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Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052 2009

| For | calendar | year 2009, c | or tax year beg | inning | | | , 2009 | , and en | ding | | , 20 |
|--|------------------------|----------------------------|--|--------------|--------------------|--------------------|----------------|-------------|--------------|--|--------------------------------|
| G C | heck all t | that apply | Initial retu | ırn | Iñ | ıtıal return | of a former p | ublic ch | arıty | | Final return |
| | | | Amended | return | | Addre | ess change | | 1 | lame change | |
| | | Name of four | | | | | | | | A Employer identifi | ication number |
| Use | the IRS | | IORS LEAGU | | | | | | | | |
| | label. | THE AUTH | IORS LEAGU | E OF A | AMERICA, | INC. | | | | 13- | 1966496 |
| | erwise, | Number and | street (or P O box | k number f | f mail is not deli | vered to stree | et address) | Room/s | uite | B Telephone number (see | e page 10 of the instructions) |
| | print r bino | j | | | | | | | | | |
| | r type. Specific | 31 EAST | 32ND STREE | ET, 71 | TH FLOOR | | | · | | | .2) 268-1208 |
| | ructions. | City or town, | state, and ZIP co | de | | | | | | C If exemption application pending, check here | ation is |
| | | | | | | | | | | D 1. Foreign organizat | ▶ |
| | _ | | , NY 1001 | | | | | | | 2 Foreign organiza | |
| H C | heck type | e of organizat | ion X Sect | ion 501(| (c)(3) exem | pt private | foundation | | | 85% test, check h computation | |
| \perp | Section 4 | 4947(a)(1) non | exempt charitable | | | | rivate foundat | ion | | E If private foundation | status was terminated |
| I Fa | air marke | et value of all a | assets at end | J Acco | unting meth | 10d [.] C | ash 🔼 Acc | rual | - 1 | - |)(1)(A), check here |
| of | year (fro | m Part II, col | | | ther (specify | | | . . | | F If the foundation is | in a 60-month termination |
| 16 | 5) ▶ \$ | 5,76 | 3,645. | (Part I, | column (d) | must be or | n cash basıs) | | | | (1)(B), check here |
| Par | t I Analy | sis of Reven | ue and Expens | ses (The | (a) Reve | nue and | (h) Not invo | etmont | | Advicted not | (d) Disbursements |
| | | | lumns (b), (c), an equal the amount | | expens | es per | (b) Net inve | | " | c) Adjusted net income | for charitable purposes |
| | | | 11 of the instruc | | boo | | | | <u> </u> | | (cash basis only) |
| 1 | Contribut | | tc , received (attach so | | 1 | 14,118 | | _ | | | |
| 2 | Check 3 | If the fo | undation is not req ich B | uired to | | | | | L | | |
| 3 | Interest | | emporary cash inve | | | 05,703. | | 5,703. | | 105,703. | ATCH 1 |
| 4 | Dividen | nds and interes | t from securities | | | 25,482. | . 2 | 5,482. | | 25,482. | ATCH 2 |
| 5 | a Gross re | ents | | | | | | | | | |
| ł | b Net rent | al income or (loss | s) | | | | - | | | | |
| 6 او | a Netgain | or (loss) from sa | ale of assets not on | line 10 | -2 | 03,854. | RECE | VFD | | ا | |
| 2 | b Gross sa assets o | ales price for all | 5,589 | ,423. | | 101 | | | ſ | | |
| Sevenue 7 | | | ne (from Part IV, I | line 2) . | | 181 | NOV | | <u>os</u> | | |
| 8 | Net sho | ort-term capital | gain | | | 191 | 140 A 1.2 | 2010 | 19 | 951. | |
| 9 | Income | modifications | ., | [| | <u> </u> | 000 | | 33 | | |
| 10 | | les less returns wances | | | | 200 | E LIVERED E | 17/17 | | | |
| | | st of goods sold | | | | | | | ~~ <u>``</u> | | |
| | c Gross p | orofit or (loss) (a | attach schedule) | | | | | | | | |
| | | | schedule) | | | 31,123. | | | | 31,123. | ATCH 3 |
| 11 | | | ough 11 | | | 72,572. | 13: | 1,185. | | 163,259. | |
| 13 | Compen | sation of officers, | , directors, trustees, | etc | | 71,600. | | | | 14,320. | 57,280 |
| 14 | | | es and wages . | | | | | | | | |
| 15 | Pensior | n plans, employ | vee benefits | <i>.</i> . l | | | | | | | |
| E 2 16a | a Legal fe | ees (attach sche | edule) ATCH | .4 . [| | 22,734. | | _ 0. | | 2,273. | 20,461 |
| <u> </u> | Accoun | ting fees (attac | ch schedule) ATC | н 5 | | 16,000. | | 0. | | 1,600. | 14,400 |
| 15 16 17 18 19 20 17 18 19 20 18 19 20 18 19 20 18 18 19 20 18 18 18 18 18 18 18 18 18 18 18 18 18 | Other p | rofessional fee | s (attach schedul | e) | | | | | | | |
| 17 | Interest | | | [| | | | | | | |
| 18 | Taxes (at | ttach schedule) (s | ee page 14 of the inst | ructions) * | | 8,619. | | | | 3,968. | 4,651 |
| 19 | Depreci | ation (attach s | chedule) and dep | oletion. | | 614. | | | | | <u> </u> |
| 20 | Occupa | ncy | | [| | 11,235 | | | | 2,248. | 8,987 |
| | Travel, | conferences, ar | nd meetings | L | | | | | | | |
| 21 | Printing | and publicatio | ns | [| | | | | | | |
| 23 | Other e | xpenses (attach | n schedule) ATC | H. 7. L | | 49,935. | 19 | ,391. | | 14,675. | 35,261 |
| 23 | | | dministrative exp | | | 1 | | | | | |
| 3 | • | _ | 23 | | | 30,737 | 19 | ,391. | | 39,084. | 141,040 |
| 25 | | | ants paid | | | 92,590. | | | | | 92,590 |
| 26 | | | ments. Add lines 24 | Г | 2. | 73,327. | 19 | ,391. | | 39,084. | 233,630 |
| 27 | | t line 26 from l | | | | | | | | | |
| 1 | | | nses and disburseme | nts . | -20 | 00,755 | | | | | |
| | | | e (if negative, en | | | | 111 | ,794. | | | |
| - 1 | | | if negative, enter | | | | | | | 124,175. | |

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JSA ATCH 6 51099

Form 990-PF (2009)





| | Part | Ralance Sheets | Attached schedules and amounts in the description column should be for end-of-year | Beginning of year | End o | of year |
|-----------|--|--|--|--------------------------------|----------------|-----------------------|
| _ | | | amounts only (See instructions) | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash - non-interest-bear | ing | 199. | 199. | 199 |
| | 2 | | cash investments | 1,114,264. | 400,938. | 400,938 |
| | 3 | Accounts receivable | | | | |
| | | Less allowance for dou | btful accounts ▶ | | | |
| | 4 | | | | | |
| | 1 | Less allowance for dou | btful accounts ▶ | | | |
| | 5 | | | | | |
| | 6 | | fficers, directors, trustees, and other | | | |
| | _ | | ich schedule) (see page 16 of the instructions) | | | |
| | 7 | | eceivable (attach schedule) | | | , |
| | | | btful accounts ▶ | | | |
| | 8 | | e | | | |
| Assets | 9 | Prenaud expenses and d | eferred charges ATCH 8 | 3,730. | 4,726. | 4,726 |
| 58 | 400 | | | 732,084. | 3,706,488. | 3,706,488 |
| ⋖ | ı | | e government obligations (attach schedule) | 3,716,943. | 1,634,425. | 1,634,425 |
| | | • | stock (attach schedule) A.T.C.H. 10 | 3//10/343. | 1,034,423. | 1,034,423 |
| | 11 ° | Investments - corporate Investments - land, buildings and equipment basis Less accumulated deprecia | | | _ | |
| | | (attach schedule) | · | | | |
| | 12 | investments - mortgage | loans | | | |
| | 13 | Land, buildings, and | cn schedule) | | | 7.00 II 11 |
| | ' ' | equipment basis Less accumulated deprecia | 33,250. 33,250. | 613 | I | ATCH 11 |
| | } | (attach schedule) | 33,250. | 613. | 16.060 | 1000 |
| ĺ | 15 | | ► <u>ATCH 12</u>) | 12,330. | 16,869. | 16,869 |
| | 16 | | pleted by all filers - see the | 5 500 160 | 5 550 545 | |
| | | | age 1, rtem I) | 5,580,163. | 5,763,645. | 5,763,645 |
| | 17 | Accounts payable and a | corued expenses | 41,455. | 39,721. | |
| i | 18 | | | | | |
| es | 19 | Deferred revenue | | | | |
| abilities | 20 | Loans from officers, director | s, trustees, and other disqualified persons | | | |
| 림 | 21 | Mortgages and other not | es payable (attach schedule) | | | |
| 기 | 22 | Other liabilities (describe | ► ATCH_13) | 1,443. | | |
| | | | | | | |
| | 23 | Total liabilities (add lines | s 17 through 22) | 42,898. | 39,721. | |
| ı | | Foundations that follow | ow SFAS 117, check here ► X | | | |
| | | and complete lines 2 | 4 through 26 and lines 30 and 31. | | | |
| S | 24 | Unrestricted | | 5,536,652. | 5,723,311. | |
| 띪 | 25 | | | 613. | 613. | |
| 훒 | 26 | | | | | |
| 9 | 20 | | | | | |
| 틹 | | Foundations that do i | plete lines 27 through 31. | | j | |
| ב | 24 25 26 27 28 29 30 | | pal, or current funds | | | |
| ် ရ | 20 | | | | | |
| Se l | 20 | | and, bldg, and equipment fund | | | |
| 8 | 29 | | ated income, endowment, or other funds | | | |
| ᇹ | 30 | | balances (see page 17 of the | 5,537,265. | 5 722 024 | |
| zļ | • 4 | instructions) | | 3,337,203. | 5,723,924. | |
| - 1 | | | assets/fund balances (see page 17 | 5 500 163 | 5 762 645 | |
| _ | 4 11 | of the instructions) | nges in Net Assets or Fund B | 5,580,163. | 5,763,645. | |
| | | | | | · | |
| | | | ances at beginning of year - Part II, o | | - 1 | |
| | | of-year figure reported | | | | 5,537,265. |
| ? | Enter | amount from Part I, lir | ne 27a d in line 2 (itemize) ▶ATTACHM | | 2 | -200,755. |
| ; | Othe | r increases not include | d in line 2 (itemize) ► ATTACHM | 1ENT_14 | 3 | 387,414. |
| , | Add I | ines 1, 2, and 3 | | | 1 1 | 5,723,924. |
| | | eases not included in li | ne 2 (rtemize) ▶ | | 5 | |
| , ' | Total | net assets or fund bal | ances at end of year (line 4 minus lin | e 5) - Part II, column (b), li | ne 30 6 | 5,723,924. |
| | | | **ATCH 9 | | | Form 990-PF (2009) |

| Form | 199Q-PF (2009) 13-1966496 | | | Page · |
|------|---|------------------|--|----------------|
| Pa | rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of | the ir | nstruct | tions) |
| 1 a | Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1 | | | |
| | Date of ruling or determination letter(attach copy of ruling letter if necessary - see instructions) | | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check | | 2, | 236 |
| | here ▶ and enter 1% of Part I, line 27b | | | - |
| С | All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% | | | |
| | of Part I, line 12, col (b) | | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2 | | | |
| 3 | Add lines 1 and 2 | | 2, | 236. |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4 | | | 0. |
| 5 | Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0 | | 2, | 236. |
| 6 | Credits/Payments | | | |
| а | · · · · · · · · · · · · · · · · · · · | | | |
| b | | | | |
| C | · · · · · · · · · · · · · · · · · · · | | | |
| d | , | | | 1.00 |
| 7 | Total credits and payments Add lines 6a through 6d | | <u> </u> | 160. |
| 8 | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached , 8 | | | 07.6 |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | | 1, | 076. |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | | | |
| 11 | Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ 0 . Refunded ▶ 11 | | | |
| | rt VII-A Statements Regarding Activities | | Т | T |
| 1 a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it | - | Yes | No X |
| | participate or intervene in any political campaign? | . <u>1a</u> | | ^ |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 | 1 | | x |
| | of the instructions for definition)? | . 1b | | ^ |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials | - | 1 | { |
| | published or distributed by the foundation in connection with the activities | 1 | | l x |
| C | Did the foundation file Form 1120-POL for this year? | . <u>1c</u> | - | ^- |
| đ | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation \$\sum_{\text{\tin\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi\text{\texi{\text{\texite\texi{\text{\texi{\texi{\text{\texi\texi{\text{\texit{\texi{\tex | 1 | | Į. |
| _ | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed | | ĺ | |
| е | on foundation managers \$ | | | İ |
| • | Has the foundation engaged in any activities that have not previously been reported to the IRS? | , | | x |
| 2 | If "Yes," attach a detailed description of the activities | · 2 | | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of | i | | |
| , | incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | ٦ | | X |
| 4 a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | | X |
| | If "Yes," has it filed a tax return on Form 990-T for this year? | | | X |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | 5 | | X |
| ٠ | If "Yes," attach the statement required by General Instruction T | | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either | | | |
| _ | By language in the governing instrument, or | | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that | | | j |
| | conflict with the state law remain in the governing instrument? | 6 | Х | |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV | 7 | X | |
| 8 a | | | | |
| | instructions) > NY, | | | |
| b | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General |] | | |
| | (or designate) of each state as required by General Instruction G? If "No," attach explanation | 8 b | X | |
| 9 | is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or | | | |
| | 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page | | | |
| | 27)? If "Yes," complete Part XIV | 9 | | X |
| 0 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their | | | |
| | names and addresses | 1 10 | X | |

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Х

 $\overline{\mathbf{x}}$

of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

| Pa | t VII-B Statements Regarding Activities f | or Which Form 4 | 1720 May Be Requ | ired (continued) | | | |
|------|--|---|--|---|---------------------------|---------|------|
| 5a | During the year did the foundation pay or incur any amout (1) Carry on propaganda, or otherwise attempt to influe (2) influence the outcome of any specific public election directly or indirectly, any voter registration drive? (3) Provide a grant to an individual for travel, study, or of (4) Provide a grant to an organization other than a charm section 509(a)(1), (2), or (3), or section 4940(d)(2)? (5) Provide for any purpose other than religious, chantal purposes, or for the prevention of cruelty to children of fany answer is "Yes" to 5a(1)-(5), did any of the trans Regulations section 53 4945 or in a current notice regard Organizations relying on a current notice regarding disas If the answer is "Yes" to question 5a(4), does the found because it maintained expenditure responsibility for the grant of the stransfer of the grant of the gr | unt to ence legislation (section (see section 4955), | n 4945(e))? or to carry on, on described in instructions) or educational y under the exception ce (see page 22 of the here | Yes X N S described in Instructions)? | o o o 5b | | |
| | If "Yes," attach the statement required by Regulations sec | | | | | | |
| | Did the foundation, during the year, receive any funds, on a personal benefit contract? | directly or indirectly, to | • • • • • • • • • • • | Yes X N | o 6b | | X |
| | If "Yes" to 6b, file Form 8870 | | | | | | |
| | At any time during the tax year, was the foundation a pa | | | | | | X |
| _ | If yes, did the foundation receive any proceeds or have a VIII Information About Officers, Directors | | | | | L | |
| | and Contractors | | | | | | |
| 1 | List all officers, directors, trustees, foundation m | anagers and their (b) Title, and average | | e page 22 of the instr | | | |
| | (a) Name and address | hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | employee benefit plans and deferred compensation | (e) Expense other allo | | |
| | TACHMENT 15 | | 71,600. | -0- | -(|)- | |
| | | | | | | | |
| | Compensation of five highest-paid employees (ot | her than those inc | luded on line 1 - se | e page 23 of the inst | tructions). | | |
| | f none, enter "NONE." Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense other allo | | t, |
| | NONE | | | | | | |
| | | | | | | | |
| | | | | | | = | |
| | | | | | | - | |
| | | | ľ | | | | |
| otal | number of other employees paid over \$50,000 | | | | ▶ | -PF (2) | 009) |

| Pärt VIII | Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Em and Contractors (continued) | ployees, | |
|----------------|---|--------------|----------------|
| 3 Five high | est-paid independent contractors for professional services (see page 23 of the instructions). If no | ne. enter "N | ONE." |
| <u> </u> | (a) Name and address of each person paid more than \$50,000 (b) Type of service | | pensation |
| | | | |
| NONE | | | |
| - | | | |
| | | [| |
| | | | |
| | | | |
| | | | |
| | | | |
| | f the control of the | | NONE |
| Total numbe | er of others receiving over \$50,000 for professional services | <u></u> ▶] | NONE |
| Part IX-A | Summary of Direct Charitable Activities | | |
| | dation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number one and other beneficiaries served, conferences convened, research papers produced, etc. | Ехре | nses |
| 1 LOANS | TO AUTHORS IN FINANCIAL NEED. THESE LOANS | | |
| | T HAVE TO BE REPAID. | - | |
| | | - | 92,590 |
| 2 | | | - ' |
| | | - | |
| | | - | |
| 3 | | | |
| | | - | |
| | | _ | |
| 4 | | | |
| | | - | |
| | | _ | |
| Part IX-B | Summary of Program-Related Investments (see page 23 of the instructions) | | |
| | two largest program-related investments made by the foundation during the tax year on lines 1 and 2 | Amo | ount |
| 1 NONE | | _ i | |
| | | _ [| |
| | | | |
| 2 | | _ | |
| | | - | |
| All other prog | ram-related investments. See page 24 of the instructions | | |
| 3 NONE | | _ | |
| | | _ | |
| _ | | | <u> </u> |
| otal Add lu | nes 1 through 3 | | |

| Р | Minimum Investment Return (All domestic foundations must complete this part. Fore see page 24 of the instructions.) | ign foundat | ons, |
|----|---|---------------|-------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., | | |
| | purposes | | |
| а | Average monthly fair market value of securities | 1a | 4,894,970. |
| b | | 1b | 757,800. |
| С | | 1c | 21,595. |
| d | Total (add lines 1a, b, and c) | 1 d | 5,674,365. |
| е | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 | | 3 | 5,674,365. |
| 4 | Subtract line 2 from line 1d Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25 | | |
| | of the instructions) | 4 | 85,115. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 | 5 | 5,589,250. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 279,463. |
| Pa | art XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) privations and certain foreign organizations check here ▶ and do not complete this j | | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 279,463. |
| 2a | | | |
| b | | 1 1 | |
| c | | 2c | 2,236. |
| 3 | Distributable amount before adjustments Subtract line 2c from line 1 | 3 | 277,227. |
| 4 | Recoveries of amounts treated as qualifying distributions | | |
| 5 | Add lines 3 and 4 | 5 | 277,227. |
| 6 | Deduction from distributable amount (see page 25 of the instructions) | 6 | |
| 7 | Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, | | |
| | line 1 | 7 | 277,227. |
| | art XII Qualifying Distributions (see page 25 of the instructions) | · | |
| | art Air Qualitying Distributions (see page 25 of the instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes | | |
| а | Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | 1a | 233,630. |
| b | Program-related investments - total from Part IX-B | 1b | 0. |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., | | |
| | purposes | 2 | 0. |
| 3 | Amounts set aside for specific charitable projects that satisfy the | | |
| а | Suitability test (prior IRS approval required) | 3a | 0. |
| b | Cash distribution test (attach the required schedule) | 3 b | 0. |
| 4 | Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 233,630. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income | | |
| | Enter 1% of Part I, line 27b (see page 26 of the instructions) | 5 | N/A |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 233,630. |
| | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating we qualifies for the section 4940(e) reduction of tax in those years | hether the fo | undation |

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| P | art XIII Undistributed Income (see page | 26 of the instruction | ns) | | |
|----|--|-----------------------|----------------------------|-------------|-------------|
| 1 | Distributable amount for 2009 from Part XI, | (a) Corpus | (b) Years prior to 2008 | (c) 2008 | (d) 2009 |
| | line 7 | | | | 277,227. |
| 2 | Undistributed income, if any, as of the end of 2009 | | | | |
| а | | | | 0. | |
| b | 07 06 05 | | | | |
| 3 | Excess distributions carryover, if any, to 2009 | | | | |
| а | From 2004 | | | | |
| ь | | | | | |
| c | From 2006 | | | | |
| d | | | | | |
| e | From 2008 | | | | |
| | Total of lines 3a through e | | | ļ | |
| 4 | Qualifying distributions for 2009 from Part XII, | " | | | |
| | line 4 ▶ \$ 233, 630. | | | | |
| а | Applied to 2008, but not more than line 2a | | | 0. | |
| b | Applied to undistributed income of prior years (Election required - see page 26 of the instructions) | | | | r |
| С | Treated as distributions out of corpus (Election required - see page 26 of the instructions) | | | | |
| d | Applied to 2009 distributable amount | | | | 233,630. |
| e | Remaining amount distributed out of corpus | 0. | | | |
| 5 | Excess distributions carryover applied to 2009 | | | | |
| 6 | (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: | | | | , |
| а | Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 0. | | ļ | |
| | Prior years' undistributed income Subtract | | | | |
| С | Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | | | |
| d | Subtract line 6c from line 6b Taxable | | | | |
| | amount - see page 27 of the instructions | | | | |
| е | Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount - see page | | | | |
| | 27 of the instructions | | | 0. | |
| f | Undistributed income for 2009 Subtract lines 4d and 5 from line 1. This amount must be | j | | | |
| | distributed in 2010 | | | | 43,597. |
| 7 | Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the | | | | |
| 8 | Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the instructions) | | | | |
| 9 | Excess distributions carryover to 2010. | | | | |
| | Subtract lines 7 and 8 from line 6a | 0. | | | |
| 10 | Analysis of line 9 | | | | |
| | Excess from 2005 | j | 1 | | |
| | Excess from 2006 | | ļ | | |
| | Excess from 2007 | | | 1 | |
| | Excess from 2008 | j | | | |
| | Excess from 2009 0 . | | | | |

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| Part 2 | XVI-A Analysis of Income-Produ | cing Acti | vities | | | |
|----------------|---|---------------|---|----------------|-----------------------------------|---------------------------------------|
| | ross amounts unless otherwise indicated | | ated business income | Excluded b | y section 512, 513, or 514 (d) | (e) Related or exempt function income |
| 1 Prog | gram service revenue | Business code | Amount | Exclusion code | Amount | (See page 28 of the instructions) |
| а | | | | <u> </u> | | |
| b | | | | | | |
| c | | | | | | |
| d | | | | | | |
| e | | | : | ļ | | |
| f | | | | ļ <u>.</u> | | |
| g | Fees and contracts from government agencies | | | ļ | | |
| 2 Men | nbership dues and assessments | | | | 105 500 | |
| | est on savings and temporary cash investments | | | 14 | 105,703. | |
| 4 Divid | dends and interest from securities | | | 14 | 25,483. | |
| | rental income or (loss) from real estate | | ' | ļ | | |
| | Debt-financed property | | | ļ | | |
| b I | Not debt-financed property | | | | - · | |
| 6 Net r | ental income or (loss) from personal property | | | | | |
| 7 Othe | er investment income | | | 1.0 | 000.00 | |
| 8 Gain | or (loss) from sales of assets other than inventory | | | 18 | -203,854. | |
| 9 Net | income or (loss) from special events | | | | | |
| 10 Gros | ss profit or (loss) from sales of inventory | | | | | |
| | er revenue. a | | | | | |
| | RETURN OF AID LOAN | | | | | 4,275. |
| • | MISCELLANEOUS INC | | | 18 | 1,565. | |
| d E | FUNDRAISING EVENT | | | | | 25,283. |
| e | | | | | | |
| 12 Subt | otal Add columns (b), (d), and (e) | | | <u> </u> | -71,103. | 29,558. |
| | I. Add line 12, columns (b), (d), and (e) | | | | 13 | -41,545. |
| | rksheet in line 13 instructions on page 28 to | | | 4 D | | |
| Part X | VI-B Relationship of Activities | | | | | |
| Line No | | | | | | |
| ▼ | the accomplishment of the for page 29 of the instructions) | undation's | exempt purposes (ot | ner than b | y providing tunds for | such purposes) (Sec |
| 11D | RECOVERY OF LOANS IN A | TD 700 7 | LIMILOD C | | | |
| 11B | REVENUE FROM ACTIVITIE | | | IT 7 AM TON | IC PVPMDT | <u>.</u> |
| 11C | | S KELAI | ED TO THE ORGAN | VIZALION | 2 EVENILI | |
| | PURPOSE. | | | | | |
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| Pa | rt XVI | Information Exempt Orga | | Transfers To a | ınd Transa | ctions | s and Rela | tionship | s With N | lonc | harit | able |
|-----------|--------------------------------|--|------------------|------------------------|-----------------|----------|---------------------|-----------------|---------------------------------------|---------|---------------|------------|
| 1 | ın se | he organization directly ction 501(c) of the C | ode (other than | n section 501(c)(3) | organizations | | | | | | Yes | No |
| а | organ Trans | izations? fers from the reporting f | oundation to a n | oncharitable exempt | organization of | | | | | | [| |
| | | ash | | | | | | <i></i> | | 1a(1) | | Х |
| | (2) 0 | ther assets | | | | | | | | 1a(2) | | Х |
| b | | transactions | | | | | | | | | | v |
| | | ales of assets to a nonch | | | | | | | | | 1 1 | X X |
| | | urchases of assets from | | | | | | | | 1b(2) | | |
| | | ental of facilities, equipm | | | | | | | | | | <u>X</u> _ |
| | | eimbursement arrangeme oans or loan guarantees | | | | | | | | | | X |
| | | erformance of services of | | | | | | | | I | i 1 | Х |
| С | | ng of facilities, equipmer | | | | | | | | | | X |
| | | answer to any of t | | | | | | | | | fair r | narket |
| | | of the goods, other | | | | | | | | | | |
| | value | in any transaction or | sharing arran | gement, show in | column (d) th | ne valu | e of the go | ods, other | assets, or | service | es rec | eived |
| <u></u> | | (5) A | (2) Name of | | | (d) D | | ofom topoge | and about | | | |
| (a) | Line no | (b) Amount involved | (c) Name of | noncharitable exempt o | organization | N/A | escription of trar | isiers, transac | dons, and shar | ing ana | ingemei | |
| | | 11771 | - | ·· - | | , | | | | | | |
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| 2 a | | foundation directly or | | | | nore tax | c-exempt orga | nizations de | escribed in | ¬., | es 🗀 | ——— 71 |
| b | | on 501(c) of the Code (oth s," complete the following | | 501(c)(3)) or in secti | on 52// | | • • • • • • | • • • • • | L | | es <u>∟</u> ' | סא ה |
| | ,,,, | (a) Name of organization | | (b) Type o | of organization | | | (c) Descrip | tion of relations | hip | | |
| | | | | | | - | | | | | | |
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| Ð | <u>></u> | ignature of officer or trustee | 4 | . ys | | Date | 101 Kg1 | Title | 21901 | ч | | |
| Je. | | grature or officer or dustee | | <i>I</i> - | Date, | | | Tide | Preparer's | ıdentıf | vina | |
| ㅁ | .o | D | 1 | 7.0 | | 1,. | Check if self-emplo | wed ▶ | number (Se | e Signa | áture or | |
| Sign Here | arer Only | Preparer's signature | W \ | 144 | 11/1 | 0 | 3en empr | ,, [] | page 50 or t | | J-40115) | , |
| | Paid Preparer's Use Only | Firm's name (or yours/if | SPIEL | MAN KOENIGSB | ERG & PAF | KER, | LLP | EIN ▶ | 13-3367 | 751 | | |
| | ح تے | self-employed), address | 888 S | EVĚNTH AVENU | E, 35TH E | LOOR | | | | | - | |
| | | and ZIP code | NEW Y | ORK, NY | | 1 | 0106-000 | Phone n | 212-48 | 89-5 | 200 | |

Form 990-PF (2009)

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

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

OMB No 1545-0047

2009

Employer identification number Name of the organization THE AUTHORS LEAGUE FUND EST. BY THE AUTHORS LEAGUE OF AMERICA, INC. 13-1966496 Organization type (check one) Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule [X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and 11 For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filling requirements of Schedule B (Form 990, 990-EZ, or 990-PF). For Privacy Act and Paperwork Reduction Act Notice, see the Instructions Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

for Form 990, 990-EZ, or 990-PF.

| 18 | of | of Part I |
|----|----|-----------|

| Name of o | rganization THE AUTHORS LEAGUE FUND EST. THE AUTHORS LEAGUE OF AMERIC | | Employer identification number 13-1966496 |
|------------|---|--------------------------------|--|
| Part I | Contributors (see instructions) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 1 | ANTHONY ESLER CAM WALKER AVAILABLE UPON REQUEST | \$\$. | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 2 | SMITH WINCHELL ESTATE AVAILABLE UPON REQUEST | \$\$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) No. | (b) Name, address, and ZiP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is |

a noncash contribution.)

FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

| Kind of F | Property | | Desc | [1 [2 | Date acquired | Date sold | |
|--|---------------------------------|------------------------|--------------------------|--------------------------------|------------------------------|----------------------|-----|
| Gross sale price less expenses of sale | Depreciation allowed/ allowable | Cost or other | FMV as of 12/31/69 | Adj basis as of 12/31/69 | Excess of FMV over adj basis | Gain or (loss) | |
| 15,351. | anowable | PUBLICLY TI 25,460. | | | auj vasis | VAR -10,109. | VA |
| 73,515. | | PUBLICLY TI | RADED SECUR | ITIES | | VAR -71,186. | VA |
| ,167,982. | | PUBLICLY TH | RADED SECUR | ITIES | | VAR 130. | VAI |
| ,126,043. | | PUBLICLY TE | RADED SECUR | ITIES | | VAR -126,955. | VAF |
| 1,674. | | PUBLICLY TF 5,552. | RADED SECURI | TIES | | VAR -3,878. | VAF |
| 190,050. | | PUBLICLY TF | ADED SECURI | TIES | | VAR 51,355. | VAF |
| 14,808. | | PUBLICLY TF | ADED SECURI | TIES | | VAR 14,808. | VAF |
| | | PUBLICLY TR 58,019. | ADED SECURI | TIES | | VAR -58,019. | VAR |
| COTAL GAIN(LO | oss) | | | | | -203,854. | |
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| INVESTMENTS |
|---------------------|
| CASH |
| T ON TEMPORARY CASH |
| O |
| INTEREST |
| 1 |
| ORM 990PF, PART I - |
| M 990PF, |
| FORM |

| ADJUSTED NET INCOME | 105,703. | 105,703. |
|---|-----------------|----------|
| NET INVESTMENT INCOME | 105,703. | 105,703. |
| REVENUE AND EXPENSES PER BOOKS | 105,703. | 105,703. |
| | | TOTAL |
| | 고민 | |
| DESCRIPTION | INTEREST INCOME | |

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ATTACHMENT 1

- DIVIDENDS AND INTEREST FROM SECURITIES PART I FORM 990PF,

| ADJUSTED NET INCOME | 25,482. | 25, 482. |
|---|-----------------|----------|
| NET INVESTMENT INCOME | 25,482. | 25,482. |
| REVENUE AND EXPENSES PER BOOKS | 25,482. | 25,482. |
| | | TOTAL |
| | ы | |
| DESCRIPTION | DIVIDEND INCOME | |

OTHER INCOME PART FORM 990PE,

DESCRIPTION FUNDRAISING EVENT RETURN OF LOANS IN AID MISCELLANEOUS

PER BOOKS 25,283. 4,275. 1,565. EXPENSES REVENUE AND

ADJUSTED

.DJU. NET INCOME 25, 283. 4, 275. 1, 565.

TOTALS

31,123.

31,123.

FEES - LEGAL FORM 990PF, PART I

| CHARITABLE PURPOSES | 18,000. -2,250. 4,711. | 20,461. |
|---|--|---------|
| ADJUSTED NET INCOME | 2,000. -250. 523. | 2,273. |
| NET INVESTMENT INCOME | | 0 |
| REVENUE AND EXPENSES PER BOOKS | 20,000. -2,500. 5,234. | 22,734. |
| | | TOTALS |
| DESCRIPTION | PAUL AIKEN, ESQ. HOLLAND AND KNIGHT SASM & F LLP | |

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PAGE 23

| DESCRIPTION | |
|----------------------------|---------|
| PAYROLL TAX OTHER TAXES | EXPENSE |
| G | PAID |

| REVENUE AND EXPENSES PER BOOKS | |
|---|--|
|---|--|

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8,619.

TOTALS

| ADJUSTED NET INCOME | |
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CHARITABLE PURPOSES

| 4,651. |
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3,968.

4,651.

1,163. 2,681. 124.

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PAGE 25

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| EXPENSES |
|----------|
| - OTHER |
| Н |
| PART |
| 990PF, |
| FORM |

| CHARITABLE PURPOSES 9,004. 2,745. 1,115. 14,543. 665. 1,821. | 35,261. |
|--|----------|
| ADJUSTED NET INCOME 9,004. 305. 124. 95. 4,848. | 14,675. |
| NET INVESTMENT INCOME 19,391. | 19, 391. |
| REVENUE AND EXPENSES PER BOOKS 18,008. 3,050. 1,239. 19,391. 19,391. | 49,935. |
| | TOTALS |
| RY FEES | |
| DESCRIPTION INSURANCE OUTSIDE SERVICES POSTAGE TELEPHONE CUSTODY AND ADVISORY OTHER APPEAL EXPENSE OFFICE EXPENSES | |

THE AUTHORS LEAGUE FUND EST. BY

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| ALIACHMENI 8 | ENDING <u>FMV</u> | 4,726. | 4,726. |
|--------------|----------------------|---------|--------|
| AIIA | ENDING BOOK VALUE | 4,726. | 4,726. |
| | BOOK VALUE | 3,730. | 3,730. |
| | | | TOTALS |
| | DESCRIPTION | PREPAID | |

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ATTACHMENT 8

- U.S. AND STATE OBLIGATIONS

FORM 990PF, PART II

PAGE 28

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ATTACHMENT 9

| ATTACHMENT 9 | ENDING ENDING BOOK VALUE FMV | 3,706,488. | 3,706,488. |
|-----------------------------|----------------------------------|-----------------------------|----------------------|
| o.s. and state Obligations | BEGINNING END BOOK VALUE BOOK | 732,084. | 732,084. |
| THE THE THE THE THE THE THE | DESCRIPTION | US T NOTES (AMORTIZED COST) | US OBLIGATIONS TOTAL |

1,634,425.

3,716,943.

TOTALS

CORPORATE STOCKS

DESCRIPTION

3,716,943.

BEGINNING BOOK VALUE

1,634,425.

ENDING FMV

ATTACHMENT 10

- CORPORATE STOCK

PART

FORM 990PF,

1,634,425. 1,634,425. ENDING BOOK VALUE

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| | , ,, | | | 1 | | | | | | | |
|--|---------------|---------------------------------|-----------|-------------------|------------------|-----------------|-----------------|--------------------|----------|----------|--|
| | | -2 | ENDING | BALANCE | 1,471 | 1,566 | 549 | 26,228 | 368 | 3,019 | |
| | ATTACHMENT 11 | CIATION DETA | | DISPOSALS | | | | | | | |
| | | ACCUMULATED DEPRECIATION DETAIL | | ADDITIONS | | | | | | 614 | |
| | | ACCI | BEGINNING | BALANCE | 1,471. | 1,566 | 549 | 26,228 | 368 | 2,405 | |
| INVESTMENT | | | | | | | | | | | |
| NOT HELD FOR | | | ENDING | BALANCE | 1,471 | 1,566 | 549 | 26,228 | 368 | 3,069 | |
| S, EQUIPMENT | | FIXED ASSET DETAIL | | DISPOSALS | | | | | | | |
| LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT | | FIXED AS | | ADDITIONS | | | | | | | |
| ᆌ | | | BEGINNING | BALANCE | 1,471 | 1,566 | 549 | 26,228 | 368 | 3,069 | |
| | | | METHOD/ | CLASS | SL | SL | SL | SL | SL | SL | |
| | | | | ASSET DESCRIPTION | QUANTEX COMPUTER | FURN 6 FIXTURES | FURN & FIXTURES | LEASEHOLD IMPROVEM | COMPUTER | COMPUTER | |

33,201

32,587

33,251.

33,251

TOTALS

16,869.

12,330.

TOTALS

ACCRUED INTEREST RECEIVABLE

DESCRIPTION

12,330.

BOOK VALUE BEGINNING

16,869.

ENDING FMV

OTHER ASSETS

ı II

PART

FORM 990PF,

11/11/2010 7:32:45 AM V 09-8.5 1MQ1AG 7012

16,869. 16,869. BOOK VALUE ENDING

ş

THE AUTHORS LEAGUE FUND EST. BY

13-1966496

FORM 990PF, PART II - OTHER LIABILITIES

ATTACHMENT 13

DESCRIPTION

BEGINNING BOOK VALUE

DEFERRED 401(K)

1,443.

TOTALS

1,443.

FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION

AMOUNT

NET UNREALIZED GAIN ON INVESTMENT

387,414.

TOTAL

387,414.

COMPENSATION

TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

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ATTACHMENT 15

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DIRECTOR

AVAILABLE UPON REQUEST

MOLLY HASKELL

DIRECTOR

AVAILABLE UPON REQUEST

JENNIFER EGAN

DIRECTOR

KAREN SWENSON AVAILABLE UPON REQUEST

AVAILABLE UPON REQUEST MARY POPE OSBORNE

DIRECTOR

DIRECTOR

AVAILABLE UPON REQUEST

DANIEL HOFFMAN

NAME AND ADDRESS

DIRECTOR

DIRECTOR

AVAILABLE UPON REQUEST

E.L. DOCTOROW

AVAILABLE UPON REQUEST

GRETCHEN CRYER

51099

(CONT'D)

ATTACHMENT 15

ATTACHMENT 15

DIRECTORS, AND TRUSTEES - LIST OF OFFICERS, PART VIII FORM 990PE, TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION

COMPENSATION

AVAILABLE UPON REQUEST ARTHUR KOPIT

NAME AND ADDRESS

DIRECTOR

MALCOLM JONES AVAILABLE UPON REQUEST

DIRECTOR

AVAILABLE UPON REQUEST PAULA GIDDINGS

DIRECTOR

HERBERT MITGANG

AVAILABLE UPON REQUEST

DIRECTOR

AVAILABLE UPON REQUEST KIT REED

DIRECTOR

AVAILABLE UPON REQUEST RACHEL VAIL

DIRECTOR

AVAILABLE UPON REQUEST PETER BLAUNER

DIRECTOR

PART VIII

FORM 990PE,

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ATTACHMENT 15 (CONT'D)

NAME AND ADDRESS

TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION

- LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

COMPENSATION

PAT CUMMINGS

AVAILABLE UPON REQUEST

PRESIDENT

AVAILABLE UPON REQUEST GEORGE J.W. GOODMAN

DIRECTOR

AVAILABLE UPON REQUEST JAMES B. STEWART

TREASURER

AVAILABLE UPON REQUEST DANIEL HANDLER

DIRECTOR

MARSHA NORMAN

DIRECTOR

AVAILABLE UPON REQUEST

DIRECTOR

AVAILABLE UPON REQUEST

SIDNEY OFFIT

AVAILABLE UPON REQUEST

ELLEN FELDMAN

VICE PRESIDENT

1MQ1AG 7012

PAGE 36

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

ATTACHMENT 15 (CONT'D)

COMPENSATION

TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION

NAME AND ADDRESS

•

| SECRETARY | DIRECTOR | DIRECTOR | DIRECTOR | DIRECTOR | DIRECTOR | DIRECTOR |
|---|---|--|---|---------------------------------------|--|---|
| MARIAN SELDES AVAILABLE UPON REQUEST | GEORGES BORCHARDT AVAILABLE UPON REQUEST | PETER STRAUB AVAILABLE UPON REQUEST | ANNIE DILLARD AVAILABLE UPON REQUEST | MARY GORDON AVAILABLE UPON REQUEST | LUCY KAVALER AVAILABLE UPON REQUEST | MATT TYRNAUER AVAILABLE UPON REQUEST |

- LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

ATTACHMENT 15 (CONT'D)

PART VIII

FORM 990PF,

PAGE 38 51099

ATTACHMENT 15

7:32:45 AM V 09-8.5

NAME AND ADDRESS

TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION

COMPENSATION

AVAILABLE UPON REQUEST WALTER DEAN MYERS

DIRECTOR

SARAH HELLER AVAILABLE UPON REQUEST

ADVISOR TO FUND

48,688.

ISABEL A HOWE

EXECUTIVE DIRECTOR

22,912.

71,600.

AVAILABLE UPON REQUEST

GRAND TOTALS

11/11/2010 1MQ1AG 7012

FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

SARAH HELLER EXECUTIVE DIRECTOR 31 EAST 32ND ST. 7TH FL NEW YORK, NY 10016

990PF, PART XV - FORM AND CONTENTS OF SUBMITTED APPLICATIONS

PROSPECTIVE CANDIDATES MUST FILL OUT AN APPLICATION AND PROVIDE IDENTIFICATION, FINANCIAL STATUS, AND CAREER INFORMATION.

990PF, PART XV - RESTRICTIONS OR LIMITATIONS ON AWARDS

AID WILL BE GIVEN TO PROSPECTIVE CANDIDATES BASED ON THEIR FINANCIAL SITUATION.

THE AUTHORS LEAGUE FUND EST. BY

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

FOUNDATION STATUS OF RECIPIENT

GRANTS TO VARIOUS INDIGENT AUTHORS

RECIPIENT NAME AND ADDRESS

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

ATTACHMENT 19

92,590

TO PROVIDE AID TO INDIGENT AUTHORS

92,590

TOTAL CONTRIBUTIONS PAID

PAGE 42 ATTACHMENT 19

> 7 32 45 AM 1MQ1AG 7012 11/11/2010

v 09-8 5

51099

SCHEDULE D (Form 1041)

Capital Gains and Losses

OMB No 1545-0092

▶ Attach to Form 1041, Form 5227, or Form 990-T. See the instructions for Department of the Treasury Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable). Internal Revenue Service THE AUTHORS LEAGUE FUND EST. BY Name of estate or trust Employer identification number THE AUTHORS LEAGUE OF AMERICA, INC. 13-1966496 Note: Form 5227 filers need to complete only Parts I and II Short-Term Capital Gains and Losses - Assets Held One Year or Less Part I (e) Cost or other basis (f) Gain or (loss) for (b) Date acquired (a) Description of property (c) Date sold (d) Sales once (see page 4 of the the entire year (Example 100 shares 7% preferred of "Z" Co) (mo, day, yr) (mo, day, yr) instructions) Subtract (e) from (d) 1a **b** Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b 951. 1b Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts 3 Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2008 Capital Loss 4 Net short-term gain or (loss). Combine lines 1a through 4 in column (f) Enter here and on line 13, 951. Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year (e) Cost or other basis (f) Gain or (loss) for (a) Description of property (b) Date acquired (c) Date sold (d) Sales once (see page 4 of the instructions) the entire year Subtract (e) from (d) (Example 100 shares 7% preferred of "Z" Co) (mo , day, yr) (mo, day, yr) 6a **b** Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b.......... -204,805. 6b Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

column (3) on the back

Gain from Form 4797, Part I

Schedule D (Form 1041) 2009

10

10

Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2008 Capital Loss Net long-term gain or (loss). Combine lines 6a through 11 in column (f). Enter here and on line 14a,

-204,805.

| _ | | | |
|---|----|----|---|
| ۲ | ao | ıe | 4 |

| | dule D (Form 1041) 2009 | | | | | Page |
|----------------|---|---|--------------------|--|---|-------------------------------------|
| Par | t III Summary of Parts I and II Caution: Read the instructions before | completing this | part. | (1) Beneficianes' (see page 5) | (2) Estate's or trust's | (3) Total |
| 13 | Net short-term gain or (loss) | | 13 | (occ page c) | | 951 |
| 14 | Net long-term gain or (loss): | | | | | |
| а | Total for year | | 14a | | | -204,805 |
| b | Unrecaptured section 1250 gain (see line 18 of th | ne wrksht) | 14b | | | |
| C | 28% rate gain | | 14c | | | |
| 15 | Total net gain or (loss). Combine lines 13 and 14 | a ▶ | | | | -203,854 |
| Note to Par | : If line 15, column (3), is a net gain, enter the gain on Fo. It V, and do not complete Part IV If line 15, column (3), is | mn 1041, line 4 (or For a net loss, complete P | m 990- art IV a | T, Part I, line 4a) If line and the Capital Loss Car | es 14a and 15, column ryover Worksheet, as | (2), are net gains, go necessary |
| Pari | t IV Capital Loss Limitation | | | | | |
| | Enter here and enter as a (loss) on Form 1041, line | | | • | 1 1 | |
| a | The loss on line 15, column (3) or b \$3,000 : If the loss on line 15, column (3), is more than \$3,000, | | | | 16 (| 3,000 |
| Carry | : If the loss on line 15, column (3), is more than \$3,000, o <mark>ver Worksheet</mark> on page 7 of the instructions to figure you | or if Form 1041, page r capital loss carryovei | ? 1, line | e 22 (or Form 990-T, lii | ne 34), is a loss, com | plete the Capital Loss |
| | Tax Computation Using Maximum Ca | | | | | |
| | 1041 filers. Complete this part only if both lines | 14a and 15 in colu | mn (2 |) are gains, or an am | ount is entered in I | Part I or Part II and |
| there | is an entry on Form 1041, line 2b(2), and Form 10 | 041, line 22, is more | e than | zero | | |
| | ion: Skip this part and complete the worksheet on p | • | tions i | f | | |
| | ther line 14b, col. (2) or line 14c, col. (2) is more that th Form 1041, line 2b(1), and Form 4952, line 4g a | | | | | |
| | 990-T trusts. Complete this part only if both lin | | aaine | or qualified divide | nde are included i | n incomo in Part I |
| of Fo | rm 990-T, and Form 990-T, line 34, is more than | zero Skip this par | tand | complete the works | sheet on page 8 of | the instructions if |
| eithei | r line 14b, col (2) or line 14c, col (2) is more than | zero | | | | |
| 17 | Enter taxable income from Form 1041, line 22 (or | Form 990-T. line 34 | 4) | 17 | | |
| | Enter the smaller of line 14a or 15 in column (2) | | ·, | | | |
| | but not less than zero | 18 | | | | |
| | Enter the estate's or trust's qualified dividends | | | | | |
| 1 | from Form 1041, line 2b(2) (or enter the qualified | | | | | |
| | dividends included in income in Part I of Form 990-T) | 19 | | | | |
| 20 | Add lines 18 and 19 | 20 | | | | |
| 21 | If the estate or trust is filing Form 4952, enter the | | | | | |
| | amount from line 4g, otherwise, enter -0 | 21 | | | | |
| | Subtract line 21 from line 20 If zero or less, enter - | | | . 22 | | |
| 23 | Subtract line 22 from line 17 If zero or less, enter - | 0 | | . 23 | | |
| | | | | | | |
| 24 | Enter the smaller of the amount on line 17 or \$2,3 | 100 | | . 24 | | |
| 25 I | Is the amount on line 23 equal to or more than the | | , | | | |
| | Yes. Skip lines 25 and 26, go to line 27 and o | | | | | |
| 26 5 | No. Enter the amount from line 23 | | | | | |
| | Are the amounts on lines 22 and 26 the same? | • • • • • • • • • • • | | . 26 | | |
| 21 / | | the smaller of line 17 or line | 20 | 27 | | |
| | 1 e.s. Skip lines 27 thro 30, go to line 31 | une simulier of line 17 of line | 22 | 21 | ' | |
| 28 E | Enter the amount from line 26 (If line 26 is blank, e | nter -0-) | | . 28 | | |
| | | | | | | |
| | Subtract line 28 from line 27 | | | | | |
| | Multiply line 29 by 15% (15) | | | | 30 | · |
| | Figure the tax on the amount on line 23. Use the | | | | | |
| (: | see the Schedule Ginstructions in the instructions | for Form 1041) | | • • • • • • • • • • • • • | 31 | |
| 32 A | Add lines 30 and 31 | | | | | |
| | Add lines 30 and 31 | | Scho- | lule for Estates and | Truete 32 | |
| | see the Schedule Ginstructions in the instructions | | | | 1 1 | |
| | ax on all taxable income. Enter the smaller of lir | | | | hedule 33 | |

Schedule D (Form 1041) 2009

SCHEDULE D-1 (Form 1041)

Continuation Sheet for Schedule D
(Form 1041)

▶ See instructions for Schedule D (Form 1041).

▶ Attach to Schedule D to list additional transactions for lines 1a and 6a.

OMB No 1545-0092

2009

Department of the Treasury Internal Revenue Service Name of estate or trust

THE AUTHORS LEAGUE FUND EST. BY

Employer Identification number

13-1966496

| | (h) D-4- | | (d) Salas area | (a) Coat or -th | |
|---|---|----------------------------------|--|--|--|
| (a) Description of property (Example 100 sh 7% preferred of "Z" Co) | (b) Date acquired (mo , day, yr) | (c) Date sold (mo , day, yr) | (d) Sales price (see page 4 of the instructions) | (e) Cost or other basis (see page 4 of the instructions) | (f) Gain or (loss Subtract (e) from |
| PUBLICLY TRADED SECURITIES | | | 15,351. | 25,460. | -10,10 |
| PUBLICLY TRADED SECURITIES | | | 4,167,982. | 4,167,852. | 13 |
| PUBLICLY TRADED SECURITIES | | | 1,674. | 5,552. | -3,87 |
| PUBLICLY TRADED SECURITIES | | | 14,808. | | 14,80 |
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For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D-1 (Form 1041) 2009

Name of estate or trust as shown on Form 1041 Do not enter name and employer identification number if shown on the other side

Employer identification number

| Par | Long | g-Term Ca | apital Gains an | d Losses - Asse | ts Held More Th | an One Year | | |
|-----------|---------------------------------------|------------------------------------|----------------------------|---|----------------------------------|--|--|---|
| | | otion of propert 7% preferred o | ty (Example of "Z" Co) | (b) Date acquired (mo , day, yr) | (c) Date sold (mo , day, yr) | (d) Sales price (see page 4 of the instructions) | (e) Cost or other basis (see page 4 of the instructions) | (f) Gain or (loss) Subtract (e) from (d) |
| 6a | UBLICLY | TRADED | SECURITIES | 1 | | 73,515. | 144,701. | -71,186 |
| P | UBLICLY | TRADED | SECURITIES | | | 1,126,043. | 1,252,998. | -126,955 |
| P | UBLICLY | TRADED | SECURITIES | | | 190,050. | 138,695. | 51,355 |
| P | UBLICLY | TRADED | SECURITIES | | | | 58,019. | -58,019 |
| | | | | | | | | |
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| _ | | | | | | | | |
| 6b] | otal. Com | bine the am | nounts in column | (f). Enter here an | d on Schedule D, li | ne 6b | | -204,805. |

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

► See separate instructions.

► Attach to your tax return.

OMB No 1545-0172

Attachment Sequence No 67

Department of the Treasury Internal Revenue Service Name(s) shown on return

Identifying number

| Т | HE AUTHORS LEAGUE I | FUND EST. E | 3Y | | | | | 13-1966496 |
|-----|--|--|---|-------------|---------------------|---------------------------------------|-------------|----------------------------|
| _ | iness or activity to which this form relates | | | | | | - | <u> </u> |
| G | ENERAL DEPRECIATION | N | _ | | | | | |
| Pa | rt I Election To Expense Co | | | | · | | | |
| | Note: If you have any lis | ted property, con | nplete Part | V before | you com | olete Part I | | |
| 1 | Maximum amount. See the instruction | ons for a higher limit f | or certain busii | nesses | | . . | 1 | |
| 2 | Total cost of section 179 property pla | aced in service (see ir | nstructions) | | | | 2 | |
| 3 | Threshold cost of section 179 proper | | | | ons) | | | |
| 5 | Reduction in limitation Subtract line Dollar limitation for tax year Subtract line 4 from separately, see instructions | n line 1 If zero or less, enter | -0- If married filing |)- | | · · · · · · · · · · · · · · · · · · · | 5 | |
| 6 | (a) Description | of property | | (b) Cost (b | usiness use o | nly) (c) Elec | ted cost | _ |
| | | | | | | | | |
| | | | | | | | | 4 |
| 7 | Listed property Enter the amount fro | | | | | | - 1 | |
| 8 | Total elected cost of section 179 pro | | | | | | | |
| 9 | Tentative deduction Enter the smalle | | | | | | | |
| 10 | • | | | | | | | + |
| 11 | | | | | | | | |
| | Section 179 expense deduction Add | | | | | 3 | 12 | |
| | Carryover of disallowed deduction to e: Do not use Part II or Part III below for | | | | . 💌 📋 | 3 | - | 1, |
| | rt II Special Depreciation A | | | | o not incli | ide listed propi | erty) (See | instructions) |
| | Special depreciation allowance for | | | | | | | The countries y |
| 14 | during the tax year (see instructions) | | | | | | | |
| 15 | Property subject to section 168(f)(1) | | | | | | | |
| | Other depreciation (including ACRS) | | | | | | | C1.4 |
| Pa | rt III MACRS Depreciation (D | o not include liste | d property) | (See inst | ructions) | | | |
| | · · · · · · · · · · · · · · · · · · · | | | ion A | | | | |
| 17 | MACRS deductions for assets placed | d in service in tax yea | rs beginning be | efore 2009 | | | 17 | |
| 18 | If you are electing to group any a | ssets placed in ser | vice during th | ne tax ye | ar into one | or more gener | al | |
| | asset accounts, check here | | | <u> </u> | <u></u> | 🕨 | | |
| | Section B - Assets | | | | , <u> </u> | e General Dep | reciation S | System |
| | (a) Classification of property | (b) Month and year placed in service | (c) Basis for d (business/inve only - see ins | stment use | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
| 19a | 3-year property | | | _ | | | | |
| b | 5-year property | | | | | | | |
| | 7-year property | | | | | | | |
| d | 10-year property | | | | | | | |
| | 15-year property | | | | | | | - |
| | 20-year property | | - | | 05 | | 0,11 | |
| | 25-year property | | | | 25 yrs | 1414 | S/L | |
| h | Residential rental | | | | 27 5 yrs | MM | S/L S/L | |
| | property | | | | 27 5 yrs 39 yrs | MM | S/L | · |
| ı | Nonresidential real | | | | 09 yis _ | MM | S/L | |
| | Section C - Assets P | laced in Service D | uring 2000] | Tay Vanz | lleine the | | | System |
| 202 | Class life | laced III Service D | uring 2009 | ax rear | Using the | Alternative De | S/L | System |
| | 12-year | | | - | 12 yrs. | | S/L | |
| | 40-year | | | | 40 yrs | ММ | S/L | |
| | rt IV Summary (See instructio | ins) | | | | | | |
| | Listed property Enter amount from lin | | | - | | | 21 | 1 |
| | Total. Add amounts from line 12, lines | | | |), and line 2 | 1. Enter here | | |
| _ | and on the appropriate lines of your re | | | | | | 22 | 614 |
| 23 | For assets shown above and placed i | • | • | | | | | |
| | portion of the basis attributable to sec | _ | - | | 9: | ı | | |

| Form | 4562 | (2009) |
|------|------|--------|
| Par | t V | Lis |

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a,

| | 24b, colun | nns (a) through (c) | of Section | A, all o | f Section | n B, and | d Sectio | n Cıf a | applicabl | e | | | | | |
|-----|---|--|---------------------------|--------------|----------------------|--|--------------|--------------|-----------------|--|--|---|------------------------|--|--|
| | Section A - | Depreciation and | Other Info | ormatic | on (Cau | tion: S | ee the n | nstruct | tions for | limits i | for pas | senger | automot | nles) | |
| 24 | a Do you have evidenc | e to support the bus | siness/investr | ment us | e claimed | 12 , | Yes | No | 24b If " | Yes," is | the evi | dence w | ritten? | Yes | <u> </u> |
| | (a) | (b) | (c) | | (4) | l | (e) | | (f) | | (g) | | (h) | | (i) |
| | Type of property (list vehicles first) | Date placed in service | Business/ investment u | | (d) It or other I | h | asis for dep | estment | Recovery period | | ethod/ ention | | preciation eduction | | ed section 9 cost |
| | <u> </u> | <u> </u> | percentage | | ty place | <u> </u> | use onl | - | <u>L</u> | | _ | - | | + | |
| 20 | Special depreciation year and used more to | • | | | • | | | _ | | | 25 | ا | | | |
| 26 | Property used more to | | | | | 00) | | • • • • | | | · | <u>' 1 </u> | | | |
| | 7 Toperty adea more t | The room of the quality | 1 | % | | | | | <u> </u> | 1 | | $\overline{}$ | | T | |
| | | | | % | | | | | | | | | | + | |
| _ | | | | % | | | | _ | | + | | +- | | ┪── | |
| | D | - 1 | | 70 | | | | | L | | | Ш | | | |
| 27 | Property used 50% or | r less in a qualified bi | Jsiness use | | | | _ | | | T-:- | | | | | |
| | | | | % | | | | | | S/L - | | | | 4 | |
| | | | ļ | % | | | | | | S/L - | | → | | 4 | |
| | | | | % | | | | | | S/L - | | Д | | 1 | |
| 28 | Add amounts in colur | mn (h), lines 25 thro | ough 27 Ent | er here | and on lir | ne 21, pa | age 1 | | | | . 28 | | | | |
| 29 | Add amounts in colur | mn (i), line 26 Ente | r here and on | line 7, | page 1 . | | <u></u> | | . <u></u> | <u></u> | | <u></u> | 29 | <u> </u> | |
| | | | Sect | tion B | - Inform | nation | on Use | of Vehi | icles | | | | | | |
| Co | mplete this section for | vehicles used by a | sole proprie | tor, par | tner, or | other "n | nore tha | n 5% o | wner," or | related | persor | 1. If you | provided | vehicle | s to yo |
| em | ployees, first answer the | e questions in Section | n C to see if | you me | et an exc | eption t | o comple | eting th | is section | for tho | se vehic | les | • | | • |
| - | · | | | [| (a) | | (b) | | (c) | | (d) | 1 | (e) | 1 | (f) |
| 30 | Total business/inve | | driven | | nide 1 | | nide 2 | Ve | hide 3 | 4 | hicle 4 | Ve | Vehicle 5 | | ide 6 |
| | | rear (do not include commuting | | | | | | | | ļ · · · · · | | + | | | |
| 24 | miles) | | | | | ! | | | | | | + | | | |
| 31 | | Total commuting miles driven during the year | | | | | - | | | | | + | - | | |
| 3 2 | • | sonal (noncomm | uling) | } | | ļ | | | | | | ľ | | i | |
| | miles driven | | • • • • • | | _ | | | <u> </u> | | ┼ | | +- | | | |
| 33 | Total miles driven | | | ŀ | | [| | | | | | | | 1 | |
| | lines 30 through 32 | | | | T | | 1 | <u> </u> | | - | T | | | | |
| 34 | Was the vehicle | available for per | rsonal | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| | use during off-duty ho | urs? | | | | | ļ | | | <u> </u> | ļ | | - | └ | |
| 3 5 | Was the vehicle | used primarily t | y a | | 1 | | 1 | | 1 | | ļ | 1 | | | |
| | more than 5% own | ner or related pe | rson? | | ļ | | ļ | | 1 | | <u> </u> | | _ | | |
| 36 | Is another vehicle | available for per | sonal | | i | ļ | | | | 1 | | | | 1 | |
| | use? | . <u> </u> | | | | | | | | | l | <u> </u> | | | |
| | • | Section C - Que | stions for l | Emplo | yers Wi | 10 Prov | ride Veh | icles f | or Use b | y Their | Emplo | vees | | | |
| Ans | wer these questions | | | | _ | | | | | - | • | • | nnlovees | who: | are no |
| | re than 5% owners o | | | | | | , | | | | | , | | | |
| | | | | | | II pore | anal was | | | | | | | Yes | No |
| 37 | - | | | | | | | | | | - | - | , by | | |
| R S | Do you maintain a w | vritten policy state | | ohibits | nersona | Luse of | · · · · | | of comm | utina l | | employ | 20057 | | |
| | See the instructions fo | | | | | | | | - | - | | | | 1 | 1 |
| | Do you treat all use of | | | | | | | | | | | | | | |
| 39 | Do you provide me | • • • | • | | | | | | · · · · · | | | | | | |
| 10 | · · · · · · · · · · · · · · · · · · · | | _ | | ipioyees, | obtair | inioin | iation | пош уо | ur em | pioyees | about | tne | | |
| | use of the vehicles, and | | | | | | | | | | | | | | |
| 1 | Do you meet the red | | | | | | | | | ons) | | | | | |
| | Note: If your answer to | | 11 is "Yes," do | o not co | mplete S | ection E | 3 for the | covered | vehicles | | | | | <u> </u> | |
| Pa | rt VI Amortization | <u>on</u> | | | , | | | | | | | | | | |
| | /- \ | ĺ | (b) | | ĺ | 4-1 | | - } | | | | e) | | (6) | |
| | (a) Description of | costs | Date amorti | | Am | (c) ortizable | amount | | (d) Code sec | tion | Amort | ization od or | Amaduza | (f) ition for th | ue vear |
| | | | begins | · — | | | | 1 | | | | ntage | | | na yedi |
| 2 | Amortization of costs | that begins during | your 2009 | tax ye | ear (see | instruct | ions) | | | | | | | | |
| | | | | | | | | $\neg \top$ | | | I | | | _ | |
| _ | | | | | | | | $\neg +$ | | _ | | - | <u></u> _ | | |
| 3 | Amortization of costs | that began before ve | our 2009 tax s | vear | · | | | | | | <u> </u> | 43 | | | |
| 4 | Total. Add amounts in | | | | re to rem | ort | • • • • • | • • • | | • • • | | 44 | | | |
| SA | | (,, 000 ()) | | | | ••• | | | · · · · · | • • • | • • • • | 1 44 1 | | AFES | |
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THE AUTHORS LEAGUE FUND EST BY

| DEPRECIATION Dee | Description of Property | | | | | | | | | | | | | | |
|--|-----------------------------------|------------------------------|---------------------|---------|----------------------|---|--------------|--------------------------|-----------------------|----------|--------------|---|-------|--------------|--------------|
| Date | GENERAL DEPRECIATION DEPRECIATION | | | | | | | | | | | | | | |
| 1,417 10,000 1,417 10,000 1,417 10,000 1,417 10,000 1,417 | Acet decrinion | Date placed in | Unadjusted Cost | | 179 exp reduction | - | Basis for | Beginning Accumulated | Ending Accumulated | φ W | <u> </u> | | SAA | Current-year | Current-year |
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| Date Cost | ubtotals | | 6,106 | | | | 6,106 | 5,442 | 6.056 | | | | _ | | |
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| Date 6,106 5,442 6,056 | | | | | | | | | | | | | | | |
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| Date Orat | OTALS | | 6.106 | | | | | | | | | | ! | | |
| Date placed in service Cost placed in or service Ending amortization Ending amortization 01/24/2001 549 549. 849. | AMORTIZATION | | | | | | 6,108 | 5,442 | 6,056 | | | ļ | | | 614 |
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Form 8868

(Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

File a separate application for each retu

OMB No. 1545-1709

| Internal Revenue | Service | File a | separate application for eac | h return. | | | |
|---|---|---|---|--|--|--|---------------|
| If you are | filing for an Automatic | 3-Month Extension, | complete only Part I and | check this box | | | ► X |
| If you are Do not complete | filing for an Additional ate Part II unless you h | l (Not Automatic) 3-la ave already been gra | fonth Extension, completented an automatic 3-monted. | te only Part II (on part II on part II (on part II on p | page 2 of this previously filed | form) J Form 8868 | |
| Part Auto | matic 3-Month Ext | tension of Time. O | nly submit original (no co | opies needed). | | - | |
| A corporation | required to file Form | 990-T and requesting | an automatic 6-month ex | tension - check th | is box and con | nplete | |
| Part I only | | | | | | | . لــا |
| time to file inc | ome tax returns | | ships, REMICs, and trust | | | | |
| one of the re electronically i returns, or a c | turns noted below (6 if (1) you want the a omposite or consolidate details on the electrical forms. | 6 months for a corp dditional (not automated From 990-T Instantial | ly file Form 8868 if you oration required to file Fatic) 3-month extension o tead, you must submit the any visit www.irs gov/efile and the submit the submit www.irs gov/efile and the submit was the submit with the submit was | Form 990-T) How or (2) you file Form or fully completed a nd click on e-file for | vever, you ca ms 990-BL, 6 and signed pa | innot file Form 069, or 8870, age 2 (Part II) of | 8868 group |
| Type or | _ | | ORS LEAGUE FUND E | EST. BY | Employer | Identification num | nber |
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| File by the | · · · · · · · · · · · · · · · · · · · | oom or suite no. If a P O | • | | | | |
| due date for filing your | | ND STREET, 7TH | | | | | |
| return See | , , | | For a foreign address, see instr | ructions | | | |
| instructions | NEW YORK, 1 | NY 10016 | | | | | |
| | f return to be filed (file | | • | | | | |
| Form 990 |) | Form 990-T (c | • | | Form 4720 | | |
| Form 990 | | Form 990-T (s | ec 401(a) or 408(a) trust) | ├ ─┤ | Form 5227 | | |
| Form 990 | | · | rust other than above) | <u></u> | Form 6069 | | |
| X Form 990- | ·PF | Form 1041-A | | · | Form 8870 | | |
| If the organIf this is for | | an office or place of the organization's fo | FAX No ► business in the United Star ur digit Group Exemption N art of the group, check this | lumber (GEN) | and attach a | If this is | |
| _ | is of all members the | | art of the group, check this | 5 DOX L | and allach a | nst with the | |
| 1 I request until for the org | | month (6 months)10 , to file the ex | for a corporation requested a corporation return | ioi the organizati | on named abo | 1 9 2010 | IRS-OSCS 3 |
| 2 If this tax y | year is for less than 12 | 2 months, check reaso | on Initial return | Final return | <u>,</u> | n accounting pe | nod |
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| instruction | | .1.4 | | | | 3c \$ | 0. |
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| or Privacy Act | and Paperwork Red | uction Act Notice, se | e Instructions. | | F | om 8868 (Rev 4- | -2009) |

| Form 8888 (Re | ay 4-2009) | | | Page 2 |
|----------------------------|---|-----------|---------------|-----------------------|
| | re filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this bo | Y | | X |
| - | y complete Part II if you have already been granted an automatic 3-month extension on a previously file | | | لساء، |
| | re filing for an Automatic 3-Month Extension, complete only Part I (on page 1) | Ju . J | | |
| | Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no co | ppies | neede | <u>ed)</u> . |
| | Name of Exempt Organization THE AUTHORS LEAGUE FUND EST. B Employer Ident | | | |
| Type or | THE AUTHORS LEAGUE OF AMERICA, INC. 13-19664 | | | |
| print | Number, street, and room or suite no. If a P.O. box, see instructions For IRS use only | | | |
| File by the extended | 31 EAST 32ND STREET, 7TH FLOOR | | | |
| due date for filing the | City, town or post office, state, and ZIP code, For a foreign address, see instructions | | | |
| return See | NEW YORK, NY 10016 | | | 7.43 |
| | | | | فالتأمية مشار مسديرين |
| | e of return to be filed (File a separate application for each return) m 990 X Form 990-PF Form 1041-A | Γ | For | m 6069 |
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| | n 990-EZ Form 990-T (trust other than above) Form 5227 not complete Part II if you were not already granted an automatic 3-month extension on a previous | ough. | filed E | 2868 |
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| | ne No ▶ 212 268-1208 FAX No ▶ | | - | , [|
| | ganization does not have an office or place of business in the United States, check this box | | | . ▶∟_ |
| | —————————————————————————————————————— | this is | | |
| for the wh | ole group, check this box ▶ 🔛 . If it is for part of the group, check this box ▶ 🔄 and atta | ach a | | |
| ist with the | e names and EINs of all members the extension is for. | | | |
| • | uest an additional 3-month extension of time until 11/15/2010 | . | | |
| 5 Ford | alendar year 2009, or other tax year beginning, and ending | | | |
| 6 If this | | | | ing period |
| 7 State | in detail why you need the extension INFORMATION NECESSARY TO PREPARE A COMPL | ETE . | A | |
| ACCU | RATE RETURN IS CURRENTLY UNAVAILABLE. AS SOON AS THIS INFORMATION | | | |
| BECC | MES AVAILABLE A RETURN WILL BE FILED | | | |
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| 8a If this | application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any | TT | | |
| | afundable credits. See instructions | 8a | S | 1,118. |
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| | ayments made include any prior year overpayment allowed as a credit and any amount paid | | | |
| | pusly with Form 8868. | 8b | t | 1,118. |
| | ice Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit | 100 | | |
| | TD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | اما | • | 0. |
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| nder nengille | Signature and Verification | | m maad n ad - | a and hallet |
| is true, corre | es of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best ct, and complete, and that I am authorized to prepare this form | or my k | nowleag | e end Dellet, |
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| S | PIELMAN KOENIGSBERG & PARKER, LLP | | 3868 // | Rev 4-2009) |
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888 SEVENTH AVENUE, 35TH FLOOR

NEW YORK, NY 10106-0002