PUBLIC DISCLOSURE COPY

(Rev. January 2020)

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury

▶ 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.

Open to Public

2020 A For the 2019 calendar year, or tax year beginning JUL 1, 2019 and ending JUN 30, Check if applicable: C Name of organization D Employer identification number Address change OPEN BOOKS LTD Name change 20-4830666 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 651 WEST LAKE STREET 312-475-1355 3,708,304. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return CHICAGO, IL 60661 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: ERIC JOHNSON for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: X 501(c)(3) 501(c) (4947(a)(1) or) **◄** (insert no.) If "No," attach a list. (see instructions) J Website: ► WWW.OPEN-BOOKS.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Other > L Year of formation: 2006 M State of legal domicile: IL Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O **Activities & Governance** if the organization discontinued its operations or disposed of more than 25% of its net assets. 16 3 Number of voting members of the governing body (Part VI, line 1a) 16 Number of independent voting members of the governing body (Part VI, line 1b) 4 33 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 900 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 39 0. 7h **Prior Year Current Year** 1,784,338. 2,342,844. Contributions and grants (Part VIII, line 1h) 8 48,157. 30,876. Program service revenue (Part VIII, line 2g) 0. 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 585,889. 579,496. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 2,411,991 2,959,609 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,128,524. 1,127,913. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,265,386. 1,274,269. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,393,910. 2,402,182. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18,081. 557,427. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 546,181. 1,110,443. Total assets (Part X, line 16) 276,651. 283,486. 21 Total liabilities (Part X, line 26) 269,530. 三年 826,957 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign ERIC JOHNSON, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 12/28/20 self-employed P00641738 JAMES G. QUAID JAMES G. QUAID Paid Firm's name STROW REISIN BERK & ABRAMS, Firm's EIN ▶ 36-2938874 Preparer Firm's address 455 N CITYFRONT PLAZA DR, SUITE 1500 Use Only Phone no. 312 - 670 - 7444CHICAGO, IL 60611 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

Pai	Till 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:	
	OPEN BOOKS COLLECTS, GRANTS, AND SELLS USED BOOKS, PROVIDES COMMUNITY	
	PROGRAMS AND MOBILIZES PASSIONATE VOLUNTEERS TO RAISE AWARENESS ABOUT	
	LITERACY, IMPROVE READING AND WRITING SKILLS AND SPREAD THE LOVE OF	
	READING AND WRITING IN CHICAGO AND BEYOND.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
•	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4-	4 004 000	2
4a	(Code:) (Expenses \$1,924,279. including grants of \$) (Revenue \$) (Revenue \$) (Revenue \$	<u> </u>
	STUDENTS OVER THE COURSE OF 12,727 HOURS OF PROGRAMMING. WE CONTINUED	TT
	OUR WORK WITH 162 GRADE SCHOOL STUDENTS AT 8 SCHOOLS EVERY WEEK THROUG	н
	READING BUDDIES, HELPED 1,860 3RD-12TH GRADERS FROM 69 CLASSROOMS	
	BECOME CONFIDENT, ARTICULATE WRITERS AT OUR CREATIVE WRITING WORKSHOPS	,
	GUIDED 26 ASPIRING TEEN WRITERS IN OUR SUMMER PUBLISHING ACADEMY	
	PROGRAM, ENGAGED 29 YOUNG WRITERS IN OUR CREATIVE WRITING CLUB, AND	
	HOSTED 373 NEW READERS AT OUR IN-STORE STORYTIMES. DURING THE GLOBAL	
	CORONAVIRUS PANDEMIC, WE WERE ABLE TO ENGAGE AN ADDITIONAL ALMOST 2000	
	STUDENTS THROUGH VIRTUAL PROGRAMMING THAT INCLUDED A WRITING CONTEST,	
	DAILY WRITING SPRINTSAND STORYTIME ONLINE. WE ALSO GRANTED 120,089	
	BOOKS TO SCHOOLS AND NONPROFIT PARTNERS THROUGH BOOK GRANTING PROGRAMS	,
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
4-		
4c	(Code:) (Expenses \$	—
		_
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 1,924,279.	
	Total program dervice expenses p	

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15321228 311101 89258.000

			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	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	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? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		X
•	Schedule D, Part III	- °		1
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?			x
	If "Yes," complete Schedule D, Part IV	9		
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,			
	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			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	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	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u></u>
.5		18	Х	
19	1c and 8a? If "Yes," complete Schedule G, Part II	10		
13	,	10		x
20-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b O4	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			_V
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	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		
	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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		х
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		х
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		х
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? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	 • • • • • • • • • • • • • • • • • • •		
02	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	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	00		
٠,	Part V, line 1	34		x
35 a	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	000		
	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?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	55		
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	ļ .		
00		38	х	
Pa	Note: All Form 990 filers are required to complete Schedule O '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			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	-		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c		
			ΩΩΩ	(2010)

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Part V	Statements Regardin	g Other IRS F	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 33									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)									
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х						
b	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).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X						
С	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									
	any contributions that were not tax deductible as charitable contributions?	6a		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).			37						
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			x						
لہ	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c								
d		7e		х						
f	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?									
g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f 7g		X						
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 <u>9</u> 7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities									
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	-								
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									
C	Enter the amount of reserves on hand			v						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		X						
	excess parachute payment(s) during the year?	15								
16	If "Yes," see instructions and file Form 4720, Schedule N.	16		Х						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16								
	ii 100, complete Form 4720, conedule O.									

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

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	$\overline{}$				
	officer, director, trustee, or key employee?			2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the			_		
				3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?	•		7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
_	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea					
а	The governing body?	-	-	8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
-	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Cod	م ا			
	This occion b requests information about policies not required by the internal ne	veriue ood	<i>u.,</i>		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		ŭ .			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					
_	in Schedule O how this was done	,		12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent with a				
	taxable entity during the year?			16a		Х
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					
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶IL					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990-T (S	ection 501(c)(3)s	only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.	•		• • • • • • • • • • • • • • • • • • • •		
	X Own website Another's website X Upon request Other (explain	on Schedi	ule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	financ	cial	
	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 boo	ks and rec	ords >			
	KRYSTLE KIM - 312-475-1355					
	651 WEST LAKE STREET, CHICAGO, IL 60661					

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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.

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

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

(A) Name and title	(B) Average hours per week	(do box		(C Posineck in	ition	l than (s both	one n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ERIC JOHNSON	45.00									
EXECUTIVE DIRECTOR				X				126,673.	0.	4,922.
(2) STACY RATNER	2.00									
FOUNDER		Х		X				0.	0.	0.
(3) EVAN TRENT	2.00									
CHAIR		Х		Х				0.	0.	0.
(4) DENISE SCHWARTZ	2.00									
VICE CHAIR		Х		X				0.	0.	0.
(5) ANNE MATZ	2.00									
SECRETARY	0.00	Х		Х				0.	0.	0.
(6) BRIAN ACKS	2.00								_	
TREASURER	1 00	Х		Х				0.	0.	0.
(7) BRANDON COPPLE	1.00	3,7							0	0
DIRECTOR	1 00	Х						0.	0.	0.
(8) COLLEEN FOLEY	1.00	3,7							0	0
DIRECTOR	1 00	Х				_		0.	0.	0.
(9) MATT KREIS	1.00	.,							0	•
DIRECTOR	1 00	Х						0.	0.	0.
(10) SARA GILLEY KRIVOSHIA	1.00	3,7							0	•
DIRECTOR	1 00	Х						0.	0.	0.
(11) JOSHUA LEAVITT	1.00	Х						0.	0.	0.
01RECTOR (12) ALLISON LIPSMAN	1.00	Λ						0.	0.	<u></u>
DIRECTOR	1.00	Х						0.	0.	0.
(13) MEGAN MCCOY	1.00	Λ						0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(14) DAN RATNER	1.00	21						•	0.	
DIRECTOR	1.00	х						0.	0.	0.
(15) WENDY UPTAIN	1.00							· · ·	•	
DIRECTOR		Х						0.	0.	0.
(16) STEPHANIE VASCONCELLOS	1.00								•	
DIRECTOR		Х						0.	0.	0.
(17) NATALIE WEISS	1.00	<u> </u>								
DIRECTOR		Х						0.	0.	0.
932007 01-20-20										Form 990 (2019)

Form 990 (2019)	OPEN BOOK									20-4	830	666	Pa	age 8
	Officers, Directors, Trus	tees, Key Emp (B)	oloy	ees,	and (C	l Hig C)	ghes	t C	Compensated Employee (D)	es (continued) (E)			(F)	
	e and title	Average hours per week (list any hours for related organizations below line)	box	not c , unle:	Posi heck r ss per nd a di	ition more son i	than o	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensatio from related organization (W-2/1099-MIS	on d ns	com fr org and	timate nount o other pensa om the anization	of tion e ion ed
	nuation sheets to Part VI							>	126,673.		0.		4,92	22.
d Total (add lines	1b and 1c)individuals (including but n							<u> </u>	126,673.	000 of voncetable	0.		4,92	
	om the organization	ot iimited to tri	ose	iiste	u ab	ove	e) Wri	o re	eceived more than \$100,	000 of reportable		ı	Yes	1 No
•	tion list any former officer,	•		•	•	•		_		•			162	
4 For any individua	complete Schedule J for sall listed on line 1a, is the su	ım of reportabl	е со	mpe	ensa	tion	and	oth	ner compensation from t	he organization		3		X
	nizations greater than \$150 sted on line 1a receive or a											4		X
rendered to the co	organization? <i>If</i> "Yes." com ent Contractors	plete Schedule	e J fo	or su	ıch r	oers	on .					5		Х
=	ble for your five highest co Report compensation for	•	-								pensat	tion fro	om	
	(A) Name and business	address	NC	ONE	3				(B) Description of s	ervices	С	(C compe		n
	independent contractors (in pensation from the organization from t	•	ot lin	nited	d to t	thos (ted	above) who received mo	ore than				
												Form ⁵	990 (2	2019)

932008 01-20-20

Form Pa i			2019) OPEN Statement of Reven		KS LT	D			20-4830	666 Page 9
ı a		ш.	_							
			Check if Schedule O conta	ains a r	response (or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		b d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions, gifts, grant similar amounts not included above Noncash contributions included in lines 17	ons) ts, and /e	1a		2,342,844.			
rvice	2	a b	PROGRAM INCOME			Business Code 900099	30,876.	30,876.		
Program Service Revenue		c d e f	All other program service rever	nue			30,876.			
	3 4 5	а	Investment income (including other similar amounts)	(i)	pt bond p	roceeds				
		b c	Less: rental expenses 6b Rental income or (loss) 6c		0. 10,575.		10,575.			10,575.
venue	7	a b	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) (i) Securion 7a 7b 7c		ecurities	(ii) Other				,
Other Rev	8	а	Net gain or (loss) Gross income from fundraising events (not including \$ 52,293. of contributions reported on line 1c). See Part IV, line 18 Less: direct expenses			22,014. 37,605.				
		b Less: direct expenses 88 c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses 99				>	-15,591.			-15,591.
	10	a b	Net income or (loss) from gam Gross sales of inventory, less and allowances Less: cost of goods sold Net income or (loss) from sales	returns	10a		590,766.	590,766.		
laneous enue	11		OTHER INCOME			Business Code 900099	139.			139.
<u></u> 0										

932009 01-20-20

-4,877. Form **990** (2019)

d All other revenue

e Total. Add lines 11a-11d

12 Total revenue. See instructions

621,642.

139.

2,959,609.

Form 990 (2019) OPEN BOOKS LTD Part IX | Statement of Functional Expenses

0000	ion 501(c)(3) and 501(c)(4) organizations must complete Check if Schedule O contains a response tirclude amounts reported on lines 6h	se or note to any line in	this Part IX	ipicie column (r.y.	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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,	125 101	02 220	21 616	20 265
_	trustees, and key employees	135,101.	93,220.	21,616.	20,265
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	831,620.	582,247.	120,208.	129,165
7 8	Other salaries and wages	031,040.	304,441.	140,400.	149,100
0	Pension plan accruals and contributions (include				
9	section 401(k) and 403(b) employer contributions) Other employee benefits	93,013.	64,179.	14,882.	13,952
9 10		68,179.	47,043.	10,909.	10,227
11	Payroll taxes Fees for services (nonemployees):	00,113.	17,013.	10,000.	10,227
'' a	Management				
	Legal	337.		337.	
	Accounting	22,500.		22,500.	
	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
ŭ	column (A) amount, list line 11g expenses on Sch O.)	803.		803.	
12	Advertising and promotion	3,833.	2,753.	412.	668.
13	Office expenses	297,149.	276,244.	15,089.	5,816.
14	Information technology	19,226.	14,733.	2,309.	2,184.
15	Royalties				
16	Occupancy	334,818.	309,648.	16,274.	8,896
17	Travel	10,184.	9,130.	210.	844.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	19,500.	867.	858.	17,775
20	Interest				
21	Payments to affiliates	_			
22	Depreciation, depletion, and amortization	22,145.	17,917.	1,205.	3,023.
23	Insurance	19,021.	14,829.	1,985.	2,207
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	ACCOUNT FEES	322,237.	305,728.	8,374.	8,135.
b	BOOKS DONATED/GIVEN TO	124,122.	123,404.	670.	48.
С	PROGRAM COSTS	72,254.	60,155.	12,099.	
d	RECRUITING AND DEVELOP	6,140.	2,182.	3,727.	231
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,402,182.	1,924,279.	254,467.	223,436
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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OPEN BOOKS LTD

Form 990 (2019) Part X Balance Sheet

Par	· /	Check if Schedule O contains a response or no	te to any	/ line in this Part Y			
		CHECK II Schedule O Contains a response of no	te to arry	/ IIIIe III UIIS FAIT /	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			156,823.	1	813,143.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net			35,410.	4	22,112
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the	se perso	ons		5	
	6	Loans and other receivables from other disqual					
		under section 4958(f)(1)), and persons describe	ion 4958(c)(3)(B)		6		
s l	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			269,176.	8	155,068
As	9	Prepaid expenses and deferred charges			22,274.	9	50,522
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	219,711.			
	b	Less: accumulated depreciation		156,113.	56,498.	10c	63,598
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets	Г		14		
	15	Other assets. See Part IV, line 11	6,000.	15	6,000		
	16	Total assets. Add lines 1 through 15 (must equ			546,181.	16	1,110,443
	17	Accounts payable and accrued expenses			126,182.	17	145,382
	18	Grants payable			18		
	19	Deferred revenue	10,306.	19	5,400		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
_o	22	Loans and other payables to any current or form	ner office	er, director,			
iŧi		trustee, key employee, creator or founder, subs	tantial co	ontributor, or 35%			
Liabilities		controlled entity or family member of any of the	se perso	ons		22	
≝	23	Secured mortgages and notes payable to unrel	ated thir	d parties		23	
	24	Unsecured notes and loans payable to unrelate	d third p	arties		24	
	25	Other liabilities (including federal income tax, pa	ayables t	o related third			
		parties, and other liabilities not included on line	s 17-24).	Complete Part X			
		of Schedule D			140,163.	25	132,704
	26	Total liabilities. Add lines 17 through 25			276,651.	26	283,486
		Organizations that follow FASB ASC 958, che	eck here	• ► X			
Ses		and complete lines 27, 28, 32, and 33.					
au	27	Net assets without donor restrictions			268,564.	27	230,696
Ba	28	Net assets with donor restrictions			966.	28	596,261
DG		Organizations that do not follow FASB ASC 9	58, che	ck here 🕨 🗌			
Net Assets or Fund Balances		and complete lines 29 through 33.					
S	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or e	quipmen	nt fund		30	
As	31	Retained earnings, endowment, accumulated in	come, c	or other funds		31	
Ş	32	Total net assets or fund balances			269,530.	32	826,957.
_	33	Total liabilities and net assets/fund balances			546,181.	33	1,110,443. Form 990 (2019

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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	2,95		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,40		
3	Revenue less expenses. Subtract line 2 from line 1	3		7,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	26	9,5	<u>30.</u>
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	82	6,9	57.
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	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			
	Act and OMB Circular A-133?	-	За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		
			Form	990	(2019)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(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.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

20-4830666

Name of the organization

OPEN BOOKS LTD

Public Charity Status (All organizations must complete this part.) See instructions

Г	11 L I	neason for Public (onanty Status (All organizations must co	ompiete th	is part.) Se	ee instructions.	
The	organ	ization is not a private found	ation because it is: (For lines 1 through 12, cl	heck only	one box.)		
1		A church, convention of ch	urches, or association	n of churches described	in sectio	n 170(b)(I)(A)(i).	
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990 or 99	90-EZ).)		
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,						
		city, and state:						
5		An organization operated for	or the benefit of a co	llege or university owned	or operate	ed by a go	vernmental unit describe	ed in
		section 170(b)(1)(A)(iv).						
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).						
	X							
-		section 170(b)(1)(A)(vi). (C	•		g		g ₁	
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)			
9	H	An agricultural research org			•	ed in coniu	inction with a land-grant	college
•		or university or a non-land-g				-	-	-
		university:	grant conege or agric	altare (see instructions).	Litter tile i	name, eny	, and state of the college	, 01
10		An organization that norma	Illy receives: (1) more	than 33 1/3% of its sunr	oort from c	ontributio	ne membershin fees an	nd aross receipts from
	ш	activities related to its exen						
		income and unrelated busin	-					
		See section 509(a)(2). (Con		(1000 000tion of 1 tax) inc	in basines	oco acqui	red by the organization t	ator danc do, 1070.
11		An organization organized a	•	ively to test for public sat	fety See	section 50	19(a)(4)	
12	H	An organization organized a	•	•	•			nurnoses of one or
	ш	more publicly supported or	=	•	-		•	
		lines 12a through 12d that						SHOOK THE BOX III
а		Type I. A supporting orga					, ,	aivina
·	'	the supported organization	•		•	-		
		organization. You must o			inajonty o	in the direc	tors or traditions or the ot	эррогинд
b		Type II. A supporting org			tion with its	e eunnorte	ad organization(s) by hav	vina
	, <u> </u>	control or management o	· ·					-
		organization(s). You mus			arric perso	ns that co	ntiol of manage the supp	Jorted
c		Type III functionally inte			in connect	tion with	and functionally integrate	ad with
٠	, L	its supported organization					• •	od widi,
c		Type III non-functionally		·				zation(s)
٠	'	that is not functionally int					• • • • •	
		requirement (see instructi	-		-			7011033
e		Check this box if the orga	•					
•	· L	functionally integrated, or					Type I, Type II, Type III	
	Ente	er the number of supported o	• •	nally integrated supporting	ng organiz	ation.		
'		vide the following information	•	nd organization(s)				
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
				above (see instructions))				
Tot	al							

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1327576.	1417421.	1510537.	1784338.	2342844.	8382716.
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	1327576.	1417421.	1510537.	1784338.	2342844.	8382716.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1368394.
6	Public support. Subtract line 5 from line 4.						7014322.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	1327576.	1417421.	1510537.	1784338.	2342844.	8382716.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	10,133.	8,891.	8,043.	3,600.	10,575.	41,242.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	12,079.	27,491.	26,795.			66,365.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	1,617.	1,862.	1,792.	1,985.	139.	7,395.
11	Total support. Add lines 7 through 10						8497718.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12 6	,191,355.
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3)	
_	organization, check this box and stop	here					>
	tion C. Computation of Publi						
	Public support percentage for 2019 (li					14	82.54 %
	Public support percentage from 2018					15	81.76 %
16a	33 1/3% support test - 2019. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2018. If the c	•		•		•	
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test	_					
	and if the organization meets the "fact					-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets th		•		•		,
	organization meets the "facts-and-circ		-	· · · · · · · · · · · · · · · · · · ·			>
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	>

Schedule A (Form 990 or 990-EZ) 2019

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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the	ļ					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-	ļ					
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to	ļ					
	or expended on its behalf	ļ					
5	The value of services or facilities						
	furnished by a governmental unit to	ļ					
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business	ļ					
	activities not included in line 10b, whether or not the business is	ļ					
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiza	ation,
_	check this box and stop here						>
	ction C. Computation of Publi					1 1	
	Public support percentage for 2019 (I			column (f))		15	%
	Public support percentage from 2018					16	<u>%</u>
	ction D. Computation of Inves					 	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	%
19a	a 33 1/3% support tests - 2019. If the						7 is not
	more than 33 1/3%, check this box ar						▶□
k	o 33 1/3% support tests - 2018. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	tructions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
За		
3b		
0.0		
3с		
- 55		
4a		
41-		
4b		
4c		
-10		
5a		
- Cu		
5b		
5c		
6		
-		
7		
8		
-		
9a		
- Ju		
9b		
9с		
_		
40-		
10a		
10b		

Pai	TIV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
	and 2. Type i capperang organizations		Yes	No
_	Did the directors to store as recently such as a successful as		162	INO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	11		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	<i>y</i> , y y		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
2				
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u> </u>	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	uctions)	<u> </u>	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
_	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
_5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrat	ed Type III supporting orga	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Par	TV Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _(continued)	
Secti	on D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets	-		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part VI	Complemental Information
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 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.)
	Note manufactions.
-	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

OPEN BOOKS LTD

Employer identification number 20-4830666

Par			Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line			(1) F
	-	(a) Donor advise	ed funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	-		
_	are the organization's property, subject to the organization's e			
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or	,	, , ,	
Par	impermissible private benefit? t II Conservation Easements. Complete if the organization			
1	Purpose(s) of conservation easements held by the organization			iv, inte 7.
'	Preservation of land for public use (for example, recreati		_	storically important land area
	Protection of natural habitat		_	ertified historic structure
	Preservation of open space		Freservation of a ce	ertined historic structure
2	Complete lines 2a through 2d if the organization held a qualifie	ad conservation contrib	oution in the form of a	conservation easement on the last
_	day of the tax year.	ca conscivation contin	duon in the form of a	Held at the End of the Tax Year
а	Total number of conservation easements			
	Number of conservation easements on a certified historic structure.			•
	Number of conservation easements included in (c) acquired af			
	listed in the National Register	•		2d
3	Number of conservation easements modified, transferred, rele			anization during the tax
	year ▶			
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period	odic monitoring, inspec	tion, handling of	
	violations, and enforcement of the conservation easements it I	nolds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, a	nd enforcing conserva	tion easements during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and er	nforcing conservation	easements during the year
	> \$			
8	Does each conservation easement reported on line 2(d) above	•		
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation		•	
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's	s financial statements	that describes the
Do	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historiaal Tra	ocurso or Othor	Similar Assata
Fai			asures, or Other	Sillilai Assets.
	Complete if the organization answered "Yes" on Form 9			
па	If the organization elected, as permitted under FASB ASC 958	•		
	of art, historical treasures, or other similar assets held for publ	•	•	rance of public
L	service, provide in Part XIII the text of the footnote to its finance of the organization elected, as permitted under FASB ASC 958			and about works of
b	art, historical treasures, or other similar assets held for public e	•		
	provide the following amounts relating to these items:	exhibition, education, c	r research in furtherar	ice of public service,
				• •
	(i) Revenue included on Form 990, Part VIII, line 1			k 4
2	If the organization received or held works of art, historical treat	sures or other similar		
_	the following amounts required to be reported under FASB AS			i, provide
а	Revenue included on Form 990, Part VIII, line 1			> \$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2019

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Pai	t III Organizations Maintaining Coll	ections of Art	t, Histo	rical Tre	asures, o	r Other S	Similar <i>i</i>	Assets	(continu	ued)	
3	Using the organization's acquisition, accession,	and other records	s, check	any of the t	following that	make sigr	nificant us	e of its	,	ĺ	
	collection items (check all that apply):										
а	Public exhibition	d		oan or exc	hange progra	am					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's collection	ctions and explain	how the	ey further th	ne organizatio	n's exemp	t purpose	in Part	KIII.		
5	During the year, did the organization solicit or re	ceive donations o	of art, his	torical treas	sures, or othe	er similar as	ssets				
	to be sold to raise funds rather than to be mainta								Yes		No
Pai	t IV Escrow and Custodial Arrange	ments. Comple	ete if the	organizatio	n answered '	'Yes" on F	orm 990, I	Part IV, li	ne 9, or		
	reported an amount on Form 990, Part X	, line 21.									
1a	Is the organization an agent, trustee, custodian	or other intermedi	iary for c	ontribution	s or other ass	ets not inc	cluded		_		_
	on Form 990, Part X?							\square	Yes		No
b	If "Yes," explain the arrangement in Part XIII and										
									Amount		
С	Beginning balance						1c				
	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Form	990, Part X, line	21, for e	scrow or cu	ustodial acco	unt liability	?	\square	Yes		No
b	If "Yes," explain the arrangement in Part XIII. Ch										
Pai	t V Endowment Funds. Complete if the	e organization an	swered '	'Yes" on Fo	rm 990, Part	IV, line 10					
		a) Current year	(b) P	rior year	(c) Two year	rs back (d	I) Three yea	ars back	(e) Four	years	back_
1a	Beginning of year balance										
b	Contributions										
С	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 current	year end balance	e (line 1g	, column (a) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment										
	The percentages on lines 2a, 2b, and 2c should	equal 100%.									
За	Are there endowment funds not in the possession	on of the organiza	tion that	are held ar	nd administer	ed for the	organizati	on	_		
	by:								,	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ns listed as require	ed on Sc	hedule R?					3b		
4	Describe in Part XIII the intended uses of the organization		wment fu	ınds.							
Pai	t VI Land, Buildings, and Equipmen	t.									
	Complete if the organization answered "\	es" on Form 990	, Part IV	line 11a. S	See Form 990	, Part X, lin	ie 10.				
	Description of property	(a) Cost or of basis (investment)		` '	or other (other)	٠,	umulated eciation		(d) Book	value	9
1a	Land										
b	Buildings										
С	Leasehold improvements			1	7,220.		7,02	8.	10	,19	92.
d	Equipment			14	1,854.	1:	L8,94	6.	22	, 9 (08.
е	Other			6	0,637.		30,13	9.	30	, 49	98.
	l. Add lines 1a through 1e. (Column (d) must equa	l Form 990. Part	X. colum	n (B). line 1	0c.)				63	, 59	98.

Schedule D (Form 990) 2019

		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
Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market valu
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.	on Form 990 Part IV line	11d See Form 990 Part X line 15	
art IX Other Assets. Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) [on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) [11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" c (a) [(1) (2)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" of (a) [(1) (2) (3)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" of (a) [(1) (2) (3)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" of (a) [(1) (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" of (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9)	Description		(b) Book value
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line	Description		(b) Book value
Complete if the organization answered "Yes" of (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.	Description 15.)		(b) Book value
Complete if the organization answered "Yes" of (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of the complete if the organization and the complete if the organization	Description 15.)		
Complete if the organization answered "Yes" of (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability	Description 15.)		
Complete if the organization answered "Yes" of (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes	Description 15.)		(b) Book value
Complete if the organization answered "Yes" of (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT	Description 15.)		(b) Book value
Complete if the organization answered "Yes" organization of liability (1) Federal income taxes (2) DEFERRED RENT (3) CAPITAL LEASE PAYABLE	Description 15.)		(b) Book value
Complete if the organization answered "Yes" organization of liability (1) Federal income taxes (2) DEFERRED RENT (3) CAPITAL LEASE PAYABLE (4)	Description 15.)		(b) Book value
Complete if the organization answered "Yes" organization of liability (1) Federal income taxes (2) DEFERRED RENT (3) CAPITAL LEASE PAYABLE (4) (5)	Description 15.)		(b) Book value
Complete if the organization answered "Yes" of (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3) CAPITAL LEASE PAYABLE (4) (5) (6)	Description 15.)		(b) Book value
Complete if the organization answered "Yes" organization of liability (1) Federal income taxes (2) DEFERRED RENT (3) CAPITAL LEASE PAYABLE (4) (5) (6) (7)	Description 15.)		(b) Book value
Complete if the organization answered "Yes" (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) Intal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3) CAPITAL LEASE PAYABLE (4) (5) (6)	Description 15.)		(b) Book value (b) Book value 118,0

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) 2019

Sche	edule D (Form 990) 2019 OPEN BOOKS LTD				4830666 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stater	nents With F	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,984,976.
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	2b	26,488.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	26,488.
3	Subtract line 2e from line 1			3	2,958,488.
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	1,121.		
С	Add lines 4a and 4b			4c	1,121.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		<u></u>	5	2,959,609.
Pa	rt XII Reconciliation of Expenses per Audited Financial State		Expenses per F	Returr	າ.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1				
1	Total expenses and losses per audited financial statements			1	2,427,549.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities		26,488.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	26,488.
3	Subtract line 2e from line 1			3	2,401,061.
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	1,121.		
С	Add lines 4a and 4b			4c	1,121.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,402,182.
Pa	rt XIII Supplemental Information.				
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	art IV, lines 1b a	nd 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 a	additional inform	ation.		
PAI	RT X, LINE 2:				

THE ORGANIZATION IS A TAX-EXEMPT ORGANIZATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE) AND IS EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE. IN ADDITION, THE INTERNAL REVENUE SERVICE HAS DETERMINED THAT THE ORGANIZATION IS NOT A PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 509(A) OF THE CODE. THE ORGANIZATION HAS ADOPTED THE REQUIREMENTS FOR ACCOUNTING FOR UNCERTAIN TAX POSITIONS AND MANAGEMENT HAS DETERMINED THAT THE ORGANIZATION WAS NOT REQUIRED TO RECORD A LIABILITY RELATED TO UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2020 AND 2019.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization OPEN BC	OOKS LTD					20-4830	666
Part I Fundraising Activities	Complete if the organization answer	ered "Y	es" or	n Form 990, Part IV, I	ine 1		
required to complete this par 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations	sed funds through any of the followin e Solicitar	tion of	non-g	Check all that apply. overnment grants nment grants			_
c Phone solicitations d In-person solicitations 2 a Did the organization have a written	g Special				tees	or	
	Part VII) or entity in connection with providuals or entities (fundraisers) pursua	rofessi	onal fu	undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iv) Gross receipts from activity	tò (d	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization		
		Yes	No				
Total			•				
List all states in which the organization or licensing.			utions	or has been notified	it is	exempt from re	gistration

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

Schedule G (Form 990 or 990-EZ) 2019

Pa	ırt I	Fundraising Events. Complete if the of fundraising event contributions and great productions.				
		or iditidialsing event contributions and give	(a) Event #1 MAKE THE CASE	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
ne			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	74,307.			74,307.
	2	Less: Contributions	52,293.			52,293.
	3	Gross income (line 1 minus line 2)	22,014.			22,014.
	4	Cash prizes				
S	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	19,089.			19,089.
irect E	7	Food and beverages	18,516.			18,516.
	8	Entertainment Other direct expenses				
	10				•	37,605.
_	11	Net income summary. Subtract line 10 from li	ine 3, column (d)		>	-15,591.
Pa	ırt I	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or r	reported more than	
		\$15,000 0111 01111 990-L2, line 0a.	(a) Diama	(b) Pull tabs/instant	(a) Other programme	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Rev						
	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
		ter the state(s) in which the organization condu the organization licensed to conduct gaming a				Yes No
		ne organization licensed to conduct gaming at No," explain:				Yes No
		ere any of the organization's gaming licenses re Yes," explain:	•			Yes No
	_					_

Schedule G (Form 990 or 990-EZ) 2019

932082 09-11-19

Schedule G (Form 990 or 990-EZ) 2019 OPEN BOOKS LTD	20-4830666 Page
11 Does the organization conduct gaming activities with nonmembers?	Yes N
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other	
to administer charitable gaming?	
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events	
Name	
Address >	
15a Does the organization have a contract with a third party from whom the organization receives gam	ning revenue? Yes N
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ of gaming revenue retained by the third party ▶\$	and the amount
c If "Yes," enter name and address of the third party:	
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 proc	eeds to
retain the state gaming license?	Yes N
b Enter the amount of distributions required under state law to be distributed to other exempt organ	izations or spent in the
organization's own exempt activities during the tax year > \$	izations of open in the
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, co	olumns (iii) and (v): and Part III, lines 9, 9h, 10h
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instruc	
Tob, 100, 10, and 115, as applicable. The provide any additional information.	
	·

Schedule G	(Form 990 or 990-EZ)	OPEN BOOKS	LTD	20-4830666	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation (continued)			
-					
-					

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

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.

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

Name of the organization OPEN BOOKS LTD Employer identification number 20-4830666

Pai	rt I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determ noncash contribution	-	:s
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications	Х		663,185.	THRIFT		
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other \dots						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts	- 77	12	12 7/2	TIMES 7		
25	Other (VARIOUS GOODS)	X	13	13,743.	r m v		
26	Other ()						
27	Other ()						
<u>28</u> 29	Other ()	-ation during	the toy year for a	antributions			
29	Number of Forms 8283 received by the organization which the organization completed Form 82						
	for which the organization completed Form 62	os, Fart IV, I	Jonee Acknowled(Jernent [29]		Yes	No
30a	During the year, did the organization receive by	v contributio	n any property ren	orted in Part I lines 1 throug	sh 28 that it	163	NO
ooa	must hold for at least three years from the date						
	exempt purposes for the entire holding period?					a	х
h	If "Yes," describe the arrangement in Part II.	•					
31	Does the organization have a gift acceptance p	oolicy that re	equires the review	of any nonstandard contribut	tions? 31	X	
	Does the organization hire or use third parties						
	contributions?		_	· · ·	32	а	Х
	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is chec	ked,		
	describe in Part II.						

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

Schedule M (Form 990) 2019

Schedule M (Form 990) 2019

932142 09-27-19

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

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.

► Attach to Form 990 or 990-EZ.

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

2019 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

OPEN BOOKS LTD

Employer identification number 20-4830666

01 2K 200KS 212
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OPEN BOOKS COLLECTS, GRANTS, AND SELLS USED BOOKS, PROVIDES COMMUNITY
PROGRAMS AND MOBILIZES PASSIONATE VOLUNTEERS TO RAISE AWARENESS ABOUT
LITERACY, IMPROVE READING AND WRITING SKILLS AND SPREAD THE LOVE OF
READING AND WRITING IN CHICAGO AND BEYOND.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
IMPACTING THE LIVES OF 66,618 STUDENTS, AND DIRECTLY SENT 23,436 NEW
BOOKS THROUGH THE DOLLY PARTON IMAGINATION LIBRARY TO 2,613 ENROLLED
CHILDREN.
FORM 990, PART VI, SECTION A, LINE 2:
STACY RATNER (FOUNDER/PRESIDENT) AND DANIEL RATNER (DIRECTOR) - FAMILY
RELATIONSHIP
FORM 990, PART VI, SECTION B, LINE 11B:
THE DRAFT FORM 990 IS CIRCULATED TO THE BOARD FOR REVIEW AND APPROVAL
BEFORE IT IS FILED WITH THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C:
BOARD MEMBERS ARE ASKED ANNUALLY TO UPDATE THE ORGANIZATION OF ANY
CONFLICTING INTERESTS.
FORM 990, PART VI, SECTION B, LINE 15A:

932211 09-06-19

THE BOARD AND FOUNDER/VICE CHAIR CONDUCTED A COMPARATIVE REVIEW OF

EXECUTIVE COMPENSATION AT SIMILAR NONPROFIT ORGANIZATIONS. THE

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

Schedule O (Form 990 or 990-EZ) (2019)