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 black lung benefit trust or private foundation)



▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Α	For th	e 2010 calendar year, or tax year beginning $$ MAY 1 , 2010 and e	ending .	APR 30, 201	1
B	Check if applicab	e: C Name of organization		D Employer ident	ification number
	Addre	THE NATIONAL BOOK FOUNDATION INC.			
				13-	3347524
	Initial		Room/suite		
	 ated		504		685 0261
	Amen			G Gross receipts \$	2,296,283.
	Applie tion	^{2a-} NEW YORK, NY 10004		H(a) Is this a group	return
	pendi	^{ng} F Name and address of principal officer:HAROLD AUGENBRAUM		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates i	ncluded? 🗌 Yes 🗌 No
		empt status: 🚺 501(c)(3) 🛄 501(c) ()◀ (insert no.) 🛄 4947(a)(1) or	r 🛄 52	7 If "No," attach	a list. (see instructions)
		te: VWW.NATIONALBOOK.ORG		H(c) Group exempt	
		forganization: 🗶 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Yea	r of formation: 1986	M State of legal domicile: NY
Pa	art I	Summary			
e	1	Briefly describe the organization's mission or most significant activities: THE M	IISSI	ON OF THE N	ATIONAL BOOK
Activities & Governance		FOUNDATION AND THE NATIONAL BOOK AWARDS I			
'ern		Check this box 🕨 🛄 if the organization discontinued its operations or dispose			
200		Number of voting members of the governing body (Part VI, line 1a)			
8		Number of independent voting members of the governing body (Part VI, line 1b)			•
ties		Total number of individuals employed in calendar year 2010 (Part V, line 2a)			
ť	6	Total number of volunteers (estimate if necessary)			
Ac		Total unrelated business revenue from Part VIII, column (C), line 12		-	
	a	Net unrelated business taxable income from Form 990-T, line 34	<u> </u>	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	-	917,090	
nue	9			205,635	
Revenue		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		74,767	
č		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,721	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,204,213	
	-	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		76,000	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0	
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		525,877	. 582,082.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	• 0.
xpe	b	Total fundraising expenses (Part IX, column (D), line 25)	53.		
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		571,159	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,173,036	
	19	Revenue less expenses. Subtract line 18 from line 12		31,177	
Net Assets or Fund Balances			В	eginning of Current Yea	
sset	20	Total assets (Part X, line 16)		2,318,788	
etA	21	Total liabilities (Part X, line 26)		18,000	
		Net assets or fund balances. Subtract line 21 from line 20		2,300,788	. 2,289,081.
_	art II	Signature Block			and the state data in the PLANE STREET
		alties of perjury, I declare that I have examined this return, including accompanying schedules a stand complete. Declaration of preserve (other than efficier) is based on all information of unbit			my knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of whic	ich prepare	er nas any knowledge.	

Sign	Signature of officer	E	Date						
Here	HAROLD AUGENBRAUM, EXE	CUTIVE DIRECTOR							
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date						
Paid				self-employed					
Preparer	Firm's name 🕨 LUTZ AND CARR, C	PAS LLP	F	Firm's EIN 🕨					
Use Only	Firm's address 🖌 300 EAST 42ND ST	REET							
	NEW YORK, NY 100	17	F	Phone no. $212 - 697 - 2299$					
May the I	Aay the IRS discuss this return with the preparer shown above? (see instructions)								
032001 02-2	32001 02-22-11 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2010)								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2010) THE NATIONA t III Statement of Program Service			INC.	13-3347524	Pa
1 4	Check if Schedule O contains a response	-				
1	Briefly describe the organization's mission:					
	THE MISSION OF THE NATIO	ONAL BOOK	FOUNDATIO	ON AND THE 1	NATIONAL BOOK	
	AWARDS IS TO CELEBRATE	THE BEST C	F AMERICA	AN LITERATU	RE, TO EXPAND I	TS
	AUDIENCE, AND TO ENHANCE	I THE CULT	URAL VAL	JE OF GOOD V	WRITING IN	
	AMERICA. THE FOUNDATION	'S STRATEC	SIES INCLU	JDE RECOGNI	FION OF LITERAR	ĽΥ
2	Did the organization undertake any significant p	orogram services d	uring the year wh	ich were not listed on	_	
					Yes	X
	If "Yes," describe these new services on Scheo					_
3	Did the organization cease conducting, or make	e significant chang	es in how it condu	ucts, any program serv	vices? Yes	X
	If "Yes," describe these changes on Schedule	Э.				
4	Describe the exempt purpose achievements fo	-			• •	
	Section 501(c)(3) and 501(c)(4) organizations an			-	unt of grants and	
	allocations to others, the total expenses, and re				0.02	<u> </u>
4a	(Code:) (Expenses \$ 1, (•) (Revenue \$ 235,	23
	BOOKUP IS AN AFTER-SCHOO					NTE
	CHILDREN IN ESTABLISHED YORK CITY AND ONE TOWN					
	UP TO 20 CHILDREN AND TA					
	SITES. THE PROGRAM HAS					-
	READING AND TO FEEL COM					
	MINDING MND TO THE COM					
	THE NATIONAL BOOK AWARDS	S TS THE F	RE-EMINE	T ANNUAL L	TTERARY AWARD T	'N
	THE UNITED STATES IN FIG					
	LITERATURE. EACH YEAR A					
	FIVE FINALISTS FROM AMO					
	FOUNDATION PUBLICIZES TH					
4b	(Code:) (Expenses \$	inc	cluding grants of S	S	_) (Revenue \$	
4c	(Code:) (Expenses \$	in	cluding grants of s	6) (Revenue \$	
4d	Other program services. (Describe in Schedule	<u> </u>				
	(Expenses \$ including	grants of \$		Revenue \$)	
4e	Total program service expenses	1,029,420).		Form 9	90 /
3200: 2-21-	10	SEE SCHEDU	ILE O FOR 2	CONTINUATIO		
70	307 759420 133347524	2010.050	—	TIONAL BOOK	FOUNDATIO 133	34

Form 990 (2010)

17070307 759420 133347524

THE NATIONAL BOOK FOUNDATION INC.

Pa	t 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
-	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ū	similar amounts as defined in Revenue Procedure 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 where donors have the right to	-		
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ū	- · · · · · · · · · · · · · · · · · · ·	8		x
9	Schedule D, Part III	•		
5	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	5		
10		10	х	
11	If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
	as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a		
D.	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	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	
	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	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	and program service activities outside the United States? 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 assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
-	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-		
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note . Some Form 990 filers that			

If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)

Form **990** (2010)

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17070307 759420 133347524 2010.05042 THE NATIONAL BOOK FOUNDATIO 13334751

		Form	9 90 (2010)
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
00	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
34	Was the organization related to any tax-exempt or taxable entity?			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	Schedule N, Part II	32		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete			
	If "Yes," complete Schedule N, Part I	31		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	contributions? If "Yes," complete Schedule M	30		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	Х	_ _
U	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
~	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
00	Schedule L, Part III	27		X
	contributor, or a grant selection committee member, or to a person related to such an individual? <i>If</i> "Yes," <i>complete</i>			v
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u> </u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			v
•	Schedule L, Part I	25b		<u> </u>
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	any tax-exempt bonds?	24c		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Schedule K. If "No", go to line 25	24a		Х
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	25		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	х	

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THE NATIONAL BOOK FOUNDATION INC. Part IV Checklist of Required Schedules (continued)

Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the

United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current

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22

23

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21

22

Yes

Х

No

Х

1a Enter the number reported in Box 3 of Form 1096. Enter-0: f not applicable 1a 63 b Enter the number reported in Box 3 of Form 1096. Enter-0: f not applicable 1b 63 2a Enter the number of enys W26 included in line 1a. Enter o: f in applicable payments to vendors and reportable gaming (gamting) winnings to price winners? 1c X 2a Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements. 2a 7 2b It the state on a reported on line 2a, did the organization file al required to 4-file, gen instructions) 3b X 3b Dt the enganization the automity the was a bank account, securities account, or other functial account? 2b X 3b Dt the organization these anne of the foreign country. 3a X 4a Any time during the organization in the second country such as a bank account, securities account, or other functial account? 3a X 5a Was the organization name to prohibited tax sheller transaction at any time during the tax year? 5a X 5a Was the organization name anneal gross receipts that are normally greater than \$100,000, and di the organization solution and party to prohibited tax sheller transaction? 5a X 5a Dt diffier organization sinthare appriced beorenormal greas than an Fina		Check if Schedule O contains a response to any question in this Part V				
b Enter the number of Forms W-20 netuded in line 1a. Enter 0-if not applicable 11 0 c DX the organization comply with blockup withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to pitze winners? 1c X 2a Enter the number of employees reported on if om W-3, Transmittal of Wage and Tax Statements. 2a 7 b If at least one is reported on line 2a, did the organization line all required tedral employment tax returns? 2b X Note. If the sum of lines 1 and 2 as greater thm 250, your may be required to efficie (see instructions) 3a X b If at least one is reported on line 2a, did the organization have an infrast in, or a signature or other authority over, a financial account in a foreign outry (such as a bark account, securities account, or other financial account); 4a X b If "was," net rhe nume of the foreign Country. 5a 5a X Sa instructions for filing requirements for Form TD F0.22.1, Report of Foreign Bank and Financial Accounts. 5a X 5a Was the organization include with every solicition an express statement that such contributions or gifts were not tax deductible? 5a X 5b T*s, "did the organization include with every solicition an express statement that such contributions or gifts were not tax deductible? 7a X					Yes	No
b Enter the number of Forms W-20 included in line 1a. Enter 0- if not applicable payments to vendors and reportable gaming (gambing) winnings to prize winners 7 It It <th>1a</th> <th>Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable</th> <th>1a 63</th> <th></th> <th></th> <th></th>	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 63			
c Did the organization comply with backup withholding ules for reportable payments to vendors and reportable gaming (gambling) winnings to pizz werners? 1 C X 2a Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements. 2 7 X 3b If at least one is reported on ine 2A, did the organization file all employment tax returns? 2 X Note. If the sum of lines 1 and 2a is greater than 250, you may be required to c ^{+///} (is (see instructions) 3a X 3b Did the organization have uncash costs incored of 51 (soot ornor during the year? 3a X b If Yes, "near the file a form 900 T for this year? If Y/ho," provide an explanation in Schedule O 3b 4a b If Yes, "that if field a form 900 T for this year? If Y/ho," provide an explanation in Schedule O 3b X b If Yes," that if field a form 900 T for this year? If Yho," provide an explanation is schedule O 3b X b Did any taxabile party notify the organization have an unal gross receipts that an ornamily greater than \$100,000, and did the organization have non tax deductible? 5b X c Did any taxabile party notify the organization have and explose station that any transaction solid the organization nella contabulation explose that any contributions org fits were not tax deductible? 5b <th></th> <th></th> <th>1b 0</th> <th></th> <th></th> <th></th>			1b 0			
(gendbling) winnings to prize winners? ic X 2a Exter the number of employees reported on from W3, Transmittal of Wage and Tax Statements, field of the calendar year ending with or within the year covered by this return 2a 7 b If at least one is reported on line 2a, did the organization file all required tedral employment tax returns? 2b X b If at least one is reported on line 2a, did the organization file all required tedral employment tax returns? 2a X b If at least one is reported on line 2a, did the organization have an inferest in, or a signature or other authority over, a 3a If b If "se," anter the name of the foreign country. Se Se X b If "Yee," anter the name of the foreign country. Se Se X b If "Yee," anter the name of the organization have an interest in, or a signature or other authority over, a Se X b If any taxable party notify the organization there shalter transaction? Se X c If "Yee," id the organization include with every solicitation an express statement that such contributions solits any contributions that was or tax deductible? Se X c If "Yee," id the organization include with every solicitation an express statement that such contributions or all so the orga	с		ortable gaming			
2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements. Za 7 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Zb X Note. If the sum of line 1a and 2a is greater than 250, you may be required to e-file, (see instructions) 3a X a Did the organization have unrelated business gross income of 51, 000 or more during the year? 3a X b If Yes, 'has it filed a form 900-T for the year? If No, 'provide an explanation in Schedule O 3b X b If Yes, 'has it filed a form 900-T for the year? If No, 'provide an explanation in Schedule O 3b X 5a At any time the name of the organization have an interest in, or a signature or other authority over, a financial Accounts. 5a X 5a Was the organization have numal gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that twas or is a party to a prohibited tax shelter transaction? 5a X 5a Ursa, 'to line Ba or bb, did the organization have numal gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions an express statement that such contributions or gifts were not tax deductible? 5a X 5b If Yes, 'to line ba orb, did the organization have explexity as contribut				1c	Х	
b If at least one is reported on line 2a, did the organization file all required to d-file. (see instructions) 2b X Note, If the sum of lines 1a and 2a is greater than 250, you may be required to d-file. (see instructions) 3a X b If "Yes," has it filed a form 900-T for this year? If "No", provide an explanation in Schedulo 0 3b X b If "Yes," has it filed a form 900-T for this year? If "No", provide an explanation in Schedulo 0 3c X b If "Yes," has it filed a form 900-T for this year? If "No", provide an explanation or other authority over, a fanancial account; 4a X b If "Yes," near the name of the foreign country, if provide an explanation in Schedulo 0 3b X See instructions for filing requirements for form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5b X 5a X X See instructions for filing requirements for form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5b X 5a Did any taxable pary nority the organization that twas or is a party to a prohibited tax sheller transaction? 5c X 6a Did any cananization netwite ware statement that such contributions nocitit any contributions that were not tax deductible? 5c X 7 Organization necke a pany menn in excoss of 55 made part tax a cont	2a					
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 20 X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b Did the organization have unrelated business gross income of \$1,000 or more during the elaredary sard, dith eorganization have an inferest in, or a signature or other authority over, a 4a X b If "Yes," has it field a form 900-1 for this year? If "No," provide an explanation in Schedule O 3a X b If "Yes," net the name of the foroign country (such as a bark account, securities account, or other financial accounts. 5a X 5a Was the organization have the rongin country (such as a bark account, securities account, or other financial accounts. 5a X 5a Was the organization have annual gross receives that are normally greater than \$100,000, and did the organization neces annual gross receives that are normally greater than \$100,000, and did the organization second the very solicitation an express statement that such contributions or gfts 6b X 6a X If "Yes," (did the organization Neces of 5/5 made party as a contribution and party for grods and services provided to the party? 7a X 7b of the organization noted weight educible? 7a X 7b 7a X		filed for the calendar year ending with or within the year covered by this return	2a 7			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b If Yes, 'has if lied a Form 90-T for this year? If 'No,' provide an explanation in Schedule O 3a X d 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 county (such as a bank account, securities account, or other financial account)? 4a X b If Yes, 'that the the mane of the foreign county: Not as a bank account, securities account, or other financial accounts. 5a X 5a Was the organization at x shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that / was or is a party to a prohibited tax shelter transaction? 5c 5c d Does the organization neuron annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductible? 5c 5c 0 If Yes, '' did the organization neuron solid at any receive deductible contributions and erarly to goods and services provided to the part? 7a X 10 If Yes, '' did the organization neuron solid at any receive day and the year 7d X 7t X 11 Tyes, '' did the organization neuron solid at any receive da	b		s?	2b	Х	
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b				14a		Х
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule C	0	14b		

THE NATIONAL BOOK FOUNDATION INC.

Statements Regarding Other IRS Filings and Tax Compliance

Form 990 (2010)
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Form 990 (2010)

Part V

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THE NATIONAL BOOK FOUNDATION INC.

13-3347524 Page 6

X

t 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 1	10b below, describe	e the circumstances,	processes, or	changes in Schedule	e O. See instructions	5.	

Check if Schedule O contains a response to any que	stion in this Part VI
Section 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	17		
b	Enter the number of voting members included in line 1a, above, who are independent 1b	17		
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?			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				Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
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 in Schedule O	. 9		x

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	Х	
с	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13		Х
14	Does 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 in 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		Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken 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 $\blacktriangleright ext{NY}$			

18	Section 6104 requires	an organization to make its F	orms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) a	vailable for
	public inspection. Ind	icate how you make these ava	ailable. Check all that apply.	
	X Own website	X Another's website	X Upon request	

19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial
	statements available to the public.

20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization:	
	HAROLD AUGENBRAUM - 212-685-0261	
	90 BROAD STREET SUITTE 604 NEW YORK NY 10004	_

Form 990	(2010)
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII ...

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

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Form 990 (2010)

Form 990 (2010) THE NATI									13-33	347	524	P	age 8
Part VII Section A. Officers, Directors, Tr		mplo	oyee			High	nest						
(A) Name and title	(B) Average hours per	(c	hecł	Pos			oly)	(D) Reportable compensation	(E) Reportable compensatio	ed Estimate ed other ons compensa		ount	
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organization: (W-2/1099-MIS			ensa m th nizat relat	e ion ed
HAROLD AUGENBRAUM	40.00												
EXECUTIVE DIRECTOR	40.00			x				207,873.		0.	14	.,0	36.
1b Sub-total	1						<u> </u>	207,873.		0.	14	.,0	36.
c Total from continuation sheets to Part V								0.207,873.		0.0	1 /	0	<u>0.</u> 36.
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but compensation from the organization ► 							ho r	-	I 0,000 in reportabl	-		:,0	<u> </u>
compensation non-the organization												Yes	No
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for					•			nighest compensated e			3		X
4 For any individual listed on line 1a, is the s	um of reportab	le co	omp	ensa	atior	n an	d ot	her compensation from	the organization		_	х	
and related organizations greater than \$15Did any person listed on line 1a receive or									vidual for services		4	<u> </u>	
rendered to the organization? If "Yes," cor Section B. Independent Contractors	nplete Schedul	le J t	for s	uch	pers	son					5		Х
Complete this table for your five highest contractions the organization. NONE	ompensated in	dep	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of com	npens	ation fr	om	
(A) Name and business	s address							(B) Description of s	services	С	(C) ompen		n
2 Total number of independent contractors	(including but r	not li	mite	d to	tho	se li	stec	d above) who received r	nore than				
\$100,000 in compensation from the organ	ization 🕨					0							

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Form **990** (2010)

Form 990 (20	10)
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Ра	πνι	Statement of Revel	nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d f g	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines Total. Add lines 1a-1f	1c 1d ions) 1e ts, and 1f ve 1f	319,931. 53,470. 624,754. 38,665.	998,155.			
_				Business Code				
a	2 a	ENTRY FEES		511120	136,026.	136,026.		
Ś	z a b	MEDALLION SALES		511120	81,510.	81,510.		
Ser		FINALIST FEES	,	511120	18,000.	18,000.		
εş	с			511120	10,000.	10,000.		
Bra	d							
Program Service Revenue	e							
"	f	All other program service reve						
		Total. Add lines 2a-2f			235,536.			
	3	Investment income (including			E0 /10			E0 410
		other similar amounts)			58,418.			58,418.
	4	Income from investment of ta	x-exempt bond p	proceeds 🕨	401			101
	5	Royalties		>	491.			491.
			(i) Real	(ii) Personal				
	6 a	Gross Rents						
	b	Less: rental expenses						
	с	Rental income or (loss)						
	d	Net rental income or (loss)	<u>.</u>	►				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	815,986.					
	b	Less: cost or other basis						
		and sales expenses	796,497.					
	с	Gain or (loss)	19,489.					
	- b	Net gain or (loss)			19,489.			19,489.
		Gross income from fundraisin						
Other Revenue	υu	including \$ 319,9						
Se		contributions reported on line						
۳,		Part IV, line 18		187,697.				
hei	h	Less: direct expenses		187,697.				
δļ					0.			
		Net income or (loss) from fund Gross income from gaming ad	•	····· •	•			
	9 a							
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam		🕨				
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
Ļ	С	Net income or (loss) from sale	s of inventory	🕨				
Ļ		Miscellaneous Revenu	le	Business Code				
	11 a							ļ
	b							
	с							
	d	All other revenue						
	е	Total. Add lines 11a-11d		▶				
	12	Total revenue. See instructions.		►	1,312,089.	235,536.	0.	78,398.
03200	9				-	· · · ·		Form 990 (2010)

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THE NATIONAL BOOK FOUNDATION INC.

	Section 501(c)(All other organizations must com	3) and 501(c)(4) organiza	ations must complete all not required to complete		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	76,000.	76,000.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	010 405	101 605	01 707	05 150
	trustees, and key employees	218,485.	101,605.	21,727.	95,153.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	201 401		24 204	2 625
7	Other salaries and wages	291,481.	264,642.	24,204.	2,635.
8	Pension plan contributions (include section 401(k)	7,376.	5,311.	664.	1 101
-	and section 403(b) employer contributions)	31,000.	23,248.	2,756.	1,401. 4,996.
9	Other employee benefits	33,740.	23,248. 24,293.	3,036.	6,411.
10	Payroll taxes	55,740.	44,473.	5,050.	0,411.
11	Fees for services (non-employees):				
a	o				
b	•	20,568.		20,568.	
	Accounting	20,500.		20,500.	
d	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees	12,808.		12,808.	
		15,987.		15,987.	
g 12	Other Advertising and promotion	16,778.	12,844.	3,511.	423.
13	Office expenses	220,296.	160,730.	53,880.	5,686.
14	Information technology	3,265.	3,265.		
15	Royalties		- ,		
16	Occupancy	119,773.	86,236.	10,780.	22,757.
17	Travel	52,812.	51,688.	1,124.	, -
18	Payments of travel or entertainment expenses	- / -		,	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	27,751.	19,981.	2,497.	5,273.
23	Insurance	19,100.	13,752.	1,719.	3,629.
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A)				
	amount, list line 24f expenses on Schedule 0.)				
а	HONORARIA	176,000.	176,000.		
b	INDIRECT AWARD DINNER E	14,499.			14,499.
с	CASTING OF MEDALS AND S	5,600.	5,600.		
d	PHOTOGRAPHY	4,225.	4,225.		
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	1,367,544.	1,029,420.	175,261.	162,863.
26	Joint costs. Check here ▶ if following SOP				
	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a				
	combined educational campaign and fundraising				
	solicitation				- 000

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Form 990 (2010)

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THE NATIONAL BOOK FOUNDATION INC.

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Par	t X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	143,759.	1	221,066.
	2	Savings and temporary cash investments	129,559.	2	79,791.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	30,490.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary		_	
ν.		employees' beneficiary organizations (see instructions)		6	
ssets	7	Notes and loans receivable, net		7	
ŝ	8	Inventories for sale or use		8	

		employers and sponsoring organizations of sect	(c)(9) voluntary				
6		employees' beneficiary organizations (see instru	ctions)			6	
Assets	7	Notes and loans receivable, net			7		
As	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges	9,696.	9	9,696.		
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	74,453.			
	b	Less: accumulated depreciation		70,047.	29,857.	10c	4,406.
	11	Investments - publicly traded securities			1,865,925.	11	4,406. 2,030,199.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			48,867.	15	26,989.
	16	Total assets. Add lines 1 through 15 (must equa			2,318,788.	16	2,402,637.
	17	Accounts payable and accrued expenses			18,000.	17	65,655.
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			20		
ş	21	Escrow or custodial account liability. Complete I			21		
litie	22	Payables to current and former officers, director	ees, key employees,				
Liabilities		highest compensated employees, and disqualifi	ons. Complete Part II				
		of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ted thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated	d third p	parties		24	
	25	Other liabilities. Complete Part X of Schedule D			0.	25	47,901.
	26	Total liabilities. Add lines 17 through 25		18,000.	26	113,556.	
		Organizations that follow SFAS 117, check he	ere 🕨	X and complete			
es		lines 27 through 29, and lines 33 and 34.					
anc	27	Unrestricted net assets			1,988,738.	27	1,894,081.
3ala	28	Temporarily restricted net assets			62,050.	28	145,000.
B	29	Permanently restricted net assets		<u></u>	250,000.	29	250,000.
Fund Balances		Organizations that do not follow SFAS 117, cl					
o		complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or ec	uipmer	nt fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated in	come, c	or other funds		32	
z	33	Total net assets or fund balances			2,300,788.	33	2,289,081.
	34	Total liabilities and net assets/fund balances			2,318,788.	34	2,402,637.
							Form 990 (2010)

11

Form	990 (2010) THE NATIONAL BOOK FOUNDATION INC.	13-	3347524	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,31		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,36		
3	Revenue less expenses. Subtract line 2 from line 1	3			55.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,30		
5	Other changes in net assets or fund balances (explain in Schedule O)	5			48.
_6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,28	9,0	81.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule C).		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit		
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.				
			Form	990 ((2010)

SCHEDULE A (Form 990 or 990-EZ)		Public Charity Status and Public Support						OMB No.	1545-00	047		
Department of the Treasury Internal Revenue Service		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. ► See separate instructions.						Open to Inspe	o Publection			
Name of	the organizati	-				ooparato			mployer i	dentificati		
		THE NAT	IONAL BOOK F	OUNDA	TION	INC.			13	8-3347	524	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this par	t.) See inst	ructions.				
The organ	nization is not a	a private foundation	because it is: (For lines 1	1 through ⁻	11, check	only one b	ox.)					
1 🛄	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
2 🛄	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🛄	A hospital or	a cooperative hospi	tal service organization of	described	in section	170(b)(1)	(A)(iii).					
4 📖	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
	city, and stat											
5 📖			benefit of a college or ur	niversity o	wned or op	perated by	a governr	nental uni	t describe	ed in		
		(b)(1)(A)(iv). (Comple										
6 🗆 7 X			ent or governmental uni					<i>.</i>				
7 🔝			eives a substantial part	of its supp	ort from a	governme	ental unit o	r from the	general p	oublic desc	ribea	IN
8		b)(1)(A)(vi). (Comple	ection 170(b)(1)(A)(vi).	Complete	Part II.)							
9	•		eives: (1) more than 33 1			rom contri	hutions m	emhershi	n fees an	d aross re	ceints	from
•			nctions - subject to certa									
		•	axable income (less sect						• •	Ũ		
		509(a)(2). (Complete			,			, ,			,	
10			perated exclusively to te	st for publ	ic safety. S	See sectio	n 509(a)(4	·).				
11 🗌	An organizati	on organized and op	perated exclusively for th	ne benefit (of, to perfo	orm the fu	nctions of,	or to carr	y out the j	purposes o	of one	or
	more publicly	supported organiza	tions described in section	on 509(a)(⁻	1) or section	on 509(a)(2	2). See sec	tion 509(a)(3). Che	ck the box	that	
	describes the	e type of supporting	organization and comple	ete lines 1	1e through	n 11h.						
	a └── Type I		21	• •	e III - Func	-	-		d 📖	Type III - 0		
e 📖			t the organization is not									
			han one or more publicly						9(a)(1) or s	section 509	}(a)(2).	
f			ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e				
		rganization, check th										. Ш
g			rganization accepted ar								No.	
			irectly controls, either al							11~(1)	Yes	No
	Ũ	0,	upported organization? n described in (i) above?									
			person described in (i) a							<u>11g(ii)</u> 11g(iii)	<u> </u>	
h		-	about the supported or								<u> </u>	I
		g		5	(-)-							
(i) Name	e of supported	(ii) EIN	(iii) Type of	(iv) Is the o	rganization			(vi) Is	the	(vii) An	nount c	of
	anization	(,	organization (described on lines 1-9		sted in your			organizátic (i) organiz U.S	ed in the	• •	port	
-			above or IRC section	governing	document?	(i) of your	support?	U.S	.?			
			(see instructions))	Yes	No	Yes	No	Yes	No			
				L								

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LHA For Paperwork Reduction Act Notice, see the Instructions for

Total

Form 990 or 990-EZ.

2010.05042 THE NATIONAL BOOK FOUNDATIO 13334751

Schedule A (Form 990 or 990-EZ) 2010

17070307 759420 133347524

Schedule A (Form 990 or 990-EZ) 2010 THE NATIONAL BOOK FOUNDATION INC.

13-3347524 Page 2

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.)

Se	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	948,634.	848,546.	901,745.	917,090.	998,155.	4614170.	
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	948,634.	848,546.	901,745.	917,090.	998,155.	4614170.	
	Total. Add lines 1 through 3	940,034.	040,540.	901,743.	917,090.	990,1 <u>5</u> 5.	40141/0.	
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)						1726815.	
6	Public support. Subtract line 5 from line 4.						2887355.	
_	ction B. Total Support							
	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	
	Amounts from line 4	948,634.	848,546.	(c)2008 901,745.	917,090.	998,155.	(f) Total 4614170.	
8	Gross income from interest,		-	-		-		
	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources	117,631.	180,041.	71,032.	58,345.	58,909.	485,958.	
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 IV.)	3,432.	647.	1,916.	6,228.		12,223.	
11	Total support. Add lines 7 through 10						5112351.	
	Gross receipts from related activities,	•	,				,223,947.	
13	First five years. If the Form 990 is for		s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)		
Sec	organization, check this box and stor ction C. Computation of Publ	here	rcentage	<u></u>			>	
				volumen (f))		14	56.48 %	
	Public support percentage for 2010 (Public support percentage from 2009		•	<i>()</i>		15	56.48 % 58.46 %	
	33 1/3% support test - 2010. If the o							
102	stop here. The organization qualifies	-						
r	33 1/3% support test - 2009. If the o							
~	and stop here. The organization qual							
17a								
	7a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization							
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
b	10% -facts-and-circumstances tes							
	more, and if the organization meets th							
	organization meets the "facts-and-circ				• •			
18	Private foundation. If the organization						s >	
						edule A (Form 990		

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

(Complete only if you checked the box on line 9 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.)

Section A. Public Support				1	-	
Calendar year (or fiscal year beginning in) 🕨 🔤	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 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						
3 Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
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						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support			•			
Calendar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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						
11 Net income from unrelated business activities not included in 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						
assets (Explain in Part IV.)			1			
14 First five years. If the Form 990 is for t	he organization	I s first second thi	rd fourth or fifth	tax vear as a secti		ization
	-			-		
Section C. Computation of Public						······ •
15 Public support percentage for 2010 (lin			column (f))		15	9
16 Public support percentage from 2009 S						9
Section D. Computation of Invest						· · · · · ·
17 Investment income percentage for 201					17	9
18 Investment income percentage from 20						9
19a 33 1/3% support tests - 2010. If the o						17 is not
more than 33 1/3%, check this box and						
b 33 1/3% support tests - 2009. If the o						
line 18 is not more than 33 1/3%, chec						
20 Private foundation. If the organization	did not check a	box on line 14, 19	9a, or 19b, check [.]	this box and see i	nstructions	>
032023 12-21-10				Sc	hedule A (Form 9	90 or 990-E7) 201

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Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2010

Employer identification number

Name	of	the	orgar	lization
------	----	-----	-------	----------

т	HE NATIONAL BOOK FOUNDATION INC.	13-3347524					
Organization type (check one):							
Filers of: Section:							
Form 990 or 990-EZ	Form 990 or 990-EZ 3 501(c)(3) (enter number) organization						
4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
4947(a)(1) nonexempt charitable trust treated as a private foundation							
501(c)(3) taxable private foundation							

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

X For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

J For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047 1 n **Open to Public** Inspection

Name	of the	organ	ization

Nam	e of the organization THE NATIONAL BOOK FOUNDATION INC.	Employer identification number 13-3347524
Pa		
	organization answered "Yes" to Form 990, Part IV, line 6.	
		(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fun	 Jds
Ŭ	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used of	
•	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confer	
	impermissible private benefit?	ě – –
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV,	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	·
•	Preservation of land for public use (e.g., recreation or education)	lly important land area
	Protection of natural habitat	
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	onservation easement on the last
-	day of the tax year.	
		Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	
u	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	
-	vear >	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during t	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(E	
	and section 170(h)(4)(B)(ii)?	
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense state	
	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization	
	conservation easements.	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a	nd balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and b	palance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se	rvice, provide the following amounts
	relating to these items:	
	(i) Revenues included in Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2010
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-	· /	IONAL BOOK					347524	0	
Pai	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, o	r Othe	r Similar As	sets (continu	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that	are a sig	gnificant use of	its collection i	items	
	(check all that apply):								
а	Public exhibition	d		hange prograr					
b	Scholarly research	e	U Other						
с	Preservation for future generations								
4	Provide a description of the organization's co						Part XIV.		
5	During the year, did the organization solicit o					r		┌┐	
De	to be sold to raise funds rather than to be maintained as part of the organization's collection?								
Pa	reported an amount on Form 990, Par		te if the organizatio	n answered "	Yes" to H	-orm 990, Part I	V, line 9, or		
			iou dou oontuibutiou		-				
1a	Is the organization an agent, trustee, custodi					r	Vee		
h	on Form 990, Part X?					l	Yes	└── No	
a	If "Yes," explain the arrangement in Part XIV	and complete the loi	lowing table.				Amount		
~	Reginning balance					1c	Amount		
	Additions during the year								
	Additions during the year								
f	Ending balance								
2a	Did the organization include an amount on Fe						Yes		
	If "Yes," explain the arrangement in Part XIV.								
Par			swered "Yes" to Fo	rm 990, Part I	V, line 10).			
		(a) Current year	(b) Prior year			d) Three years ba	ck (e) Four ye	ears back	
1a	Beginning of year balance	1,865,925.	1,619,431.	2,462	,940.				
b	Contributions								
с	Net investment earnings, gains, and losses	164,274.	246,494.	-834	,891.				
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs			- 8	,618.				
f	Administrative expenses								
g	End of year balance	2,030,199.	1,865,925.	1,619	,431.				
2	Provide the estimated percentage of the year		S:						
	Board designated or quasi-endowment	87.69	_%						
	Permanent endowment ► <u>12.31</u>	%							
		%							
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held a	nd administer	ed for th	e organization		- 1	
	by:							es No	
	(i) unrelated organizations						3a(i)	X X	
	(ii) related organizations							A	
b	If "Yes" to 3a(ii), are the related organizations						3b		
Pa	t VI Land, Buildings, and Equipm								
1 41	Description of investment	(a) Cost or ot		or other		cumulated	(d) Book v		
	Description of investment	basis (investm		(other)		reciation		value	
19	Land	`		(Gop				
	Buildings								
	Leasehold improvements								
	Equipment		7	4,453.		70,047.	4	,406.	
e	Other			,					
	Add lines 1a through 1e. (Column (d) must e		X, column (B). line 1	0(c).)			4	,406.	
			, , , , , , , , , , , , , , , , , , , ,			Sobodi	ILe D (Eorm 9	-	

Schedule D (Form 990) 2010

032052 12-20-10

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Schedule D	(Form 990) 2010
Dart VII	Invoctmont

chedule D (Form 990) 2010 THE NATIONAL BOOK FOUNDATION INC. 13-3347524 Page 3 Part VIII Investments - Other Securities See Form 990 Part X line 12

Fart vii investments - Other Securities. Se	e Form 990, Part X, I	ine 12.		
(a) Description of security or category (including name of security)	(b) Book value	Cos	(c) Method of valua st or end-of-year mai	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(1)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ►				
Part VIII Investments - Program Related. Si		lin - 10		
Fart vin investments - Program Related. S	ee Form 990, Part X, I	line 13.		
(a) Description of investment type	(b) Book value	Cos	(c) Method of valua st or end-of-year mai	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ►				
	45			
, ,				
	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 15.)		•	
Part X Other Liabilities. See Form 990, Part X,				
1. (a) Description of liability		(b) Amount		
(1) Federal income taxes				
(1) DEFERRED RENT		47,901.		
		17,501.		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, col (B) line	≥ 25.)	47,901.		
Eikl 19 (ASC 7/0) Eastants in Dart VIV provide the text of the featnate to	o the organization's financia	statements that reports the organi	zation's liability for uncerta	in tax positions under
2. FIN 48 (ASC 740). 032053 12-20-10			Sch	edule D (Form 990) 2010
		24	2011	

17070307 759420 133347524 2010.05042 THE NATIONAL BOOK FOUNDATIO 13334751

	dule D (Form 990) 2010 THE NATIONAL BOOK FOUNDATION INC.			3347524	Page 4						
Pa	Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements										
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		1,312,							
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		1,367,							
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3			,455.						
4	Net unrealized gains (losses) on investments	4		99,	,175.						
5	Donated services and use of facilities	5									
6	Investment expenses										
7	Prior period adjustments	7		-55,	<u>,427.</u>						
8	Other (Describe in Part XIV.)	8									
9	Total adjustments (net). Add lines 4 through 8	9			,748.						
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9				,707.						
Pa	t XII Reconciliation of Revenue per Audited Financial Statements With Re	evenue p	er Retur								
1	Total revenue, gains, and other support per audited financial statements		1	1,411,	,264.						
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	00 1									
а		99,1	75.								
b											
С											
	Other (Describe in Part XIV.)				4 8 5						
е	Add lines 2a through 2d				,175.						
3	Subtract line 2e from line 1		3	1,312	,089.						
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:										
	Investment expenses not included on Form 990, Part VIII, line 7b 4a										
	Other (Describe in Part XIV.)				0						
С	Add lines 4a and 4b			1 210	0.00						
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,312	,089.						
-	rt XIII Reconciliation of Expenses per Audited Financial Statements With E			1,367	544						
1	Total expenses and losses per audited financial statements		1	1,307	, 944.						
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:										
a											
	Prior year adjustments 2b										
	Other losses 2c										
	Other (Describe in Part XIV.)				0						
-	Add lines 2a through 2d		<u>2e</u> 3	1,367	544						
3	Subtract line 2e from line 1		3	1,507	, J==•						
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:										
	Investment expenses not included on Form 990, Part VIII, line 7b 4a										
	Other (Describe in Part XIV.)		- 10		0.						
	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)		4c	1,367							
	rt XIV Supplemental Information		3	1,507	<u>J<u></u><u></u></u>						
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	1. Part IV li	ines 1h and	2h: Part V, line	∕l· Part						
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to				4, Fait						
	RT V, LINE 4: THE FOUNDATION'S ENDOWMENT CONSISTS	•									
		01 10	0 2011								
DES	SIGNATED FUNDS ESTABLISHED FOR GENERAL SUPPORT AND	ONE	DONOR-	RESTRIC	TED						
					<u> </u>						
FUI	ND FOR THE FOUNDATION'S LITERARIAN AWARD.										
					<u> </u>						

PART X, LINE 2: MANAGEMENT HAS EVALUATED ALL INCOME TAX POSITIONS AND

CONCLUDED THAT NO DISCLOSURES RELATING TO UNCERTAIN TAX POSITIONS WERE

REQUIRED IN THE FINANCIAL STATEMENTS.

032054 12-20-10 Schedule D (Form 990) 2010

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SCHEDULE G	
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(Form 990 or 990-EZ)

Department of the Treasury	
Internal Revenue Service	

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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. ► See separate instructions. **ZUTU** Open To Public Inspection

OMB No. 1545-0047

	Attach to Form 990 or Form 990-E	Z. 🕨 :	See so	eparate instructions			поресноп
Name of the organization THE NAT	IONAL BOOK FOUNDAT	ION	IN	c.		Employer ide	ntification number 524
Part I Fundraising Activities required to complete this par	 Complete if the organization answers t. 	ered "\	/es" to	o Form 990, Part IV,	line 17	7. Form 990-EZ	filers are not
 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written or key employees listed in Form 990, P b If "Yes," list the ten highest paid ind compensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with p ividuals or entities (fundraisers) purs	tion of tion of fundra (inclue rofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, tru fundraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		from activity		Amount paid r retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total							
3 List all states in which the organization or licensing.	on is registered or licensed to solicit o	contrib	oution	s or has been notified	d it is	exempt from re	egistration

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

Schedule G (Form 990 or 990-EZ) 2010

032081 01-13-11

17070307 759420 133347524

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	edu art			l "Yes	s" to Form 990, Par	t IV, lir	ne 18, or reported	
		of fundraising event contributions and gr	(a) Event #1 BENEFIT EVENT	-==, 1	(b) Event #2	-) Other events NONE	(d) Total events (add col. (a) through col. (c))
an			(event type)		(event type)	(†	total number)	
Revenue	1	Gross receipts	507,628.					507,628.
	2	Less: Charitable contributions	319,931.					319,931.
	3	Gross income (line 1 minus line 2)	187,697.					187,697.
	4	Cash prizes						
ses	5	Noncash prizes						
Direct Expenses	6	Rent/facility costs						
Direct	7	Food and beverages						
	8	Entertainment						
	9	Other direct expenses						187,697.
	10	Direct expense summary. Add lines 4 throug						(187,697,
D	11 art	Net income summary. Combine line 3, colum III Gaming. Complete if the organization	in (d), and line 10	000	Dart IV line 10 or	roport	ad more then	0.
FC		\$15,000 on Form 990-EZ, line 6a.	answered tes to form	990,	Fart IV, inte 19, or	report		
		\$13,000 011 0111 330 LZ, inte 0a.		(b) Pull tabs/instant			(d) Total gaming (add
Revenue			(a) Bingo		o/progressive bingo	(c)	Other gaming	col. (a) through col. (c))
leve								
ш —	1	Gross revenue						
ses	2	Cash prizes						
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 throug	h 5 in column (d)				►	()
	8	Net gaming income summary. Combine line	1, column d, and line 7					
	ı Is t	ter the state(s) in which the organization opera the organization licensed to operate gaming a No," explain:	ctivities in each of these		;?			Yes No
		ere any of the organization's gaming licenses r Yes," explain:				year?		Yes No
0320	82 0	1-13-11					Schedule G (Fo	rm 990 or 990-EZ) 2010

Sche	edule G (Form 990 or 990-EZ) 2010 THE NATIONAL BOOK FOUNDATION INC. 13-3	34	7524	Page
11	Does the organization operate gaming activities with nonmembers?		Yes	
	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	
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility	13a		
b	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		Yes	
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. ـ	res	L I
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount			
	of gaming revenue retained by the third party \blacktriangleright \$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address ►			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		Voc	
h	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	. ـ	165	
D	organization's own exempt activities during the tax year > \$			
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii)	and	(v) and	Dart II
1 4	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information			
		(000	motra	
13208	¹³ 01-13-11 Schedule G (Form 28	ı 990	or 990	-EZ) 20
70	307 759420 133347524 2010.05042 THE NATIONAL BOOK FOUNDAT	01	133	3475

SCHEDULE I (Form 990)				Other Assistanc	-				No. 1545-0047		
Department of the Treasury Internal Revenue Service		Compl	ete if the organizatio		" to Form 990, Pa			Oper	n to Public spection		
Name of the organization THE NATIONAL BOOK FOUNDATION INC.											
THE NATIONAL BOOK FOUNDATION INC. 13- Part I General Information on Grants and Assistance 13-											
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection											
criteria used to a	award the grants or assis	stance?						X Ye	s No		
	IV the organization's pro										
Grants an	d Other Assistance to hat received more than \$		-		• •			· · · · ·			
1 (a) Name and ac	ddress of organization vernment	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose	of grant		
3 Enter total numb	per of section 501(c)(3) a per of other organization	s						►			

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

Schedule I (Form 990) (2010)

THE NATIONAL BOOK FOUNDATION INC.

13-3347524

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
NAMEONAL DOOR MADDA					
NATIONAL BOOK AWARDS	20	56,000.	0.		
LITERARIAN AND MEDAL FOR DISTINGUISHED					
CONTRIBUTION	2	20,000.	0.		
Part IV Supplemental Information. Complete this part to prov	de the informatio	n required in Part I,	line 2, and any other	r additional information.	
SCHEDULE I, PART I, LINE 2: AWARD	WINNERS	FOR THE NA	TIONAL BOO	K AWARDS ARE	
SELECTED BY FOUR PANELS OF FIVE JU	JDGES EAC	H. THE JUD	GES ARE SU	GGESTED BY	
AMERICAN WRITERS AND RECRUITED BY	መሆሮ እንመተ	ONAT BOOK			
DIRECTOR. PANEL DELIBERATIONS ARE	THEN IND	EPENDENT O	F THE FOUN	DATION. BOOKS	
ARE SUBMITTED BY PUBLISHERS ONLY.	PANELS S	ELECT FIVE	FINALISTS	, FROM WHICH	
THEY CHOOSE ONE NATIONAL BOOK AWAI	RD WINNER	•			

THE MEDAL FOR DISTINGUISHED CONTRIBUTION TO AMERICAN LETTERS AND THE

LITERARIAN AWARD FOR OUTSTANDING SERVICE TO THE AMERICAN LITERARY COMMUNITY

Schedule I (Form 990) 2010 THE Part IV Supplemental Information	NATIONAL	BOOK FOU	JNDATION I	NC.	13-3	347524	Page
ARE SELECTED BY THE FOUND	ATION'S B	OARD OF	DIRECTORS	FROM	A LIST	OF NOM	INEE
MADE BY AMERICAN WRITERS,	PUBLISHE	RS, AND	EDITORS.				
					Sche	dule I (Form 9	90) 2(
032291 05-01-10		31			5000		
70307 759420 133347524	2010.05		NATIONAL	воок	FOUNDAT	IO 1333	475

SC	HEDULE J	Compensation Information	1	OMB No.	1545-00	47		
	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		2010				
		Compensated Employees Complete if the organization answered "Yes" to Form 990,		ΖU	IU)		
Dena	tment of the Treasury	Part IV, line 23.		Open to Public				
Interr	al Revenue Service	Attach to Form 990. See separate instructions.		Inspe				
Nan	ne of the organization		Employer id			mber		
		THE NATIONAL BOOK FOUNDATION INC.	13-3	34752	4			
Pa	rt I Question	s Regarding Compensation				<u> </u>		
					Yes	No		
1a		ate box(es) if the organization provided any of the following to or for a person listed in Form	990,					
		line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or c							
	Travel for com							
		ation and gross-up payments Health or social club dues or initiation fee						
		spending account Personal services (e.g., maid, chauffeur, c	net)					
		en line de eve electroni dial des eventienties falleure rutitan pellou versudies peuventes						
D		on line 1a are checked, did the organization follow a written policy regarding payment or		416				
2		provision of all of the expenses described above? If "No," complete Part III to explain		<u>1b</u>		<u> </u>		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all officers, dir		2				
	trustees, and the C	EO/Executive Director, regarding the items checked in line 1a?		🔼				
3	Indicate which if a	ny, of the following the organization uses to establish the compensation of the organization's	•					
U		ector. Check all that apply.	,					
	Compensation							
		compensation consultant Compensation survey or study						
	X Form 990 of of		ommittee					
			ommittee					
4	During the year, did	any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing						
	organization or a re							
а	Receive a severand	e payment or change-of-control payment from the organization or a related organization?				X		
b	Participate in, or red	ceive payment from, a supplemental nonqualified retirement plan?		4b		X		
с	Participate in, or red	ceive payment from, an equity-based compensation arrangement?		4c		X		
		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.						
5	For persons listed in	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n					
	contingent on the r	evenues of:						
а				5a		X		
b		ation?		5 b		X		
		r 5b, describe in Part III.						
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n					
	contingent on the n					v		
						X X		
b		ation?		6b				
-		r 6b, describe in Part III.	_					
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments		-		x		
0		es 5 and 6? If "Yes," describe in Part III		7		<u> </u>		
8	•	reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the strong described in Regulations section 52 (4058 4(a)(2)2 If "Yes," describe in Part III				x		
0		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		<u> </u>		
9		d the organization also follow the rebuttable presumption procedure described in		9				
		a 53.4958-6(c)? eduction Act Notice, see the Instructions for Form 990.		eJ(Form	0001	2010		
LUHA		כמטכווטון אכן אטווכב, פכב נווב ווופע עכעטוופ וטו דטווון פפט.	Schedul	e 9 (F011	1 990)	2010		

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Schedule J (Form 990) 2010

13-3347524

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C)	(D)	(E) Total of columns	(F)
(A) Name	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	(B)(i)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
(i	207,873.	0.	0.	12,172.	1,864.	221,909.	0.
1 HAROLD AUGENBRAUM		0.	0.	0.	0.	0.	0.
(i							
<u>2</u> (ii							
(i							
<u>3</u> (ii							
_4 (i							
(I							
_5 (ii							
(i							
<u>6</u> (ii							
(i							
7 (ii							
(i							
<u>8</u> (ii							
(i							
(ii							
10 (ii							
(i							
11 (ii							
(i							
_ <u>12</u> (ii							
(i							
_ <u>13</u> (ii							
(i							
(ii							
(i							
(ii							
(i 16							
16 (ii	/1						

SCHEDULE M	
(Form 990)	

Noncash Contributions

Complete if the organizations answered "Yes" on Form

OMB No. 1545-0047

Open to Public

. Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

990, Part IV, lines 29 or 30. Attach to Form 990.

Employer identification number 13-3347524

THE NATIONAL BOOK FOUNDATION INC.

Pa	rt I Types of Property		-							
		(a)	(b)	(c)	(d)					
		Check if	Number of	Noncash contribution	5					
		applicable	contributions or	amounts reported on Form 990, Part VIII, line 10	noncash contrib	ution a	mount	S		
1	Art - Works of art									
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications	X		38,665.	FMV					
		21		50,005.	1110					
5	Clothing and household goods									
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded									
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or									
	trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified conservation contribution - Other									
15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles									
19	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
23 24										
2 4 25	Archeological artifacts									
26	Other ()									
27	Other ()									
28	Other ()									
29	Number of Forms 8283 received by the organiz		0 ,							
	for which the organization completed Form 828	83, Part IV,	Donee Acknowled	gement 29						
							Yes	No		
30a	During the year, did the organization receive by									
	at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for									
	the entire holding period?					30a		_X_		
b	b If "Yes," describe the arrangement in Part II.									
31	Does the organization have a gift acceptance p	oolicy that r	equires the review	of any non-standard contri	butions?	31		X		
32a	32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash									
	contributions?									
b	If "Yes," describe in Part II.									
33	If the organization did not report an amount in	column (c) f	or a type of prope	rty for which column (a) is a	hecked,					
	describe in Part II.	(2)	,,	,	,					
LHA		the Instruc	tions for Form 99	0.	Schedule M	(Form	990) (2010)		

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SCHEDULE O
(Form 990 or 990-EZ

.

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. OMB No. 1545-0047

THE NATIONAL BOOK FOUNDATION INC.

Employer identification number 13-3347524

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

AMERICAN LITERATURE, TO EXPAND ITS AUDIENCE, AND TO ENHANCE THE

CULTURAL VALUE OF GOOD WRITING IN AMERICA. THE FOUNDATION'S STRATEGIES

INCLUDE RECOGNITION OF LITERARY EXCELLENCE THROUGH THE NATIONAL BOOK

AWARDS; EDUCATION THROUGH LITERARY PROGRAMS FOR THE SCHOOLCHILDREN,

COLLEGE STUDENTS, AND ADULTS; AND ADVOCACY THROUGH THE DISSEMINATION OF

INFORMATION ON BEST READING PRACTICES AND LITERATURE.

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

EXCELLENCE THROUGH THE NATIONAL BOOK AWARDS; EDUCATION THROUGH LITERARY

PROGRAMS FOR THE SCHOOLCHILDREN, COLLEGE STUDENTS, AND ADULTS; AND

ADVOCACY THROUGH THE DISSEMINATION OF INFORMATION ON BEST READING

PRACTICES AND LITERATURE.

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

PUBLIC AND PUBLICITY PROGRAMS.

UNDER A GRANT FROM THE NATIONAL ENDOWMENT FOR THE ARTS, THE FOUNDATION LOOKED BACK AT THE 58 WINNERS OF THE NATIONAL BOOK AWARD IN POETRY THROUGH FIVE PUBLIC PROGRAMS, DAILY BLOG POSTS, AND WEB PAGES DEVOTED TO EACH WINNER. PROGRAMS TOOK PLACE IN NEW YORK, MINNEAPOLIS, AND PORTLAND, OREGON.

1)5 UNDER 35 YOUNG FICTION WRITERS RECOGNITION PROGRAM, 2)INNOVATIONS

IN READING PRIZE PROGRAM, 3)MAD SQUARE READS LITERARY PANEL PROGRAM.

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2010)

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chedule O (Form 990 or 990-EZ) (2010) Page 2										
Name of the organization Employer identification THE NATIONAL BOOK FOUNDATION INC. 13-3347524										
FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS REVIEWE	D BY THE BOARD									
FINANCE COMMITTEE, WHICH INCLUDES THE TREASURER, THE INVE	STMENT CHAIR, AND									
THE CHAIRMAN OF THE BOARD.										

FORM 990, PART VI, SECTION B, LINE 12C: EMPLOYEES ARE REQUIRED TO DIVULGE ALL OUTSIDE EMPLOYMENT AND/OR VOLUNTEER WORK THAT MAY CONFLICT OR OVERLAP WITH THE GOALS OF THE NATIONAL BOOK FOUNDATION. JUDGES ARE REQUIRED TO DIVULGE ALL PERSONAL AND PROFESSIONAL RELATIONSHIPS THAT MAY CONFLICT OR OVERLAP WITH THE GOALS OF THE NATIONAL BOOK FOUNDATION.

THE FULL BOARD DISCUSSES THE

EXECUTIVE DIRECTOR'S COMPENSATION AS PART OF THE ANNUAL BUDGETARY PROCESS

AND AS PART OF THE OVERALL COMPENSATION FOR THE ORGANIZATION.

FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS:	99,175.
PRIOR PERIOD ADJUSTMENTS:	-55,427.
TOTAL TO FORM 990, PART XI, LINE 5	43,748.

032212 01-24-11

2010 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	MACHINERY & EQUIPMENT											
	FURNITURE AND FIXTURES	VARIE	SSL	7.00	16	64,109.			64,109.	63,756.		354.
		VARIE	SSL	5.00	16	10,344.			10,344.	4,022.		1,915.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM					74,453.		0.	74,453.	67,778.	0.	2,269.
	OTHER											
3		VARIE	SSL	10.00	16	257,254.			257,254.	231,772.		25,482.
	* 990 PAGE 10 TOTAL OTHER					257,254.		0.	257,254.	231,772.	0.	25,482.
	* GRAND TOTAL 990 PAGE 10 DEPR					331,707.		0.	331,707.	299,550.	0.	27,751.

028102 05-01-10

(D) - Asset disposed

Form 4562	
Department of the Treasury Internal Revenue Service (9	9)

Depreciation and Amortization 990

OMB No. 1545-0172

Attachment Sequence No. 67

(Includina	Information on	Listed	Property)
linoraanig	internation of	LIOLOG	i i operty,

See separate instructions. Attach to your tax return.

Name	(s) shown on return	Busine	ess or ac	tivity to w	Identifying number				
TH	E NATIONAL BOOK FOU	ΙΝΠΑΨΤΟΝ Τ΄	NC.	FOR	м 9	90 F	AGE 10		13-3347524
_	rt I Election To Expense Certain Prop							V before	
	Maximum amount (see instructions)	-		-				1	500,000.
	Fotal cost of section 179 property pla	ced in service (see							
	Threshold cost of section 179 property pla							····	2,000,000.
	Reduction in limitation. Subtract line 3								
	Dollar limitation for tax year. Subtract line 4 from lin							····	
6	(a) Description of p			(b) Cost (busin			(c) Elected		
									-
									-
									-
									-
7 1	_isted property. Enter the amount from	m line 29				7			-
	Fotal elected cost of section 179 prop		in column (c)			<u> </u>		8	
	Fentative deduction. Enter the smalle								
	Carryover of disallowed deduction fro								
	Business income limitation. Enter the								
	Section 179 expense deduction. Add								
	Carryover of disallowed deduction to					13			
	: Do not use Part II or Part III below f								
Pa	rt II Special Depreciation Allow	ance and Other D	epreciation (D	o not inclu	de list	ed prop	erty.)		
14 3	Special depreciation allowance for qu	alified property (oth	ner than listed p	property) pl	aced i	n servic	e during		
t	he tax year			1 7/1			5	14	
	Property subject to section 168(f)(1) e								
	Other depreciation (including ACRS)							16	27,751.
	rt III MACRS Depreciation (Do n	ot include listed pr	operty.) (See ir	structions.	.)				•
			Sect	ion A					
17	MACRS deductions for assets placed	l in service in tax ye	ars beginning l	pefore 2010	0			17	
18 I	f you are electing to group any assets placed in se	ervice during the tax year	into one or more ger	neral asset acc	ounts, c	heck here	►		
	Section B - Asset	s Placed in Servic	e During 2010	Tax Year I	Using	the Ge	neral Deprecia	ation Sys	tem
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for de (business/inves only - see ins	stment use		Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property								
b	5-year property								
с	7-year property								
d	10-year property								
е	15-year property								
f	20-year property								
g	25-year property				2	5 yrs.		S/L	
Ь	Residential rental property	/			27	7.5 yrs.	MM	S/L	
h	Residential rental property	/			27	7.5 yrs.	MM	S/L	
i	Nonresidential real property	/			3	9 yrs.	MM	S/L	
<u> </u>	Nonresidential real property	/					MM	S/L	
	Section C - Assets	Placed in Service	During 2010 T	ax Year U	sing t	he Alter	native Depred	ciation Sy	vstem
20a	Class life							S/L	
b	b 12-year			1	2 yrs.		S/L		
	40-year	/			4	0 yrs.	MM	S/L	
Pa	rt IV Summary (See instructions.))							1
21	Listed property. Enter amount from lir	ne 28						21	
22	Fotal. Add amounts from line 12, lines	s 14 through 17, lin	es 19 and 20 ir	ı column (g), and	line 21.			
	Enter here and on the appropriate line				tions -	see ins	tr	22	27,751.
	For assets shown above and placed i	-	-						
	portion of the basis attributable to see					23			
01625 12-21	LHA For Paperwork Reduction	on Act Notice, see	separate instr	uctions.					Form 4562 (2010)

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³⁷ 2010.05042 THE NATIONAL BOOK FOUNDATIO 13334751

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Section A Depreciation and Other Information (Caution: See the instructions for Initis for passenger advancembles, 32 A group that we develope a written? No			Note: For any							r dedu	cting lease	e expens	e, comp	lete onl	y 24a, 2	4b, colu	mns (a)	
242. 0 Dow have endence to support the business/investment set colinary Yes No 261: if Yes, 'is the avidance structure] (n) Yes (n) (n) (n) (n) (n) (n) 25: Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use: 25 (n) (n) (n) 26: Depreciation allowance for qualified business use: 26 (n) (n) (n) (n) (n) (n) 27: Property used note than 50% in a qualified business use: 54. (n) (0 ()	,	,								· ·	<u> </u>			. ,	
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40 Do you provide more than five vehicles to your employees, obtain information from your employees about Image: Content of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Image: Content of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Image: Content of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Image: Content of the covered vehicles. Part VI Amortization Image: Content of the covered vehicles. Image: Part VI Amortization of costs Image: Content of the covered vehicles. Image: Content of costs that begins during your 2010 tax year: Image: Content of the covered vehicles. Image: Content of the costs that began before your 2010 tax year Image: Content of the covered vehicles. Image: Content of the costs that began before your 2010 tax year Image: Content of the covered vehicles. Image: Content of the costs that began before your 2010 tax year Image: Content of the covered vehicles. Image: Content of the costs that began before your 2010 tax year Image: Content of the covered vehicles. Image: Content the instructions for where to report Image: Content of the covered vehicles. Image: Content the instructions for where		employ	ees? See the ins	structions for	vehicles used	by cor	oorate o	fficers, o	directors	, or 1%	6 or more	owners						
the use of the vehicles, and retain the information received?	39	Do you	treat all use of v	vehicles by er	mployees as p	ersonal	use?											
41 Do you meet the requirements concerning qualified automobile demonstration use?																		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles. Part VI Amortization (a) (b) (c) (d) (e) (f) Description of costs Date amortization begins Amortizable amount Code section Amortization period or percentage Amortization for this year 42 Amortization of costs that begins during your 2010 tax year: Image: Code section Image: Code section </td <td></td>																		
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