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Department of the Treasury

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

OMB No 1545-1150

2009

Open to Public

Int	emal Re	venue Service	<u> </u>	The organization may have to use	a copy or this return to	satisty state rep	orung requirem	ents.			
A For the 2009 calend			ar year,	or tax year beginning				Dece	December 31 , 20 09		
B Check if applicable			Please	C Name of organization				D Emplo	yer id	entifi	cation number
	Addre	ess change	use IRS label or	Literary Freedom Project				32-0011578			11578
Ē	5	e change	print or	Number and street (or P.O. box, if m	nail is not delivered to st	reet address)	Room/suite	E Telept	none n	umbe	er
누	₫	return inated	type. See	314 West 231 St			470		71	8-53	0-9132
F		nded return	Specific	City or town, state or country, and 2	IP + 4	L		F Grou	р Ехе	moti	on
┢	4	cation pending	Instruc- tions.	Bronx, NY 10463					ber I	-	•
Ξ			omonis	ations and 4947(a)(1) nonexem	nt charitable truste	must attach	G Accou				Cash
	• 3	1 0 011011 301(0)(3)		ppleted Schedule A (Form 990 (must attach		(specify)		ىنا	Cash
-										vaar	nization is not
									-	ule B (Form 990.	
١.	J Tax-exempt status (check only one) — ✓ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 990-EZ, or 99								uileu	ule D (FOITI 550,	
				,,, ,, , , , , , , , , , , , , ,							005 000 A
K	Chec			ation is not a section 509(a)(3) su							
_				urn is not required, but if the org					ete re	tum.	
_				9 to determine gross receipts; if \$					\$	- 4-	17644.00
	Part			enses, and Changes in N				Instruc		5 10	
	1			s, grants, and similar amount				· ·	1		17063
	2	-		evenue including government		s			2		581
	3	3 Membersh	ip dues	and assessments					3_		
	4								4		
	5	5a Gross amo	ount fro	n sale of assets other than in	ventory	. 5a					
		b Less: cost	or othe	r basis and sales expenses .		. 5 b					
		c Gain_or_(lo	ss) fron	sale of assets other than inv	entory (Subtract lir	ne 5b from lin	ne 5a)	[
. !	<u>\$</u> €	Special e ve n	Sand ac	vities (complete applicable parts of S	schedule G). If any amou	int is from gamir	ng, check here	▶ 🗆 📗			
)	Hevenue	a Gross-reve	une In	tincitiding \$	of contribut	ions					
	∮	reported o				. 6a	2	656.36			
٠	•			seg 6ther than fundraising ex	kpenses	. 6b	-				
				s) from special events and a			ne 6a)		6c		2656
	7			entory; less returns and allow		. 7a	,				
. ^	'	b less cost		is sold		. 7b					
				ss) from sales of inventory (Se	ubtract line 7h fron	·			7c		
). L	ء ا	B Other reve	•	•		·		· ; †	8		
			•	Id lines 1, 2, 3, 4, 5c, 6c, 7c,	and 8			' ⊦	9	-	20301
-	10			amounts paid (attach sched				•	10		
	11			•	·				11		
		•							12		
	S 12	•		npensation, and employee b				}	13		4360
	Seu 12 13 14			and other payments to indep		· · · ·		}	14		4360
	× 1 '		• • • •	- · · · · · · · · · · · · · · · · · · ·				• • •			2202
•	_ ''			ons, postage, and shipping.					15		6855
	16			lescribe > office supplies,					16	_	9000
_	17	7 Total exp	enses.	Add lines 10 through 16	· · · · · ·	<u> </u>	<u></u>	. ▶	17		20301
	ဖ္ 18			for the year (Subtract line 17					18		0
	9 19			d balances at beginning of							
•	Net Assets	_	_	reported on prior year's retu				-	19		0
٠	<u> </u>			net assets or fund balances (20		0
_	2	1 Net assets	or fun	I balances at end of year. Co	mbine lines 18 thro	ough 20 .	<u> </u>	. ▶	21		. 0
ł	Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990						m 990 <u>i</u>	nstea	ad o	f Form 990-EZ.	
	(See the instructions for Part II.) (A) Beginning of				inning of	year		(B) End of year			
	22	Cash, savings	, and ir	vestments			. [0	22	0
	23								0	23	0
	24			e▶					0	24	0
	25			· · · · · · · · · ·						25	0
	26	Total liabilitie			· · · · ·	· · · ·	,			26	0
	20 27	Net assets of	r fund l	alances (line 27 of column (6	3) must agree with	line 21) .				27	0
					- , · · · · · · · · · · · · · · · · · ·				_	. — - 1	

							rage 👟	
Par		nent of Program Service Accom					Expenses	
		ation's primary exempt purpose? s achieved in carrying out the org				(Required for section 501(c)(3) and 501(c)(4)		
)(3) and 501(c)(4) lizations and section						
		he services provided, the number o	f persons benefited, and c	other relevant info	rmation for	4947(a)(1) trusts; optional	
	program title.			· ———		for at	hers)	
28	To support the	literary arts through education, creati	ve thinking, and new media					
			·					
	(O	\ 18 Ab	North dead fourtement and the other	1 - 1				
~	(Grants \$) If this amount	includes foreign grants, ch	eck nere	▶ ⊔_	28a	20301	
29			***************************************					
			·					
	(Grants \$) If this amount	includes foreign grants, ch	eck here	▶ □	29a		
30	(GIGINO V	T it this arrivant	molecus foreign grams, on	<u> </u>	<u> </u>	200		
-		•••••	***************************************	•••••••••				
	(Grants \$) If this amount	includes foreign grants, ch	eck here	. ▶ 🗆	30a	20301	
31	Other program							
	(Grants \$		includes foreign grants, ch			31a		
		n service expenses (add lines 28a t				32		
Par	List of	Officers, Directors, Trustees, and Key						
	((a) Name and address	(b) Title and average hours per week	(c) Compensation (if not paid,	(d) Contribution employee benefit	plans &	(e) Expense account and	
	Kavanaugh		devoted to position	enter -0)	deferred comper	sation	other allowances	
KUII	Navanaugn		Executive Director, 60 hrs					
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Part	Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			-
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	_	✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		√
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		,	
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	1 1		
39	Section 501(c)(7) organizations. Enter:	1		
a	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	- 1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			1
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b		V
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			,
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			,
0	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed. ▶ New York			
42a		718-53	0-913	2
	Located at ▶ the corporate office ZIP + 4 ▶	104	163	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	
	account)?	42b		✓
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	-	✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •	. 1	▶ □
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			,
45	Form 990-EZ	44		✓
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		1
	For	m 99 0)-EZ	(2009)

						- ugo v
Part V	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	ection 4947(a)(1 7(a)(1) nonexem d 51.	l) nonexen ot charitabl	npt charita e trusts m	able trusts only. A ust answer question	All section ons 46–49b
	Did the organization engage in direct or indirect candidates for public office? If "Yes," complete S					Yes No
	•					
	Did the organization engage in lobbying activities	•				47
	s the organization a school as described in section					48 /
	Did the organization make any transfers to an ex-	•				49a √
	f "Yes," was the related organization a section 5					49b
	Complete this table for the organization's five high					
	employees) who each received more than \$100,0					nter "None."
	(a) Name and address of each employee paid more than \$100,000	(b) Title and aver hours per wee devoted to posit	k	Compensation	en (d) Contributions to employee benefit plans to deferred compensation	
	none					
						
			ļ			
						<u> </u>
						
						1
						
	 Total number of other employees paid over \$100					<u> </u>
	\$100,000 of compensation from the organization (a) Name and address of each independent contractor				Type of service	(c) Compensation
					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	157 5511,011
	NOAL					
						
				 		
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			- -			
	***		6400.000			
đ	Total number of other independent contractors e	ach receiving over	\$100,000	–		
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete Declaration	ed this return, including	accompanying s	schedules and	statements, and to the be	est of my knowledge
	/4	- hab a fame and			/ /	,
Sign	1. 1/2 IC				1 1/15/201	//
Here	100, 19		Date			
	Signature of officer		Date			
	Ron Kavanaugh					
	Type or print name and title				Daniel de la cal	mb - (C-a legt - t)
Paid	Preparer's		Date	Check if self-	Preparer's identifying nu	imper (See instructions)
Prepare	signature			employed ▶	<u> </u>	
Use Onl	Firm's name (or				EIN ►	
	address, and ZIP + 4				Phone no. ▶	
May the	IRS discuss this return with the preparer showr	above? See instr	uctions .	<u></u>	▶ [Yes No
					F	om 990-EZ (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 32 The Literary Freedom Project 0011578 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) R An organization that normally receives: (1) more than 33% % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33/4 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated d Type III-Other a 🔲 Type I **b** Type II e Dy checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (ii) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? . . . 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . Provide the following information about the supported organization(s). (iii) Type of organization (vi) Is the (vii) Amount of (i) Name of supported (iv) Is the organization (v) Did you notify (ii) EIN the organization in (described on lines 1-9 in col. (i) listed in your organization in col organization col (i) of your (i) organized in the above or IRC section governing document? **U.S?** (see instructions)) support? Yes No Yes No Yes No Total

Par	Support Schedule for Org (Complete only if you chec					and 170(b)(1	()(A)(vi)
Sec	tion A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3		 				<u> </u>
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4. tion B. Total Support	1	1	<u> </u>	<u> </u>	<u> </u>	
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	(0, 2000	(2) 2000	(0, 200)	(4, 2333	(0, 2000	<u> </u>
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .	L	<u>l</u>		<u> </u>		<u> </u>
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for organization, check this box and stop he	ore	<u>, , , , , , , , , , , , , , , , , , , </u>				
<u>Sec</u>	tion C. Computation of Public Su					1	
14	Public support percentage for 2009 (line					14	<u>%</u> %
15	Public support percentage from 2008 Sc					15	
	33% % support test—2009. If the organiand stop here. The organization qualifies	s as a publicly	supported orga	nization			▶ □
	33% % support test - 2008. If the organication quality and stop here. The organization quality and stop here.	alifies as a pub	licly supported	organization .			▶ □
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circum"	facts-and-circu	mstances" test,	check this box	and stop here	. Explain in Part	IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "organization meets the "facts-and-circumstance foundation. If the organization did	facts-and-circur ances" test. The	nstances" test, o organization qu	check this box alifies as a publi	and stop here. cly supported or	Explain in Part ganization .	IV how the ▶ □

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

	(Complete only if you checke	d the box on	line 9 of Par	t I.)		<u> </u>	
	tion A. Public Support			······································			
Ca	alendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7980	14369	21093	18838	17063	79343
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	560	766	974	2885	581	5766
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization'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	8540	15135	22067	21723	17644	85109
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the					:	
_	amount on line 13 for the year						
8	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	8540	15135	22067	21723	17644	85109
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				·		
þ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	8540	15135	22067	21723	17644	85109
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	:					
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	-					
13	Total support. (Add lines 9, 10c, 11, and 12.)	8540	15135	22067	21723	17644	85109
14	First five years. If the Form 990 is for to organization, check this box and stop	the organizatio		d, third, fourth	, or fifth tax y		n 501(c)(3)
Sec	ction C. Computation of Public Sup	pport Percer	ntage				
15 16	Public support percentage for 2009 (lin Public support percentage from 2008 S	Schedule A, Pa	rt III, line 15	e 13, column (15 16	<u>%</u> %
<u>Sec</u>	ction D. Computation of Investmer						
17	Investment income percentage for 2009					17	<u>%</u>
18	Investment income percentage from 20	08 Schedule A	A, Part III, line	17		18	<u>%</u>
19a	331/3 % support tests—2009. If the orga	anization did no	ot check the bo	ox on line 14, a	and line 15 is n	nore than 33/3 to	%, and line
b	17 is not more than 33% %, check this b 33% % support tests—2008. If the organ line 18 is not more than 33% %, check this	ization did not	check a box on	line 14 or line	19a, and line 1	6 is more than:	331/3 %, and
20	Private foundation. If the organization						
						edule A (Form 990	

ichedule A (F	orm 990 or 990-EZ) 20						Page 4
Part IV	Supplemental Part II, line 17	I Information. a or 17b; and	Complete this Part III, line 12	part to prov Provide any	ide the explan other addition	ations required nal information.	by Part II, line 10; See instructions.
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