

Form **990**Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022
Open to Public
Inspection
A For the 2022 calendar year, or tax year beginning , and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization WORLD BOOK BANK, INC.		D Employer identification number 46-3447763
	Doing business as		E Telephone number 405-755-3131
	Number and street (or P.O. box if mail is not delivered to street address) 5915 NW 23RD STREET		
	Room/suite		
	City or town, state or province, country, and ZIP or foreign postal code OKLAHOMA CITY OK 73127		
F Name and address of principal officer: TOM PACE 8117 LAKEHURST DRIVE OKLAHOMA CITY OK 73120		G Gross receipts \$ 363,306	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	
J Website: WORLDBOOKBANK.ORG		H(c) Group exemption number	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 2013	M State of legal domicile: OK

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO DONATE RELIGIOUS, PERSONAL DEVELOPMENT, BUSINESS AND EDUCATIONAL BOOKS TO PEOPLE IN JAILS AND PRISONS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	2
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	2
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	3
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	277,360	347,272
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,793	16,034
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	292,153	363,306
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	56,662	49,703
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25)	0	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	252,714	339,881
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	309,376	389,584
	19 Revenue less expenses. Subtract line 18 from line 12	-17,223	-26,278
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	171,127	131,793
	22 Net assets or fund balances. Subtract line 21 from line 20	13,989	933
		157,138	130,860

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.

Sign Here	Signature of officer TOM PACE		Date PRESIDENT/CEO	
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name J. MICHAEL BELL	Preparer's signature J. MICHAEL BELL	Date 05/08/23	Check <input type="checkbox"/> if self-employed PTIN P00178205
	Firm's name BELL & RHODES, P.C.		Firm's EIN 73-1275305	
	Firm's address 14220 BARBOUR AVE OKLAHOMA CITY, OK 73134		Phone no. 405-341-2863	
	May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:**TO DONATE RELIGIOUS, PERSONAL DEVELOPMENT, BUSINESS AND EDUCATIONAL BOOKS TO PEOPLE IN JAILS AND PRISONS.****2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ 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? ☐ Yes ☒ 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.

4a (Code:) (Expenses \$ **389,584** including grants of \$) (Revenue \$)
PROVIDING BOOKS FREE OF CHARGE FOR STUDENTS TO READ, INCLUDING THOSE IN PRISON.

4b (Code:) (Expenses \$ **N/A** including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ **N/A** including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **389,584**