	Δ	00	Return of Organization Exempt F	From I	ncome Tax	OMB No. 1545-0047				
For	пУ	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue	e Code (exc	cept private foundation	2016				
Dong	rtmont	of the Treasury	Do not enter social security numbers on this form	-		Open to Public				
		enue Service	Information about Form 990 and its instructions is	-		Inspection				
AF	or th	e 2016 calend			PR 30, 2017					
B	heck if	C Name o	forganization		D Employer identific	ation number				
a	pplicab									
	_Addre	ge TULL	NATIONAL BOOK FOUNDATION INC.							
	Name Chang	pe Doing b	usiness as		13-33	347524				
	Initial return	Number	,	Room/suite	E Telephone number					
	Final return termir	ő-		604	212 6	585 0261				
	ated	City or t	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,089,650.				
	Amen return Applie		YORK, NY 10004		H(a) Is this a group ret					
	tion pendi	F Name a	nd address of principal officer: LISA LUCAS		for subordinates?					
	-	SAME	AS C ABOVE		H(b) Are all subordinates ind					
		empt status:		or 527	1	ist. (see instructions)				
				1	H(c) Group exemption					
	orm o art I	Summary	X Corporation Trust Association Other	L Year	of formation: 1900 M	State of legal domicile: NY				
ГС				וותפתספ						
e	1	Briefly describ	be the organization's mission or most significant activities: \underline{SEE}							
Governance	2	Chook this ho	x if the organization discontinued its operations or dispose	and of more	than 25% of its not as					
ver	3					21				
ဗီ	4		lependent voting members of the governing body (Part VI, line 1a)			21				
s S	5	11								
Activities &		5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 6								
ctiv			d business revenue from Part VIII, column (C), line 12			0.				
Ā			business taxable income from Form 990-T, line 34			0.				
					Prior Year	Current Year				
ø	8	Contributions	and grants (Part VIII, line 1h)		880,015.	1,040,265.				
Revenue	9		ce revenue (Part VIII, line 2g)		376,652.	373,246.				
eve	10	•	come (Part VIII, column (A), lines 3, 4, and 7d)		49,304.	47,438.				
£			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,658.	6,251.				
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		1,311,629.	1,467,200.				
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		105,395.	90,000.				
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		0.	0.				
es	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10) _		722,781.	695,635.				
Sue	16a	Professional f	undraising fees (Part IX, column (A), line 11e)		0.	0.				
Expense	b	Total fundrais	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25)	79.						
ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		712,489.	696,108.				
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,540,665.	1,481,743.				
	19	Revenue less	expenses. Subtract line 18 from line 12		-229,036.	-14,543.				
s or				Be	ginning of Current Year	End of Year				
Net Assets or Fund Balances	20	Total assets (I			2,324,068.	2,547,396.				
et A Ind E	21		(Part X, line 26)		154,611.	238,276.				
	22 rt II		fund balances. Subtract line 21 from line 20		2,169,457.	2,309,120.				
	art II	-	DIOCK I declare that I have examined this return, including accompanying schedules	and states	anto and to the best of mu	knowledge and ballef it is				
			l declare that I have examined this return, including accompanying schedules . Declaration of preparer (other than officer) is based on all information of wh			knowledge and beller, it is				
u ue,	corre	li, anu compiete	. Declaration of preparer (other than onlicer) is based on an information of Wi	non preparer	nas any knowledge.					

Sign	Signature of officer		Date								
Here	LISA LUCAS, EXECUTIVE	DIRECTOR									
	Type or print name and title										
	Print/Type preparer's name	Preparer's signature	Date Check PTIN								
Paid	MICHAEL WALLACE		self-employed P00881958								
Preparer	Firm's name 🕨 LUTZ AND CARR, C	PAS LLP	Firm's EIN ▶ 13-1655065								
Use Only	Firm's address 🖕 551 FIFTH AVENUE	, SUITE 400									
	NEW YORK, NY 10176 Phone no.212-697-2										
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)										

632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2016)

s," describe these new service e organization cease conducti s," describe these changes on ibe the organization's program on 501(c)(3) and 501(c)(4) organ ue, if any, for each program se) (Expenses \$	a response or no nission: significant progra so on Schedule O. ing, or make signi Schedule O. n service accompl nizations are requervice reported.	m services during ficant changes in h lishments for each	s Part III the year which were not I now it conducts, any prog of its three largest progra	isted on the gram services?	Yes
e organization undertake any s form 990 or 990-EZ? s," describe these new service e organization cease conducti s," describe these changes on ibe the organization's program on 501(c)(3) and 501(c)(4) organ ue, if any, for each program se) (Expenses \$	significant progra significant progra so on Schedule O. ing, or make signi Schedule O. n service accompl nizations are requervice reported.	m services during ficant changes in h lishments for each uired to report the a	the year which were not I now it conducts, any prog of its three largest progra	isted on the gram services?	Yes
SCHEDULE O	significant progra son Schedule O. ing, or make signi Schedule O. n service accompl nizations are requervice reported.	ficant changes in h lishments for each uired to report the a	now it conducts, any prog of its three largest progra	gram services? am services, as measured	Yes X
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s," describe these changes on ibe the organization's program on 501(c)(3) and 501(c)(4) organ ue, if any, for each program se) (Expenses \$	Schedule O. n service accompl nizations are requervice reported.	lishments for each uired to report the a	of its three largest progra	am services, as measured	
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on 501(c)(3) and 501(c)(4) organ ue, if any, for each program se) (Expenses \$	nizations are requervice reported.	uired to report the a			
) (Expenses \$ RDS & HONORS	ervice reported. 1,205,730)			• •
RDS & HONORS	1,205,730)			
		 Including grants c 	f\$90,0	00 •) (Revenue \$	373,24
NATIONAL BOOK					
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POETRY, THE FOL					
SO ON THROUGH					
RD ARE NOW FIRM					
LUDING SHERMAN					
NSON, JOYCE CAR					
ECTED BY A PANE					
) (Expenses \$		including grants o	f \$) (Revenue \$	
) (Expenses \$		including grants of	f\$) (Revenue \$	
program services (Describe in	Schedule O.)				
es \$	including grants) (Revenue :	\$)
	including grants	s of \$ 205,730.) (Revenue :	\$) Form 990 (

90 (?	2016)
	90 (2

THE NATIONAL BOOK FOUNDATION INC.

Pa	rt 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			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	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 and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? 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 other assistance to			
	or for foreign individuals? 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	<u> </u>
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	1	I X

Form **990** (2016)

632003 11-11-16

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Part IV Checklist of Required Schedules (continued)

THE NATIONAL BOOK FOUNDATION INC.

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			x
	Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete</i>			
		24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
•	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			37
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		x
00	of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		
28	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		x
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
_	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		x
250	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		<u> </u>
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2016)

632004 11-11-16

Part U Statements Regarding Other IRS Filings and Tax Compliance Check If Schedulo Contains a response or note to any ine in the Part V Image: Check If Schedulo Contains a response or note to any ine in the Part V 1a Enter the number of pomy W3G included in line 1a. Enter -0. If not applicable 1a 73 b Enter the number of pomy W3G included in line 1a. Enter -0. If not applicable 1a 1a 2a L11 2a 11 3b Enter the number of enotypees reported on form W3, Transmitta of Wage and Tax Statements. 2a X 3b Enter the number of enotypees reported on form W3, Transmitta of Wage and Tax Statements. 2a X 3b If the same of lines 1a and 2a is greater than 250, your may be required to <i>e</i> -file (see instruction) 3a X 3b Dat the organization have unreaded business growers of 1 M0, "to line 30, provide an explanation or Schedule 0 3a X 3c At any time in the same of lone 30, provide an explanation or Schedule 0 3a X 3c At any time in the organization have on the same and the organization and the organization have on the same and	Form	990 (2016) THE NATIONAL BOOK FOUNDATION INC. 13-3347	524	Р	age 5
1a Enter the number reported in Box 3 of Form 1098. Enter -0: If not applicable 1a 73 Yes No 1a Enter the number of Forms W2G included in line 1a. Enter -0: If not applicable 1b 0 0 2b Enter the number of Forms W2G included in line 1a. Enter -0: If not applicable payments to vencions and reportable gaming (gambling) withings to pick withins year covered by this return 1a 1a ic X 2a Enter the number of entropyces reported on Form W3. Transmittai of Wage and Tax Statements. 2a 11 bit at least one is reported on line 2a, did the organization file al required fedral employment tax returns? 2b X Note. If the sum of lines 1a and 2s is greater than 20, yourng by cenules to 6-% (see instructions) 3a 3a X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b 3a X 3a Did the organization in the calendary year, did the organization have an interest in, or a signature or other authority own a signature and the authority own a signature and the authority own a signature or other authority own a signature or other authority own as a signature and the organization in the calendary and the authority own as a signature and the authore authority own asignature and the authority	Pa				
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b Enter the number of Forms W-20 included in line 1a. Enter 0- if not applicable gamins (gambling) winnings to price winners? Image: Comparison comply with backup within the year covered by this return (gambling) winnings to price winners? Image: Comparison comply com				Yes	No
c Did the organization comply with backup withholding ules for reportable gamments to vendors and reportable gamming (gambling) winnings to price winners? 1 2a Either the number of employees reported on Form W3, Transmitted of Wage and Tax Statements, field for the calendar year and may with mithin the year covered by this return 2a 11 2b If at least one is reported on lines 1a and 2a is greater than 250, you may be required to e- <i>ibit</i> (see instructions) 3a X 3b Did the organization have underse by one signification is one anaplanation in Schedule O 3b 4 4A ray time effect the name of the foreign country (such as a bank account, securities account, or other financial account)? 4a X 5b With 'Yea,'' that is field a form 990-T for this year? // Wo, 'to line 3b, provide an interest in, or a signature or other authorty over, a financial account if the organization have have backet transaction and y time during the calendary year, did the organization have backet transaction and and financial Accounts (FBAR). 5a X 5b Was tho opanization have backet transaction file form 8008170 5a X 5b 6a X 5b 5c 5					
gambing winnings to prize winners? ic X 2a Enter the number of engloyes reported on Form W3, Transmittal of Wage and Tax Statements. 11 b If at least one is reported on line 2a, did the organization file all required tedral employment tax returns? 2a 11 b If at least one is reported on line 2a, did the organization file all required to evelope to ev					
2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. 2a 11 iffed for the calendar year ending with or within the year covered by this return 2a 11 bit at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a X a Did the organization have undired to burinses greats income of 51 MoO or more during the year? 3a X bit 17*es, "that if field a form 900-T1 for this year? If 'No, 'to line 3b, provide an explanation in Schedule 0 3b 4 At any time the name of the foreign country (such as a bank account, securities account, or other financial account)? 4a X bit 1**es, "to line 5a or 5b, dd the organization have in the state or any time during the tax sheet the name of the organization file Tom 88887? 5a X bit 1**es, "to line 5a or 5b, dd the organization file Tom 88887? 5a X 5c	С				
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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			140		x
					<u> </u>
	<u> </u>	in ros, has the a roth rzo to report these payments in roo, provide an explanation in Schedule O		990	(2016)

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Form	990	(2016)
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THE NATIONAL BOOK FOUNDATION INC.

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

X

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

	-	1.1	01		Yes	+				
	Enter the number of voting members of the governing body at the end of the tax year	. <u>1a</u>	21	-						
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.		0.1							
	Enter the number of voting members included in line 1a, above, who are independent		21	4						
	Did any officer, director, trustee, or key employee have a family relationship or a business relations	-	-							
	officer, director, trustee, or key employee?									
	Did the organization delegate control over management duties customarily performed by or under									
	of officers, directors, or trustees, or key employees to a management company or other person?			3						
	Did the organization make any significant changes to its governing documents since the prior Form			4		_				
	Did the organization become aware during the year of a significant diversion of the organization's a			5						
	more members of the governing body?									
	Are any governance decisions of the organization reserved to (or subject to approval by) members									
	persons other than the governing body?			7b						
	Did the organization contemporaneously document the meetings held or written actions undertaken during the y					1				
	The governing body?			8a	Х	-				
	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 m	eached at	the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9						
ect	tion B. Policies (This Section B requests information about policies not required by the Internal	Revenue (Code.)							
					Yes					
	Did the organization have local chapters, branches, or affiliates?			10a						
	If "Yes," did the organization have written policies and procedures governing the activities of such									
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b						
	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	ody before	filing the form?	11a						
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				v	1				
				12a	X	_				
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri			12b	X	_				
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If in Schedule O how this was done			10-	x					
	in Schedule O how this was done			12c 13	X					
	Did the organization have a written whistleblower policy?			13						
	Did the organization have a written document retention and destruction policy?			14						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision		ependent							
	The organization's CEO. Executive Director, or too management official	••		15a	х					
	Other officers or key employees of the organization			15a						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			100						
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement wit	ha							
	taxable entity during the year?			16a						
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org		-							
	exempt status with respect to such arrangements?			16b						
	tion C. Disclosure									
7	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright \mathrm{NY}$									
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990)-T (Sectio	n 501(c)(3)s only) a	availab	le					
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website X Upon request Other (expla		,							
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, o	conflict of	interest policy, and	d finan	cial					
	statements available to the public during the tax year.									
0	State the name, address, and telephone number of the person who possesses the organization's to a state of the person who possesses the person who possesses the organization's to a state of the person who	books and	records:							
	THE ORGANIZATION - 212-685-0261									
	90 BROAD STREET, SUITE 604, NEW YORK, NY 10004									

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

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

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (Ď), (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.

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

		l	11120			npei	loui			(Г)
(A)	(B)			Pos	C) ition	h		(D)	(E)	(F)
Name and Title	Average		not c	heck	more	than		Reportable	Reportable	Estimated
	hours per week					is bot pr/trus		compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	direc				p		organization	(W-2/1099-MISC)	from the
	related	ee or	stee			en sate		(W-2/1099-MISC)	,	organization
	organizations	l trus	ıal tru		oyee	ompe				and related
	below	Individual trustee or director	Institutional trustee	er.	Key employee	iest c loyee	ner			organizations
	line)	Indi	Insti	Officer	Key	Highest compensated employee	Former			
(1) DAVID STEINBERGER	1.00									
BOARD CHAIRMAN		Х		Х				0.	0.	0.
(2) MORGAN ENTREKIN	1.00									
BOARD VICE CHAIRMAN		Х		Х				0.	0.	0.
(3) W. DRAKE MCFEELY	1.00									
BOARD TREASURER		X		X				0.	0.	0.
(4) CALVIN SIMS	1.00									
SECRETARY		X		X				0.	0.	0.
(5) MARY AMICUCCI	1.00									
BOARD MEMBER		x						0.	0.	0.
(6) QUANG BAO	1.00									
BOARD MEMBER		x						0.	0.	0.
(7) JAIME CAREY	1.00									
BOARD MEMBER		x						0.	0.	0.
(8) CHERYL EFFRON COHEN	1.00									
BOARD MEMBER		x						0.	0.	0.
(9) MARKUS DOHLE	1.00									
BOARD MEMBER		x						0.	0.	0.
(10) STEVEN LEVEEN	1.00									
BOARD MEMBER		x						0.	0.	0.
(11) LES B. LEVI	1.00									
BOARD MEMBER		x						0.	0.	0.
(12) REYNOLD LEVY	1.00									
BOARD MEMBER		x						0.	0.	0.
(13) ANTHONY W . MARX	1.00							• •		
BOARD MEMBER		x						0.	0.	0.
(14) FIONA MCCRAE	1.00									
BOARD MEMBER		x						0.	0.	0.
(15) DEBORAH NEEDLEMAN	1.00							•••		
BOARD MEMBER		x						0.	0.	0.
(16) LYNN NESBIT	1.00	<u> </u>		-	-					
BOARD MEMBER		x						0.	0.	0.
(17) CAROLYN K. REIDY	1.00	<u> </u>	-	-	-				Ŭ.	
BOARD MEMBER		x						0.	0.	0.
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Form 990 (2016) THE NATIO	ONAL BOO	ЭK	FC	JUI	ND	AT I	101	N INC.	13-33	<u>475</u>	524	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees	, an	d Hi	ighe	st C	ompensated Employe	es (continued)			
(A)	(B)			(0	C)			(D)	(E)		()	F)
Name and title	Average	(do		Pos		ו than	one	Reportable	Reportable		Estin	nated
	hours per	box	, unle	ss pe	erson	is bot	h an	compensation	compensation		amoi	unt of
	week		cer an	id a d I	Irecto	or/trus	itee)	from	from related		ot	her
	(list any	rector						the	organizations			ensation
	hours for related	or di	ee			ated		organization	(W-2/1099-MISC	,)		n the
	organizations	ustee	trustee		e	ubeu		(W-2/1099-MISC)			•	ization elated
	below	dual tr	tional		yolqr	st cor	-					zations
	line)	Individual trustee or director	Institutional t	Officer	Key employee	Highest compensated employee	Former				organ	Lationic
(18) ELPIDIO VILLARREAL	1.00	-	_		Ť		-					
BOARD MEMBER		x						0.		0.		Ο.
(19) KENNETH L. WALLACH	1.00											
BOARD MEMBER		Х						0.		0.		0.
(20) JENNIFER RUDOLPH WALSH	1.00											
BOARD MEMBER		Х						0.		0.		0.
(21) STRAUSS ZELNICK	1.00											
BOARD MEMBER		Х						0.		0.		0.
(22) LISA LUCAS	40.00									_	_	
EXECUTIVE DIRECTOR				Х				135,541.		0.	7	,806.
										_		
							<u> </u>			\rightarrow		
										-+		
1b Sub-total								135,541.		0.	7	,806.
c Total from continuation sheets to Part V								0.		0.		0.
d Total (add lines 1b and 1c)								135,541.		0.	7	,806.
2 Total number of individuals (including but n	ot limited to th	nose	liste	ed al	bov	e) wł	no re	eceived more than \$100	,000 of reportable			
compensation from the organization 🕨												1
										г	Y	es No
3 Did the organization list any former officer,	-		e, ke	ey er	nplo	byee	, or l	highest compensated e	mployee on			v
line 1a? If "Yes," complete Schedule J for s											3	X
4 For any individual listed on line 1a, is the su									the organization			X
and related organizations greater than \$15									alual fau a suda a s	···	4	
5 Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i>	•							•			5	x
Section B. Independent Contractors	piele Schedul	01	01 30		pers	<u>son</u> .						
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	ont	racto	ors t	hat received more than	\$100 000 of comp	ens	ation fro	m
the organization. Report compensation for										01100		
(A)								(B)	,		(C)	
Name and business	address	NC	ONE	3				Description of s	ervices	Co	ompens	ation
							-					
2 Total number of independent contractors (i	U U	iot lii	mite	d to	tho	se lis N	sted	above) who received m	nore than			
\$100,000 of compensation from the organi						5						

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Form **990** (2016)

Form	990) (2	2016) THE N	ATIC	NAL	BOOK FOU	NDATION IN	C.	13-3347	524 Page 9
Pa	rt V		Statement of Rever	nue						
			Check if Schedule O cont	ains a re	esponse	e or note to any li	ne in this Part VIII			
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	а	Federated campaigns		1a					
Gra		b	Membership dues		1b					
Am (С	Fundraising events		1c	569,866.				
Gif İlar		d	Related organizations		1d					
ns,		е	Government grants (contribut	ions)	1e	69,197.				
er S		f	All other contributions, gifts, gran	ts, and						
Ę			similar amounts not included abo	ve	1f	401,202.				
t p			Noncash contributions included in lines			68,653.				
<u>a ö</u>		h	Total. Add lines 1a-1f			🕨	1,040,265.			
						Business Code		100 105		
ice			ENTRY FEES			511120	199,125.	199,125.		
ue v			MEDALLION SALES	5		511120	112,301.	112,301.		
ven S		-	FINALIST FEES			511120	47,250.	47,250.		
Program Service Revenue		d	CONTRACT INCOME	5		900099	14,570.	14,570.		
jo		e								
-			All other program service reve				373,246.			
		g	Total. Add lines 2a-2f				575,240.			
	3		Investment income (including other similar amounts)				40,595.			40,595.
	4		Income from investment of ta							
	5		Royalties				598.			598.
				(i)	Real	(ii) Personal				
	6	а	Gross rents]			
		b	Less: rental expenses							
		С	Rental income or (loss)							
		d	Net rental income or (loss)	. <u> </u>		🕨				
	7	а	Gross amount from sales of		curities					
			assets other than inventory	279,	919	•	_			
		b	Less: cost or other basis		0.0.0					
				273,			-			
			Gain or (loss)		843		C 042			6 0 4 2
			Net gain or (loss)			····	6,843.			6,843.
anc	8	а	Gross income from fundraisin including \$ 569,8							
ver			contributions reported on line							
Re			Part IV, line 18			349,374.				
Other Revenue		h	Less: direct expenses			349,374.				
ō			Net income or (loss) from fund			>	0.			
			Gross income from gaming ac	•						
	•		Part IV line 19							

..... **b** Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances _____ a **b** Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 900099 11 a MISCELLANEOUS INCOME 5,653. 5,653. b с d All other revenue 5,653. e Total. Add lines 11a-11d ,467,200. 373,246. 0. 53,689. Total revenue. See instructions. 12 Form 990 (2016)

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Part IX Statement of Functional Expenses

THE NATIONAL BOOK FOUNDATION INC.

	Check if Schedule O contains a response	se or note to any line in	this Part IX		L
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	10,000.	10,000.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	80,000.	80,000.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	182,103.	112,111.	27,315.	42,677
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	405,782.	391,138.	14,644.	
8	Pension plan accruals and contributions (include			· · · · · · · · · · · · · · · · · · ·	
-	section 401(k) and 403(b) employer contributions)	10,171.	8,762.	709.	700
9	Other employee benefits	57,097.	52,348.	3,009.	1,740
10	Payroll taxes	40,482.	34,872.	2,822.	2,788
11 a	Fees for services (non-employees): Management				
b	Legal	99,076.		99,076.	
	Accounting	99,070.		99,070.	
	Lobbying				
e f	Professional fundraising services. See Part IV, line 17 Investment management fees				
f	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	75,028.	72,000.	3,028.	
12	Advertising and promotion	5,223.	3,380.	1,843.	
3	Office expenses	127,309.	91,468.	29,074.	6,767
4	Information technology				•
15	Royalties				
16	Occupancy	97,252.	80,409.	6,982.	9,861
7	Travel	51,562.	50,949.	544.	69
8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
20 21	Interest				
21 22	Payments to affiliates Depreciation, depletion, and amortization	2,614.	2,162.	187.	265
3		13,523.	9,182.	3,600.	741
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	HONORARIA	112,339.	112,339.		
b	BOOKS AND SUBCRIPTIONS	100,611.	92,510.	8,101.	
с	INDIRECT AWARD DINNER E	9,471.			9,471
d	PHOTOGRAPHY	2,100.	2,100.		
е	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	1,481,743.	1,205,730.	200,934.	75,079
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Form **990** (2016)

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Form 990 (2016)

Part X Balance Sheet

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THE NATIONAL BOOK FOUNDATION INC.

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		Check if Schedule O contains a response or not	e to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			41,469.	1	150,116.
	2	Savings and temporary cash investments	2,561.	2	2,597.		
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net				4	4,530.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated en	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 50	1(c)(9) voluntary			
ŝts		employees' beneficiary organizations (see instr).	Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
◄	8	Inventories for sale or use		8			
	9	Prepaid expenses and deferred charges		3,842.	9	883.	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		109,428.			
	b	Less: accumulated depreciation	10b	72,464.	24,253.	10c	36,964.
	11	Investments - publicly traded securities			2,224,954.	11	2,325,317.
	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			26,989.	15	26,989.
	16	Total assets. Add lines 1 through 15 (must equa			2,324,068.	16	2,547,396.
	17	Accounts payable and accrued expenses		······ _	20,000.	17	98,596.
	18	Grants payable	10,000.	18	10,000.		
	19	Deferred revenue		59,535.	19	73,844.	
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete I	Part IV	of Schedule D		21	
ies	22	Loans and other payables to current and former					
ollit		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela		23			
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24). Complete Part X of	65 076		
		Schedule D		····· -	65,076.	25	<u>55,836.</u> 238,276.
	26	Total liabilities. Add lines 17 through 25	·····		154,611.	26	230,270.
		Organizations that follow SFAS 117 (ASC 958		k here ▶ 🕰 and			
ces	07	complete lines 27 through 29, and lines 33 an			1,869,457.	07	1,931,622.
lan	27	Unrestricted net assets	1,009,437.	27	52,498.		
Fund Balances	28	Temporarily restricted net assets			300,000.	28 29	325,000.
pur	29				500,000.	29	525,000.
		Organizations that do not follow SFAS 117 (A and complete lines 30 through 34.					
is or	20					20	
Net Assets	30	Capital stock or trust principal, or current funds				30 31	<u> </u>
t As	31	Paid-in or capital surplus, or land, building, or ec				31	
Nei	32 33	Retained earnings, endowment, accumulated in Total net assets or fund balances			2,169,457.	32 33	2,309,120.
	34	Total liabilities and net assets/fund balances			2,324,068.	33 34	2,547,396.
	1.04				_,,0000	07	Form 990 (2016)

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	990 (2016) THE NATIONAL BOOK FOUNDATION INC.	13-33	47524	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,46	<u>/,2</u>	00.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,481		
3	Revenue less expenses. Subtract line 2 from line 1	3			43.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,169		
5	Net unrealized gains (losses) on investments	5	154	1,2	06.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		0 20/	~ 1	~ ~
D	column (B))	10	2,309	,⊥	20.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
_	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				v
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			v	
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			x	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	^	
•	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	•			x
	Act and OMB Circular A-133?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				(2016)

Form **990** (2016)

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SCHEDULE A

(Form	990	or	990-	·ΕΖ
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Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

2016	
Open to Public Inspection	

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Information about Schedule A	(Form 990 or 990-EZ) and its instructions is	_{s at} www.irs.gov/form990.

Nan	ne of	the organization		,				Employer	r identification number
		-	NATIONAL B	OOK FOUNDATI	ON IN	c.		1	3-3347524
Pa	rt I	Reason for Public					ee instruction		
The	organ	ization is not a private found							
1		A church, convention of ch							
2	\square	A school described in sect					- ////-/-		
3	\square	A hospital or a cooperative					ii).		
4	\square	A medical research organiz					-	Viii). Enter	the hospital's name
•		city, and state:		inganotion mara noopita					the neopital e name,
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a d	overnmental	unit descrit	hed in
Ŭ		section 170(b)(1)(A)(iv). (0				icu by u g	overninentai		
6		A federal, state, or local go		mental unit described in	section 17	70(h)(1)(A)	(v)		
7	X	An organization that norma						the general	I public described in
'		section 170(b)(1)(A)(vi). (C		antial part of its support	ion a gov	erninenta		uie general	
8		A community trust describe		(1)(A)(vi) (Complete Par	F 11 \				
9	\square	An agricultural research or				od in ooniu	upotion with a	land grant	aallaaa
9		or university or a non-land-	-			-		-	-
			grant college of agric			name, cit	y, and state c		
10		university:	lly receivery (1) more	than 22 1/20/ of its our	nort from	oontributi	ana mambar	ahin faaa	and areas respired from
10		An organization that norma							
		activities related to its exer							
		income and unrelated busin		e (less section 511 tax) fr	om busine	esses acqu	lired by the o	rganization	after June 30, 1975.
44		See section 509(a)(2). (Con	, ,	weby to toot for public or	faty Caa	anation Fl	O(a)(4)		
11 12		An organization organized a	-	•	•			orny out the	a purpassa of one or
12		• •	•	•	•			•	• •
		more publicly supported or lines 12a through 12d that							
		7 7				-		-	, aivina
а		☐ Type I. A supporting orga the supported organization	-	-	•				
		the supported organization		• • • •	a majonty		clors or trust		supporting
h		organization. You must o	-		tion with it		ad arganizati	on(o) by be	a vin a
b	L	Type II. A supporting org	-				-		-
		control or management o			arrie perso	ons that co	Shiroi or man	age the sup	oported
-		organization(s). You mus				1: 	and from attack	lle interret	ما المانيين ام مر
с		Type III functionally inte						ally integrat	ed with,
		its supported organizatio							i
d		Type III non-functionally						-	
		that is not functionally int			-		-	o an atteni	liveness
-		requirement (see instruct							
e		Check this box if the orga					а турет, туре	e II, Type III	
	E at.	functionally integrated, o		, , , , , , , , , , , , , , , , , , , ,	0 0	zation.			
		er the number of supported of	•						
<u> </u>		vide the following information (i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount o	f monetary	(vi) Amount of other
		organization	(,	(described on lines 1-10	in your governi Yes	ing document? No	support (see i	-	support (see instructions)
		-		above (see instructions))	103				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016 13

Total

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Schedule A (Form 990 or 990-EZ) 2016 THE NATIONAL BOOK FOUNDATION INC. Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(in Section 2010) (in Sec

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1040265.	977,506.	926,509.	880,015.	1040265.	4864560.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1040265.	977,506.	926,509.	880,015.	1040265.	4864560.
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)						1635529.
6	Public support. Subtract line 5 from line 4.						3229031.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	1040265.	977,506.	926,509.	880,015.	1040265.	4864560.
	Gross income from interest,			-			
_	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	47,248.	67,217.	42,279.	41,250.	41,193.	239,187.
9	Net income from unrelated business		- /	, –	,	,	
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)		7,286.		5,658.	5,653.	18,597.
11	Total support. Add lines 7 through 10		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		5,0001	5,0001	5122344.
12		etc (see instructi	ans)			12 1	,603,161.
	First five years. If the Form 990 is for	•	,	d fourth or fifth ta			,,
10	organization, check this box and stop						
Sec	ction C. Computation of Publ	ic Support Pe					
-	Public support percentage for 2016 (olumn (f))		14	63.04 %
	Public support percentage from 2015					15	59.51 %
	33 1/3% support test - 2016. If the c						
	stop here. The organization qualifies						
b	33 1/3% support test - 2015. If the c						
	and stop here. The organization qual	-					
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
h	10% -facts-and-circumstances tes						
N.	more, and if the organization meets the						
	organization meets the "facts-and-cire						
18	Private foundation. If the organization						
						dule A (Form 990	

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Schedule A (Form 990 or 990 EZ) 2016 THE NATIONAL BOOK FOUNDATION INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support	<u> </u>					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	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						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10 <i>a</i>	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 VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thi	rd, fourth, or fifth	tax year as a sectio	on 501(c)(3) orgar	nization,
	check this box and stop here				-		
See	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2016 (line 8, column (f) d	ivided by line 13,	column (f))		15	%
16	Public support percentage from 2015	5 Schedule A, Part	III, line 15			16	%
See	ction D. Computation of Inve	stment Incom	e Percentage)			
17	Investment income percentage for 20)16 (line 10c, colur	nn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2015 Schedule A,	Part III, line 17			18	%
1 9a	1 33 1/3% support tests - 2016. If the	organization did r	not check the box	on line 14, and lir	ne 15 is more than (33 1/3% , and line	17 is not
	more than 33 1/3%, check this box a	and stop here. The	organization qua	lifies as a publicly	supported organiz	ation	
b	33 1/3% support tests - 2015. If the						, and
	line 18 is not more than 33 1/3%, che	eck this box and s	top here. The org	anization qualifies	as a publicly supp	orted organizatio	n ►
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check	this box and see in	structions	
	23 09-21-16						90 or 990-EZ) 2016
				15			

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2016

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Schedule A (Form 990 or 990-EZ) 2016 THE NATIONAL BOOK FOUNDATION INC.

	Copporting organizations (continued)	,	v	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	L The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
-	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	C'		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	0	0040
632025	5 09-21-16 Schedule A (Form 99 17	90 or 99	ю-EZ)	2016
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Schedule A (Form 990 or 990-EZ) 2016 THE NATIONAL BOOK FOUNDATION INC.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrate	d Type III supporting or	anization (see

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

Schedule A (Form 990 or 990-EZ) 2016

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Schedule A (Form 990 or 990 EZ) 2016 THE NATIONAL BOOK FOUNDATION INC.

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount		-	
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
			110 2010	
_1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
<u>a</u>				
b				
	From 2013			
	From 2014			
	From 2015			
-	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
<u> </u>	Carryover from 2011 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
-	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
0	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
,	and 4c			
8	Breakdown of line 7:			
a				
	Excess from 2013			
-	Excess from 2014			
	Excess from 2015			
	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

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Part VI	Form 990 or 990-EZ) 2016 THE N) rouid - th			Dout II I've	10. 0	a 17a ar 17b David III II 10
	Supplemental Information. F Part IV, Section A, lines 1, 2, 3b, 3c, 4 line 1; Part IV, Section D, lines 2 and	4b, 4c, 5a, 6, 9 3; Part IV, Sec	a, 9b, 9c, 1 tion E, lines	1a, 11b, a 1c, 2a, 2l	nd 11c; Part), 3a, and 3b	: IV, Section E); Part V, line ⁻	3, lines 1 and 2; Part IV, Section (1; Part V, Section B, line 1e; Part
	Section D, lines 5, 6, and 8; and Part (See instructions.)	V, Section E, li	nes 2, 5, ar	nd 6. Also	complete thi	is part for any	additional information.
32028 09-21-1	6					S	Schedule A (Form 990 or 990-E
				20			

Department of the Treasury Internal Revenue Service

(Form 990)

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.



Employer identification number

13 - 3347524

Name of the organization THE NATIONAL BOOK FOUNDATION INC. Part Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the

Fai				Complete il the	
	organization answered "Yes" on Form 990, Part IV, lin	(a) Donor advised funds	(1	(b) Funds and other accounts	
1	Total number at end of year				_
2	Aggregate value of contributions to (during year)				_
3	Aggregate value of grants from (during year)				_
4	Aggregate value at end of year				-
5	Did the organization inform all donors and donor advisors in t		ised fun	nds	-
Ū	are the organization's property, subject to the organization's	-			0
6	Did the organization inform all grantees, donors, and donor a				-
Ū	for charitable purposes and not for the benefit of the donor of				
					0
Par					<u> </u>
1	Purpose(s) of conservation easements held by the organizati	ion (check all that apply).			
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a his	storically	important land area	
	Protection of natural habitat	Preservation of a ce	rtified his	istoric structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	n of a co	onservation easement on the last	
	day of the tax year.			Held at the End of the Tax Ye	ar
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			2b	
с	Number of conservation easements on a certified historic str	ructure included in (a)		2c	
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic struc	ture		
	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	he organ	nization during the tax	
	year ►				
4	Number of states where property subject to conservation east	sement is located			
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	f		
	violations, and enforcement of the conservation easements in	it holds?		Yes 📖 N	0
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing co	nservatio	on easements during the year	
	▶				
7	Amount of expenses incurred in monitoring, inspecting, hand \$	dling of violations, and enforcing conserv	ation ea	asements during the year	
8	Does each conservation easement reported on line 2(d) abov	ve satisfy the requirements of section 17	'0(h)(4)(B	3)(i)	
	and section 170(h)(4)(B)(ii)?			Yes 🛛 N	o
9	In Part XIII, describe how the organization reports conservati	ion easements in its revenue and expense	se staten	ment, and balance sheet, and	
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describe	s the org	ganization's accounting for	
	conservation easements.				
Par	t III Organizations Maintaining Collections o		Other S	Similar Assets.	
	Complete if the organization answered "Yes" on Form	1 990, Part IV, line 8.			
1a	If the organization elected, as permitted under SFAS 116 (AS				
	historical treasures, or other similar assets held for public ext	hibition, education, or research in further	rance of	public service, provide, in Part XII	i,
	the text of the footnote to its financial statements that descri				
b	If the organization elected, as permitted under SFAS 116 (AS				
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of p	ublic ser	rvice, provide the following amoun	ts
	relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1				
				. 🕨 💲	
2	If the organization received or held works of art, historical tre		ial gain,	provide	
	the following amounts required to be reported under SFAS 1				
	Revenue included on Form 990, Part VIII, line 1				
	Assets included in Form 990, Part X				
LHA	For Paperwork Reduction Act Notice, see the Instruction	⊧s for Form 990.		Schedule D (Form 990) 20	16
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Sche	dule D (Form 990) 2016 THE NAT	IONAL BOOK	FOUNDATIC	N INC.			13-33	4752	4 _{Pa}	age 2
Par	t III Organizations Maintaining C	Collections of Ar	t, Historical Tr	easures, or	r Othe	er Simil	ar Asse	ts (contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that	are a s	ignificant	use of its	collectio	n item	S
	(check all that apply):									
а	Public exhibition	d	Loan or exc	hange progran	ns					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	n how they further t	he organization	n's exe	mpt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit of							-		-
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		te if the organizatio	n answered "Y	'es" on	Form 990), Part IV,	line 9, or	•	
1a	Is the organization an agent, trustee, custod	ian or other intermed	iary for contributior	ns or other ass	ets not	included				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII									
								Amoun	t	
с	Beginning balance					1c				
d	Additions during the year					. 1d				
е	Distributions during the year					1e				
	Ending balance									
	Did the organization include an amount on F					• • • • • • • • • • • • • • • • • • • •	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.						<u></u>]
Par	t V Endowment Funds. Complete i							() [
		(a) Current year	(b) Prior year	(c) Two years						
	Beginning of year balance	2,224,954.	2,433,581.		· · · · · ·	۷,۱	15,894.	1	,957,	144.
	Contributions	201 644	27 062		,000.	1	E2 260		1 5 0	750
	Net investment earnings, gains, and losses	201,644.	27,962.	104,	,419.		.53,268.		150,	750.
	Grants or scholarships									
е	Other expenditures for facilities	-111,281.	-236,589.	-50	,000.					
£	and programs	111,201.	230,303.	50,	,000.					
	Administrative expenses End of year balance	2,315,317.	2,224,954.	2,433,	581	2 2	69,162.	2	,115,	894
g 2	Provide the estimated percentage of the cur				,	-,-			, ,	
	Board designated or quasi-endowment	85.96	%	a)) field as.						
	Permanent endowment 14.04	%								
	Temporarily restricted endowment	%								
Ŭ	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	-	ation that are held a	ind administer	ed for t	he organi;	zation			
	by:					ine ergenn		I	Yes	No
	(i) unrelated organizations							3a(i)		X
	(ii) related organizations									Х
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	ed on Schedule R?	·				3b		
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm	nent.								
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990,	Part X,	line 10.				
	Description of property	(a) Cost or ot	ther (b) Cost	or other	(c) A	ccumulate	ed	(d) Boo	k value	e
		basis (investr	nent) basis	(other)	dep	oreciation				
1a	Land									
	Buildings									
	Leasehold improvements									
d	Equipment		10	9,428.		72,4	64.	3	6,9	64.
	Other							ļ		
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part .	X, column (B), line 1	10c.)				3	6,9	64.
							Schedule	D (Forn	n 990)	2016

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Part VII Investments - 0	Other Se	ocurities				-
Schedule D (Form 990) 2016	\mathbf{THE}	NATIONAL	BOOK	FOUNDATION	INC.	

Complete if the organization answered "Yes" c (a) Description of security or Category (including name of security)	(b) Book value		ost or end-of-year market value
(1) Financial derivatives			-
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.		•	
Complete if the organization answered "Yes" of	on Form 990, Part IV,	line 11c. See Form 990, Part X, line	9 13.
(a) Description of investment	(b) Book value		ost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.		·	
Complete if the organization answered "Yes" of	on Form 990, Part IV,	line 11d. See Form 990, Part X, line	9 15.
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		►
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV,	line 11e or 11f. See Form 990, Part	X, line 25.
1.(a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) DEFERRED RENT		55,836.	
(3)			
(4)			
(5)			
(6)			
(6)			
(6) (7)			
(7)			
(7) (8)	25.) ►	55,836.	

Schedule D (Form 990) 2016

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Schedule D (Form 990) 2016 THE NATIONAL BOOK FOUNDA	ATION INC.	. 1	.3-3	3347524 _{Page}	e 4
Part XI Reconciliation of Revenue per Audited Financial Stat	ements With				_
Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.				
1 Total revenue, gains, and other support per audited financial statements			1	1,621,406	5.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		Г			
a Net unrealized gains (losses) on investments	2a	154,206.			
b Donated services and use of facilities					
c Recoveries of prior year grants	2c				
d Other (Describe in Part XIII.)					
e Add lines 2a through 2d			2e	154,206	
3 Subtract line 2e from line 1			3	1,467,200	Ο.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
a Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b Other (Describe in Part XIII.)	4b				
c Add lines 4a and 4b			4c	C	Ο.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,467,200	Ο.
Part XII Reconciliation of Expenses per Audited Financial Sta	tements With	Expenses per F	Retu	rn.	
Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		Retu		
	e 12a.		Retu	rn. 1,481,743	
Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	9 12a.				
Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements	9 12a.				
Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	2 12a. 				
Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses	2a 2b 2c				
Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.)	2a 2b 2c 2d				
Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d	2a 2b 2c 2d		1 2e	1,481,743	<u>3.</u> 0.
Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.)	2a 2b 2c 2d		1		<u>3.</u> 0.
Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d		1 2e	1,481,743	<u>3.</u> 0.
Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d 4a		1 2e	1,481,743	<u>3.</u> 0.
Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 2d 4a		1 2e	1,481,743 0 1,481,743	<u>3.</u> 0.
Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b	2a 2b 2c 2d 2d 4a 4b		1 2e 3 4c	1,481,743 0 1,481,743	<u>3.</u> 0. 3.
Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b		1 2e 3	1,481,743 0 1,481,743	$\frac{3.}{3.}$

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE FOUNDATION'S ENDOWMENT CONSISTS OF A BOARD DESIGNATED FUND ESTABLISHED

FOR GENERAL SUPPORT AND ONE DONOR-RESTRICTED FUND FOR THE FOUNDATION'S

LITERARIAN AWARD.

632054 08-29-16

Schedule D (Form 990) 2016

10030216 759420 133347524

2016.05050 THE NATIONAL BOOK FOUNDATIO 13334751

30

SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information Regarding Fundraising or Gaming Activities Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990 or Form 990-EZ. Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.						2016 Open to Public	
Name of the organization	1	IONAL BOOK FOUNDAT				-	Employer id	lentification number 7524
		Complete if the organization answe				line 1		
 a Mail solicitati b Internet and c Phone solicit d In-person sol 2 a Did the organizatio key employees lister 	ons email solicitations ations icitations n have a written c ed in Form 990, P highest paid indiv	f ☐ Solicitat g ☐ Special or oral agreement with any individual Part VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (inclue	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees	Y	es 🗌 No o be
(i) Name and address or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	aiser ustody	(iv) Gross receipts from activity	tò (o	Amount paid or retained by fundraiser ted in col. (i)	
			Yes	No				
				L				
		on is registered or licensed to solicit		outions	l s or has been notified	d it is	exempt from	registration
LHA For Paperwork Re	eduction Act Not	ice, see the Instructions for Form	990 or	990-1	EZ. S	Sche	dule G (Form	990 or 990-EZ) 2016

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10030216 759420 133347524 2016.05050 THE NATIONAL BOOK FOUNDATIO 13334751

Schedule G (Form 990 or 990 EZ) 2016 THE NATIONAL BOOK FOUNDATION INC. Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

13-3347524 Page 2

of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	<u> </u>	(a) Event #1 BENEFIT	(b) Event #2	(c) Other events NONE	pts greater than \$5,000. (d) Total events (add col. (a) through
		EVENT			col. (c)
une		(event type)	(event type)	(total number)	
Hevenue	Gross receipts	919,240.			919,240.
2	Less: Contributions	569,866.			569,866.
3	Gross income (line 1 minus line 2)	349,374.			349,374.
4	Cash prizes				
ທູ 5	Noncash prizes				
6 sue	Rent/facility costs	85,840.			85,840.
Ulrect Expenses	Food and beverages				
8					
9					263,534.
10					349,374
¹¹ Part					0
art	\$15,000 on Form 990-EZ, line 6a.	answered res on Form	1990, Part IV, line 19, or	reported more than	
			(b) Pull tabs/instant		(d) Total gaming (add
Levelue		(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
² 1	Groop revenue				
+	Gross revenue				
<u>ہ</u> 2	Cash prizes				
9 3	Noncash prizes				
	Rent/facility costs				
5	Other direct expenses				
		Yes %	Yes %	Yes%	
6	Volunteer labor	□ No	□ No	No	
7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		►	
	Net gaming income summary. Subtract line 7	from line to column (-1)		►	
8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9 E	nter the state(s) in which the organization condu	icte gaming activitios:			
	the organization licensed to conduct gaming a				
	"No," explain:				
0~ 14	/ere any of the organization's gaming licenses re	evoked, suspended, or te	erminated during the tax	year?	Yes No
ua V	"Yes," explain:		-	• • • • • • • • • • • • • • • • • • • •	
b If	09-12-16			Schedule G (Fo	rm 990 or 990-EZ) 201

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2016.05050 THE NATIONAL BOOK FOUNDATIO 13334751

<u>Schedul</u> e	G (Form 990 or 990-EZ) 2016 THE NATIONAL BOOK FOUNDATION INC. 13-3	3347524	Pag
11 Does	s the organization conduct gaming activities with nonmembers?		
	e organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		_
to ac	Iminister charitable gaming?	Yes	
3 Indic	cate the percentage of gaming activity conducted in:		
	organization's facility	13a	
	utside facility		
	r the name and address of the person who prepares the organization's gaming/special events books and records:	· · · · ·	
	· · · · · · · · · · · · · · · · · · ·		
Nam			
	ress	Yes	
b If "Y	es," enter the amount of gaming revenue received by the organization ▶\$ and the amount		
of ga	aming revenue retained by the third party >		
	es," enter name and address of the third party:		
Nam	le ▶		
Add	ress ►		
16 Gam	ing manager information:		
Nam	e ▶		
Gam	ning manager compensation 🕨 \$		
	Director/officer Employee Independent contractor		
	datory distributions:		
	e organization required under state law to make charitable distributions from the gaming proceeds to		
	n the state gaming license?	🛄 Yes	
b Ente	r the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
<u> </u>	nization's own exempt activities during the tax year 🕨 \$		
Part IV	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III,	ines 9, 9b, 1	0b, 1
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions		
32083 09-	12-16 Schedule G (For	n 990 or 990)-EZ)
32083 09-	12-16 Schedule G (Form 33	n 990 or 990)-EZ)

Schedule G	6 (Form 990 or 990- Supplementa	EZ) THE	NATIONAL	BOOK	FOUN	DATION	INC.	13-334	7524 Page 4
Part IV	Supplementa	I Information	(continued)						
632084 04-01-16								Schedule G (For	rm 990 or 990-EZ
	750400 17	00047504	2010	0 5 0 5 0	34				1 2 2 2 4 7 5 1
030210	759420 13	0334/524	ZUI0.	05050	THE	NATION	IAL BOOK	FOUNDATIO	13334751

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SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Go Comp	arants and Oth vernments, an lete if the organization	nd Individual n answered "Yes" Attach to For	ls in the Ŭni ' on Form 990, Pa m 990.	ted States rt IV, line 21 or 22.	0.	OMB No. 1545-0047 2016 Open to Public Inspection	
Name of the organization							Employer identification number	
		FOUNDATION	INC.				13-3347524	
 Does the organization maintain records criteria used to award the grants or ass Describe in Part IV the organization's pr 	to substantiate th istance? ocedures for moni	toring the use of grant	funds in the Unite	d States.			X Yes No	
Part II Grants and Other Assistance to recipient that received more than	-				anization answered in	res" on Form 990, Par	t IV, line 21, for any	
1 (a) Name and address of organization or government	(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 noncash assistance	(h) Purpose of grant or assistance	
20 JAY STREET, STE 310-A							LITERARIAN AND MEDAL FOR DISTINGUISHED CONTRIBUTION	
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization 	-	-	ne line 1 table				▶	
LHA For Paperwork Reduction Act Notice	e, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2016)	

13-3347524

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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 noncash assistance
ATIONAL BOOK AWARDS	22	55,000.	. 0.	FMV	
ITERARIAN AND MEDAL FOR DISTINGUISHED					
ONTRIBUTION	1	10,000.	. 0.	FMV	
5 UNDER 35 PRIZES	5	5,000.	. 0.	FMV	
NNOVATIONS IN READING	1	10,000.	. 0.	FMV	
Part IV Supplemental Information. Provide the information		o 2: Dort III. oolumr		ditional information	
PART I, LINE 2:	equired in Part 1, in	le 2, Fart III, coluini	r (D), and any other a		
WARD WINNERS FOR THE NATIONAL BO	OOK AWARDS	ARE SELEC	TED BY FOU	IR PANELS OF	
TIVE JUDGES EACH. THE JUDGES ARE	SUGGESTED	BY AMERIC	AN WRITERS	S AND	
ECRUITED BY THE NATIONAL BOOK FO	OUNDATION'	S EXECUTIV	YE DIRECTOR	. PANEL	
ELIBERATIONS ARE THEN INDEPENDE	NT OF THE	FOUNDATION	I. BOOKS AR	RE SUBMITTED	

BY PUBLISHERS ONLY. PANELS SELECT FIVE FINALISTS, FROM WHICH THEY CHOOSE

ONE NATIONAL BOOK AWARD WINNER.

THE MEDAL FOR DISTINGUISHED CONTRIBUTION TO AMERICAN LETTERS AND THE

Schedule I (Form 990)	THE NATIONAL	BOOK FOUNDATION	INC.	13-3347524 Page 2							
Part IV Supplemental Information											
LITERARIAN AWARD	FOR OUTSTANDING	G SERVICE TO THE	AMERICAN	LITERARY COMMUNITY							
ARE SELECTED BY	THE FOUNDATION'S	5 BOARD OF DIREC	TORS FROM	A LIST OF NOMINEES							
MADE BY AMERICAN	WRITERS, PUBLIS	SHERS, AND EDITO	RS.								

RECIPIENTS OF 5 UNDER 35 ARE SELECTED BY FORMER NATIONAL BOOK AWARD

FINALISTS AND WINNERS IN FICTION.

Schedule I (Form 990)

632291 04-01-16

SCHEDULE	Μ
(Form 990)	

Noncash Contributions

OMB No. 1545-0047

ZU

Employer identification number

13 - 3347524

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. ►

Open To Public Inspection

16

Name of the organization	
--------------------------	--

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

THE NATIONAL BOOK FOUNDATION INC.

De							-	
Pa	rt I Types of Property		() ()			<u> </u>		
		(a) Check if	(b) Number of	(c) Noncash contribution	(d Method of d		20	
		applicable		amounts reported on	noncash contrib		0	9
		applicable		Form 990, Part VIII, line 1g	noncash contrib	ution an	nount	3
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications	Х		68,653.	FMV			
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							
24	Archeological artifacts							
25	Other ► ()							
26	Other ()							
27	Other ()							
28	Other ► ()							
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for o	contributions	•			
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29				
				-			Yes	No
30a	During the year, did the organization receive b	y contributio	on any property re	ported in Part I, lines 1 throu	gh 28, that it			
	must hold for at least three years from the dat	e of the initia	al contribution, and	d which isn't required to be u	used for			
	exempt purposes for the entire holding period	?				30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that r	equires the review	of any nonstandard contribu	utions?	31		Х

Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a contributions? **b** If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2016)

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632141 08-23-16

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this part for any additional information.						
					Cohodula	(Earm 000) (0040)
632142 08-23-16		39			Schedule M	(Form 990) (2016)
030216 759420 133347524	2016.05050	THE N	ATIONAL	BOOK	FOUNDATIO	13334751

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete Part II

10

OMB No 1545-0047 SCHEDULE O Supplemental Information to Form 990 or 990-EZ 16 Complete to provide information for responses to specific questions on (Form 990 or 990-EZ) Form 990 or 990-EZ or to provide any additional information. Open to Public Attach to Form 990 or 990-EZ. Department of the Treasury Information about Schedule O (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/form990. Inspection Internal Revenue Service Name of the organization Employer identification number THE NATIONAL BOOK FOUNDATION INC. 13 - 3347524FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE MISSION OF THE NATIONAL BOOK FOUNDATION AND THE NATIONAL BOOK AWARDS IS TO CELEBRATE THE BEST OF 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 SCHOOL CHILDREN, 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: THE MISSION OF THE NATIONAL BOOK FOUNDATION AND THE NATIONAL BOOK AWARDS IS TO CELEBRATE THE BEST OF 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 SCHOOL CHILDREN, 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:

 CATEGORIES: FICTION, NON-FICTION, POETRY, AND YOUNG PEOPLE'S

 LITERATURE, AND IN FISCAL YEAR 2017 THE WINNERS WERE, RESPECTIVELY,

 COLSON WHITEHEAD, IBRAM X. KENDI, DANIEL BORZUTZKY, AND JOHN LEWIS,

 ANDREW AYDIN & NATE POWELL. THE NATIONAL BOOK FOUNDATION ALSO AWARDS AN

 ANNUAL MEDAL FOR DISTINGUISHED CONTRIBUTION TO AMERICAN LETTERS TO A

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

 632211 08-25-16

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Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization THE NATIONAL BOOK FOUNDATION INC.	Employer identification number 13-3347524
PERSON OR ENTITY "WHO, IN THE OPINION OF THE BOARD OF DIR	ECTORS OF THE
NATIONAL BOOK FOUNDATION, HAS ENRICHED OUR LITERARY HERIT	AGE OVER A
LIFE OF SERVICE, OR CORPUS OF WORK." IN FISCAL YEAR 2017,	THE MEDAL WAS
PRESENTED TO ROBERT CARO. THE NATIONAL BOOK FOUNDATION AL	SO PRESENTS AN
ANNUAL LITERARIAN AWARD FOR OUTSTANDING SERVICE TO THE AM	ERICAN
LITERARY COMMUNITY, WHICH IN FISCAL YEAR 2017 WAS AWARDED	TO THE
NONPROFIT ORGANIZATION CAVE CANEM. FINALLY, THE 5 UNDER 3	5 PROGRAM
IDENTIFIES AND CELEBRATES FIVE EMERGING FICTION WRITERS A	NNUALLY,
SELECTED BY FORMER NATIONAL BOOK AWARD FINALISTS AND WINN	ERS.

ENGAGEMENT & PUBLIC PROGRAMS

THE NATIONAL BOOK FOUNDATION'S PUBLIC PROGRAMS INCLUDE NBA ON CAMPUS, A PARTNERSHIP THAT BRINGS NATIONAL BOOK AWARD AUTHORS TO COLLEGES AND UNIVERSITIES ACROSS THE COUNTRY FOR PUBLIC READINGS AND DISCUSSIONS; WHY READING MATTERS, A LIVE PANEL EVENT WHERE SPEAKERS FROM THE LITERARY AND EDUCATIONAL COMMUNITIES DISCUSSED LITERARY ACTIVISM; AND THE ANNUAL INNOVATIONS IN READING PRIZE, AWARDED TO INDIVIDUALS AND INSTITUTIONS THAT HAVE DEVELOPED INNOVATIVE MEANS OF CREATING AND SUSTAINING A LIFELONG LOVE OF READING, WHICH IN FISCAL YEAR 2017 WAS GIVEN TO THE NEXT CHAPTER BOOK CLUB.

EDUCATION & YOUTH

THE NATIONAL BOOK FOUNDATION IS COMMITTED TO INSPIRING A LOVE A READING AMONGST YOUNG PEOPLE THROUGH EDUCATIONAL PROGRAM SUCH AS BOOKUP, A WRITER-LED, AFTER-SCHOOL AND SUMMER READING CLUB FOR MIDDLE-SCHOOL STUDENTS IN FOUR U.S. CITIES; AND THE TEEN PRESS CONFERENCE, AN 632212 08-25-16 Schedule O (Form 990 or 990-EZ) (2016) 41

10030216 759420 133347524 2016.05050 THE NATIONAL BOOK FOUNDATIO 13334751

		- /						: -:9- =
Name of the organization	HE NZ	ATIONA	AL BOO	K FOUNDAT	rioi	I INC.		Employer identification number 13-3347524
OPPORTUNITY FOF	NEW	YORK	CITY	STUDENTS	то	INTERVIEW	THE	CURRENT

NATIONAL BOOK AWARD FINALISTS IN YOUNG PEOPLE'S LITERATURE.

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

Schedule O (Form 990 or 990-FZ) (2016)

THE FORM 990 IS FIRST REVIEWED BY THE EXECUTIVE DIRECTOR AND THEN IT IS

PROVIDED TO BOARD OF DIRECTORS FOR APPROVAL PRIOR TO FILING.

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

BOARD MEMBERS AND 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.

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

THE EXECUTIVE DIRECTOR'S COMPENSATION IS RECOMMENDED BY THE EXECUTIVE COMMITTEE USING COMPARABILITY DATA OF OTHER SIMILAR ORGANIZATIONS. THE EXECUTIVE COMMITTEE'S RECOMMENDATION IS INCLUDED IN THE ORGANIZATION'S ANNUAL BUDGET WHICH IS APPROVED BY THE BOARD OF DIRECTORS.

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

THE ORGANIZATIONS DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE PROCESSES OF THE AUDIT COMMITTEE HAVE NOT CHANGED SINCE LAST YEAR.

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632212 08-25-16

Page 2

2016 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

onur y	90 PAGE 10	-						990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MACHINERY & EQUIPMENT														
1	FURNITURE AND FIXTURES	VARIOUS	SL	7.00		16	80,603.				80,603.	69,625.		2,839.	72,464.
2	WEBSITE	VARIOUS	SL	5.00		16	28,825.				28,825.			5,765.	5,765.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						109,428.				109,428.	69,625.		8,604.	78,229.
	* GRAND TOTAL 990 PAGE 10 DEPR						109,428.				109,428.	69,625.		8,604.	78,229.

628111 04-01-16

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form	4562	
	ment of the Treasury I Revenue Service	(99)

3

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6

OMB No. 1545-0172 Depreciation and Amortization (Including Information on Listed Property) 990 Attach to your tax return. Attachment Information about Form 4562 and its separate instructions is at www.irs.gov/form4562. Sequence No. 179 Name(s) shown on return Business or activity to which this form relates Identifying number THE NATIONAL BOOK FOUNDATION INC. FORM 990 PAGE 10 13-3347524 Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1 **1** Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 2,010,000. 3 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (a) Description of property (b) Cost (business use only) (c) Elected cost 7 Listed property. Enter the amount from line 29 7 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2015 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 **13** Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 14 the tax vear 15 **15** Property subject to section 168(f)(1) election 16 Other depreciation (including ACRS) 16

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2016	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here 🕨 📃		

	Section B - Assets	-	e During 2016 Tax Year (Using the Gene	eral Deprecia	ation Syst	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) 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			25 yrs.		S/L	
	Residential rental property	/		27.5 yrs.	MM	S/L	
h		/		27.5 yrs.	MM	S/L	
	N	/		39 yrs.	MM	S/L	
i	Nonresidential real property	/			MM	S/L	
	Section C - Assets P	laced in Service	During 2016 Tax Year Us	sing the Altern	ative Deprec	iation Sys	stem
20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
с	40-year	/		40 yrs.	MM	S/L	
Par	t IV Summary (See instructions.)						
21 L	isted property. Enter amount from line	28				21	
22 T	otal. Add amounts from line 12, lines	14 through 17, lin	es 19 and 20 in column (g), and line 21.			
E	nter here and on the appropriate lines	of your return. Pa	artnerships and S corpora	tions - see instr		22	8,604.
23 F	or assets shown above and placed in	service during th	e current year, enter the				
р	ortion of the basis attributable to secti	on 263A costs		23			
	12-21-16 LHA For Paperwork Redu						Form 4562 (2016)

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Part V Listed Proper			ertain oth	ner vehic	cles, cer	tain aircı	aft, ce	ertain com	puters, a	nd prop				
recreation, or a Note: For any	,		isina the	etanda	rd milear	no rato o	r dodu	icting logs		sa com	nloto or	Jy 24a 3		mne
(a) through (c)								icting leas	e expent	se, com		iiy 24a, 2	40, COlu	11113
		on and Other					nstruct	tions for li	mits for p	basseng	ger autor	mobiles.)		
24a Do you have evidence to	support the bu	isiness/investme	ent use cl	aimed?	<u> </u>	es 🗋	No	24b If "Y	es," is th	e evide	nce writ	ten?	Yes	No
_ (a)	(b) Date	(c) Business/		(d)	Bas	(e) is for depre	eciation	(f)		g)		(h)		(i) cted
Type of property (list vehicles first)	placed in	investment		Cost or her basis	(bus	siness/inve	stment	Recovery period		hod/ ention		eciation uction		n 179
	service	use percenta	ge of	1101 04313		use only	r)	ponou	00110		400	uotion	CC	ost
25 Special depreciation all		•		•										
used more than 50% in						<u></u>				25				
26 Property used more that	an 50% in a c	qualified busin	ess use:					1	i					
	: :	-	6											
			6											
	<u> </u>		6											
27 Property used 50% or I			1						0.1					
			6						S/L ·					
	: :	-	%						S/L ·					
00 Add amounta in column	(h) lines 05		-						S/L -	28				
28 Add amounts in column												29		
29 Add amounts in column	i (i), iirie 20. c			7, page B - Infor								. 29		
Complete this section for ve	abialaa uqad					-			or relator	looroor	Ifvou	provider	lychiolog	
to your employees, first ans										•	•	•		5
to your employees, first and				see ii yo	umeera	anexcep		Completi	ng tins s	ection		venicies	.	
				a)		b)		(c)	(c	1)	· ·	e)	(f	<u>۱</u>
30 Total business/investment	miles driven d	luring the		nicle		nicle	l v	'ehicle	Veh	-		hicle	Veh	
year (don't include commu		•												
31 Total commuting miles														
32 Total other personal (no														
driven	-													
33 Total miles driven durin														
Add lines 30 through 32	• •													
34 Was the vehicle availab			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
during off-duty hours?	•													
35 Was the vehicle used p														
than 5% owner or relat														
36 Is another vehicle availa														
use?														
	Section C	- Questions f	or Emp	loyers V	Vho Pro	vide Veł	nicles t	for Use by	y Their E	mploye	es			
Answer these questions to	determine if	you meet an e	xceptior	n to com	pleting	Section	B for v	ehicles us	ed by en	nployee	s who a	ren't ma	re than 5	5%
owners or related persons.														
37 Do you maintain a writte	en policy sta	tement that pr	ohibits a	all perso	nal use d	of vehicle	es, incl	luding cor	nmuting,	by you	r		Yes	No
employees?														
38 Do you maintain a writte	en policy sta	tement that pr	ohibits p	personal	use of v	vehicles,	excep	ot commut	ing, by y	our				
employees? See the ins														
39 Do you treat all use of v	vehicles by e	mployees as p	ersonal	use?										
40 Do you provide more th														
the use of the vehicles,														
41 Do you meet the require														
Note: If your answer to	37, 38, 39, 4	↓0, or 41 is "Υ∈	s," don'	t comple	ete Sect	ion B for	the co	overed vel	nicles.					
Part VI Amortization								((0)	
(a) Description of	of costs	Date	(b) amortization		(c) Amortizat			(d) Code		(e) Amortiza		Ar	(f) nortization	
			begins		amount	:		section		period or per		fc	r this year	
AD Amortization of agota th														
42 Amortization of costs th	nat begins du	uring your 201		ar: I			-							
	nat begins du	uring your 2010	6 tax yea	ar:										
43 Amortization of costs th	nat began be	fore your 2016	ð tax yea	l 1 1							43			
	nat began be	fore your 2016	ð tax yea	l 1 1							43 44		orm 456 2	0010

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