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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

Open to Public Inspection

OMB No -1545-0047

<u>A</u>	roi ui	e 2012 Calefidar year, or tax year beginning MAY 1, 2012 and	enaing A	PK 30,	<u> 2013 </u>	
В	Check if applicab	C Name of organization		D Employer	identific	ation number
	Addre					
	Name chang	Doing Business As		1	13-33	347524
Γ	Initial		Room/surte	E Telephone		
F	Termı		•			
늗	Jated Amen	dad	604			85 0261
늗	Ireturn	City, town, or post office, state, and ZIP code		G Gross receipt	s \$	1,810,192.
L	Application pendi	0.0		H(a) Is this a	group ref	
	para	F Name and address of principal officer: HAROLD AUGENBRAUM		for affilia	ites?	Yes X No
		SAME AS C ABOVE		H(b) Are all aff	iliates ıncl	uded? Yes No
$\overline{}$	Tax-ex	empt status: X 501(c)(3) 501(c) () ((Insert no.) 4947(a)(1) (or 527			ıst. (see instructions)
		te: WWW . NATIONALBOOK . ORG	01	1		
			T.: V	H(c) Group e		
		forganization: X Corporation	L Year	of formation: 1	<u> 986 м</u>	State of legal domicile: NY
P	art i	Summary				
به	1	Briefly describe the organization's mission or most significant activities: SEE	SCHEDU	LE O		
Activities & Governance						
Ë	2	Check this box if the organization discontinued its operations or dispositions.	sed of more	than 25% of r	ts net ass	sets
Š	3	Number of voting members of the governing hady (Part VII line 1e)		7 (1104) 20/0 011	1 1	17
පී	3				3	
≪	4	Number of independent voting members of the governing body (Part VI, line 1b)			. 4	<u> 17</u>
es	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)			5	7
₹	6	Total number of volunteers (estimate if necessary)			6	23
支	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.
•	Ь	Net unrelated business taxable income from Form 990-T, Ine 34			7b	0.
				Prior Year		Current Year
	١.	Contributions and grants (Part VIII. Inc. 1b)				
ē	8	Contributions and grants (Part VIII, line 1h)	• • •	751,		1,040,265.
ē	9	Program service revenue (Part VIII, line 2g)	· ·	217,		214,871.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			827.	<u>79,860.</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,	811.	93.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,039,	356.	1,335,089.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			500.	82,500.
	14				0.	0.
	1			F 0 1		
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	·	591,		644,454.
ë	16a	Professional fundraising fees (Part IX, column (A), line 11e)	_ []		0.	<u> </u>
ъ.	b	Total fundraising expenses (Part IX, column (D), line 25)	<u> 56.</u>			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u></u>	530,	544.	594,972.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	Ö,	1,211,	175.	1,321,926.
	19	Revenue less expenses. Subtract line 18 from line 122 . MAR 2. 6 2014	છું, 🗀	-171,		13,163.
-Se		6)	Ro Ro	ginning of Curre		End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1	2,206,		2,361,729.
SSI	20	7 0 11.5	ــــا البيدينــ			
et e	21	Total liabilities (Part X, line 26)	├	124,		167,396.
		Net assets or fund balances. Subtract line 21 from line 20		2,081,	782.	2,194,333.
P	art II	Signature Block				
Und	ler pena	alties of perjury, I declare that I have examined this return, including accompanying schedule:	s and statem	ents, and to the i	best of my	knowledge and belief, it is
true	, correc	ct, and complete. <u>Declaration of preparer (other than officer)</u> is based on all information of wh	hich preparer	has any knowled	dae.	
		Calmardel Va		3-		10/4
e:_	_	Signature of officer		Date	1, 4	
Sig		1, -		Date		
Her	re	HAROLD AUGENBRAUM, EXECUTIVE DIRECTOR				
		Type or print name and title				
		Print/Type preparer's name Preparer's signature	[Date	Check	PTIN
Paid	d	Lamana —	CPA	3/10/14	r sett-employed	P00881958
Prei	parer	Firm's name LUTZ AND CARR, CPAS LLP	, _	Firm's		13-1655065
	Only	Firm's address 300 EAST 42ND STREET		1 11113	-114	
	~ y				0.1	2 607 2222
		NEW YORK, NY 10017		Phone	no. 21	2-697-2299
May	y the II	AS discuss this return with the preparer shown above? (see instructions)		<u> </u>		. X Yes No
2320	001 12-1	0-12 LHA For Paperwork Reduction Act Notice, see the separate instruction	ons.			Form 990 (2012)

	1990 (2012) THE NATIONAL BOOK FOUNDATION INC. 13-3347524' Page 2
Pai	rt III Statement of Program Service Accomplishments
+	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	SEE SCHEDULE O
	
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	, (man)
	THE FOUNDATION'S PRIMARY FUNCTION IS THE PRESENTATION OF THE NATIONAL
	BOOK AWARDS, THE MOST PROMINENT LITERARY AWARDS IN AMERICA. IN THE FALL
	OF 2012, THE FOUNDATION EXPANDED THE AWARDS BY ANNOUNCING THE AWARDS
	FINALISTS FOR THE FIRST TIME ON TELEVISION, IN CONJUNCTION WITH
	"MORNING JOE" ON MSNBC, WITH WEBSTREAMING AROUND THE WORLD. THE
	FOUNDATION PRESENTED THE MEDAL FOR DISTINGUISHED CONTRIBUTION TO
	AMERICAN LETTERS TO NOVELIST E.L. DOCTOROW AND THE LITERARIAN AWARD FOR
	OUTSTANDING SERVICE TO THE AMERICAN LITERARY COMMUNITY TO WRITER MAYA
	ANGELOU. AS PART OF NATIONAL BOOK AWARDS WEEK IN NEW YORK, THE
	FOUNDATION PRESENTED SEVEN PROGRAMS, INCLUDING THE NATIONAL BOOK
	AWARDS, THE NATIONAL BOOK AWARDS AFTER-PARTY, THE MEDAL CEREMONY, THE
	FINALISTS READING, THE TEEN PRESS CONFERENCE, THE INNOVATIONS IN
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ▶ 1,037,479.
	Form 990 (2012
23200 12-10-	2 GER COUEDITE O DOD COMMINION (C)

			Yes	No
1 `	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	_3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			1
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	ŀ		ļ
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		7.7	
	Schedule D, Parts XI and XII	12a	X	-
D	Was the organization included in consolidated, independent audited financial statements for the tax year?			٠,,
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13		X
14a h	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
U	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	[
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	140		
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	- 13		
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	'''		
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	<u>. </u>		
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		_
		•	990	(2012)

Form 990 (2012) THE NATIONAL BOOK
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	<u>X</u>	L

Form **990** (2012)

Part V . Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	_ • <u>• -</u>		
•			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 57			
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 7			
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	_X_	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
þ	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_5a		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	_5c		
6a	, , , , , , , , , , , , , , , , , , , ,			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		;	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		X
	If "Yes," indicate the number of Forms 8282 filed during the year	_		77
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
9	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	_8_		
а	Did the organization make any taxable distributions under section 4966?	00		
h	Did the organization make a distribution to a donor, donor advisor, or related person?	9a oh		
10	Section 501(c)(7) organizations. Enter:	9b		-
	Initiation fees and capital contributions included on Part VIII, line 12			İ
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
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Form 990'(2012) THE NATIONAL BOOK FOUNDATION INC. 13-3347524' Page Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

<u></u>	Check if Schedule O contains a response to any question in this Part VI		<u> </u>	<u>X</u>
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 17			İ
	If there are material differences in voting rights among members of the governing body, or if the governing			1
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			}
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			ĺ
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
ь	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	05		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u> </u>		
	The desired proquests information about policies not required by the internal revenue code.		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		l
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	114		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	40-	х	Į
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b		
·	in Schedule O how this was done	40-	v	
13	***************************************	12c	Х	v
14	Did the organization have a written whistleblower policy?	13		X
15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	14		<u>X</u>
13				
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			37
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		<u> X</u>
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
102	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	.		77
	taxable entity during the year?	16a		<u> </u>
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
800	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure	_		
17	List the states with which a copy of this Form 990 is required to be filed NY			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	ie	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finan	cıal	
	statements available to the public dunng the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion: 🕨	<u> </u>	
	HAROLD AUGENBRAUM - 212-685-0261			
232006	90 BROAD STREET, SUITE 604, NEW YORK, NY 10004			
12-10-	12	Form	990	(2012)

•		•
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THE NATIONAL BOOK FOUNDATION INC.

13-3347524' Pag

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization (A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average	(40	Position (do not check more to					Reportable	Reportable	Estimated
	hours per	box, unless person officer and a director			rson is both an		compensation	compensation	amount of	
	week		cerau	aa	recto	mus	icee)	from	from related	other
	(list any hours for	direct		ŀ		_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(** 23 1000 111100)	organization
	organizations	trust	nal fru		oyee	e e		,		and related
	below	Individual trustee or director	Institutional trustee	ië.	Key employee	Highest compensated employee	Former			organizations
	line)	르	<u>=</u>	Officer	ş	울통	균			
(1) DAVID STEINBERGER	1.00									
BOARD CHAIRMAN		X	ļ	X				0.	0.	0.
(2) MORGAN ENTREKIN	1.00									
BOARD VICE CHAIRMAN	1	X	ļ	X		_		0.	0.	0.
(3) DEBORAH E. WILEY	1.00	┨		l						
BOARD TREASURER	1 00	X		X		_		0.	0.	0.
(4) CALVIN SIMS	1.00	-		İ				•		
BOARD MEMBER	1 00	X	 	ļ		_		0.	0.	0.
(5) CAROLYN K. REIDY	1.00	١.,						•		
BOARD MEMBER	1 00	X				-	-	0.	0.	0.
(6) DAVID DRUMMOND	1.00	١,,		i				0		_
BOARD MEMBER	1 00	X	-			 - -	-	0.	0.	0.
(7) ELPIDIO VILLARREAL	1.00	₹.,	ŀ					. 0	_	_
BOARD MEMBER	1 00	X		-	-	_		. 0.	0.	0.
(8) JAIME CAREY	1.00	₩.						0.	0	_
BOARD MEMBER	1.00	X	-				\vdash	U •	0.	0.
(9) KENNETH L. WALLACH	1.00	X						0.	0.	_
BOARD MEMBER	1.00	^					\vdash	<u> </u>		0.
(10) LES B. LEVI	1.00	x						0.	0.	0.
BOARD MEMBER (11) LYNN NESBIT	1.00	A						0.	<u> </u>	
BOARD MEMBER	1.00	x						0.	0.	0.
(12) MARKUS DOHLE	1.00	<u> </u>						0.	<u> </u>	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(13) PAUL LECLERC	1.00	122				-		•		<u> </u>
BOARD MEMBER	1100	\mathbf{x}			ŀ			0.	0.	0.
(14) QUANG BAO	1.00	 	_					•		
BOARD MEMBER	2.00	x			ĺ			0.	0.	0.
(15) STEVEN LEVEEN	1.00						П			·
BOARD MEMBER		x						0.	0.	0.
(16) SUSAN PETERSEN KENNEDY	1.00	<u></u>								
BOARD MEMBER	=	X						0.	0.	0.
(17) W. DRAKE MCFEELY	1.00	ļ								
BOARD MEMBER		x						0.	0.	0.
	···· ·									Farm 900 (0010)

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Form 990 (2012)

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization
0

Form 990 (2012)

Part VIII	Statement of	Revenue

		Check if Schedule O contains a response	to any question	in this Part VIII		<u> </u>	<u> </u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts ts	1 a	Federated campaigns 1a					3.0,0.0
irar oun		Membership dues 1b					
y, G			279,598.		İ		
iift ar /		Related organizations 1d	7.55	1			
utions, Gifts ner Similar A		Government grants (contributions) 1e	18,912.	1			
Sign		All other contributions, gifts, grants, and					
ber	•		741,755.				
O.T.	_	Noncash contributions included in lines 1a-1f \$	48,049.	i i			
Son		Total. Add lines 1a-1f		1,040,265.			
<u> </u>		Total, Add lines fair	Business Code				
gram Service Revenue	0.0	ENTRY FEES	511120	156,790.	156,790.		
		MEDALLION SALES	511120	44,592.			
		TINI TON DODG	511120	13,489.	13,489.		
	C		511140	13,409.	13,409.		-
	d					· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
Pro	е	All adds a second second	·				· · · · · · · · · · · · · · · · · · ·
_	т	All other program service revenue	_	214 071			
		Total, Add lines 2a-2f		214,871.			
Other Revenue Other Revenue Bevenue Amounts	3	Investment income (including dividends, interest		47 155			45 455
		other similar amounts)		47,155.			47,155.
	4	Income from investment of tax-exempt bond p	roceeds				
	5	Royalties	<u> </u>	93.			93.
	_	(i) Real	(ii) Personal				1
		Gross rents		-			
	b			-			
	С.						
		Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
	_	assets other than inventory 296,561.					
	b	Less: cost or other basis					
		and sales expenses 263,856.		-			
		Gain or (loss) 32,705.		20 705			20 505
		Net gain or (loss)		32,705.			32,705.
e	8 a	Gross income from fundraising events (not					
ě		including \$ of					
8		contributions reported on line 1c). See	011 047	•			
her			211,247.				
ŏ			211,247.				
		Net income or (loss) from fundraising events	<u></u>	0.			
	эа	Gross income from gaming activities. See Part IV, line 19					
	_						
- 1		Less: direct expenses b					
		Net income or (loss) from gaming activities					
	то а	Gross sales of inventory, less returns			-		
	_	and allowances a					
-		Less: cost of goods sold b					
ŀ	<u> </u>	Net income or (loss) from sales of inventory					
ŀ	44 -		Business Code				
ļ	11 a						
	b						
	C	All about the same of the same		<u> </u>			
		All other revenue					
				1 225 000	214 271		70 050
23200	12	Total revenue. See instructions.		1,335,089.	Z14,8/1.	0.	79,953.
12-10-	12						-nrm MMU /2012\

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com			omplete column (A).	
	Check if Schedule O contains a respon		s Part IX		<u> </u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	12,500.	12,500.	·	
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	70,000.	70,000.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	· · · · · · · · · · · · · · · · · · ·			
5	Compensation of current officers, directors,				
	trustees, and key employees	205,060.	92,277.	20,506.	92,277
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	•			
7	Other salaries and wages	344,067.	318,479.	25,588.	1-7
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	16,453.	12,327.	1,380.	2,746.
9	Other employee benefits	41,034.	31,397.	3,407.	6,230
10	Payroll taxes	37,840.	28,350.	3,174.	6,316
11	Fees for services (non-employees):				
а	Management				
h	Legal				
c	Accounting	23,278.		23,278.	
q	Lobbying	23,2,0.		23,270.	
-	Professional fundraising services. See Part IV, line 17		2.11		
f	Investment management fees	20,498.	16,329.	1,383.	2,786
g		20, 400	10,527.	1,303.	2,700.
9	column (A) amount, list line 11g expenses on Sch 0.)	50,450.		50,450.	
12	Advertising and promotion	3,968.	890.	30,430.	3,078
13	Office automorphism	99,237.	89,554.	3,626.	
14		33,431.	05,554.	3,040.	6,057
	Information technology				· · · · · · · · · · · · · · · · · · ·
15	Royalties	01 267	60 004	C 010	12 565
16	Occupancy	81,267.	60,884.	6,818.	13,565
17	Travel	64,208.	64,208.		
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings			***************************************	
20	Interest				
21	Payments to affiliates	1 264	0.45	100	011
22	Depreciation, depletion, and amortization	1,264.	947.	106.	211.
23	Insurance	18,773.	14,064.	1,575.	3,134.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
_	HONORARIA	130,961.	120 061		
a	BOOKS AND SUBCRIPTIONS	93,112.	130,961.		
b			93,112.		C 856
c	INDIRECT AWARD DINNER E	6,756.	1 000		6,756.
d	PHOTOGRAPHY	1,200.	1,200.		·
	All other expenses	1 201 205	1 005 450	1.44 554	4 4
25	Total functional expenses. Add lines 1 through 24e	1,321,926.	1,037,479.	141,291.	143,156.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here rf following SOP 98-2 (ASC 958-720)				Form 990 (2010)

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Pa	rt X	·Balance Sheet			
		Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	130,208.	1	149,293.
	2	Savings and temporary cash investments		2	41,979.
	3	Pledges and grants receivable, net		3	13,149.
	4	Accounts receivable, net		4	3,005.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined un	der		
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contribu	ting		
	İ	employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr). Complete Part II of Sch L	-	6	
Assets	7	Notes and loans receivable, net		7	
ASS	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	5,299.	9	10,347.
	10a	Land, buildings, and equipment: cost or other			
		basis Complete Part VI of Schedule D 10a 74, 4	53.		
	ь		30. 2,337.	10c	1,073.
	11	Investments - publicly traded securities	1 057 144		2,115,894.
	12	Investments - other secunties. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	• • • • • • • • • • • • • • • • • • • •	13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	26,989.	15	26,989.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,206,368.		2,361,729.
	17	Accounts payable and accrued expenses			57,493.
	18	Granta navable	12,500.	18	12,500.
	19	Deferred revenue		19	34,517.
	20	Tax-exempt bond liabilities		20	
တ္	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees			
jabi		key employees, highest compensated employees, and disqualified persons			
		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17:24). Complete Part X of		1	
		Schedule D			62,886.
	26	Total liabilities. Add lines 17 through 25	124,586.	26	167,396.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X a	nd		
9		complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	1,792,082.		1,812,337.
Bal	28	Temporanly restricted net assets		_	131,996.
р	29	Permanently restricted net assets		29	250,000.
Ŀ		Organizations that do not follow SFAS 117 (ASC 958), check here	_		
, o		and complete lines 30 through 34.			
sets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds $\ \dots$		32	
~	33	Total net assets or fund balances	2,081,782.		2,194,333.
	34	Total liabilities and net assets/fund balances	2,206,368.	34	2,361,729.
					Form 990 (2012)

• Form	990 (2012) THE NATIONAL BOOK FOUNDATION INC.	13-33	47524	Pa	ge 1 ′2
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,33	5,0	89.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,32	1,9	26.
3	Revenue less expenses. Subtract line 2 from line 1	3	1	3,1	63.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,08	1,7	82.
5	Net unrealized gains (losses) on investments	5	9	9,3	88.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		_	
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	2,19	4,3	33.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				X
	_			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		. []		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				,
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	_X_	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis		1		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			ļ
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?	· · · · · ·	. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		<u>L</u>

Form **990** (2012)

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 ·

2012

Open to Public Inspection

Name of the organization

Employer identification number

Part I	Peacon		TIONAL BOOK F				4 \ O = - i==			3-3341	524				
			rity Status (All organiz					tructions.							
The organ			n because it is: (For lines	-		-	-								
1	A church, co	nvention of church	es, or association of chur	ches desc	nbed in se	ction 170)(b)(1)(A)(i)).							
2 🖳	A school des	scribed in section 1	1 70(b)(1)(A)(ii). (Attach Sc	hedule E.)											
з 🖳	A hospital or	a cooperative hosp	pital service organization of	described	in section	170(b)(1)	(A)(iii).								
4 📖	A medical re	search organizatior	operated in conjunction	with a hos	pital desci	nbed in s e	ection 170	(b)(1)(A)(ii	i). Enter	the hospita	i's name,				
	city, and stat	te:													
5 🗀	An organizat	ion operated for the	e benefit of a college or u	niversity o	wned or or	perated by	a governi	mental uni	t describ	ed in					
	section 170	(b)(1)(A)(iv). (Comp	olete Part II.)			-	_								
6 🔲	A federal, sta	ate, or local governi	ment or governmental unr	t describe	d in sectio	n 170(h)(1)(A)(v).								
7 X								or from the	general	nublic desc	enbed in				
	section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)														
8 🗀				(Complete	Part II)										
9 🗀				-	-	rom contr	ibutione n	nomborehu	n foot o	and arose ro	coints from				
•	An organization that normally receives: (1) more than 33 1/3% 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 1/3% 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														
	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.)														
10	See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4).														
11 📖			· ·		-			-							
			zations described in secti				2). See se	ction 509(a	a)(3). Cr	eck the box	c tnat				
	describes the type of supporting organization and complete lines 11e through 11h.														
_	a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated By 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).														
e															
f			ritten determination from	the IRS tha	at it is a Ty	pe I, Type	ll, or Type	e III							
	supporting o	organization, check	this box								🗀				
g	Since Augus	t 17, 2006, has the	organization accepted ar	ny gift or c	ontribution	n from any	of the foll	owing pers	ons?						
	(i) A perso	on who directly or in	idirectly controls, either al	lone or tog	ether with	persons o	described	ın (ii) and (i	ii) below	',	Yes No				
	the gov	eming body of the	supported organization?							. 11g(i)					
	(ii) A famıly	member of a person	on described in (i) above?							. 11g(ii)					
	(iii) A 35%	controlled entity of	a person described in (i) of	or (ii) above	e?					11g(iii	1				
h			n about the supported or												
(i) Name	of supported	(ii) EiN	(iii) Type of organization	(iv) Is the c	rganization	(v) Did vo	u notify the	(vi) ls	the	(vii) Amoun	t of monetary				
	anization	(II) CIN	(described on lines 1-9		sted in your		tion in col.	organizațio	ın çol.	1	r or monetary port				
			above or IRC section	governing	document?	(i) of you	r support?	(i) organizi U.S.	.?	30,	port				
			(see instructions))	Yes	No	Yes	No	Yes	No						
							1								
			 					 							
							1								
		 													
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									<u> </u>		<u> </u>				
Total															

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Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012 THE NATIONAL BOOK FOUNDATION INC. 13-3347524 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

<u>Se</u>	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	ınclude any "unusual grants.")	901,745.	917,090.	998,155.	751,495.	1040265.	4608750.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf					_	
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	901,745.	917,090.	998,155.	751,495.	1040265.	4608750.
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)						1819520.
6	Public support. Subtract line 5 from line 4						2789230.
Sed	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	901,745.	917,090.	998,155.	751,495.	1040265.	4608750.
8	Gross income from interest,						
	dividends, payments received on						_
	securities loans, rents, royalties						
	and income from similar sources	71,032.	58,345.	58,909.	50,797.	47,248.	286,331.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carned on .						
10	Other income. Do not include gain				-		
	or loss from the sale of capital						
	assets (Explain in Part IV.)	1,916.	6,228.	<u>.</u>	2,730.		<u> 10,874.</u>
11	Total support. Add lines 7 through 10						4905955.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 1	<u>,121,826.</u>
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)	
	organization, check this box and stor		 	<u></u>		.,	
	ction C. Computation of Publ			 .	·	· · · · · · · · · · · · · · · · · · ·	
	Public support percentage for 2012 (14	<u>56.85</u> %
	Public support percentage from 2011					15	<u>56.71 %</u>
16a	33 1/3% support test - 2012. If the	-			14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies						
b	33 1/3% support test - 2011. If the	-			line 15 is 33 1/3%	or more, check th	ns box
	and stop here. The organization qual						. ▶∟_
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac			=		rt IV how the organ	nization
	meets the "facts-and-circumstances"	_	•		-		▶∟_
þ	10% -facts-and-circumstances tes						
	more, and if the organization meets the				•		• —
	organization meets the "facts-and-circ						▶∟
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17t			
					Sche	dule A (Form 990	or 990-EZ) 2012

Schedule A (Form 990 or 990 EZ) 2012 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II)

Section A. Public Support	<u> </u>					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-			1			
formed, or facilities furnished in any activity that is related to the	; 		1			
organization's tax-exempt purpose	İ					
3 Gross receipts from activities that						
are not an unrelated trade or bus-			1]	
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
•						
or expended on its behalf		<u> </u>	 -	 		
5 The value of services or facilities						
furnished by a governmental unit to			}			
the organization without charge	<u></u>	 	ļ	 	ļ	
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that)			<u>'</u>	
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b					1	
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support		·			L	
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	(a) 2006	(0) 2003	(6) 2010	(4) 2011	(e) 2012	(i) iotai
10a Gross income from interest,						
dividends, payments received on		•				
securities loans, rents, royalties						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business	1					
activities not included in line 10b, whether or not the business is	I					
regularly carried on	I					
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)						
14 First five years. If the Form 990 is for	the organization	s first second the	rd fourth or fifth t	ay year as a section	on 501(c)(3) organia	ration
	THE OTYMIZATION	a mar, accond, thi	ia, iouitii, Of IIItff t	an your as a soulit	on so nogoj organiz	.auon,
check this box and stop here Section C. Computation of Publi	ic Support Pa	rcentage			···· <u>··</u> ·····	
			column (6)		ar l	
15 Public support percentage for 2012 (column (t))		15	
16 Public support percentage from 2011					16	<u>%</u>
Section D. Computation of Inves					r - 1	
17 Investment income percentage for 20	•	·	ne 13, column (f))		17	%
18 Investment income percentage from 2	•				18	%
19a 33 1/3% support tests - 2012. If the	organization did r	not check the box	on line 14, and line	e 15 is more than :	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box a	nd stop here. The	e organization qua	lifies as a publicly	supported organiz	ation	▶□
b 33 1/3% support tests - 2011. If the						
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization		-	· · · · · · · · · · · · · · · · · · ·		=	
232023 12-04-12					nedule A (Form 99	0 or 990-EZ) 2012

SCHEDULE D

(Form 990)¹

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public

Inspection

Name of the organization

Employer identification number

	THE NATIONAL BOOK FOUNDATION INC.	13-3347524
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (dumps year)	
3	Aggregate contributions to (during year) Aggregate grants from (during year)	
4	A generate value at and of vary	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fur	ada .
3	The state of the s	
6	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used of the plantable purposes and not for the barrely of the donor advisors.	
	for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confer	
Da	impermissible private benefit? rt II Conservation Easements. Complete if the organization answered "Yes" to Form 990. Part IV.	Yes No
Fai		, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education) Preservation of an historical	
	Protection of natural habitat Preservation of a certified h	storic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	onservation easement on the last
	day of the tax year.	
		Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	nization during the tax
	year >	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during t	the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	ear > \$
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(E	3)(1)
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense states	
	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization.	ganization's accounting for
	conservation easements.	
Pai	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement at	
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and b	palance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se	rvice, provide the following amounts
	relating to these items:	•
	(i) Revenues included in Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	\$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1	. > \$
	Assets included in Form 990, Part X	S
		· ·

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 12-10-12

Schedule D (Form 990) 2012

			FOUNDATIO						Page 2
_	t III · Organizations Maintaining C								
3.	Using the organization's acquisition, accessic (check all that apply):	on, and other record	s, cneck any of the	tollowing tha	t are a sig	jnificant u	se or its i	collection	ιτems
а	Public exhibition	d	Logn or evol	hanaa nroam	me				
	Scholarly research		=======================================						
b	Preservation for future generations	е	Other						
C	-	تاحيم محمل	- l		!		D	VIII	
4	Provide a description of the organization's co		-	-			se in Pan	XIII.	
5	During the year, did the organization solicit of				er sımılar	assets		1.,	□
Dar	to be sold to raise funds rather than to be ma						D-+ N/ 5	Yes	No_
ı aı	reported an amount on Form 990, Par		ete ii the organizatio	n answered	res to r	-orm 990,	Part IV, I	ne 9, or	
12	Is the organization an agent, trustee, custodi		lany for contribution	or other se	cate not i	poludod			
ıa			-					Yes	□ No
_	on Form 990, Part X?						∟) res	L NO
D	ir res, explain the arrangement in Part Allia	and complete the lo	llowing table:					A	
_	Perinning belonce					4-		Amount	
	Beginning balance					1c			
	Additions during the year								
e	Distributions during the year								
0-	Ending balance Did the organization include an amount on Fo		040			. <u> 1f </u>	<u> </u>	1.,	
	If "Yes," explain the arrangement in Part XIII.	•					∟	Yes	⊢ No
Par						:- -		-	<u> </u>
	Li Lindon Monte I dildo Complete ii	(a) Current year	(b) Prior year	(c) Two year	1		are back	(a) Four	voore back
1a	Beginning of year balance								
h		1,957,144.	2,030,199,	1,86	5,925.	1,01	9,431.	<u> </u>	462,940,
0	Contributions	150 750	12 601	1.0	4 074	2.4	C 404		024 001
C	Grants or scholarships	158,750,	12,601.	164	4,274.	24	6,494.		834,891.
e	Other expenditures for facilities				+				
C	and programs		05 656						0 610
•	Administrative expenses		-85,656.					•	<u>-8,618.</u>
٠	Fig. 1	2 115 894.	1 057 144	2 02	100	1 00	·		C10 431
g 2	Provide the estimated percentage of the curr		1,957,144.		0,199,	1,86	5,925,	<u> </u>	619,431.
a	Board designated or quasi-endowment		%	ijj rieid as.					
b	Permanent endowment 11.81	%	_/0						
	Temporarily restricted endowment	^ %							
·	The percentages in lines 2a, 2b, and 2c shou								
За	Are there endowment funds not in the posse		ation that are held a	nd administe	red for th	e organiza	ition		
Ou	by:	boloti of the organiza	attorn that are freid a	na administ	100 101 111	ic Organiza	111011	ſ,	Yes No
	(i) unrelated organizations							3a(i)	X
	an I.I				•			3a(ii)	<u> </u>
b	If "Yes" to 3a(ii), are the related organizations				• • • • • • • • • • • • • • • • • • • •			3b	
4	Describe in Part XIII the intended uses of the			••• • •	•			<u> </u>	
Par									
	Description of property	(a) Cost or o		or other	(c) Ac	cumulated	,	(d) Book	value
		basis (investr				reciation		(-,	
1a	Land			· · · ·	<u>:</u>				
b	Buildings								
С	Leasehold improvements								
d	Equipment		7	4,453.		73,38	0.	1	,073.
е	Other								
Total	Add lines 1a through 1e (Column (d) must e	nual Form 990. Part	X column (R) line 1	(O(c))				1	073

Schedule D (Form 990) 2012

	dule D (Form 990) 2012 THE NATIONAL BOOK FOUNDATIO					3347524	Page 4
Pai	t XI Seconciliation of Revenue per Audited Financial Statemen	ts Wi	ith Re	venue per	Return	1	
1 . 2	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12:				1	1,434,	<u>477.</u>
۔ a	No. 10 Per la company of the company	ا مم ا		99,388	,		
	Description of the second of t	2a		33,300	<u>'</u> ∸		
b		2b			-		
C	Recovenes of prior year grants	2c					
ď	Other (Describe in Part XIII.)	2d				0.0	200
e	Add lines 2a through 2d				. 2e		388.
3	Subtract line 2e from line 1	· · · · · · ·			. 3	1,335,	089.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	l 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIII.)	4b					_
С	Add lines 4a and 4b				. 4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5	1,335,	<u>089.</u>
Pa	t XII Reconciliation of Expenses per Audited Financial Statement	nts W	Vith Ex	penses pe	er Retu		
1	Total expenses and losses per audited financial statements				1	1,321,	<u>926.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
а	Donated services and use of facilities	2a			_		
b	Pnor year adjustments	2b			_		
С	Other losses	2c					
d	Other (Describe in Part XIII.)	2d					
е	Add lines 2a through 2d	,			2e		0.
3	Subtract line 2e from line 1				. з	1,321,	926.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIII.)	4b					
С	Add lines 4a and 4b				4c		0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	···· ··			5	1,321,	926.
Pa	t XIII Supplemental Information			-			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	lines 1	a and 4	. Part IV. lines	1b and	2b Part V line	4 Part
	e 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p						.,
	RT V, LINE 4: THE FOUNDATION'S ENDOWMENT CO				BOAR	D	
			<u> </u>	01 10	20111		
DES	SIGNATED FUNDS ESTABLISHED FOR GENERAL SUPP	ОВТ	AND	ONE DO	NOR -	RESTRICT	תאי
	TOTAL TOTAL DOLLAR DOLL	0212	1111	OINE DO	21021	<u> </u>	<u> </u>
गान	TO FOR THE FOUNDATION'S LITERARIAN AWARD.						
	TO I OUT THE TOURDILLEON D DITTEMENT HITTEN						
						··	
זגם	RT X, LINE 2: MANAGEMENT HAS EVALUATED ALL	TNIC	OME	איי דעריי	ידייידרי	NIC AND	
<u> 1 171</u>	11 A, DIME 2. MANAGEMENT HAS EVALUATED ADD	TIACI	OME	IAA PUS	1110	עמא פעו	
ררי	NCLUDED THAT NO DISCLOSURES RELATING TO UNC	ייים	λ Τ λ Τ	ייסם עומיי	!T™T^!	NG MEDE	
<u>- U1</u>	ONC OF BUILTINGS GENOCOLOGIC ON THIS GEODE	TIVI	LT TA	IAA PUS	TITU	NO MEKE	
ጋ ፔ	QUIRED IN THE FINANCIAL STATEMENTS.						
رندي	SOTUDD IN THE LIMMICIAN STATEMENTS.						

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047 · 2012

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

Open To Public Inspection

Name of the organization **Employer identification number** THE NATIONAL BOOK FOUNDATION INC. 13-3347524 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ flers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) fundraiser have custody or control of contributions? (ii) Activity to (or retained by) or entity (fundraiser) fundraiser from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

232081 01-07-13

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

Schedule G (Form 990 or 990-EZ) 2012

Sch Pa	edu irt	le G (Form 990 or 990-EZ) 2012 THE NAT II • Fundraising Events. Complete if the of fundraising event contributions and gr	ne organization answered	l "Yes" to Form 990, Pa	rt IV, line 18, or reported	
	•	or randialing event contributions and gr	(a) Event #1 BENEFIT EVENT	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
en.			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	490,845.			490,845.
	2	Less: Contributions	279,598.			279,598.
	3	Gross income (line 1 minus line 2)	211,247.			211,247.
	4	Cash prizes			-	
' 0	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages	163,018.			163,018.
_	8	Entertainment				
	9	Other direct expenses	48,229.			48,229.
	10 11	Direct expense summary. Add lines 4 throug Net income summary. Combine line 3, colum				(211,247)
Pa	irt	Gaming. Complete if the organization		990, Part IV, line 19, or	reported more than	
	1	\$15,000 on Form 990-EZ, Ine 6a.		(1) Dull to be fine to at	1	[() T () () () ()
nue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						
	1	Gross revenue				
Ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		Valuntaar lahar	Yes%			
	6	Volunteer labor	L No	ILI No	No No	
	7	Direct expense summary Add lines 2 through	h 5 in column (d)			()
	8	Net gaming income summary. Combine line	1, column d, and line 7		•	
а	ls 1	ter the state(s) in which the organization opera the organization licensed to operate gaming ac No,* explain.	ctivities in each of these	states?		. Yes No
		ere any of the organization's gaming licenses re Yes,* explain:			year?	Yes No
2320	82 0	1-07-13			Schedule G (Fo	rm 990 or 990-EZ) 2012

Schedule G (Form 990 or 990-EZ) 2012 THE NATIONAL BOOK FOUNDATION INC.	13-33	347	524 Page:
11 Does the organization operate gaming activities with nonmembers?		,	res No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
to administer charitable gaming?		·	res 🔲 No
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility	L	13a	(
b An outside facility		13b	(
14 Enter the name and address of the person who prepares the organization's gaming/special events books and record			
Name			
Address >			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		□ ,	Yes 🔲 No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amo	unt		
of gaming revenue retained by the third party > \$			
c If "Yes," enter name and address of the third party:			
Name			
Address >		. <u>.</u>	
16 Gaming manager information:			
Name	_		
Gaming manager compensation ▶ \$			
Carring manager compensation P •			
Description of services provided			
		-	
Director/officer Employee Independent contractor			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
retain the state gaming license?		·	res 🔲 No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	n the		
organization's own exempt activities during the tax year ▶ \$			
Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, colu	mns (iii) a	ınd (v)	, and Part III,
lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional info	ormation	(see ir	structions)
			 .
			<u>.</u>
232083 01-07-13 Schedule	G (Form	990 o	r 990-EZ) 201

Schedule I (Form 990) (2012) **2** Employer identification number 13-3347524 Open to Public OMB No 1545-0047 Inspection (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance : : : : (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table THE NATIONAL BOOK FOUNDATION INC. (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance criteria used to award the grants or assistance? . . . (p) EIN 1 (a) Name and address of organization or government Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE I (Form 990) Part I Part II

29

THE NATIONAL BOOK FOUNDATION INC. Schedule I (Form 990) (2012)

Page 2

13-3347524

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistande
NATIONAL BOOK AWARDS	19	55,000.	0	FMV	
LITERARIAN AND MEDAL FOR DISTINGUISHED CONTRIBUTION		10,000	0	ΛWA	
5 UNDER 35 PRIZES	i.	5,000	0	FMV	
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	le the information	required in Part I, li	ine 2, Part III, columi	ר), and any other additional inf	ormation.
SCHEDULE I, PART I, LINE 2: AWARD	AWARD WINNERS	FOR THE NA	NATIONAL BOOK	K AWARDS ARE	
SELECTED BY FOUR PANELS OF FIVE JUI	JUDGES EACH.	H. THE JUDGES	ARE	SUGGESTED BY	
AMERICAN WRITERS AND RECRUITED BY	THE NATIONAL	NAL BOOK	BOOK FOUNDATION'S	'S EXECUTIVE	
DIRECTOR. PANEL DELIBERATIONS ARE	THEN INDI	INDEPENDENT OF	THE	FOUNDATION. BOOKS	
ARE SUBMITTED BY PUBLISHERS ONLY.	PANELS SI	SELECT FIVE	FINALISTS,	, FROM WHICH	
THEY CHOOSE ONE NATIONAL BOOK AWARD WI	D WINNER.				

THE MEDAL FOR DISTINGUISHED CONTRIBUTION TO AMERICAN LETTERS AND THE

LITERARIAN AWARD FOR OUTSTANDING SERVICE TO THE AMERICAN LITERARY COMMUNITY

232102 12-18-12

Sched	lule I ((Forn	<u>1 990)</u>			•	THE	: NA	7.1. T	.ON	<u> </u>	RO	<u>JK</u>	FOU.	ND	ATTO.	<u>N TN</u>	<u>c.</u>			13-	334	/524 Page	2_
Par	t IV	Su	pple	men	tal	Infor	mat	ion					_									-		
			~											_ ^	_		amon.	_	55 A1	_	T T C M	0.7		-~
AKE	SE	كليلة	CTE.	р в	Y	THE	FC	MI	JA'I	.TO:	N S	B	JAK	ט ע)F.	DIKE	CTOR	<u>S</u>	FROM	A	ттел	OF	NOMINE	<u> 55</u>
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SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047 *

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

► Attach to Form 990. ► See separate instructions.

THE NATIONAL BOOK FOUNDATION INC.

Employer identification number

13-3347524

Pa	Part I Questions Regarding Compensation		_	
			Yes	No
1a	a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use	,		
	Travel for companions Payments for business use of personal residence	e		ł
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			ĺ
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
_	If any of the basis on track and the state of the state o			
D	of If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
2	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain			-
2	trustees and the CEO/Executive Director recorded the time should be up a 1-0	_		
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		 -
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
_	CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a related organization to			1
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee X Written employment contract			İ
	Independent compensation consultant Compensation survey or study			ĺ
	X Form 990 of other organizations X Approval by the board or compensation committee	tee		İ
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization			
		4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			ĺ
	Only postion E04(a)(2) and E04(a)(4) approximations what I was 5.0			
5	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
•	contingent on the revenues of:			
а		5a		X
	Any related organization?	<u>. 5a</u>		X
	If "Yes" to line 5a or 5b, describe in Part III.	. 55		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	The state of the s		-	
	not described in lines 5 and 6? If "Yes," describe in Part III	. 7		X_
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			_
	ınıtial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in		I	
	Regulations section 53.4958-6(c)?	. 9]	

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

Schedule J (Form 990) 2012

Page 2

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

THE NATIONAL BOOK FOUNDATION INC.

Schedule J (Form 990) 2012

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

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		CIM to autobacoa (a)	0/2 c/bac 1000 MIC	To do do do do do do do do do do do do do	poo toomontoo (O)	Oldovotable	administration of 121	(E) Company
		(b) Dreakdowil of v	V-Z ario/or ioss-iviis	and/or 1099-Miloo compensation	(C) Retirement and	(D) Nortaxable	(E) Total of Columns	(r) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(a).(i)(a)	in prior Form 990
(1) HAROLD AUGENBRAUM	ε	207,873.	0	0	0	1,864.	209,737.	0.
		0	0	0	0	1 1	0	0
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Schedule J (Form 990) 2012

34

SCHEDULE M (Form 990)

Department of the Treasury

Noncash Contributions

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

OMB No 1545-0047 *

Open to Public Inspection

Internal Revenue Service Name of the organization

THE NATIONAL BOOK FOUNDATION INC.

Employer identification number

	THE NATIONAL	BOOK	FOUNDATIO	N INC.	ļ	13-3	347	524	
Pai									
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 10	,	(d) Method of de noncash contribu	etermin		s
1	Art - Works of art						_		
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications	X		48,049.	FM	7			
5	Clothing and household goods				1				
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock				}				
11	Securities - Partnership, LLC, or								
	trust interests		<u></u>						
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other								
26	Other ()								
27	Other								
28	Other ()								
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for o	contributions					
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29					
								Yes	No
30a	During the year, did the organization receive b	y contribution	on any property re	ported in Part I, lines 1-28 t	hat it n	nust hold for			į
	at least three years from the date of the initial	contribution	, and which is not	required to be used for exe	empt pu	irposes for			
	the entire holding period?						30a		X
b	If "Yes," describe the arrangement in Part II.							ļį	
31	Does the organization have a gift acceptance	policy that r	equires the review	of any non-standard contri	bution	s?	31		X
32a	Does the organization hire or use third parties	or related o	rganizations to sol	cit, process, or sell noncas	h				
	contributions?				_		32a		_X
b	If "Yes," describe in Part II.								
33	If the organization did not report an amount in	column (c)	for a type of prope	rty for which column (a) is	checke	d,			
	describe in Part II.								
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.	-	Schedule M	(Form	990) (2012)

Schedule M	(Form 990) (2012)	THE	NATIO	NAL	BOOK	FOUND	ATION	INC.		13-3347	524 '	Page 2
Part II	Supplemental the organization is Also complete this	Information reporting	mation.	Complet , column	te this par n (b), the r	t to provide number of co	the inform	ation required s, the number	by Part I, line of items rece	es 30b, 32b, an erved, or a com	d 33, and wo	hether oth.
	Also complete this	part to	r any addit	ionai int	ormation.			 -				
												
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

THE NATIONAL BOOK FOUNDATION INC. 1	<u>3-3347524 </u>
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSIO	N:
THE MISSION OF THE NATIONAL BOOK FOUNDATION AND THE NATIONAL	воок
AWARDS IS TO CELEBRATE THE BEST OF AMERICAN LITERATURE, TO E	XPAND ITS
AUDIENCE, AND TO ENHANCE THE CULTURAL VALUE OF GOOD WRITING	IN AMERICA.
THE FOUNDATION'S STRATEGIES INCLUDE RECOGNITION OF LITERARY	EXCELLENCE
THROUGH THE NATIONAL BOOK AWARDS; EDUCATION THROUGH LITERARY	PROGRAMS
FOR THE SCHOOL CHILDREN, COLLEGE STUDENTS, AND ADULTS; AND A	DVOCACY
THROUGH THE DISSEMINATION OF INFORMATION ON BEST READING PRA	CTICES AND
LITERATURE.	
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISS	ION:
THE MISSION OF THE NATIONAL BOOK FOUNDATION AND THE NATIONAL	BOOK
AWARDS IS TO CELEBRATE THE BEST OF AMERICAN LITERATURE, TO E	XPAND ITS
AUDIENCE, AND TO ENHANCE THE CULTURAL VALUE OF GOOD WRITING	IN AMERICA.
THE FOUNDATION'S STRATEGIES INCLUDE RECOGNITION OF LITERARY	EXCELLENCE
THROUGH THE NATIONAL BOOK AWARDS; EDUCATION THROUGH LITERARY	PROGRAMS
FOR THE SCHOOL CHILDREN, COLLEGE STUDENTS, AND ADULTS; AND A	DVOCACY
THROUGH THE DISSEMINATION OF INFORMATION ON BEST READING PRA	CTICES AND
LITERATURE.	
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS	:
READING CONFERENCE, AND 5 UNDER 35.	
THROUGH BOOKUP, THE FOUNDATION SEEKS TO EXPAND THE AUDIENCE	FOR READING
AND DOES SO THROUGH EDUCATIONAL PROGRAMS FOR UNDERSERVED PEO	PLE IN
THEIR MIDDLE-SCHOOL YEARS. BOOKUP, LED BY PUBLISHED WRITERS,	IS
PRESENTED IN FIVE LOCATIONS IN NEW YORK CITY AND TWO LOCATIO	NS IN TEXAS

232211 01-04-13

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

Schedule O (Form 990 or 990-EZ) (2012)

THE NATIONAL BOOK FOUNDATION INC.

Employer identification number 13-3347524

IN FY 2013 AND SERVES ABOUT 200 UNDERSERVED MIDDLE-SCHOOLERS A YEAR.

IN FY2013, INNOVATIONS IN READING PRESENTED AWARDS TO FIVE SMALL

NONPROFITS ACROSS THE COUNTRY THAT USE INNOVATION MEANS TO EXPAND THE

AUDIENCE FOR READING IN THEIR LOCALITIES. THE PROGRAM THEN BRINGS THESE

ORGANIZATIONS TO NEW YORK FOR A LUNCHEON AND PRESENTATION WITH

COLLEAGUES AND FUNDERS AT THE FORD FOUNDATION.

THE NATIONAL BOOK FOUNDATION CONTINUED TO CREATE AN ONLINE ARCHIVE FOR

ITS PAST NATIONAL BOOK AWARD WINNERS AND FINALISTS. IN FY2013, THE

FOUNDATION CREATED 320 NEW WEB PAGES FOR ITS AWARD WINNERS AND

FINALISTS IN YOUNG PEOPLE'S LITERATURE TO BE USED IN AN ONLINE

EXHIBITION IN JUNE, 2013. THIS BRINGS THE NUMBER OF INDIVIDUAL AUTHOR

WEB PAGES TO OVER 850, WITH THE GOAL OF CREATING OVER 2,100, ONE FOR

EACH FINALIST OR WINNER IN THE AWARDS' HISTORY.

FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS REVIEWED BY THE BOARD

FINANCE COMMITTEE, WHICH INCLUDES THE TREASURER, THE INVESTMENT CHAIR, AND

THE CHAIRMAN OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 12C: EMPLOYEES ARE REQUIRED TO DIVULGE

ALL OUTSIDE EMPLOYMENT AND/OR VOLUNTEER WORK THAT MAY CONFLICT OR OVERLAP

WITH THE GOALS OF THE NATIONAL BOOK FOUNDATION. JUDGES ARE REQUIRED TO

DIVULGE ALL PERSONAL AND PROFESSIONAL RELATIONSHIPS THAT MAY CONFLICT OR

OVERLAP WITH THE GOALS OF THE NATIONAL BOOK FOUNDATION.

FORM 990, PART VI, SECTION B, LINE 15: THE FULL BOARD DISCUSSES THE

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

AND AS PART OF THE OVERALL COMPENSATION FOR THE ORGANIZATION.

Schedule O (Form 990 or 990-EZ) (2012)	Pag ė 2
Name of the organization THE NATIONAL BOOK FOUNDATION INC.	Employer identification number 13-3347524
FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST.	
FORM 990, PART XII, LINE 2C:	
OVERSIGHT OF THE AUDIT SELECTION PROCESS	
THE PROCESSES OF THE AUDIT COMMITTEE HAVE NOT CHANGED S	INCE LAST YEAR

2012 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

990

Current Year Deduction	0	1,264.
Current Sec 179		0 0
Accumulated Depreciation	64,109.	8,007. 72,116. 72,116.
Basis For Depreciation	64,109.	10,344. 74,453. 74,453.
Reduction In Basis		• •
Bus % Excl		
Unadjusted Cost Or Basis	64,109.	10,344. 74,453. 74,453.
S S	16	19
Life	7.00	2 0 0
Method	J.S.	I.S.
Date Acquired	VARIESSL	VARIESSL
Description	MACHINERY & EQUIPMENT FURNITURE AND 1FIXTURES	AOFFICE EQUIPMENT * 990 PAGE 10 TOTAL * GRAND TOTAL 990 PAGE 10 DEPR
Asset No	- "	

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

4562 **4**562

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property)

▶ See separate instructions.

➤ Attach to your tax return.

Business or activity to which this form relates

990

OMB No 1545-0172 •

Identifying number

Attachment

THE NATIONAL BOOK FOUNDATION INC. FORM 990 PAGE 10 13-3347524 Part | Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 500,000. 1 Maximum amount (see instructions) 1 2 2 Total cost of section 179 property placed in service (see instructions) 2,000,000 3 3 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 14 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16 Part III | MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2012 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2012 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use (b) Month and (d) Recovery (a) Classification of property (g) Depreciation deduction only - see instructions) 19a 3-year property 5-year property b 7-year property C 10-year property d 15-year property е 20-year property 25-year property 25 yrs S/L g MM S/L 27.5 yrs. Residential rental property h 27.5 yrs MM S/L MM S/L 39 yrs. Nonresidential real property i MM S/L Section C - Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System Class life S/L 20a 12-year S/L b 12 yrs. 40-year 40 yrs. MM S/L C Part IV | Summary (See instructions) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 1,264. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 216251 12-28-12 LHA For Paperwork Reduction Act Notice, see separate instructions. Form 4562 (2012)

Form 4562 (2012)	THE NATIO	NAL I	300K	FOU	NDATI	ON	INC.			13-	3347	524	Page 2
Part V Listed Proper amusement.)	ty (Include automobiles,	certain of	her vehic	cles, ce	ertain com	puters	s, and prop	erty use	d for er	tertainm	ent, rec	reation, o	or
Note: For any	vehicle for which you are					dedu	cting lease	e expense	e, comp	lete only	24a, 24	lb, colun	nns (a)
	Section A, al of Section					·							
	- Depreciation and Oth			$\overline{}$] v [٦,,,
24a Do you have evidence to	(b) (c)	ment use c			Yes (e)	<u> </u>	24b lf "Y					J Yes ∟	<u> No</u> (i)
(a) Type of property	Date Busines		(d) Cost or	В	asıs for depr	eciation	(f) Recovery	(9 Meti	a) hod/	`	h) ciation	Elec	
(list vehicles first)	placed in investme service use percer		ther basis	. 0	business/inve use ont		period	Conve		dedi	iction	sectio	-
25 Special depreciation all	1	1	v placed	in sen	vice durin	a the t	ax vear an	d d	T				
	a qualified business use		• •			_	•		25	j			
26 Property used more that						•• •	· · ·	· · · · · · · · ·	1 20	·			
	1 . 1	%											,
		%						1	•				
		%											
27 Property used 50% or 1	ess in a qualified busine	ss use:						·					
		%						S/L·					
		%						S/L·					
		%						S/L·					
28 Add amounts in column	n (h), lines 25 through 27	. Enter he	re and or	n line 2	21, page 1				28				
29 Add amounts in column							· · · · · ·				. 29		
		Section	B - Infor	rmatio	n on Use	of Vel	hicles		-				
Complete this section for ve	ehicles used by a sole pi	opnetor,	partner, c	or othe	r "more th	an 5%	owner,"	or related	persor	١.			
If you provided vehicles to	your employees, first ans	swer the c	questions	ın Sed	ction C to	see if	you meet a	an excep	tion to	completi	ng this s	ection fo	or
those vehicles.				_									
			(a)		(b)		(c)	(c	i)	(e)	(f)
30 Total business/investment	miles driven during the	Ve	ehicle	<u> </u>	/ehicle	١ ١	/ehicle	Veh	ıcle	Vet	nicle	Veh	icle
year (do not include com	muting miles)			ļ		ļ							
31 Total commuting miles	driven during the year .			ļ		ļ				ļ			
32 Total other personal (no	oncommuting) miles					1							
driven		.				ļ				<u> </u>			
33 Total miles driven durin		- 1		1		}		l					
Add lines 30 through 3		.		ļ	-	ļ		 		ļ.			
34 Was the vehicle availab	•	Yes	No	Yes	s No	Yes	s No	Yes	No	Yes	No_	Yes	No
during off-duty hours?				 		ļ							
35 Was the vehicle used p	• •												
than 5% owner or relat		-				 	 			-			
36 Is another vehicle availa	able for personal												
use?						<u> </u>				L	<u> </u>		
A those acceptions to	Section C - Question											41	50 /
Answer these questions to owners or related persons.	determine ii you meet ai	rexceptic	in to com	sbierini	g Section	B for v	enicies us	sed by en	ipioyee	s who a	re not ii	ore man	370
37 Do you maintain a writt	en policy statement that	prohibite	all person	nal use	e of voluci	oc inc	luding on	nmı ıtına	by you			Yes	No
employees?								annaung,	by you	•		163	140
38 Do you maintain a writt					f vehicles		 of commut	ina by v	our			·	
employees? See the ins	· -	•	•					• • •	ou.				
39 Do you treat all use of v		•	•			•			• •		• • • • • • • • • • • • • • • • • • • •		
40 Do you provide more th	· · ·	•							• • • •	•			
the use of the vehicles,	•					-	,,						İ
41 Do you meet the require			•							••	•• • ••		
	37, 38, 39, 40, or 41 is "					-	covered ve			••••	• • •		•
Part VI Amortization													
(a)		(b)		(c			(d)		(e)			(f)	
Description of	of costs	Date amortizatio begins	n	Amorti: amo	zable unt		Code section		Amortiza period or per			nortization r this year	
42 Amortization of costs th	nat begins during your 2	012 tax ye	ear:										
43 Amortization of costs th	nat began before your 20	012 tax ye	ar							43			
44 Total. Add amounts in	column (f) See the instri	uctions fo	r where to	o repo	rt					44			
216252 12-28-12											F	orm 456 2	2 (2012)

Form **8868**

(Rev. January 2013)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

internal N	File a sepa	arate appr	ication for each return.		<u>i</u>	
• If vou	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			<u> </u>
	are filing for an Additional (Not Automatic) 3-Month Ex	-		this form)	•	
	complete Part II unless you have already been granted a				m 8868	
	onic filing (e-file). You can electronically file Form 8868 if y					poration
	d to file Form 990-T), or an additional (not automatic) 3-mo					
	to file any of the forms listed in Part I or Part II with the exi					
	al Benefit Contracts, which must be sent to the IRS in pap					
	vw rs gov/efile and click on e-file for Charities & Nonprofits		(coo mondonono) i oi moro dotano c	JIT (110 010)	otrorno ming or trus	i ioiiii,
Part			submit original (no copies nee	eded).		
A corpo	pration required to file Form 990-T and requesting an autor					
Part I o				•)	▶ □
	er corporations (including 1120-C filers), partnerships, REM ncome tax returns.	IICs, and ti	rusts must use Form 7004 to reques	t an exter	sion of time	_
Туре о	Name of exempt organization or other filer, see instru	ctions.		Employe	r identification nun	nber (EIN) or
print	THE NATIONAL BOOK FOUNDATION	ON INC	c.		13-33475	24
File by the	Number, street, and room or suite no If a P O box, s			Social se	cunty number (SS	
filing your return Se	e JO DROAD SIREEI, NO. 004					
instruction		oreign add	ress, see instructions.			
	NEW YORK, NY 10004					
Enter th	ne Return code for the return that this application is for (file	e a separa	te application for each return)			0 1
Applica	ntion	Dotum	Annlination	_		T
Is For	311011	Return Code	Application Is For			Return
	90 or Form 990-EZ					Code
Form 9		01	Form 990-T (corporation)			07
	720 (individual)	02	Form 1041-A			08
Form 9		03	Form 4720			09
		04	Form 5227	<u></u>		10
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
POIII 9	90-T (trust other than above)	06 TTM	Form 8870			12
• The	HAROLD AUGENBRA		THE COA NEW YORK	3.T3.Z	10004	
	books are in the care of $ ightharpoonup 90$ BROAD STREE? phone No. $ ightharpoonup 212-685-0261$	<u>r, su.</u>		, NY	10004	
	e organization does not have an office or place of business	a in tha l le	FAX No.			
	s is for a Group Return, enter the organization's four digit			 6 Albus vs 6s		-61 - 41
	. If it is for part of the group, check this box				r the whole group,	
	request an automatic 3-month (6 months for a corporation				ers the extension	is for
• '	DECEMBER 15, 2013 , to file the exemp	•	•		The enderson	
-	for the organization's return for:	t Organiza	tion return for the organization hame	anove	The extension	
13 N			•			
	► X tax year beginning MAY 1, 2012	on	d ending APR 30, 2013			
	tax year beginning IIAI I, ZUIZ	اله ,	dending AFR 50, 2015		- ·	
2 If	the tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return I	Final retur	n	
	Change in accounting period	ricon rous	on	i ilai ictui		
	Onlaring in accounting period					
3a If	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069 a	nter the tentative tax less any	1		
	onrefundable credits. See instructions.	J. 0000, u	to tomative tax, 1000 any	За	\$	0.
_	this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and	Ja	<u> </u>	
	stimated tax payments made Include any prior year overp	-		3b	 \$	0.
	alance due. Subtract line 3b from line 3a. Include your pa			30		<u> </u>
	y using EFTPS (Electronic Federal Tax Payment System)	-	•	3c	•	0.
	n. If you are going to make an electronic fund withdrawal v				EO for more and	
LHA	For Privacy Act and Paperwork Reduction Act Notice,			<u> </u>	Form 8868 (F	
					, OIIII 0000 (F	100 12013)

Form 8	868 (Rev. 1-2013)					Page 2
• If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II and check this	box		► X
Note.	Only complete Part II if you have already been granted an a	automatic	3-month extension on a previously fi	led Form	8868	
If you	u are filing for an Automatic 3-Month Extension, comple					
Part	II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no c	opies neede	ed)
			Enter filer's	identifyir	g number, see	instructions
Туре о	 Name of exempt organization or other filer, see instru 	ctions		Employe	identification i	number (EIN) or
print						
File by the	THE NATIONAL BOOK FOUNDATION	N INC	•		<u> 13-334'</u>	7524
due date filing your	. I Number, street, and room or suite no it a F O box, s	ee instruc	tions	Social se	cunty number ((SSN)
return Se	IOO DOOND AMDRIAM NO CON					
instructio	ns City, town or post office, state, and ZIP code. For a fo	oreign add	lress, see instructions.			
	NEW YORK, NY 10004			· · · · · ·		
Enter ti	ne Return code for the return that this application is for (file	e a separa	te application for each return)			0 1
		,				· - ·
Applica	ation	Return	Application			Return
Is For		Code	Is For			Code
Form 9	90 or Form 990-EZ	01		u	4 4 1 - F	
Form 9	90-BL	02	Form 1041-A			08
Form 4	720 (individual)	03	Form 4720			09
Form 9	90-PF	04	Form 5227			10
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 9	90-T (trust other than above)	06	Form 8870			12
STOP!	Do not complete Part II if you were not already granted		natic 3-month extension on a prev	nously file	d Form 8868.	
	HAROLD AUGENBRA	MUA				
	books are in the care of ▶ 90 BROAD STREE	r, su	<u> ITE 604 - NEW YORK</u>	, NY	10004	
	phone No ► 212-685-0261		FAX No. ►			
If th	e organization does not have an office or place of busines	s in the Ur	nited States, check this box			
• If th	is is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) I	f this is fo	r the whole gro	up, check this
box 🕨				fall memb	ers the extensi	on is for
4 I	request an additional 3-month extension of time until	MARC	<u>H 15, 2014</u> .			
5 F	for calendar year , or other tax year beginning $ _1$	<u>MAY 1</u>	, 2012 , and endin	g APR	<u>30, 20:</u>	13
6 I	f the tax year entered in line 5 is for less than 12 months, o	check reas	on: Initial return	Final r	eturn	
	Change in accounting period					
	State in detail why you need the extension					
_	ADDITIONAL TIME IS NEEDED TO (COMPI	LE THE INFORMATION	NECE	SSARY TO)
9	COMPLETE THE RETURN.		17F-7			
	f this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any	+		
_	onrefundable credits. See instructions.			8a	\$	0.
b ii	f this application is for Form 990-PF, 990-T, 4720, or 6069,	, enter any	refundable credits and estimated			
	ax payments made include any prior year overpayment al	lowed as a	a credit and any amount paid			
-	previously with Form 8868.			8b_	\$	0.
	Balance due. Subtract line 8b from line 8a Include your pa	-	th this form, if required, by using	İ		_
	FTPS (Electronic Federal Tax Payment System) See instru			8c	\$	<u> </u>
	-		st be completed for Part II o	-		
Under p it is true	enalties of perjury, I declare that I have examined this form, include, correct, and complete, and that I am authorized to prepare this fo	ling accomp orm.	panying schedules and statements, and to	the best o	f my knowledge a	and belief,
Signatu	re ▶	EXECU'	TIVE DIRECTOR	Date		
					Fa 000	O (Day 1 2012)

Form **8868** (Rev. 1-2013)