Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

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

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

OMB No 1545-1150 2009

Open to Public Inspection

~	רטו נוונ	e 2009 calend	iai year,	or tax year beginning , and ending					
В	Check if	f applicable	Please	C Name of organization	D Empl	loyer identification number			
	Address	s change	use IRS						
1	Name cl	ne change label or print or Essay Press 20-34549							
;]	Initial re	turn	E Tele	phone number					
	Termina	ation	See	208 Utica St	60'	7-319-0201			
	Amende	ed return	Specific Instruc-	City or town, state or country, and ZIP + 4	F Grou	p Exemption			
	Applicat	ion pending	tions	Ithaca NY 14850	Num				
_				ations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting	method	X Cash Accrual			
			_	npleted Schedule A (Form 990 or 990-EZ). Other (specify)	_				
$\overline{}$	Websi	te: N/				organization is not			
i.	_	empt status (ch		y = X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527 required to 990-EZ, or	attach Scho	edule B (Form 990,			
K	Check			ganization is not a section 509(a)(3) supporting organization and its gross receipts are normal					
••		• Ш		urn is not required, but if the organization chooses to file a return, be sure to file a complete r		310 11011 420,000 71			
				to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ	<u>∪.u.ii</u>	8,547			
	art I			penses, and Changes in Net Assets or Fund Balances (See the instru					
	1			is, and similar amounts received	1	3,326			
					2	3,320			
2	2			enue including government fees and contracts	<u> </u>				
	3	•		d assessments	3				
t	4	Investment i			4				
•	5a			ale of assets other than inventory 5a					
	b			asis and sales expenses 5b	-				
_	C			of assets other than inventory (Subtract line 5b from line 5a)	5c				
۱ ۽	6			ties (complete applicable parts of Schedule G) If any amount is from gaming, check here	1 1				
Revenue	a	Gross reven	iue (not ii	of contributions					
, &	1	reported on	line 1)	6a	_				
;	b		-	s other than fundraising expenses 6b	_				
	С	Net income	or (loss)	from special events and activities (Subtract line 6b from line 6a)	6c				
,	7a	Gross sales	of invent	ory, less returns and allowances 7a	-				
	b	Less cost of	f goods s	old	_				
	С	•	, ,	from sales of inventory (Subtract line 7b from line 7a)	7c				
	8	Other reven	ue (desc	nbe ► See Statement 1 RECEIVED ►) 8	5,221			
_	9	Total reven	ue. Add l	nes 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	8,547			
	10	Grants and	sımılar ar	nounts paid (attach schedule)	10	- 			
	11	Benefits paid	d to or fo	r members ensation, and employee benefits MAY 14 2010	11				
S	12	Salaries, oth	er comp	ensation, and employee benefits	12				
penses	13	Professional	l fees and	other payments to independent contractors OGDEN, UT	13				
	. 14		•		14				
ŭ	15			postage, and shipping	15	6,686			
	16			cribe ▶ See Statement 2) 16	513			
_	17			lines 10 through 16	17	7,199			
S	18			the year (Subtract line 17 from line 9)	18	1,348			
Net Assets	19			lances at beginning of year (from line 27, column (A)) (must agree with					
As		end-of-year	figure rep	ported on prior year's return)	19	1,883			
Net	20	Other chang	jes in net	assets or fund balances (attach explanation)	20				
	21			lances at end of year Combine lines 18 through 20	21	3,231			
	Part II	Balane	<u>ce She</u>	ets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of F	orm 990	EZ			
				(See the instructions for Part II) (A) Beginning of year		(B) End of year			
22	Cash, s	savings, and i	nvestme	1,88		3,231			
		nd buildings			23				
		assets (descri	be 🕨)	24				
	Total a			1,88		3,231			
		i <mark>abilities</mark> (des		/	0 26	0			
				(line 27 of column (B) must agree with line 21) 1,88	3 27	3,231			
Fo	r Privac	y Act and Pa _l	perwork	Reduction Act Notice, see the separate instructions.		Form 990-EZ (2009)			
DA	A					· · · · · · · · · · · · · · · · · · ·			

DAA

Form 990-E2	(2009)	Essay I	ress			20	0-3454945				Pag	ie 2
Part III				ervice Accon	nplishments (S	ee the instruct	ions for Part I	II_)_		Ex	oenses	
What is the c		tion's primary exer] (F	equired i	for section	
See Stat	ement	3							50	11(c)(3) a	nd 501(c)(4)	
					mpt purposes. In a						ns and section	
		services provided	d, the numb	per of persons be	enefited, or other rel	evant information f	or				trusts, optiona	I
each prograr	n title				·				fo	r others)		
28 N/A												
(Grants S	r		\ If thus	amount includes	foreign grants, sho	ock horo		[]	28a			
29	Φ) 11 (1115	amount includes	foreign grants, che	CK Here			20a			
(Grants 9	\$) If this	amount includes	foreign grants, che	ck here			29a			
30												
								,				
(Grants S				amount includes	foreign grants, che	ck here	<u></u>		30a			
	•	ervices (attach sch	•				_					
(Grants S					foreign grants, che	ck here		<u> </u>	31a			
		ervice expenses						<u> </u>	32) () ()	
Part IV	List	of Officers, Direc	tors, Irus	tees, and Key Ei	mployees. List each	(b) Title and average	ompensated (See		Contrib		(e) Expense	
		(a) N	lame and add	dress		hours per week devoted to position	(If not paid, enter -0)	empl		efit plans & pensation	account and other allowance	
Catherine	Tavlo					Editor	enter -0)	uele	sireu com	pensalion	other allowance	5
cacherine	1ay10	-				202		٥		o		0
Eula Bıss						Editor		1				
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Stephen Co	ope					Editor						
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Form **990-EZ** (2009)

Pa	ort V Other Information (Note the statement requirements in the instructions for Part V)			
	· ·		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed	20		х
34	description of each activity Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of	33		
34	the changes	34		х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported			
	on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section			
	6033(e) notice, reporting, and proxy tax requirements?	35a		X
þ	If "Yes," has it filed a tax return on Form 990-T for this year?	355		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			7.5
	during the year? If "Yes," complete applicable parts of Schedule N	36		<u> </u>
37a	Enter amount of political expenditures, direct or indirect, as described in the instr	-		v
b	Did the organization file Form 1120-POL for this year?	37b		<u> </u>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
h	If "Yes," complete Schedule L, Part II and enter the total amount involved	304		
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶, section 4912 ▶, section 4955 ▶	.		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit			
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified			
	person in a prior year, and that the transaction has not been reported on any of the organization's prior			7.7
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c	-		
-	reimbursed by the organization			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed OH			
42a	The organization's books are in care of Telephone no			
	71D . 4 . N			
l.	Located at ZIP + 4 At any time the calcular way did the assentation begans to provide a constitute or other authority.			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	_		
	and Financial Accounts.	İ		
С	At any time during the calendar year, did the organization maintain an office outside of the U S?	42c	L	X
	If "Yes," enter the name of the foreign country	_		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			•
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	F -	162	110
	Form 990-EZ	44		х
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If			
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		<u> </u>
		Form 99	0-F2	(2009)

Pa	int VI Section 501(c)(3) organizations and section 4947(a 501(c)(3) organizations and section 4947(a)(1) none and complete the tables for lines 50 and 51.	a)(1) nonexempt exempt charitable	charitable tru e trusts must a	sts only . All se answer questio	ection ns 46-	49b	
46	Did the organization engage in direct or indirect political campaign activities of	n behalf of or in oppo	estion to			Yes	No
46	candidates for public office? If "Yes," complete Schedule C, Part I	in benian or or in oppo	Silion to		46	163	X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedul	e C Part II			47		<u> </u>
47 40	Is the organization operating a school as described in section 170(b)(1)(A)(ii)?		chedule F		48		X
48 49a	Did the organization make any transfers to an exempt non-charitable related of		cheddio E		49a	$\neg \uparrow$	X
49a b	If "Yes," was the related organization a section 527 organization?	ngamzation.			49b	$\neg \uparrow$	
50	Complete this table for the organization's five highest compensated employee	s (other than officers	directors, trustees	and key	لتتنا		
30	employees) who each received more than \$100,000 of compensation from the						
	(a) Name and address of each employee paid more	(b) Title and average	(c) Compensation	(d) Contributions to		xpens	
	than \$100,000	hours per week devoted to position		employee benefit plans & deferred compensation	acco	unt an Illowar	
None	e						
			<u> </u>				
	\$100,000 of compensation from the organization. If there is none, enter "None (a) Name and address of each independent contractor paid more than \$100,000.		Type of service	(c) C	Compensa	ition	
No	one						
			-				
d	Total number of other independent contractors each receiving over \$100,000	>					
Sigi	Under penalties of perjury, I declare that I have examined this return, including and belief, it is true, correct, and complete. Declaration of preparer (other than in	accompanying schedule officer) is based on all in	s and statements, and formation of which pre	to the best of my knowled	lge		
Her	- Jan		Date	<u> </u>			
	Catherine Taylor	Pre	s				
	Type or pnnt name and title						
	Proposed 0	Date	Check if	Preparer's Iden	itifying Nun	ber (Se	e instr)
Paid	d Preparer's signature Pat Smith CPA	04/28	8/10 self- employed	- ☐ P0044	4623		
	parer's Firm's name (or yours Financial Accounting			EIN ►			
	e Only if self-employed).			Phone		-	
	address, and ZIP+4 Athens, OH 45701				-594	1-3	227
Mav	the IRS discuss this return with the preparer shown above? See instructions			•	Ye	r	No
		· · · · · · · · · · · · · · · · · · ·		Fo	orm 99 ()-EZ	(2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions. OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Employer identification number

			Essay Press						20-	-345	4945		
Pa	art l	Reas	on for Public Charity	Status (All organizations	must co	omplete	this p	art)S	ee ins	struction	ons.		
he	orga	nization is not	a private foundation because	e it is (For lines 1 through 11, ch	eck only c	ne box)							
1	1			ociation of churches described in			A)(ı).						
2			cribed in section 170(b)(1)(A)(ii). (Attach Schedule E)										
3				a cooperative hospital service organization described in section 170(b)(1)(A)(iii)									
4	Ì		ical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
	()	city, and state	-										
5	11	•		f a college or university owned o	r operated	by a gov	ernment	al unit d	escribe	d ın			
Ĭ	!!	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)											
6	1 1	-		overnmental unit described in se	ction 170	b)(1)(A)(v	ν).						
7	1 1		•	substantial part of its support from				m the as	eneral o	ublic			
•	1]	_	section 170(b)(1)(A)(vi). (Co		90.0			9.					
8	1			70(b)(1)(A)(vi) (Complete Part II	1)								
9	\mathbf{x}	•) more than 33 1/3 % of its supp	•	ontribution	ns mem	hershin i	ees ar	ıd aross			
9	221	-		pt functions—subject to certain 6									
				d unrelated business taxable inc									
			-				, i i iak, i	ioni bus	11103300	,			
4.0	1 1		_	 1975 See section 509(a)(2). (exclusively to test for public safel 			(2)(4)						
10				exclusively for the benefit of, to p				carnyo	ut the				
11]]	_	· ·	ed organizations described in se						ction			
		• •		ne type of supporting organization						Ction			
		1 - 1		П т ш г .			d (: e III–Ot	hor			
_	1 1	a Type	<u> </u>	c Type III—Functional anization is not controlled directly			ı						
е	[.]			and other than one or more publ						ection			
		•	•	and other than one of more publ	iciy suppo	iteu oigai	nzations	describ	eu iii st	ction			
		, ,, ,	section 509(a)(2)	rmination from the IDS that it is a	Type I T	uno II or	Type III (supportu	20				
f		-		rmination from the IRS that it is a	i Type I, I	ype ii, oi	Type III :	supporti	ig				[]
		•	check this box	and an and an anataba		au af tha							; _}
g		_		ion accepted any gift or contribu	uon nom a	iny or the							
		following per		-t th	uth norson	a daganh	ad in (ii)					Yes	No
				ntrols, either alone or together w	iiii person	s describ	eu in (ii)				110(1)	163	110
		` '		the supported organization?							11g(ı)		
			member of a person describ								11g(n)	1	
			ontrolled entity of a person d								[11g(ııı	Л	1
h	N		following information about th		(nu) le the e	rganization	(A) Did ii	ou notify	600	s the	(vii) Am	ount of	
(1)		e of supported ganization	(ii) EIN	(III) Type of organization (described on lines 1–9	1 ' '	sted in your		nization in	organizal		sup		
		,		above or IRC section		document?		of your		zed in the			
				(see instructions))	Yes	No	Yes	No	Yes	S? No			
					162	110	163		103	- '''			
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	suche A (1 offit 330 of 330-L2/2003 200					==	agc <u>z</u>
Pa	Support Schedule for O				(1)(A)(iv) and <i>1</i>	170(b)(1)(A)(vi)	
500	(Complete only if you che tion A. Public Support	ecked the box	on line 5, 7, or	o of Part I.)			
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Ca	lendar year for fiscar year beginning my	(8) 2003	(6) 2000	(0) 2001	(4) 2000	(0) 2000	(1) 10101
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					;	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3		ļ				
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4		<u> </u>				
	tion B. Total Support				1	1	
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4		 				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						· · · · · ·
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10		<u></u>			L	
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the		, second, third, four	th, or fifth tax year	as a section 501(c)(3)	
	organization, check this box and stop here						<u> </u>
	ction C. Computation of Public Su			(6))		14	%
14	Public support percentage for 2009 (line 6			(1))		15	//
15	Public support percentage from 2008 Sche 33 1/3 % support test—2009 If the organ			3 and line 14 is 33	R 1/3 % or more ich		
16a	and stop here. The organization qualifies			5, and line 14 is 50	7 173 70 01 111010, 01	icok triis box	•
b	33 1/3 % support test—2008. If the organ			or 16a, and line 15	is 33 1/3 % or mo	re, check this	
	box and stop here. The organization quali					•	>
17a	10%-facts-and-circumstances test—200				, or 16b, and line 1	4 is 10% or	
	more, and if the organization meets the "fa						
	organization meets the "facts-and-circums						• '
b	10%-facts-and-circumstances test—200						
	more, and if the organization meets the "fa						
	organization meets the "facts-and-circums	tances" test. The o	organization qualifie	s as a publicly sup	ported organization	า	>

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

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.)

Sec	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")			5,000	14,727	3,326	23,053
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					5,221	5,221
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5			5,000	14,727	8,547	28,274
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that				;		
	exceed the greater of \$5,000 or 1% of the	1	1				
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)		-	·			28,274
	tion B. Total Support	T		· · · · · · · · · · · · · · · · · · ·	·····		
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6			5,000	14,727	8,547	28,274
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						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
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,	i	1				
	and 12)			5,000	14,727	8,547	28,274
14	First five years. If the Form 990 is for the organization, check this box and stop here		second, third, four	th, or fifth tax year as	s a section 501(c)(3)	>
Sec	tion C. Computation of Public Su	pport Percent	age				
15	Public support percentage for 2009 (line 8,	, column (f) divided	by line 13, column	(f))		15	100.00%
16	Public support percentage from 2008 Sche					16	100 00%
Sec	tion D. Computation of Investme	_					
17	Investment income percentage for 2009 (lin			column (f))		17	%
18	Investment income percentage from 2008					[18]	%
19a	33 1/3 % support tests—2009. If the organ 17 is not more than 33 1/3 %, check this both	ox and stop here.	The organization qu	ualifies as a publicly	supported organiza	tion	▶ X
b	33 1/3 % support tests—2008. If the organ	nization did not che	eck a box on line 14	or line 19a, and line	e 16 is more than 3	3 1/3 %, and	_
	line 18 is not more than 33 1/3 %, check th	•				nızatıon	•
20	Private foundation. If the organization did	not check a box or	n line 14, 19a, or 19	9b, check this box ar	nd see instructions	 	

Schedule A (Form 990 or 990-EZ) 2009 Essay Press

20-3454945

Page 4

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12. Provide any other additional information. See instructions

4/28/2010

·20-3454945

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 8 - Other Revenue

Description	Amount		
Book Sales Printing reimb	\$	4,647 574	
Total	\$	5,221	

Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amo	<u>unt</u>
Expenses	\$	
Office		232
Royalties		281
Total	\$	513

Federal Statements

Statement 3 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

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