Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

2024

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form, as it may be made public.

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

A	For t	he 2024 calendar year, or tax year beginning , 2024, and ending		,
В	Check	if applicable: C	Employer i	dentification number
		ss change National Association of Black	E2_17	52103
		Storytollors Inc	Telephone	
\vdash	Initial	Post Office Box 67722	41094	71117
H		Baltimore, MD 21215		xemption
	Applica	ation pending	Number	xemption
G	Acco	unting Method: X Cash Accrual Other (specify):	if the	organization is not
I	Web			Schedule B
J	Tax-ex	tempt status (check only one) $ \boxed{X}$ 501(c)(3) $$ 501(c) () (insert no.) $$ 4947(a)(1) or $$ 527 (Form 996)	0).	
K	Form	of organization: X Corporation Trust Association Other:		
L	Add	lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to	tal	4.60 =4.0
D		ts (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ		169,718.
Pa	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruction Check if the organization used Schedule O to respond to any question in this Part I		
	1	Contributions, gifts, grants, and similar amounts received.		101,478.
	2	Program service revenue including government fees and contracts		68,240.
	3	Membership dues and assessments.		00,240.
	4	Investment income	. 4	
	5a	Gross amount from sale of assets other than inventory		
	b	Less: cost or other basis and sales expenses		
	С	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a).	. 5c	
•	6	Gaming and fundraising events:		
Ĕ		Gross income from gaming (attach Schedule G if greater than \$15,000) 6a		
Ver	b	Gross income from fundraising events (not including \$ of contributions		
Revenue		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		
	С	Less: direct expenses from gaming and fundraising events	_	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	. 6d	
	7a	Gross sales of inventory, less returns and allowances		
	b	Less: cost of goods sold		
	С	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)		
	8	Other revenue (describe in Schedule O)	-	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		169,718.
	10	Grants and similar amounts paid (list in Schedule 0).		
S	11 12	Benefits paid to or for members		12 500
Se	13	Professional fees and other payments to independent contractors.		13,500. 140,868.
Expenses	14	Occupancy, rent, utilities, and maintenance.		140,000.
Ж	15			
	16	Printing, publications, postage, and shipping. Other expenses (describe in Schedule O). See Schedule O	16	90,649.
	17	Total expenses. Add lines 10 through 16	. 17	245,017.
(0	18	Excess or (deficit) for the year (subtract line 17 from line 9)		-75,299.
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year		
As		figure reported on prior year's return)		221,145.
Se	20	Other changes in net assets or fund balances (explain in Schedule O).		4.5 0.5
_	21	Net assets or fund balances at end of year. Combine lines 18 through 20.	21	145,846.

rai	Check if the organization used Sche		estion in this Part II			X
	J			(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			221,145	. 22	145,677.
23	Land and buildings	Can Cabadal			23	
24					24	169.
25				221,145		145,846.
26	Total liabilities (describe in Schedule O)			0	-	0.
	Net assets or fund balances (line 27 of o			221,145	. 27	145,846.
Par	Check if the organization used Sch	nedule O to respond to any o				Expenses uired for section 501
What	s the organization's primary exempt purpose? See	Schedule 0) and 501(c)(4) nizations; optional
mea: bene	ribe the organization's program service as sured by expenses. In a clear and concise fited, and other relevant information for e	e manner, describe the servi- ach program title.	its three largest pro ces provided, the nu	gram services, as umber of persons		thers.)
28	NABS Annual National Blac					
	in Buffalo, NY presented					
	professional storytelling	<u>to over 100 atter</u>	<u>idees. See S</u>	<u> chedule_0.</u>		
	· · · · · · · · · · · · · · · · · · ·	s amount includes foreign g			28a	74,996.
29	The Black Appalachian Sto					
	<u>artists</u> <u>fellowships</u> <u>to</u> <u>su</u>					
	Appalachian storyteller a	<u>nd culture bearer.</u>	<u>See Schedu</u>	<u>lle_0</u> _		<u> </u>
20	- <u></u>	s amount includes foreign g			29a	67,599.
30	The Adopt-A-Teller AATP P	rogram served 3,30	<u>)0 students a</u>	ind_531		
	adults at 28 venues in Bu	<u> IIalo, NY. See Sc</u>	cnedule_U			
	(Grants \$) If thi	s amount includes foreign g	rants chock horo		30a	25 006
21	Other program services (describe in Scho	odulo (1)	rants, check here		Sua	35,086.
31	, ,	s amount includes foreign g			31 a	
22	Total program service expenses (add lin			·——	32	177,681.
	t IV List of Officers, Directors, 1					
rai	Check if the organization used Sch					
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensa (Forms W-2/1099-MIS 1099-NEC) (if not paid, enter -0-	(d) Health benefit contributions to empl benefit plans, and def	s, ovee	(e) Estimated amount of other compensation
Tir	nda Goss		(II flot paid, effet -0-	, compensation		
	cector	3		0.	0.	0.
	inza Brewer			0.	0.	0.
	rector	4		0.	0.	0.
	David Fakunle			0.	0.	0.
	esident	10		0.	0.	0.
	etter Galloway				•	<u> </u>
	cretary	5		0.	0.	0.
	a Metoyer					<u> </u>
	ector	4		0.	0.	0.
	peia Merrill					
Vic	ce President	4		0.	0.	0.
Roy	Harris					
	rector	4		0.	0.	0.
	ora Legaux					
Exe	ecutive Dir.	30	13,50	0.	0.	0.

Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any guestion in this Part V	See S	Sch	0 П
	the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		Х
35	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
	b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
	c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
	a Enter amount of political expenditures, direct or indirect, as described in the instructions. b Did the organization file Form 1120-POL for this year?	37b		X
38	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
	b If "Yes," complete Schedule L, Part II, and enter the total amount involved			
	a Initiation fees and capital contributions included on line 9			
	b Gross receipts, included on line 9, for public use of club facilities			
40	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911: 0 ; section 4912: 0 ; section 4955: 0 . b Section 501(c)(4) and 501(c)(4) arganizations. Did the organization operage in any section 4958 excess			
	b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х
	c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	705		
	d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed: MD			
42	a The organization's books are in care of: Vanora Legaux Telephone no. 410 9 Located at: PO Box 67722 Baltimore MD ZIP + 4 21215		8	
	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		Yes	No
	If "Yes," enter the name of the foreign country:	42b		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	c At any time during the calendar year, did the organization maintain an office outside the United States?	42c		Χ
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here			N/A N/A
			Yes	No
44	a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.	44a		Х
	b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ			
	c Did the organization receive any payments for indoor tanning services during the year?	44b 44c		X
	d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments?			- 11
	If "No," provide an explanation in Schedule O	44d		17
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
	b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		Х

Page 4

46 Did	the organization engage, directly or indire	ctly in political campa	inn activities on hehalf o	of or in apposition to		162	NO
can	didates for public office? If "Yes," complet	e Schedule C, Part I			46		Х
Part VI							
	All section 501(c)(3) organization for lines 50 and 51.	·		·			_
	Check if the organization used	Schedule O to resp	oond to any questio	n in this Part VI			
47 Did f	the organization engage in lobbying activities	or have a section 501(h)) election in effect during	the tax year? If "Yes,"		Yes	No
	nplete Schedule C, Part II						X
	ne organization a school as described in so the organization make any transfers to an		•				X
	es," was the related organization a section	· ·					
50 Com	nplete this table for the organization's five high	nest compensated emplo	yees (other than officers,	directors, trustees, and k			
emp	oloyees) who each received more than \$100,0	00 of compensation from	the organization. If there				
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate other com		
None_							
		· – – -					
4 Taka	al number of other employees paid over \$1	00.000					
51 Com	an number of other employees paid over \$ nplete this table for the organization's five high npensation from the organization. If there i	nest compensated indep	endent contractors who ea	ach received more than \$	100,000 of		
	(a) Name and business address of each independent of	ontractor	(b) Type	of service	(c) Comp	pensatio	on .
None_							-
d Tota	al number of other independent contractors	s each receiving over \$	\$100,000				
	the organization complete Schedule A? N pleted Schedule A				X Yes	. [No
	ties of perjury, I declare that I have examined this return, and complete. Declaration of preparer (other than office					· [
true, correct,	, and complete. Declaration of preparer (other than office	r) is based on all information (or which preparer has any knowl	4/2/2024			
Sign	Signature of officer			Date			
Here	Keopeia Merrill			Vice President			
	Type or print name and title Print/Type preparer's name	Preparer's signature	Date		TIN		
	типи туро ргорагет з паше	reparers signature	Date	Check if self-employed	1.11 %		
Paid Preparer	Firm's name			sen-employed			
Use Only				Firm's EIN			
				Phone no.			
May the If	RS discuss this return with the preparer sh	nown above? See instr	uctions		Yes	, F	No
	· · · ·				□		

SCHEDULE A (Form 990)

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.

OMB No. 1545-0047

2024

Open to Public Inspection

Name o	of the	e organization	National A	ssociation of	Black			Employer identification	ation number		
			Storytelle	rs, Inc.				52-175210	3		
Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.								ctions.			
The c	rga	nization is	not a private foun	dation because it is: (For lines 1 through 12,	check o	nly one	box.)			
1		A church, c	convention of church	nes, or association of ch	nurches described in sect	ion 1 <mark>70</mark> (b)(1)(A)((i).			
2		A school d	described in sectio	on 170(b)(1)(A)(ii). (Att	ach Schedule E (Form	990).)					
3		A hospital	or a cooperative I	nospital service organ	ization described in sec	tion 170)(b)(1)(A	۸)(iii).			
4											
	name, city, and state:										
5		An organiz	 zation operated fo 70(b)(1)(A)(iv). (Co	r the benefit of a colle omplete Part II.)	ge or university owned	or opera	ated by	a governmental unit de	escribed in		
6		A federal,	state, or local gov	vernment or governme	ental unit described in s	ection 1	70(b)(1))(A)(v).			
7		An organization	ation that normally 170(b)(1)(A)(vi).	receives a substantial p (Complete Part II.)	part of its support from a	governm	ental un	it or from the general pul	olic described		
8		A commun	nity trust described	d in section 170(b)(1)(A)(vi). (Complete Part I	l.)					
9	Ī				ction 170(b)(1)(A)(ix) oper		onjunctio	on with a land-grant colle	ege		
	<u> </u>	-	ty or a non-land-gra		e (see instructions). Enter		•	_	-		
10	X	1			 nan 33-1/3% of its supr	ort from		outions membership fo	es and gross receipts		
	<u> </u>	from activi	t income and unre	exempt functions, substanted business taxables 509(a)(2). (Complete I	nan 33-1/3% of its supp nject to certain exception e income (less section	ns; and 511 tax)	(2) no r	more than 33-1/3% of it usinesses acquired by	ts support from gross the organization after		
11		1			ely to test for public safe	etv See	section	1 509(a)(4).			
12		·	3		ely for the benefit of, to	,		` ` ` ` `	ut the nurneses of one		
		or more pu	ublicly supported o	organizations describe	ed in section 509(a)(1) outporting organization	r sectio	n 509(a)(2). See section 509(a	(3). Check the box on		
а		organizatio	upporting organizat n(s) the power to re Part IV, Sections A	egularly appoint or elect	d, or controlled by its sup a majority of the director	ported or s or trus	rganizat tees of t	ion(s), typically by giving the supporting organization	the supported on. You must		
b		Type II. A manageme	supporting organi	zation supervised or o	controlled in connection the same persons that co	with its ontrol or	support manage	ted organization(s), by the supported organizat	having control or ion(s). You		
С		Type III fu	nctionally integra	ted. A supporting orga	anization operated in co	nnection	n with, a	and functionally integra	ted with, its supported		
d		Type III no functionall	on-functionally int by integrated. The	egrated. A supporting organization generally	organization operated must satisfy a distribu s A and D, and Part V.	in conne	ection w	vith its supported organ it and an attentiveness	ization(s) that is not requirement (see		
е			-	•	en determination from t	he IRS	that it is	s a Type I. Type II. Typ	e III functionally		
		integrated	, or Type III non-fu	unctionally integrated	supporting organization	١.					
f			• • • • • • • • • • • • • • • • • • • •	•							
g			•	on about the supported				T	<u> </u>		
((i) Na	ame of supporte	ed organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is organizat in your g docur	overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
						Yes	No				
(A)											
(B)											
(C)											
<u>(D)</u>											
(E)											
Total											

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the

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

Sec	tion A. Public Support			· ·	·		
Cale begi	ndar year (or fiscal year nning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.").						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	
13	First 5 years. If the Form 990 is organization, check this box and	for the organization	on's first, second	I, third, fourth, or f	ifth tax year as a	section 501(c)(3)	
Sec	tion C. Computation of Pul	olic Support P	ercentage				
14	Public support percentage for 20	24 (line 6, colum	n (f), divided by	line 11, column (f))	14	%
15	Public support percentage from 2	2023 Schedule A,	Part II, line 14.				%
16a	33-1/3% support test—2024. If the and stop here. The organization	ne organization di qualifies as a pul	d not check the olicly supported o	box on line 13, an organization	d line 14 is 33-1/3	3% or more, checl	k this box
b	33-1/3% support test—2023. If th and stop here. The organization						
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts-	meets the facts-a	nd-circumstance	s test, check this I	box and stop here	e. Explain in Part	VI how
b	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and	meets the facts-a	nd-circumstance	s test, check this I	box and stop here	e. Explain in Part	VI how the
18	Private foundation. If the organiz	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions

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	tion A. Public Support	·	·	·			
Calen	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	57,480.	52,755.	96,060.	266,259.	101,478.	574,032.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.	28,225.	29,123.	56,250.	85,425.	68,240.	267,263.
3	Gross receipts from activities that are not an unrelated trade	20,225.	29,123.	30,230.	03,423.	00,240.	
4	or business under section 513. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	85,705. 0.	81,878.	152,310.	351,684. 0.	169,718.	841,295.
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.						
_	,	0.	0.	0.	0.	0.	0.
	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
	Public support. (Subtract line 7c from line 6.)						841,295.
	tion B. Total Support	4-2.0000	4-> 0001	(-) 0000	(-1) 0000	(-) 0004	(A T-1-1
	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Amounts from line 6	85,705.	81,878.	152,310.	351,684.	169,718.	841,295.
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
-	Add lines 10a and 10b	0.	0.	0.	0.	0.	0.
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0.
	Total support. (Add lines 9, 10c, 11, and 12.)	85,705.	81,878.	152,310.	351,684.	169,718.	841,295.
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or fi	fth tax year as a s	section 501(c)(3)	
	tion C. Computation of Pul						
	Public support percentage for 20	•	•				100.00 %
	Public support percentage from 2					16	100.00 %
	tion D. Computation of Inv					, ,	
17	Investment income percentage for	•	• • •	-			0.00 %
18	Investment income percentage for						0.00 %
	33-1/3% support tests—2024. If t is not more than 33-1/3%, check 33-1/3% support tests—2023. If t	this box and stop he organization di	here. The organid not check a box	zation qualifies a con line 14 or lin	s a publicly suppo e 19a, and line 16	orted organization . is more than 33-1	X /3%, and
20	line 18 is not more than 33-1/3% Private foundation. If the organization		-				_

52-1752103

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

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
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.	3a		
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.	3b		
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.	3c		
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.	4a		
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.	4b		
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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was			
	accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5 c		
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? <i>If "Yes," provide detail in Part VI.</i>	6		
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).	7		
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).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined 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.	9b		
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 .	9с		
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)? If "Yes," answer line 10b below.	10a		
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.)	1 0 b		

Pai	rt IV	Supporting Organizations (continued)			
11	∐ac i	the organization accepted a gift or contribution from any of the following persons?		Yes	No
		rson who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,			
·	the g	poverning body of a supported organization?	11a		
b	A far	mily member of a person described on line 11a above?	11b		
,	. A 2E0/	6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .	11c		
		B. Type I Supporting Organizations	110		
500	, (IOII	b. Type I supporting Significations		Yes	No
1	or mo	he governing body, members of the governing body, officers acting in their official capacity, or membership of one ore supported organizations have the power to regularly appoint or elect at least a majority of the organization's ers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported nization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more		103	110
	than were	one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers and the tax year.	1		
2	that o	he organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such ifit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2		
500		C. Type II Supporting Organizations			
360	, tion	C. Type ii Supporting Organizations		Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees			
	of ea	ach of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the porting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion	D. All Type III Supporting Organizations			
1		he organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		Yes	No
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		1		
	J				
2	orgar	e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported nization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	voice all tir	eason of the relationship described on line 2, above, did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played is regard.	3		
Sec	tion	E. Type III Functionally Integrated Supporting Organizations			
1	Chec	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
á	a 🔲 T	The organization satisfied the Activities Test. Complete line 2 below.			
ı	o 🔲 T	The organization is the parent of each of its supported organizations. Complete line 3 below.			
(с 🗌 Т	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2	Activ	ities Test. Answer lines 2a and 2b below.		Yes	No
•	supp orga	substantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was consive to those supported organizations, and how the organization determined that these activities			
		tituted substantially all of its activities.	2a		
I	more	he activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the ons for the organization's position that its supported organization(s) would have engaged in these activities			
		or the organization's involvement.	2b		
		nt of Supported Organizations. Answer lines 3a and 3b below.			
	or tru	he organization have the power to regularly appoint or elect a majority of the officers, directors, ustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
l	Did to supp	he organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

_	edule A (Form 990) 2024 National Association of Black		52-17	52103	Page (
ar	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizat	tions		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on No	ov. 20, 1970 (explain in st complete Sections A	Part VI). See through E.	В
ec	tion A — Adjusted Net Income		(A) Prior Year	(B) Curre (optio	
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			
ec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Curre (optio	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
C	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 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			
ิล ี	Multiply line 5 by 0.035	6			

Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
tion C — Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, column A)	1		
Enter 0.85 of line 1.	2		
Minimum asset amount for prior year (from Section B, line 8, column A)	3		
Enter greater of line 2 or line 3.	4		
Income tax imposed in prior year	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
	Minimum Asset Amount (add line 7 to line 6) Etion C — Distributable Amount Adjusted net income for prior year (from Section A, line 8, column A) Enter 0.85 of line 1. Minimum asset amount for prior year (from Section B, line 8, column A) Enter greater of line 2 or line 3. Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency	Minimum Asset Amount (add line 7 to line 6) 8 Stion C — Distributable Amount Adjusted net income for prior year (from Section A, line 8, column A) Enter 0.85 of line 1. Minimum asset amount for prior year (from Section B, line 8, column A) Enter greater of line 2 or line 3. Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 8	Minimum Asset Amount (add line 7 to line 6) Adjusted net income for prior year (from Section A, line 8, column A) Enter 0.85 of line 1. Minimum asset amount for prior year (from Section B, line 8, column A) Enter greater of line 2 or line 3. Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).

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

BAA Schedule A (Form 990) 2024

Distributions Pre-2024 Amor	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required — provide details in Part VI) 6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 Distributable amount for 2024 from Section C, line 6 9 Distributable amount divided by line 9 amount 10 Ci) Excess Distributions Pre-2024 Distributions Pre-2024	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required — provide details in Part VI) 5 Cother distributions (describe in Part VI). See instructions. 6 Distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 Distributable amount for 2024 from Section C, line 6 9 Distributable amount divided by line 9 amount 10 Section E — Distribution Allocations (see instructions) Ci) Excess Distributions Pre-2024 Distributions Pre-2024 Distributable amount for 2024 from Section C, line 6	
4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required — provide details in Part VI) 6 Other distributions (describe in Part VI). See instructions. 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 Distributable amount for 2024 from Section C, line 6 9 Distributable amount divided by line 9 amount 10 Section E — Distribution Allocations (see instructions) 1 Distributable amount for 2024 from Section C, line 6	
5 Qualified set-aside amounts (prior IRS approval required — provide details in Part VI) 6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2024 from Section C, line 6 9 10 Line 8 amount divided by line 9 amount 10 Section E — Distribution Allocations (see instructions) 1 Distributable amount for 2024 from Section C, line 6	
6 Other distributions (describe in <i>Part VI</i>). See instructions. 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 Distributable amount for 2024 from Section C, line 6 9 Distributable amount divided by line 9 amount 10 Section E — Distribution Allocations (see instructions) 1 Distributable amount for 2024 from Section C, line 6	
7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2024 from Section C, line 6 9 10 Line 8 amount divided by line 9 amount 10 Section E — Distribution Allocations (see instructions) 1 Distributable amount for 2024 from Section C, line 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2024 from Section C, line 6 9 10 Line 8 amount divided by line 9 amount 10 Section E — Distribution Allocations (see instructions) 1 Distributable amount for 2024 from Section C, line 6	
in Part VI). See instructions. 9 Distributable amount for 2024 from Section C, line 6 10 Line 8 amount divided by line 9 amount Section E — Distribution Allocations (see instructions) 1 Distributable amount for 2024 from Section C, line 6	
9 Distributable amount for 2024 from Section C, line 6 10 Line 8 amount divided by line 9 amount Section E — Distribution Allocations (see instructions) 1 Distributable amount for 2024 from Section C, line 6	
Section E — Distribution Allocations (see instructions) 1 Distributable amount for 2024 from Section C, line 6	
Section E — Distribution Allocations (see instructions) 1 Distributable amount for 2024 from Section C, line 6	
	(iii) stributable unt for 2024
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required — explain in Part VI). See instructions.	
3 Excess distributions carryover, if any, to 2024	
a From 2019	
b From 2020	
c From 2021	
d From 2022	
e From 2023	
f Total of lines 3a through 3e	
g Applied to underdistributions of prior years	
h Applied to 2024 distributable amount	
i Carryover from 2019 not applied (see instructions)	
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	
4 Distributions for 2024 from Section D, line 7: \$	
a Applied to underdistributions of prior years	
b Applied to 2024 distributable amount	
c Remainder. Subtract lines 4a and 4b from line 4.	
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.	
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.	
7 Excess distributions carryover to 2025. Add lines 3j and 4c.	
8 Breakdown of line 7:	
a Excess from 2020	
b Excess from 2021	
c Excess from 2022	
d Excess from 2023	
e Excess from 2024	

BAA Schedule A (Form 990) 2024 Part VI

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

SCHEDULE O (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization National Association of Black Storytellers, Inc.

| Employer identification number | 52-1752103 |

Form 990-EZ, Part I, Line 16 Other Expenses

Advertising and Promotion		
Awards		
Festival Hotel Charges		28,873.
Information Technology		8,820.
Interest		50.
Membership Dues		327.
Office Expenses		17,732.
Subscriptions		360.
Telephone		1,330.
Training		326.
Travel		29,352.
Total	. \$	90,649.

Form 990-EZ, Part II, Line 24 Other Assets

		Beginning		Ending
Prepaid Expenses and Deferred Charges	\$ \$ Total \$	0.	\$ \$	169. 169.

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

The National Association of Black Storytellers, Inc. NABS promotes and perpetuates the art of Black storytelling-an art form which embodies the history, heritage, and culture of African Americans.

Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or	
indirectly, to pay premiums on a personal benefit contract?	No
(b) Did the organization, during the year, pay premiums, directly or	
indirectly, on a personal benefit contract?	No

Part I Summary Most Significant Activities

The National Association of Black Storytellers, Inc. NABS served 3,300 students through its Adopt-A-Teller Program providing services that improve listening, critical thinking, and oratory skills as well as enhance self-esteem and stimulate the desire to read. Through its Black Appalachian Storyteller Fellows Program, six artists were provided opportunities to examine, research, develop, perform and

SCHEDULE O (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

National Association of Black Storytellers, Inc.

52-1752103

Employer identification number

document the Black Appalachian storytelling tradition. Through its In The Tradition... Annual National Black Storytelling Festival & Conference, over 100 attendees had an opportunity to attend workshops and scholar panels and experience professional storytelling and other cultural arts.

Part III, Line 28

The National Association of Black Storytellers, Inc. (NABS) In The Tradition...

Annual National Black Storytelling Festival & Conference held in Buffalo, NY

presented workshops, scholar panels, professional storytelling, and other cultural

arts to over 100 attendees. A Black Heritage Tour was conducted which explored the

history and rich cultural of African Americans.

Part III, Line 29

The Black Appalachian Storyteller Fellows Program six artists were provided opportunities to examine, research, develop and perform and/or document the Black Appalachian storytelling tradition.

Part III, Line 30

The Adopt-A-Teller AATP Program performances were conducted by 21 experienced, dynamic, diverse, and nationally renowned storytellers who presented 32 cultural arts and educational services. The AATP conducted a free community family concert. Performances were conducted at several pre-schools, elementary schools, middle schools, and high schools. These storytellers shared their wealth of stories that celebrate African centered traditions from around the world. These stories improve listening, critical thinking, and oratory skills as well as enhance self-esteem and stimulate the desire to read.