00	860	97

Name of the o	organization

BEHIND THE BOOK,

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

INC.

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

General Rule

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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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.

Name of organization

Employer identification number

BEHIND THE BOOK, INC.

32-0086097

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	PINE TREE FOUNDATION 1095 PARK AVENUE, 12C NEW YORK, NY 10128	\$24,000.	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
8	TAFFNER FAMILY CHARITABLE TRUST 1415 BOSTON POST ROAD SUITE 11 LARCHMONT, NY 10538	\$25,000.	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
1	FAR FUND928 BROADWAY, SUITE 902NEW YORK, NY 10010	\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
	(1-)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4 KOREIN FOUNDATION C/O MELANIE QUACKENBUSH, THE GLENMEADE TRUST 1650 MARKET ST, SUITE 1200	Total contributions	Type of contribution Person X Payroll
<u>No.</u> 2 (a)	Name, address, and ZIP + 4 KOREIN FOUNDATION C/O MELANIE QUACKENBUSH, THE GLENMEADE TRUST 1650 MARKET ST, SUITE 1200 PHILADELPHIA, PA 19103 (b)	Total contributions \$ 30,000. (c)	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d)
No. 2 (a) No.	Name, address, and ZIP + 4 KOREIN FOUNDATION C/O MELANIE QUACKENBUSH, THE GLENMEADE TRUST 1650 MARKET ST, SUITE 1200 PHILADELPHIA, PA 19103 (b) Name, address, and ZIP + 4 DEPOSITORY TRUST CLEARING COMPANY 55 WATER STREET	Total contributions \$ 30,000. (c) Total contributions	Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.) (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Image: Complete Part II for noncash Image: Complete Part II for noncash (complete Part II for Image: Complete Part II for noncash Image: Complete Part II for noncash
No. 2 (a) No. 10 (a)	Name, address, and ZIP + 4 KOREIN FOUNDATION C/O MELANIE QUACKENBUSH, THE GLENMEADE TRUST 1650 MARKET ST, SUITE 1200 PHILADELPHIA, PA 19103 (b) Name, address, and ZIP + 4 DEPOSITORY TRUST CLEARING COMPANY 55 WATER STREET NEW YORK, NY 10041 (b)	Total contributions \$ 30,000. (c) Total contributions \$ 37,000. (c) (c)	Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Image: Complete Part II for noncash Noncash Image: Complete Part II for noncash contributions.) (Complete Part II for noncash contributions.) (Complete Part II for noncash contributions.)

13301123 759420 11005

2020.05010 BEHIND THE BOOK, INC.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

ation number

BEHIN	D THE BOOK, INC.		32-0086097
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contributi
3	LAWRENCE FOUNDATION		Person X Payroll
	225 BRYANT AVENUE	\$50,00	OO. Noncash (Complete Part II for
	ROSLYN, NY 11201		noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contributi
5	PHYLLIS BACKER FOUNDATION C/O RUSKIN MOSCOU FALITSCHEK 1425 RXR PLAZA, EAST TOWER, 15TH FLOOR	\$55,00	Person X Payroll Image: Complete Part II for
	UNIONDALE, NY 11556		noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contributi
9	VIRGINIA CRETELLA MARS FOUNDATION C/O BROWN BROTHERS HARRIMAN 140 BROADWAY NEW YORK, NY 10005	\$60,00	Person X Payroll Image: Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4 NEW YORK CITY DEPARTMENT OF CULTURAL AFFAIRS	Total contribution	Person X
	31 CHAMBERS ST	\$74,00	Payroll) 0 . Noncash (Complete Part II for
	NEW YORK, NY 10007		noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contributi
		\$	Person Payroll Noncash
			(Complete Part II for noncash contribution

(b)

Name, address, and ZIP + 4

Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Person Payroll

(c) **Total contributions**

023452 11-25-20

(a)

No.

24

2020.05010 BEHIND THE BOOK, INC.

\$

13301123 759420 11005

11005__1

(d)

Type of contribution

Name of organization

Employer identification number

32-0086097

BEHIND THE BOOK, 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
—		\$	
(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) 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) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
3453 11-25-20	25	Schedule B (Form	990, 990-EZ, or 990-PF

	THE BOOK, INC.				32-0086097
Part III	Exclusively religious, charitable, etc., contributions from any one contributor. Complete columns (a) three	ough (e) and the following line	entry For organizat	tions	
	completing Part III, enter the total of exclusively religious, chari	table, etc., contributions of \$1,000	or less for the year. (E	Enter this info. once.)	\$
(a) No.	Use duplicate copies of Part III if additional spa	ice is needed.			
from	(b) Purpose of gift	(c) Use of gift		(d) Descripti	on of how gift is held
Part I					
	-				
	-				
F		(e) Transfer of	aift		
		(-)	-		
	Transferee's name, address, and a	ZIP + 4	Relation	ship of transfe	ror to transferee
Γ					
(a) No.					
from	(b) Purpose of gift	(c) Use of gift		(d) Descripti	on of how gift is held
Part I					
	-				
F	•	(e) Transfer of	gift		
	Transferee's name, address, and a	ZIP + 4	Relation	ship of transfe	ror to transferee
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descripti	on of how gift is held
Ļ					
		(e) Transfer of	gift		
	T		Deletion	- 1	
F	Transferee's name, address, and a		Relation	snip of transfe	ror to transferee
		[
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Decorinti	on of how gift is held
Part I	(b) Fulpose of gift	(c) Use of gift		(d) Descripti	on of now gift is neid
	_		I		
⊢		(a) Transfor of			
		(e) Transfer of	JIIL		
	Transferee's name, address, and 2	ZIP + 4	Relation	ship of transfe	ror to transferee
F			Telation		
3454 11-25-				Schedule B (Fo	rm 990, 990-EZ, or 990-PF

SCHEDUL	E D
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Department of the Treasury Internal Revenue Service

(Form	990)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Nam	e of the organization BEHIND THE BOOK, INC•			Employer identification number $32 - 0086097$
Par		nds or Other Si	milar Funds or A	
1 41	organizations maintening portor Advised to organization answered "Yes" on Form 990, Part IV, line 6.			
		(a) Donor advised f	iunds (t) Funds and other accounts
1	Total number at and of year	(4) 2 5 1 5 1 4 4 1 5 5 4 1	(
2	Total number at end of year Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value of grants non (during year)			
5	Did the organization inform all donors and donor advisors in writing	that the assots hold	in donor advisod fund	10
5	are the organization's property, subject to the organization's exclusion			
6	Did the organization inform all grantees, donors, and donor advisor			
U	for charitable purposes and not for the benefit of the donor or dono			•
	impermissible private benefit?	•	• •	
Par				
1	Purpose(s) of conservation easements held by the organization (ch			
•	Preservation of land for public use (for example, recreation of		Preservation of a histor	rically important land area
	Protection of natural habitat		Preservation of a certif	• •
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified co	nservation contribut	ion in the form of a co	nservation easement on the last
-	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		-	2a
b	Total acreage restricted by conservation easements			2b
c	Number of conservation easements on a certified historic structure			20 2c
d	Number of conservation easements included in (c) acquired after 7		Г	20
u				2d
3	listed in the National Register			
3	year	i, extilliguished, or ter	minated by the organ	
4	Number of states where property subject to conservation easemer	t is located		
5	Does the organization have a written policy regarding the periodic i		n bandling of	
5	violations, and enforcement of the conservation easements it holds	e , 1		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handl		enforcing conservatio	
U		ing of violations, and	emotioning conservatio	in easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling o	f violations and enfo	rcing conservation ear	sements during the year
•			reing conservation ca	sements during the year
8	Does each conservation easement reported on line 2(d) above sati	sty the requirements	of section 170(h)(4)(B)(i)
U		•		
a	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation eas	sements in its revenu	e and expense statem	
5	balance sheet, and include, if applicable, the text of the footnote to			
	organization's accounting for conservation easements.	and organization on		
Par		Historical Trea	sures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, I			
1a	If the organization elected, as permitted under FASB ASC 958, not		ue statement and bala	ance sheet works
	of art, historical treasures, or other similar assets held for public ex	•		
	service, provide in Part XIII the text of the footnote to its financial s			
b	If the organization elected, as permitted under FASB ASC 958, to r			e sheet works of
	art, historical treasures, or other similar assets held for public exhibition	•		
	provide the following amounts relating to these items:	,		
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$
	(ii) Assets included in Form 990, Part X			► \$
2	If the organization received or held works of art, historical treasures			
-	the following amounts required to be reported under FASB ASC 95			
а	Revenue included on Form 990, Part VIII, line 1	-		▶ \$
	Assets included in Form 990, Part X			► \$
	For Paperwork Reduction Act Notice, see the Instructions for F			Schedule D (Form 990) 2020
	12-01-20			
		27		

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2020.05010 BEHIND THE BOOK, INC.

Sche		THE BOOK,						32-00			age 2
Par	t III Organizations Maintaining C	collections of A	rt, Histo	rical Tre	easures, c	or Othe	er Simila	ar Asse	ts (contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, check a	any of the f	ollowing tha	t make s	ignificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	d			ange progra						
b	Scholarly research	е	e ∟ Ot	her							
c	Preservation for future generations										
4	Provide a description of the organization's co							se in Parl	XIII.		
5	During the year, did the organization solicit o		,		,				1		٦
Do	to be sold to raise funds rather than to be mathematical Arrange								Yes		_ No
Fai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa	-	ete if the oi	rganizatior	answered "	Yes" on	Form 990	, Part IV,	line 9, or	•	
10			diam (far aa	ntribution	or other on	aata nat	included				
Ia	Is the organization an agent, trustee, custod		2						Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII							······ L	lites		
b		and complete the lo	nowing tac	JIE.					Amoun	+	
<u> </u>	Reginning balance						1c		Amoun		
	Beginning balance Additions during the year										
	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.]
Par											
	·	(a) Current year	(b) Pric	or year	(c) Two year	s back ((d) Three ye	ears back	(e) Four	years	back
1a	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g,	column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	·	%									
	The percentages on lines 2a, 2b, and 2c sho	•									
3a	Are there endowment funds not in the posse	ession of the organiz	ation that a	are held ar	nd administe	red for th	ne organiz	ation	г		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
	If "Yes" on line 3a(ii), are the related organiza								3b		
	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		owment tur	nas.							
1 41	Complete if the organization answere		0 Part IV I	lina 11a S	ee Form 900	Dart X	line 10				
	Description of property	(a) Cost or o		(b) Cost			cumulate	d	(d) Boo	k valu	
	Description of property	basis (investr		basis (reciation	~		n valu	G
- 1a	Land	· · · · · · · · · · · · · · · · · · ·		(,						
	Buildings										
	Leasehold improvements										
	Equipment			18	8,699.		12,33	33.			66.
	Other				1,700.		2,75			8,9	
	Add lines 1a through 1e. (Column (d) must e		X, column	(B), line 10)c.)				1	5,3	07.
_											

Schedule D (Form 990) 2020

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Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨		
Part VIII Investments - Program Related.		

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25	

1.	(a) Description of liability	(b) BOOK value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

Schedule D (Form 990) 2020

032053 12-01-20

Sche	edule D (Form 990) 2020 BEHIND THE BOOK, INC.			32-	0086097 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial State	ments With			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,110,676.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities		3,150.		
с	Recoveries of prior year grants				
d					
е				2e	3,150.
3	Subtract line 2e from line 1			3	1,107,526.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)			5	1,107,526.
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ements With	Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a.			
1	Total expenses and losses per audited financial statements			1	912,628.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	3,150.		
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	3,150.
3	Subtract line 2e from line 1			3	909,478.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	909,478.
Pa	rt XIII Supplemental Information.				
			and the Dort V line A		

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

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SCHEDULE G	Suppleme	ntal Informati	on Regarding	Fun	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)						Part IV, line 17, 18, o rm 990-EZ, line 6a.		, or if the	2020
Department of the Treasury		-	tach to Form 990						Open to Public
Internal Revenue Service		o to www.irs.gov/l	orm990 for instr	uction	s and	the latest informat	ion.		Inspection
Name of the organization		THE BOOK,	INC.					Employer ide 32-0086	ntification number
	complete this par		rganization answe	ered "Y	'es" oi	n Form 990, Part IV,	line 1	7. Form 990-E	Z filers are not
 Indicate whether th a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization 	e organization rais ions email solicitations tations licitations on have a written o ed in Form 990, P	sed funds through s or oral agreement v art VII) or entity in	e Solicita f Solicita g Special with any individual connection with p	tion of tion of fundra (inclue profess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, tru fundraising services?	stees	Yes	
compensated at le	•		(iunuraisers) puist		ayree	anents under which			
(i) Name and addres or entity (fund	s of individual	(ii) Ad	ctivity	(iii) fundr have c or cor contrib	trol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes	No				
					L				
Total 3 List all states in whi or licensing.		on is registered or			outions	l s or has been notified	l d it is	exempt from r	egistration
LHA For Paperwork Re	eduction Act Not	ice, see the Instri	uctions for Form	990 or	990-1	EZ. (Sche	dule G (Form 9	990 or 990-EZ) 2020
		,				、			

032081 11-25-20

Schedule G (Form 990 or 990-EZ) 2020 BEHIND THE BOOK, INC.

 Schedule G (Form 990 or 990-EZ) 2020
 BEHIND THE BOOK, INC.
 32-0086097
 Page

 Part II
 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

 of fundraising event contributior s and aross inc ome on Form 990-FZ, lines 1 and 6b. List events with gross receipts actor than \$5 000

		of fundraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	
					2	(d) Total events (add col. (a) through
-			BOOK BASH (event type)	VIRTUAL GALA (event type)	(total number)	col. (c))
aniiavau			47,183.		22,073.	231,653
Ð	1	Gross receipts				
	2	Less: Contributions	43,386.	142,578.	21,890.	207,854
	3	Gross income (line 1 minus line 2)	3,797.	19,819.	183.	23,799
	4	Cash prizes				
Ś	5	Noncash prizes				
שמושמ	6	Rent/facility costs				
Ulrect Expenses	7	Food and beverages	526.	2,051.		2,577
ב	8	Entertainment				
	9	Other direct expenses		· · · · · · · · · · · · · · · · · · ·	183.	
		Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from			•	23,799 0
'a	rt I			n 990, Part IV, line 19, or r		
			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c
5						
b						
	1	Gross revenue				
	1					
		Cash prizes				
		Cash prizes				
		Cash prizes				
		Cash prizes				
	3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses		└── Yes% └── No	Yes% No	
	3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	└── Yes% └── No	No	No	
	3 4 5 6 7	Cash prizes	│ Yes% │ No h 5 in column (d)	No No	No No	
	3 4 5 6 7	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	│ Yes% │ No h 5 in column (d)	No No	No No	
	3 4 5 6 7 8	Cash prizes	Yes% No 15 in column (d) 7 from line 1, column (d)	No No	No No	
	3 4 5 6 7 8 Ent Ist	Cash prizes	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: _ ictivities in each of these	No States?	No ►	Yes N
	3 4 5 6 7 8 Ent Ist	Cash prizes	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: _ ictivities in each of these	No States?	No ►	Yes N
	3 4 5 6 7 8 Ent Ist	Cash prizes	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: _ ictivities in each of these	No States?	No ►	YesN
	3 4 5 6 7 8 Ent Is t If "	Cash prizes	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: uctivities in each of these	states?	▶ No	
	3 4 5 6 7 8 Ent Is t If "	Cash prizes	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: uctivities in each of these	states?	▶ No	
	3 4 5 6 7 8 Ent Is t If "	Cash prizes	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: uctivities in each of these	states?	▶ No	

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Schedule G (Form 990 or 990-EZ) 2020 BEHIND THE BOOK, INC.	32-0086097 Page 3
11 Does the organization conduct gaming activities with nonmembers?	
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13 a %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special e	
Name	
Address	
Address	
15a Does the organization have a contract with a third party from whom the organization receives	s gaming revenue? Yes No
To boos the organization have a contract with a time party norm whom the organization received	
b If "Yes," enter the amount of gaming revenue received by the organization \blacktriangleright \$	and the amount
of gaming revenue retained by the third party \triangleright \$	
c If "Yes," enter name and address of the third party:	
Nama	
Name	
Address	
16 Gaming manager information:	
Name	
Gaming manager compensation 🕨 💲	
Description of services provided 🕨	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming	proceeds to
retain the state gaming license?	
b Enter the amount of distributions required under state law to be distributed to other exempt of	
organization's own exempt activities during the tax year > \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2	2b. columns (iii) and (v): and Part III. lines 9. 9b. 10b.
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See ins	
····, ···, ····, ·····················	
032083 11-25-20	Schedule G (Form 990 or 990-EZ) 2020
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2020.05010 BEHIND THE BOOK, INC.

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		Schedule G (Form 990 or 990-EZ
032084 04-01-20	34	
.3301123 759420 11005	2020.05010 BEHIND THE BOOK,	INC. 110051

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

20

Employer identification number

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

20

Name of the	organization
-------------	--------------

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

applicable contributions or items contributed amounts reported on Form 990, Part VIII, line 1g noncash contributed 1 Art - Works of art	(d) of determin ntribution a	ina	
Check if applicable Number of contributions or items contributed Noncash contribution amounts reported on Form 990, Part VIII, line 1g Method noncash contributed 1 Art - Works of art	of determin	ina	
		-	S
2 Art - Historical treasures			
3 Art - Fractional interests			
4 Books and publications X 60,710.RETAIL VA	ALUE		
5 Clothing and household goods			
6 Cars and other vehicles			
7 Boats and planes			
8 Intellectual property			
9 Securities - Publicly traded			
0 Securities - Closely held stock			
1 Securities - Partnership, LLC, or trust interests			
2 Securities - Miscellaneous			
3 Qualified conservation contribution - Historic structures			
4 Qualified conservation contribution - Other			
5 Real estate - Residential			
6 Real estate - Commercial			
7 Real estate - Other			
8 Collectibles			
9 Food inventory			
0 Drugs and medical supplies			
1 Taxidermy			
2 Historical artifacts			
3 Scientific specimens			
4 Archeological artifacts			
5 Other ▶ (DIRECT COST O) X 3 6,183.FMV			
6 Other (COMPUTERS) X 2 620.RETAIL			
7 Other ▶ ()			
8 Other ► ()			
9 Number of Forms 8283 received by the organization during the tax year for contributions			
for which the organization completed Form 8283, Part V, Donee Acknowledgement 29			
		Yes	Nc
0a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it			
must hold for at least three years from the date of the initial contribution, and which isn't required to be used for			
exempt purposes for the entire holding period?	30a		Х
b If "Yes," describe the arrangement in Part II.			
1 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		Х
2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash			
contributions?	32a		х
b If "Yes," describe in Part II.			
3 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,			

Schedule M (Form 990) 2020

032141 11-23-20

describe in Part II.

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Part II

Page **2 Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete

this part for any additional information.		,				·
032142 11-23-20					Schedule M	(Form 990) 2020
		36				11005 1
301123 759420 11005	2020.0501	A REHIND	THE BOOK	., INC.)	110051

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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.



32-0086097

BEHIND THE BOOK, INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OUR MISSION IS TO DEVELOP ENGAGED READERS AND WRITERS IN UNDERSERVED

NYC PUBLIC SCHOOLS BY DESIGNING AND DELIVERING PROGRAMS THAT ARE

MULTI-DISCIPLINARY, CULTURALLY RESPONSIVE, AND PROMOTE DEEPER

CONNECTIONS TO BOOKS AND THEIR AUTHORS.

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

CRITICAL THINKING, CREATIVITY, AND SELF-CONFIDENCE IN OUR STUDENTS,

GIVING THEM THE TOOLS THEY NEED TO REACH THEIR FULL POTENTIAL.

IN 2021 BTB SERVED 1,300 STUDENTS IN 13 SCHOOLS THROUGH 74 PROGRAMS

CONSISTING OF 478 WORKSHOPS IN MANHATTAN AND THE BRONX. 39% OF OUR

PROGRAMS SERVED STUDENTS IN SPECIAL ED CLASSROOMS AND 16 PROGRAMS TOOK

PLACE WITH ENGLISH LANGUAGE LEARNERS. ALL PROGRAMS WERE CONDUCTED

REMOTELY DUE TO THE PANDEMIC.

ALL OF OUR SCHOOL PARTNERS HAVE COMMITTED TO PARTNERING WITH US FOR THE

FY22 SCHOOL YEAR. BTB DONATED 17,000 BOOKS TO STUDENTS AND LOCAL

COMMUNITIES.

FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS REVIEWED BY THE PRESIDENT, TREASURER, AND THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS. THE FORM 990 IS THEN REVIEWED AND APPROVED BY THE BOARD BEFORE FILING.

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

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form
 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) 2020

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 BOOK,
 INC.
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ame of the organization BEHIND THE BOOK, INC •	Employer identification numbe 32-0086097
	52 0000007
HE CONFLICT OF INTEREST POLICY IS ENFORCED AS PER NYS LA	W BY THE BOARD OF
IRECTORS.	
ORM 990, PART VI, SECTION B, LINE 15:	
HE BOARD OF DIRECTORS PERFORM AN ANNUAL REVIEW AND SALA	Y APPROVAL OF
ANAGEMENT.	

GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON

REQUEST. FINANCIAL STATEMENTS ARE ON THE WEBSITE.

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