EXTENDED TO NOVEMBER 15, 2023 Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Α	For the	2022 calendar year, or tax year beginning and	d ending	_			
В	Check if applicable	C Name of organization		D Employer identific	cation number		
	Addres						
	Name change	Doing business as		38-25653	54		
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) PO BOX 51924	Room/suite	E Telephone numbe (734)427			
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	1	G Gross receipts \$	3,485,893.		
	Ameno return			H(a) Is this a group re	eturn		
	Application	F Name and address of principal officer:DEBRA J. BONDE		for subordinates	? Yes X No		
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No		
<u> 1</u>	Tax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions		
	Websit			H(c) Group exemptio			
		organization: X Corporation Trust Association Other	L Year	of formation: 1984 N	State of legal domicile; MI		
P		Summary	DODIICE	T UTCU OIIXI T	my tow		
Se		Briefly describe the organization's mission or most significant activities: TO F	KODOCE	HIGH QUALI	II, LOW		
nan	-	Check this box if the organization discontinued its operations or dispose	and of more	a than 25% of its not as	no oto		
Governance				3	13		
ၓ		Number of independent voting members of the governing body (Part VI, line 1b)			13		
တ္တ		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			15		
Viţi	6	Total number of volunteers (estimate if necessary)		6	50		
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.		
_		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
				Prior Year	Current Year		
ē		Contributions and grants (Part VIII, line 1h)		485,799.	444,884.		
Revenue		Program service revenue (Part VIII, line 2g)		129,684.	132,547.		
Ŗ		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		133,566.	-234,680.		
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	49,980. 799,029.	52,871.			
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		799,029.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
"	1	Benefits paid to or for members (Part IX, column (A), line 4)		437,575.	466,122.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
per	b.	Total fundraising expenses (Part IX, column (D), line 25) 48, 3	90.	-			
Ж	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		340,731.	363,083.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		778,306.	829,205.		
	19	Revenue less expenses. Subtract line 18 from line 12		20,723.	-433,583.		
Net Assets or Find Balances	3		Ве	eginning of Current Year	End of Year		
sets	20	Total assets (Part X, line 16)		4,243,634.	3,499,990.		
A As	21	Total liabilities (Part X, line 26)		22,499.	75,106.		
	22	Net assets or fund balances. Subtract line 21 from line 20		4,221,135.	3,424,884.		
_		Signature Block			. I		
		Ities of perjury, I declare that I have examined this return, including accompanying schedul			y knowledge and belief, it is		
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of v	vilicii preparei	l lias any knowledge.			
Sig	ın	Signature of officer		I Date			
He		DEBRA J. BONDE, EXECUTIVE DIRECTOR					
110		Type or print name and title					
		Print/Type preparer's name Preparer's signature		Date Check	PTIN		
Pai	d	MICHAEL B. BOISVENU		if self-employe	P01355707		
Pre	parer	Firm's name BOISVENU & COMPANY, P.C.	I		8-2857129		
Use	Only	Firm's address 30600 TELEGRAPH ROAD, SUITE 1300					
		BINGHAM FARMS, MI 48025		Phone no. (2	48)647-7200		
Ma	v the IF	RS discuss this return with the preparer shown above? See instructions		·	X Yes No		

Pai	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission:	TNO
	TO INCREASE THE OPPORTUNITY FOR LITERACY AND EDUCATION BY PROVID	
	HIGH QUALITY, FREE AND LOW-COST BRAILLE BOOKS FOR BLIND AND VISU	Аггх
	IMPAIRED CHILDREN.	
2	Did the organization undertake any significant program services during the year which were not listed on the	Yes X No
		JYes LALINO
_	If "Yes," describe these new services on Schedule O.	Yes X No
3	3, 3, 3, 1, 3, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	JYes LALINO
	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 exp	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expe	nses, and
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$ 754,850 • including grants of \$) (Revenue \$ 1	33,710.)
4a	(Code:) (Expenses \$/54,850 • including grants of \$) (Revenue \$) THE ORGANIZATION PROVIDED READING MATERIALS FOR BRAILLE READERS	
	50 STATES AND SEVERAL FOREIGN COUNTRIES. IN 2022, APPROXIMATELY	
	BOOKS, ARTICLES, AND EDUCATIONAL PRODUCTS WERE DISTRIBUTED AT NO	
	OR REDUCED COST TO RECIPIENTS. VOLUNTEERS PROVIDED INFORMATION	
	TECHNOLOGY, TRANSCRIBING AND PROOFREADING SERVICES AT AN ESTIMAT	ED
	VALUE OF \$19,866. OVER 1,000 TITLES ARE OFFERED IN THE ORGANIZAT	
	CATALOG AND BOOKS ARE PROVIDED AT EACH LEVEL OF DEVELOPMENT, FRO	
	TODDLER BOARD BOOKS TO CLASSIC LITERATURE FOR OLDER CHILDREN.	<u></u>
	TODDELLE BOIND BOOKD TO CENEDIC ETTERMIONE FOR CENEDICALITY	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
4c	(Code:) (Expenses \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$	
4e	Total program service expenses 754,850.	
		orm 990 (2022)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	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			3,7
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		х
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0		8		х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
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		х
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	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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		37	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			3,7
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b				
	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		x
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	140		
15	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	-10		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		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	١		Х
	Schedule K. If "No," go to line 25a	24a		Λ
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
4	any tax-exempt bonds? 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	2-10		
200	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		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		Х
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?	200		
·	"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? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			Х
05 -	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
	, , , , , , , , , , , , , , , , , , , ,	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt 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			
4	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
_				
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-		
C	(gambling) winnings to prize winners?	1c		

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9022) SEEDLINGS BRAILLE BOOKS FOR CHILDREN Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				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	15					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х			
3а	· · · · · · · · · · · · · · · · · · ·		3a		Х		
			3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authors.	•					
	financial account in a foreign country (such as a bank account, securities account, or other financial account	ount)?	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 Acco	· ·			37		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		Х		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have a set of the properties of	-	0-		Х		
	any contributions that were not tax deductible as charitable contributions?		6a				
D	If "Yes," did the organization include with every solicitation an express statement that such contributions	-	Ch				
7	were not tax deductible?		6b				
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service	e provided to the payor?	70		Х		
a	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7a 7b		21		
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was re		76				
С	to file Form 8282?	•	7c		Х		
d	If "Yes," indicate the number of Forms 8282 filed during the year		70				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contri	•	7e		Х		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X		
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form		7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by						
			8				
9 Sponsoring organizations maintaining donor advised funds.							
a Did the sponsoring organization make any taxable distributions under section 4966?							
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	а					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	b					
11	Section 501(c)(12) organizations. Enter:	1					
а	Gross income from members or shareholders	a					
b	Gross income from other sources. (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)	•					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104	1	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		40				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a				
h	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	<u>, </u>					
_	organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13						
с 14а		•	14a		X		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration		. 10				
.5	excess parachute payment(s) during the year?		15		Х		
	If "Yes," see the instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment inc	come?	16		Х		
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activit	ies					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17				
	If "Yes," complete Form 6069.						

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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 13			
	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 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	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 appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
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 reached at the			
	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 Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on 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 approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	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 MI		_	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only) avail	able
	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 Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d fina	ncial	
_	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	C/O DEBRA J. BONDE - (734)427-8552			
	14151 FARMINGTON ROAD, LIVONIA, MI 48154			

232006 12-13-22

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week	(do box	not c	Posi heck ss pe	ition more rson i		one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) DEBRA BONDE	40.00							00 555	0	2 540
EXECUTIVE DIRECTOR	0 20			X				88,577.	0.	3,540.
(2) JARED STOFFLETT	0.30	\ \							0	0
DIRECTOR	0.30	Х						0.	0.	0.
(3) ANN DEVEREUX	0.30	Х						0.	0.	0.
OIRECTOR (4) PATTY GRAFF	0.00	Δ						0.	0.	0.
(4) PATTY GRAFF FORMER SECRETARY	0.00	X		X				0.	0.	0.
(5) JESSICA KUSKU	0.00	^		Λ				0.	· ·	0.
FORMER VICE PRESIDENT	0.00	Х		х				0.	0.	0.
(6) BEN GEHLE	0.30	77		22					•	<u> </u>
DIRECTOR	0.30	х						0.	0.	0.
(7) TERRY CROUSON	0.30									
DIRECTOR		x						0.	0.	0.
(8) KATELYN KELEL	0.50									
PRESIDENT		х		х				0.	0.	0.
(9) RICHARD SWAINE	0.50									
TREASURER		Х		х				0.	0.	0.
(10) JOEL ZATELL	0.50									
VICE PRESIDENT		Х		Х				0.	0.	0.
(11) JIM JOLLY	0.00									
DIRECTOR		Х						0.	0.	0.
(12) ERIC LADWIG	0.30									
DIRECTOR		Х						0.	0.	0.
(13) JENNIFER JOSEPH	0.30									
DIRECTOR		Х						0.	0.	0.
(14) CHERYL SHEWACH	0.50								_	
SECRETARY		Х		Х				0.	0.	0.
(15) MICHELLE ELLIS	0.30									•
DIRECTOR	0 22	Х						0.	0.	0.
(16) MICHELLE LAIR	0.30	,,							_	•
DIRECTOR	0 20	Х						0.	0.	0.
(17) MELISSA PILZNER	0.30	\ \ -							_	•
DIRECTOR		Х						0.	0.	0.

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Page 8

(F)

Estimated

(E)

Reportable

(A)

Name and title

(C)

Position

(do not check more than one

(D)

Reportable

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(B)

Average

		week					is bot or/trus		compensation	compensation from related		amount of other			
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	s	compens from the organiza and rela organizat		e ion ed	
-															
						A									
1b	Subtotal								88,577.		0.				
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								88,577.		0. 3,540.				
2	Total number of individuals (including but n			_					eceived more than \$100	,000 of reportab	le		-		
	compensation from the organization												Yes	0 No	
3	Did the organization list any former officer,	director, trust	ee, k	ey e	emp	loye	e, or	hig	hest compensated emp	oloyee on					
	line 1a? If "Yes," complete Schedule J for s											3		X	
4	For any individual listed on line 1a, is the su and related organizations greater than \$15	•							•	•		4		Х	
5	Did any person listed on line 1a receive or a	accrue comper	nsat	ion f	rom	any	unr	elat	ed organization or indivi	idual for services				77	
Sec	rendered to the organization? If "Yes," com-	plete Schedul	e J f	or su	ıch	pers	son .					5		Х	
1	Complete this table for your five highest co	mpensated in	depe	ende	nt c	onti	acto	ors t	hat received more than	\$100,000 of con	npens	ation f	rom		
	the organization. Report compensation for	the calendar y	ear e	endi	ng v	vith	or w	ithir I		year.		10	*1		
	(A) Name and business	address	NC	ONE	3				(B) Description of s	ervices	С	Ompe) nsatio	n	
-								1							
2	Total number of independent contractors (i	ncluding but n	ot li	nite	d to	tho	se lis	sted	d above) who received m	nore than					
	\$100,000 of compensation from the organi	zation				()					Form	990 (2	3033/	
												i OIIII	JJU (2	_U_Z	

232008 12-13-22

Part VIII Statement of Revenue

		Check if Schedule O contains a response of	r note to anv lin	e in this Part VIII			
		·	,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
σω			F 006				000110110 012 011
		Federated campaigns 1a	5,006.				
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
ŁŞ,	C	Fundraising events1c					
a git	c	Related organizations 1d					
B,	e	Government grants (contributions)					
ios		All other contributions, gifts, grants, and					
is t		similar amounts not included above 1f	439,878.				
들진	,	Noncash contributions included in lines 1a-1f	, -				
کوا	_			444,884.			
<u> </u>		I	Business Code	111,001.			
_		<u>+</u>		120 545	120 545		
Program Service Revenue	2 8	BRAILLE BOOK FEES	513190	132,547.	132,547.		
e e	b						
S u	C	;					
e au	c	i					
<u> </u>	e	•					
<u> </u>	f	All other program service revenue					
		Total. Add lines 2a-2f		132,547.			
	3	Investment income (including dividends, interes					
	Ü			143,243.			143,243.
	4	,		113,213.			110,210.
	4	Income from investment of tax-exempt bond pr					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	k	Less: rental expenses 6b					
	c	Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 2,710,077.					
		Less: cost or other basis					
<u>o</u>		1 1					
ue		and sales expenses 7b 3,088,000. Gain or (loss) 7c -377,923.					
ther Revenue				277 222			200
۳.		Net gain or (loss)		-377,923.			-377,923.
the l	8 8	Gross income from fundraising events (not					
ō		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18	53,979.				
	k	Less: direct expenses 8b	2,271.				
		A1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	,	51,708.			51,708.
		Gross income from gaming activities. See					,
		Part IV, line 19 9a					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a	1,163.				
	k	Less: cost of goods sold10b	0.				
		c Net income or (loss) from sales of inventory		1,163.	1,163.		
S			Business Code				
ñ "	11 a	,					
nue nue	t						
Miscellaneous Revenue							
Re							
Σ		All other revenue					
		Total. Add lines 11a-11d			400	_	400 000
	12	Total revenue. See instructions		395,622.	133,710.	0.	-182,972.

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Part IX Statement of Functional Expenses

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

DΛ	not include amounts reported on lines 6b,	(A)	this Part IX(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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,	92,117.	78,539.	8,972.	4,606
_	trustees, and key employees	94,11/•	10,339.	0,914.	4,000
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	326,769.	286,909.	7,633.	32,227
7	Other salaries and wages	320,109.	200,909.	1,033.	34,441
8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)	15,320.	14,032.	577.	711
9	Other employee benefits	31,916.	27,840.	1,245.	2,831
10	Payroll taxes	31,910.	27,040.	1,245.	2,031
11	Fees for services (nonemployees):				
a					
b					
C	5 ······				
	Lobbying Professional fundraising services. See Part IV line 17				
e	Professional fundraising services. See Part IV, line 17 Investment management fees				
f	// //				
g	column (A), amount, list line 11g expenses on Sch 0.)	6,750.		5,062.	1,688
12	Advertising and promotion	0,1301		3,002.	1,000
13	Office expenses	19,564.	17,671.	136.	1,757
14	Information technology	25/5521	27,0720		
15	Royalties				
16		73,910.	70,954.	1,478.	1,478
17	Occupancy	,0,0200	707321	2/2/01	
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	729.	660.		69
20	Interest	, = 5 •			
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,582.	10,158.	212.	212
22 23	· · · · · · · · · · · · · · · · · · ·	1,279.	639.	320.	320
23 24	Insurance Other expenses. Itemize expenses not covered	_,			320
	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	BOOK PRODUCTION MTRLS	219,968.	219,968.		
b	PRINTING, PROMO, WEBSITE	21,111.	19,000.		2,111
c	EQUIP REPAIR & MAINT	7,731.	7,207.	262.	262
d	TRANSPORTATION	1,459.	1,273.	68.	118
e	A.II	,	,		-
25	Total functional expenses. Add lines 1 through 24e	829,205.	754,850.	25,965.	48,390
<u> </u>	Joint costs. Complete this line only if the organization	,	,	•	<u>, </u>
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Pdl	IL A	Dalance Sheet					
		Check if Schedule O contains a response or n	ote to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			155,572.	1	61,105.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net	917.	4	12,768.		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial	contributor, or 35%			
		controlled entity or family member of any of th	ese pers	ons		5	
	6	Loans and other receivables from other disqua	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describ	ed in se	ction 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			113,043.	8	163,241.
⋖	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		237,087.			
	b	Less: accumulated depreciation	10b	208,183.	22,248.	10c	28,904.
	11	Investments - publicly traded securities			3,949,566.	11	3,177,808.
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets	0.000	14	F.C. 1.C.A.		
	15	Other assets. See Part IV, line 11			2,288.	15	56,164.
	16	Total assets. Add lines 1 through 15 (must ed			4,243,634.	16	3,499,990.
	17	Accounts payable and accrued expenses			22,499.	17	20,639.
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Loans and other payables to any current or fo					
ii o		trustee, key employee, creator or founder, sub					
Lia		controlled entity or family member of any of th				22	
	23	Secured mortgages and notes payable to unreal				23	
	24	Unsecured notes and loans payable to unrelat				24	
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on lin					
		1 /	es 17-24	. Complete Part X	0.	25	54,467.
	26	of Schedule D Total liabilities. Add lines 17 through 25			22,499.	26	75,106.
	20	Organizations that follow FASB ASC 958, cl		7.7	22 / 133 (20	7371001
Ses		and complete lines 27, 28, 32, and 33.	icck iici	C <u></u>			
anc	27				4,211,135.	27	3,387,289.
Bal	28	Net assets with donor restrictions			10,000.	28	37,595.
pu		Organizations that do not follow FASB ASC			, , , , , , , , , , , , , , , , , , , ,		,
Fu		and complete lines 29 through 33.	000, 0				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fund		29			
set	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
*	32	Total net assets or fund balances			4,221,135.	32	3,424,884.
ž	02						

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI					X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1				22.			
2	Total expenses (must equal Part IX, column (A), line 25)	2				05.			
3	Revenue less expenses. Subtract line 2 from line 1	3				83.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))								
5	Net unrealized gains (losses) on investments	5	-3	62	, 0	78.			
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			-5	90.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	3,4	24	, 8	84.			
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
				_	⁄es	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	а		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2	b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	,						
	consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				l			
	review, or compilation of its financial statements and selection of an independent accountant?		2	С	Х				
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.									
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3	а		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	dit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3	b					

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

Name of the organization

Employer identification number

SEEDLINGS BRAILLE BOOKS FOR CHILDREN 38-2565354 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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	ction A. Public Support	7.	•	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and	, ,	` ,	. ,	, ,	, ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	298,825.	332,086.	396,896.	416,320.	433,384.	1877511.
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	200 025	222 006	206 006	416 200	422 204	1000511
	Total. Add lines 1 through 3	298,825.	332,086.	396,896.	416,320.	433,384.	1877511.
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,						- 4 - 6 - 4
	column (f)						54,624.
	Public support. Subtract line 5 from line 4.						1822887.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019 332, 086.	(c) 2020	(d) 2021 416,320.	(e) 2022 433,384.	(f) Total 1877511.
7	Amounts from line 4	298,825.	332,086.	396,896.	416,320.	433,384.	1877511.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	160 606	01 500	75.045	405 505	142 242	E C E . 0 0 0
	and income from similar sources	160,606.	81,539.	75,045.	107,505.	143,243.	567,938.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						0445440
11	Total support. Add lines 7 through 10						2445449.
12	Gross receipts from related activities,					L .	,029,001.
13	First 5 years. If the Form 990 is for the	-	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3)	
<u></u>	organization, check this box and stor						<u></u>
	ction C. Computation of Publ						71 51
	Public support percentage for 2022 (14	$\begin{array}{c cccc} 74.54 & \% \\ \hline 74.36 & \% \end{array}$
	Public support percentage from 2021					15	,,,
16a	33 1/3% support test - 2022. If the c	•		•		•	
_	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the c	-					
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	ū					•
	and if the organization meets the fact				=	VI how the organiz	ation
_	meets the facts-and-circumstances to	•	•				
b	10% -facts-and-circumstances tes	ū				•	10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circ		-				
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

Schedule A (Form 990) 2022

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

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

Sec	ction A. Public Support	elow, please con	ipiete i art ii.)				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and			, ,	` '	, ,	,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
2	Gross receipts from activities that					+	
3	are not an unrelated trade or bus-						
	in						
4						+	
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf					_	
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons				<u> </u>		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for the	o organization's	first second third	fourth or fifth tay	voar as a soction	1 501(c)(3) organizat	tion
17	check this box and stop here	•		•	•		lion,
Sec	ction C. Computation of Publ		ercentage				
	Public support percentage for 2022 (I			column (f))		15	0
						16	9
	Public support percentage from 2021 ction D. Computation of Investigation					16	<u> </u>
						17	
	Investment income percentage for 20					—	9
	Investment income percentage from 2					18	17 is not
198	33 1/3% support tests - 2022. If the						17 IS NOT
	more than 33 1/3%, check this box at						
b	33 1/3% support tests - 2021. If the	· ·			•	•	
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	n did not check a	a box on line 14, 19	a, or 19b, check t	his box and see i	nstructions	L

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	_		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5с		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
	10b		
lule	Δ (Forr	າ ໑໑ຓ	2022

Par	TIV Supporting Organizations (continued)			
	_		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		11c		
Sec	tion B. Type I Supporting Organizations			
	_		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	4		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	1		
2	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		103	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
<u>Sec</u>	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
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 governmental entity (see inst.	ruction	1s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	OL		
•	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the expanization have the power to regularly appoint or elect a majority of the efficacy directors or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI	3a		
h	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
	The arts organization oxorolos a substantial asgress 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. Schedule A (Form 990) 2022 232025 12-09-22

3b

Sche	dule A (Form 990) 2022 SEEDLINGS BRAILLE BOOKS	FOR	CHILDREN	38-2565354 Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust c	n Nov. 20, 1970 (e <i>xplair</i>	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	comple	te Sections A through E	<u>:</u>
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		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		

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

Schedule A (Form 990) 2022

4

5

6

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Schedule A (Form 990) 2022

e Excess from 2022

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

SEEDLINGS BRAILLE BOOKS FOR CHILDREN

Employer identification number 38-2565354

Pa	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, line		IS Or Accounts. Complete if the
	organization answered Tes on Form 550, Fartiv, in	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v		rised funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
	impermissible private benefit?		
Pa	rt II Conservation Easements. Complete if the org	janization answered "Yes" on Form 990	, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreating		of a historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the forn	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic stru		
	Number of conservation easements included in (c) acquired a		
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel		
	year	, g,	
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		- f
-	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	g,pg,		g ,
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	ation easements during the year
			,
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	'O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial state	ments that describes the
	organization's accounting for conservation easements.	Ç	
Pa	rt III Organizations Maintaining Collections of	f Art, Historical Treasures, or 0	Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pub		
	service, provide in Part XIII the text of the footnote to its finar		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	,	,
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical trea		
_	the following amounts required to be reported under FASB A		♥ ··· 9 F· - · ·
а		_	\$
	Assets included in Form 990, Part X		<u> </u>
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2022

232051 09-01-22

Scho	dule D (Form 990) 2022 SEEDLING	SS BRAILLE	BOO	KS FOR	CHILDE	REN	38-	256	5354	Pa	ae 2
_	t III Organizations Maintaining Co										<u> </u>
3	Using the organization's acquisition, accession	n, and other record	ds, check	any of the	following that	t make sigr	ificant use	of its			
	collection items (check all that apply):			•	· ·	· ·					
а	Public exhibition	d	ı 🔲 ı	_oan or exc	hange progra	ım					
b	Scholarly research	e			0 1 0						
С	Preservation for future generations	_									
4	Provide a description of the organization's co	llections and explai	in how th	ev further t	he organizatio	nn's exemp	t nurnose ir	Part X	311		
5	During the year, did the organization solicit or										
J	to be sold to raise funds rather than to be ma		-		•				Yes		No
Pai	t IV Escrow and Custodial Arrang										140
	reported an amount on Form 990, Part		oto ii tiio	organizatio	or anowered	100 01110	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0 0, 01		
	Is the organization an agent, trustee, custodia	•	diary for o	contribution	ns or other as	sets not inc	luded				
	on Form 990, Part X?		•						Yes		No
h	If "Yes," explain the arrangement in Part XIII a							. —			
-	Troo, explain the arrangement in rate xin a	and complete the re	mowning t	abic.				A	mount		
_	Reginning balance						1c				
۲ C	Beginning balance						1d				
	Additions during the year						1e				
e	Distributions during the year										
f O-	Ending balance							т,	V		<u> </u>
	Did the organization include an amount on Fo					-		•	Yes	Н	No
Pai	If "Yes," explain the arrangement in Part XIII.										
Fai	t V Endowment Funds. Complete if	(a) Current year	1	rior year	(c) Two year		Three years I	nack 1	e) Four y	eare h	ack
4.	Parisonia a of consultations	(a) Ourient year	(5)	nor year	(C) Two year	3 Daok (a)	Till Co yours i	Juon (e j i our y	cars b	uon
	Beginning of year balance										
b	Contributions			\leftarrow \leftarrow				_			
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 curre	ent year end baland	ce (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment%	6									
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.									
За	Are there endowment funds not in the posses	ssion of the organiz	ation tha	it are held a	and administe	red for the					
	organization by:								Y	'es	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as requi	red on S	chedule R?)				3b		
4	Describe in Part XIII the intended uses of the										
Pai	t VI Land, Buildings, and Equipme										
	Complete if the organization answered		0, Part IV	/, line 11a. §	See Form 990	, Part X, lin	e 10.				
	Description of property	(a) Cost or o	other	(b) Cost	t or other	(c) Accu	ımulated	(c	d) Book v	value	
		basis (investr			(other)		ciation	`		_	
1a	Land	- ` ` ` 				•					
	Buildings										

Schedule D (Form 990) 2022

208,183.

28,904.

28,904.

e Other

c Leasehold improvements

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

237,087.

Schedule D (Form 990) 2022 SEEDLINGS B	RAILLE BOOKS	FOR CHILDREN 38	-2565354 Page 3
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			-
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	ə 1 5.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) LEASE LIABILITY - OPERATI	NG LEASE		54,467
(3)			
(4)			
(5)			
(6)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Schedule D (Form 990) 2022

54,467.

(7) (8)

Pa	rt XI Reconciliation of Revenue per Audited Financial State	nents With	Revenue per R	eturn.	r ago
	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	53,410.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-362,078.		
b	Donated services and use of facilities	2b	19,866.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			240 010
е	J			2e	-342,212.
3	Subtract line 2e from line 1			3	395,622.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1			
a	, , , , , , , , , , , , , , , , , , , ,				
b		·			0
c				4c	395,622
5 Da	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State			5 Return	
ı a	Complete if the organization answered "Yes" on Form 990, Part IV, line 1		ii Experises per	netun	•
1	Total expenses and losses per audited financial statements			1	849,071.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			•	
– a		2a	19,866.		
b			•		
С	Other losses				
d					
е				2e	19,866.
3	Subtract line 2e from line 1			3	829,205.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С				4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information.			5	829,205.
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	dditional infor	mation.		

SCHEDULE G (Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number** Name of the organization SEEDLINGS BRAILLE BOOKS FOR CHILDREN 38-2565354 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants h Internet and email solicitations Solicitation of government grants Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No

Γota	al							
3	List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.							

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

232081 10-27-22

Schedule G (Form 990) 2022

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gr	oss income on Form 990	-EZ, lines 1 and 6b. List	events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			FALL AUCTION			col. (c))
<u>a</u>			(event type)	(event type)	(total number)	331. (3)/
Revenue	1	Gross receipts	53,979.			53,979.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	53,979.			53,979.
	4	Cash prizes				
ω	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
irect E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	0 0 0			2,271.
	10	Direct expense summary. Add lines 4 through				2,271.
		Net income summary. Subtract line 10 from I				51,708.
Pa	ırt I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add 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	h 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		, Jan. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	., (4)			
9	Ent	ter the state(s) in which the organization condi	ucts gaming activities:			
а	ls t	the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
b	If "	No," explain:				
		ere any of the organization's gaming licenses re			year?	Yes No
Ŋ	' 11	Yes," explain:				

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Sch	edule G (Form 990) 2022 SEEDLINGS BRAILLE BOOKS FOR CHILDREN 38-2	3565354	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
12	Indicate the percentage of gaming activity conducted in:		
		ا ءمدا	0/
	The organization's facility	13a	<u>%</u>
	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes Yes	∟ No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
С	If "Yes," enter name and address of the third party:		
_			
	Name		
	Address		
	Address		
40			
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	California in a mariage of the conference of the		
	Description of services provided		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
u	retain the state gaming license?	Yes	□ No
		103	
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
D -	organization's own exempt activities during the tax year \$		
Ра	Tt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	ırt III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule 0	G (Form 990)	SEEDLINGS	BRAILLE	BOOKS FOR	CHILDREN	38-2565354	Page 4
Part IV	Supplemental	SEEDLINGS Information (continued)					
			•				
-							
			-				

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

ANNUALLY.

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

SEEDLINGS BRAILLE BOOKS FOR CHILDREN

Employer identification number 38-2565354

FORM 990, PART VI, SECTION B, LINE 11B:

THE BOARD OF DIRECTORS ENGAGES AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTING
FIRM TO PREPARE THE FORM 990. UPON COMPLETION, IT IS REVIEWED BY THE
ORGANIZATION'S EXECUTIVE DIRECTOR AND TREASURER. A COPY OF FORM 990 IS
PROVIDED TO ALL BOARD MEMBERS PRIOR TO BEING FILED WITH THE INTERNAL
REVENUE SERVICE.

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

BOARD MEMBERS COMPLETE AND SIGN A CONFLICT OF INTEREST QUESTIONNAIRE

FORM 990, PART VI, SECTION B, LINE 15:

A COMMITTEE, CONSISTING OF INDEPENDENT MEMBERS OF THE BOARD, REVIEWS THE

EXECUTIVE DIRECTOR'S COMPENSATION. COMPENSATION PARAMETERS ARE BASED ON A

NUMBER OF FACTORS, SUCH AS EXPERIENCE, PERFORMANCE, AND COMPARISON WITH

SALARY SURVEYS OF EQUIVALENT POSITIONS AT OTHER ORGANIZATIONS WITH

ALLOWANCES FOR SIZE AND DATE OF THE SURVEY'S DATA.

FORM 990, PART VI, SECTION C, LINE 19:

ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL
STATEMENTS ARE AVAILABLE FOR PUBLIC VIEWING DURING NORMAL BUSINESS HOURS.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

RESTROSPECTIVE IMPLEMENTATION OF NEW LEASE STANDARD

-590.

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

Schedule O (Form 990) 2022