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Form	33U

(Rev January 2020)

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2949319104408

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Department of the Treasury	ŀ
Internal Devenue Service	

Do not enter social security numbers on this form as it may be made public.

Go to www.lrs.gov/Form990 for instructions and the latest information.

$\overline{\Lambda}$	For the	2019 calen	dar year, or ta	y year beni	nning 7/0	11	20	019, and endin	g 6/3	<u>~</u>		2020
B	Check if a		C	x year begi	7/0	<u>'1</u>		oro, and criain				fication number
•			j -	c ppot	OCITE COCT	TOTAL OF THE	ır		1	_	-	
	-	ess change	LITERARY		JGUE SUCT	EII OF II	1E		}-	E Teleph	28682	
	\vdash	change	SOUTHWEST 7729 E GE		#300	1						
	Initial	return	SCOTTSDAL	L	(48	0) 5	66-9109					
	Final re	eturn/terminated					. .					
	Amen	nded return		G Gross	<u>_</u>							
	Applic	cation pending	H(a) Is this a			H .03 E .00						
			Same As (Above					H(b) Are all s	ubordinate attach a lis	s included t (see ins	17 Yes No
1_	Tax-exe	mpt status:	X 501(c)(3)	501(c) () ▼ (ın	sert no.) 4	947(a)(1	1) or 5553			-	•
J	Websi	ite: ► N/	'A				.		H(c) Group e	xemption r	umber 🟲	
K	Form of	organization	Corporation	Trust	Association	Other -		L Year of formate	on:	M	State of le	gal domicile
Pa	irt	Summar	у									
	1 Br	riefly descri	be the organization	ation's mis	sion or most s	ignificant activ	/ities:]	PROMOTE L	ITERACY			
Ģ	l _											
Activities & Governance	l _											
Ë]		_ ~			-,-,,-						
ŏ	2 Cr	neck this bo	ox ► ∐ if the	organization	on discontinue	ed its operation	ns for a	IISPOSED OF MO	VED 25	% of its		_
ত ক	3 Nu 4 Nu	umber of vo	oting members dependent voti					line 1b)	·	iol '	3 4	4
es	5 To	atal number	of individuals	amnloved i	n calendar ve	ar 2019 (Part		ے یہ کہ بید م	, 2020	SS	5	4
¥	6 To		of volunteers			ai 2015 (1 ait	<u> </u>	^{2a)} NOV 2 7	2020	0-8	6	0
迃	7a To		ed business rev			umn (C), line 1	2	************************		<u>č</u>	7a	0.
_	,		business taxa				Į	OGDE	V. UT		7b	0.
_	 						т=			or Year		Current Year
_	8 Cc	ontributions	and grants (P	art VIII, line	e 1h) .					215,	345.	252,685.
Revenue			rice revenue (P							144,		124,060.
ĕ	10 inv	vestment in	icome (Part VII	li, column ((A), lines 3, 4,	and 7d)						
æ	11 Ot	ther revenu	e (Part VIII, co	lumn (A), l	ines 5, 6d, 8c,	, 9c, 10c, and	11e)					
			- add lines 8				mn (A), line 12)		360,	301.	376,745.
	13 Gr	ants and s	ımılar amounts	paid (Part	IX, column (A	A), lines 1-3).		•		5,!	500.	10,000.
	14 Be	enefits paid	to or for mem	bers (Part I	X, column (A)), line 4)						
ιń	15 Sa	alaries, othe	er compensation	n, employe	ee benefits (Pa	art IX, column	(A), lı	nes 5-10)				
Expenses	16a Pr	ofessional	fundraising fee	s (Part IX,	column (A), lı	ne 11e)						
per	b To	tal fundrais	sing expenses	(Part IX, co	olumn (D), line	25) ►				,		3
Δ	17 Ot	her expens	es (Part IX, co	lumn (A). I	ines 11a-11d.	11f-24e)				343,	989.	280,948.
			es Add lines 1				line 25	5)		349,4		290,948.
	l		expenses. Su							10,8		85,797.
* 8									Beginning			End of Year
anc	20 To	tal assets ((Part X, line 16	S)		• •				120,		206,584.
Ass	21 To		s (Part X, line								0.	0.
Not Assets or Fund Balance	22 Ne	et assets or	fund balances	. Subtract I	ine 21 from lii	ne 20		,		120,7	787	206,584.
		Signatur										200/0011
$\overline{}$				amined this re	turn, including acco	ompanying schedu	es and s	statements, and to	the best of my	knowledge	and belie	ef, it is true, correct, and
com	olete Decla	ration of prepa	er (other than offic	er) is based on	all information of	which preparer has	any kn	owledge			.	
			aua c	3. Hu	ser_	,			<u> </u>	ovem	per	10,2020
Sig	ın	Signatu	e of officer	1 11			Λ	•	Date			
He	re		LAURA	h. #	user,	· Presid	de	<u>it</u>				
_			print name and title									
		Print/Type p	reparer's name		Preparer's supp	Sture ///	1	Dafe /	, 0	heck	_ if P	TIN
Pai	id	ROBERT	G. CARNE	AL	/ /ll	4 km	_	11/51	2020 5	elf-employ	edF	00311217
Pre	parer	Firm's name	CARNE.	AL & HU	NT, P.L.C			17/				
	e Only	Firm's addre			URI AVE S	STE 200			F	ırm's EIN	▶ 86-	0661421
				IX, AZ					Р	hone no		957-8366
May	the IRS	discuss the	is return with the			? (see instruc	tions)					X Yes No
			eduction Act N					TEE	A0101L 01/21	/20		Form 990 (2019)

	m 990 (2019) LITERARY & PROLOGUE SOCIETY OF THE	20-2868229	Page 2
Pa	rtillin Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		<u>. </u>
1	2,		
	PROMOTE LITERACY		.
2	Did the organization undertake any significant program services during the year which were not listed on the	prior	_
	Form 990 or 990-EZ?	· · · · · · Yes X	No
	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 s Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocated the section 501 (c) (d) organizations are required to report the amount of grants and allocated the section 501 (c) (d) organizations are required to report the amount of grants and allocated the section 501 (c) (d) organizations are required to report the amount of grants and allocated the section 501 (c) (d) organizations are required to report the amount of grants and allocated the section 501 (c) (d) organizations are required to report the amount of grants and allocated the section 501 (c) (d) organizations are required to report the amount of grants and allocated the section 501 (c) (d) organizations are required to report the amount of grants and allocated the section 501 (c) (d) organizations are required to report the amount of grants and allocated the section 501 (c) (d) organization for the section 501 (c) (d) organization for the section 501 (c) (d) organization for the section for the section 501 (c) (d) organization for the section fo	ervices, as measured by expe	enses.
	and revenue, if any, for each program service reported.	nons to others, the total expen	1363,
4 6	a (Code) (Expenses \$ 269,097. including grants of \$ 10,000.)	(Revenue \$ 124,	060.)
	THE ORGANIZATION WILL SUPPORT THE APPRECIATION OF LITERATURE THE		
	FOSTERING A CONSIDERATION OF AUTHORS, POETS AND THEIR WORKS, EN		
	EXCHANGE OF IDEAS AND UNDERSTANDINGS WITH A VIEW TOWARD INCREAS		
	AND PROVIDING GRANTS TO STUDENTS OF LITERATURE, AND CONDUCT THO		
	NECESSARY FOR THE ACCOMPLISHMENT OF THE FOREGOING PURPOSES.		
	MUCHODIANI TON THE RECONFIDENCIAL OF THE POLICION TO THE COLUMN TO THE C		
	b (Code) (Expenses \$ including grants of \$)	(Revenue \$	
40	b (Code) (Expenses \$ including grants of \$)	(Revenue \$,
4 0	c (Code:) (Expenses \$ including grants of \$)	(Revenue \$)
A	1 Other program convers (Describe on Schodule O.)		
4 d	d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue 5)	ė .	
		v	
4 e	e Total program service expenses ► 269,097.		



			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	` Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		Х
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		х
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		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in 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, VII, VIII, IX, or X as applicable			
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		Х
	b Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	116		х
(c 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.	11 c		<u>x</u>
(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	11 d		X
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X .	11 e		X
	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	11 f		Х
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		x
t	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional .	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E .	13		_X
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
t	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		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 (see instructions)	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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a	\Box	Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь	_	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		x

_	n 990 (2019) LITERARY & PROLOGUE SOCIETY OF THE	20-2868229		Page
Pa	rt IV Checklist of Required Schedules (continued)			т
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	on Part IX,	Yes	No X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J.	current 23	3	х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24c complete Schedule K. If 'No, 'go to line 25a	as of I and	la	х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?.	24	ь	
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to de any tax-exempt bonds?	fease 24	lc	
(d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24	d	<u> </u>
25 8	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess bene transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	efit 25	ia	x
ı	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior yea that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' comp Schedule L, Part I	ar, and blete 25	b	x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any conformer officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controll or family member of any of these persons? If 'Yes,' complete Schedule L, Part II	urrent or ed entity		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	key <u>27</u>		х
	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):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? 'Yes,' complete Schedule L, Part IV	If . 28	а	х
t	A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28	b	X
C	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes, complete Schedule L, Part IV	28		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M			Х
30	contributions? If 'Yes,' complete Schedule M	. 30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule I	V, Part I 31	-	Х
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		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sect 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	ions 33		х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, I and Part V, line 1	34		Х
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35	а	X
ь	olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a column entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	ntrolled 35	ь	
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable relation organization? If 'Yes,' complete Schedule R, Part V, line 2	. 36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	that is . 37		х
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	. 38	х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			\Box
	Check if Schedule O contains a response or note to any line in this Part V	·	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	8	1.03	

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Х 1 c TEEA0104L 07/31/19 BAA Form **990** (2019) Form 990 (2019) LITERARY & PROLOGUE SOCIETY OF THE

Part V

Statements Regarding Other IRS Filings and Tax Compliance (continued)

	·		Yes	No					
	a 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.								
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		<u> </u>					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	L							
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	<u> </u>	X					
	b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O	3 b	<u> </u>	↓					
	a 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)?	4 a		Х					
	b If 'Yes,' enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
=	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a	سين	X					
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 51									
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?									
		-		 					
	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х					
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b							
	Organizations that may receive deductible contributions under section 170(c).								
	a 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?	7 a		Х					
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		 					
(C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х					
	If 'Yes,' indicate the number of Forms 8282 filed during the year	L							
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X					
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		X					
•	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g							
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring								
	organization have excess business holdings at any time during the year?	8							
	Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966?	9a							
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b	_						
	Section 501(c)(7) organizations. Enter:	90							
	Initiation fees and capital contributions included on Part VIII, line 12								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders								
	Gross income from other sources (Do not net amounts due or paid to other sources								
	against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a							
	of 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b		انس						
	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								
Ŀ	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.		·						
	Enter the amount of reserves on hand								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>X</u>					
t	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	<u>, </u>	ł	v					
	excess parachute payment(s) during the year? (6) Year Agreement and the Fourt 4700 School do No.	15		X					
	If 'Yes,' see instructions and file Form 4720, Schedule N								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	المجورة	X					
	If 'Yes,' complete Form 4720, Schedule O.	EAR	000	2019)					

<u>P</u> ā	Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b be a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chair Schedule O. See instructions.	elow, nges	and on	for
	Check if Schedule O contains a response or note to any line in this Part VI			. X
Se	ction A. Governing Body and Management			
1	a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		Yes	No
	b Enter the number of voting members included on line 1a, above, who are independent . 1b			
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 of officers, directors, 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 7	Did the organization have members or stockholders?. a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more	6		X
	members of the governing body?	7 a		_X
	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	a The governing body?	8a	X	
	b Each committee with authority to act on behalf of the governing body?.	8 b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O.	9		x
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Re	eveni		ode.)
			Yes	No
	 a Did the organization have local chapters, branches, or affiliates? b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 	10a 10b		X
11.	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	X	
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O			
12	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	X	
1	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?.	12 b	Х	
1	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12 c	X	<u> </u>
13		13		X
14	Did the organization have a written document retention and destruction policy? .	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	a The organization's CEO, Executive Director, or top management official	15 a		X
1	b Other officers or key employees of the organization.	15 b		Х
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			
	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
1	b 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 exempt status with respect to such arrangements?	16 b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► None			
18	available for public inspection. Indicate how you made these available. Check all that apply.	01(c)(3	3)s on	ıly)
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	the public during the tax year. See Schedule O	able to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records ► MARIE KENNEDY 7729 E GREENWAY RD., SUITE 300 SCOTTSDALE AZ 85260 (480) 566-	-910:	9	

Form 990 (2019)	I.TTERARY	۶	PROLOGIE	SOCIETY	OF TH	HF.	

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Page 7

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

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

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

- 1 a 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

See instructions for the order in which to list the persons above.

$\overline{\mathbf{X}}$ Check this box if neither the organization nor any relati	ed organiz	ation	con			ed an	y cı	irrent officer, direct	or, or trustee.	
(A) Name and title	(B) Average hours per	thai	n one s both dir	box.	not ch unle office /trust		son	(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) LAURA HUSER	_0_									
President	0	X	Ш		L_	<u> </u>	L	0.	0.	0
(2) ELLEN BROWN PRESIDENT ELECT	0-	x						0.	0.	0
(3) JAYNE LEWIS	0				_					
Secretary	0	X			L_	<u> </u>		0.	0.	0
(4) MARY BETH HERBERT	0									
Treasurer	0	X			<u> </u>	 -	<u> </u>	0.	0.	0
(5)										
(6)										
(8)					-					
(9)										
(10)							Н			
(11)										
(12)						_				
(13)										
(14)										

Part VIII Section A. Officers, Directors, Tru	ıstees,	Key	En	nple	oye	es,	an	d Highest Cor	npensated l	<u>Empl</u>	oyee	S (con	tınuec
•	(B)			•	;)			1					
(A)	Average hours	box	Position (do not check more than one box, unless person is both an			th an	(D) (E) Reportable Reporta		}		(F)		
Name and title	per	offi	cer a	nd a d	direct	tor/trus	stee)	compensation from the organization (W-2/1099-MISC)	Reportable compensation f related organiza (W-2/1099-MIS	rom tions		ated an of other ensation	•
	(list any hours for	or dire	ng th	Officer	Key employee	mple of	1	(W-2/1099-MISC)	(W-2/1099-MIS	;C)	the d	rganiza d relate	ation ed
	related organiza - tions	octor a	una	24	oldr	le con	٦	<u> </u>			org	anızatıc	ns
	below dotted	or director	nstitutional trustee		ee	pens			ļ	1			
	line)	"	8			Highest compensated employee	1	}	}				
(15)		-								一			
(16)		-											
(17)		-											
(18)		-				 	-			\dashv		<u>.</u>	
(19)				_		-	-			\dashv			
(20)		-			_	-		<u> </u>		\dashv			
(21)		-				_							
		_		_		_				_			
(22)										_			
(23)													
(24)													
(25)													
1 b Subtotal	-						•	0.		0.			0
c Total from continuation sheets to Part VII, Section	on A		•				▶ .	<u>0.</u>		0.			0
d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited	to those li	sted	abov	/e) w	vho i	recer	ved	0. more than \$100,00	0 of reportable	O.	ensatio	<u> </u>	0
from the organization 0													
											(ž .	Yes	No.
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for sucl	or, truste n <i>individu</i> a	e, ke <i>al</i>	y er	nplo	yee	, or i	high	est compensated	employee		3		X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate	reportabl	e cor	npe	nsat	lion	and	oth	er compensation t	rom		Z + 1	م. ا	
the organization and related organizations greate such individual .	r than \$1	50,00	10?	It 'Y	es,	com	ipiei	te Schedule J for			4	<u> </u>	X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes	compen	satio te S <u>c</u>	n fro	om a ule .	any i <i>J foi</i>	unre r <i>suc</i>	late h pe	d organization or erson_	ındıvıdual		5		X
Section B. Independent Contractors									_				
1 Complete this table for your five highest compensation from the organization. Report compensation.	sated indes	pend he ca	ient ilent	con dar y	rac	endii	tnai	ith or within the or	ganization's tax	year.			
(A) Name and business addr	ess							Description o	f services	((Compe) nsatio	n
							_			<u> </u>			
							_			 			
2 Total number of independent contractors (including b	ut not limit	ted to	tho	ما م	sted	abo	<u></u>	who received more	than	 	*.	~ /* 1/	
\$100,000 of compensation from the organization				JU 11							, . L	: [* {	•

Pa	Check if Schedule O contains a response or note to any line in this Part VIII											
	•	Check if Schedu	ile O	contains	a resp	onse or note to ar	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
tts	1:	a Federated campaig	JIIS		7 a							
Contributions, Gifts, Grants and Other Similar Amounts	1	Membership dues			1 b	251,765.						
S. E] •	Fundraising events			1 c							
필	d Related organizations . 1d											
8 E	e Government grants (contributions) f All other contributions, gifts, grants, and			1 e								
9 L	י ו	similar amounts not inc			1 f	920.						
독본	١,	Noncash contributions in	nclude		-	<u> </u>						
E 5	Ì.	lines 1a-1f		•	1 g							
<u>ه</u> ر	├-'	Total. Add lines 1a	- 11	· · · · ·		Business Code	252,685.	Mary Control of the		THE STATE OF THE S		
Program Service Revenue	2	LUNCHEON REC	Tar	PTS	ŀ		122,860.	122,860.	《新沙》,《新沙》,《西沙》	Supplied that the second		
<u>\$</u>		BOOK SALES					1,200.	1,200.				
<u>8</u>	١,	; , 5547, 5; 111 5				 				 		
Ę.	(,										
E	•	,							<u> </u>			
gra	1	All other program s	servi	ce revenu	e							
Ā		Total. Add lines 2a	-21				124,060.		新毛斯斯斯斯			
	3	Investment income (inclu	iding divide		terest, and						
	4	Income from invest	•			hand proceeds						
	5	Royalties	unei	it or tax-e	venibr	bona proceeds. ?			 	 		
	-			(i) R	i eal	(ii) Personal						
	6	Gross rents	Ga			 						
	l t	Less: rental expenses	6Ь			-						
	۱ ،	: Rental income or (loss)	6c									
	,	Net rental income of	or (lo	oss)								
	7 2	Gross amount from		(ı) Secu	rities	(ii) Other		是一个主义的				
		sales of assets other than inventory	7a			† · · · · ·						
	įŧ	Less: cost or other basis	56									
	١.	and sales expenses	7b 7c	<u> </u>		}						
		: Gain or (loss) . I Net gain or (loss)	76	L								
	-											
Other Revenue	86	Gross income from fund (not including \$	iaisiii	y events								
Ş.	1	of contributions reported	on li	ne 1c).	-	}						
æ		See Part IV, line 18			8 a							
her		Less direct expens			86	11		THE LOCAL				
ਰ	c	Net income or (loss) fro	m fundra	sing e	vents . •			S. J. De Survice J. H. & Del T. Hiller & 1984	and an array and a control of the second		
	9 a	Gross income from gami	ng ac	tivities.		· '						
	١.	See Part IV, line 19			9 a							
		Less: direct expens Net income or (loss		m damin	9 <u>6</u>							
		•	•		activi	lies		MORE OF THE PROPERTY.	Maria de la companya			
1	10 a	Gross sales of inventory, returns and allowances	less	•	10a	1						
ļ		Less: cost of goods			10+							
		Net income or (loss			of inver	ntory .	The State of the S	The second control of	The second of the second secon	A STATE OF THE PARTY OF THE PAR		
22						Business Code	NEW DESIGNATION OF THE PARTY OF		经工程工程	阿里斯尼斯斯斯		
Miscellaneous Revenue	11 a											
	b											
scellaneo Revenue	C				-			ļ		· · · · · · · · · · · · · · · · · · ·		
2 E	_	All other revenue	. 11	d	· L				E AND THE SECOND	ENTER STATE		
		Total revenue See					276 745	124 060				
	14	Total revenue. See	เกรเ	iuctions			376,745.	124,060.	0.	0.		

	rt'IX Statement of Functional Expen				
Sec	ction 501(c)(3) and 501(c)(4) organizations must co			omplete column (A).	
	Check if Schedule O contains a				
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	8,000.	8,000.		ren a series
2	Outside and alless seasoned by decreasing	2,000.	2,000.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16		2,000.		- 1 1 1 1
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 10	Other employee benefits				
11	Fees for services (nonemployees)				
á	a Management		,		ļ
	b Legal	<u> </u>			
	c Accounting	1,214.	607.	607.	
	d Lobbying	1,214.	- 001.		
	e Professional fundraising services See Part IV, line 17		7,		
	,				
	I Investment management fees				
_	3 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0). Advertising and promotion	26,079.	13,040.	13,039.	
13	Office expenses .	44.		44.	
14	Information technology				T
15	Royalties	<u> </u>		<u> </u>	
16	Occupancy		 		
	· -				<u> </u>
17 18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings.				
20	Interest				ļ
21	Payments to affiliates .			·	
22	Depreciation, depletion, and amortization				
23	Insurance .	1,650.	825.	825.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e if line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)			Programme of the second	19,000
а	SPECIAL SPONS FUNCT-FOOD	108,752.	108,752.		
	SPEAKER FEES	76,000.	76,000.		
	BOOKS & SERVICES	28,820.	28,820.		
		15,326.	15,326.		
	AUTHORS TRAVEL EXPENSES			7 226	
	All other expenses	23,063.	15,727.	7,336.	
25	Total functional expenses. Add lines 1 through 24e	290,948.	269,097.	21,851.	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Page 11

11. 4	ai c A	Check if Schedule O contains a response or note to any	line in this Part X			П
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		108,987.	1	187,883.
;	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or former offi trustee, key employee, creator or founder, substantial contr controlled entity or family member of any of these persons		5		
	6	6 Loans and other receivables from other disqualified persons (as defined under		V. V		ा विकास समिति है ।
	ľ	section 4958(f)(1)), and persons described in section 4958(•	<u></u>	6	
	7	Notes and loans receivable, net	5)(5)(5)		7	
Ø	8	Inventories for sale or use			8	
Assets	9	Prepaid expenses and deferred charges		11,800.	9	18,700.
AS	· -	i i i		11,000.		10,700.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a			, ,	
	l	Less: accumulated depreciation. 10b		F 1 4 5 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10 c	<u> </u>
	111	Investments – publicly traded securities.			11	
	12	Investments – other securities 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			15	1.
	16	Total assets. Add lines 1 through 15 (must equal line 33) .		120,787.	16	206,584.
		Total appeter to an object to (made equal and eq.)]
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20_	
e.	21	Escrow or custodial account liability Complete Part IV of S			21	
Liabilities	22	Loans and other payables to any current or former officer, d key employee, creator or founder, substantial contributor, or controlled entity or family member of any of these persons.	rector, trustee, 35%		22	
	23	Secured mortgages and notes payable to unrelated third pa			23	
	24	Unsecured notes and loans payable to unrelated third partie	s		24	
	25	Other liabilities (including federal income tax, payables to reand other liabilities not included on lines 17-24). Complete B	elated third parties, Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	<u>.</u>	0.	26	0.
ces		Organizations that follow FASB ASC 958, check here ► and complete lines 27, 28, 32, and 33.			***	
<u>ē</u>	27	Net assets without donor restrictions			27	
<u>m</u>	28	Net assets with donor restrictions			28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check her and complete lines 29 through 33.	e ► X	No. of the second	発験	
5	29	Capital stock or trust principal, or current funds	. ,		29	
왉	30	Paid-in or capital surplus, or land, building, or equipment fu	nd		30	
88	31	Retained earnings, endowment, accumulated income, or oth		120,787.	31	206,584.
ا ک	32	Total net assets or fund balances		120,787.	32	206,584.
위	33	Total trabilities and net assets/frind balances	l	120 787	33	206 594

3 a

3 b

Form 990 (2019)

3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

or audits, explain why on Schedule O and describe any steps taken to undergo such audits ...

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit

TEFA0112L 01/21/20

on Schedule O.

BAA

Audit Act and OMB Circular A-133?

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

(D)

(E)

Total

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

OMB No 1545-0047

Name of the organization LITERARY & PROLOGUE SOCIETY OF THE SOUTHWEST 20-2868229 Part Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's 4 name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(bX1)(A)(vi).** (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 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 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 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 12 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations a Provide the following information about the supported organization(s). (iii) Type of organization (described on lines 1-10 above (see instructions)) (i) Name of supported organization (iv) Is the organization listed (v) Amount of monetary (vi) Amount of other support (see instructions) support (see instructions) in your governing document? Yes No (A) (B) (C)

Partill 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.)

Section A. Public Support								
beg	ndar year (or fiscal year nning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	329,628.	337,630.	342,735.	357,950.	375,545.	1,743,488.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.	
3	The value of services or facilities furnished by a governmental unit to the organization without charge.						0.	
4	Total. Add lines 1 through 3 .	329,628.	337,630.	342,735.	357,950.	375,545.	1,743,488.	
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)		Out.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		•	
6	Public support. Subtract line 5 from line 4	7. 0	n - 3		a de la companya de l	4	0. 1,743,488.	
Sec	tion B. Total Support	7- 53.	_ 4 3 /4	<u> </u>		s total a trap a same of	271107100.	
Cale	ndar year (or fiscal year nning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
7	Amounts from line 4	329,628.	337,630.	342,735.	357,950.	375,545.	1,743,488.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						0.	
11	Total support. Add lines 7 through 10				The second		1,743,488.	
12	Gross receipts from related activ	rities, etc (see ins	tructions) .			12	0.	
13	First five years. If the Form 990 is organization, check this box and		's first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)		
Sec	tion C. Computation of Pul	blic Support P	ercentage					
	Public support percentage for 20	•	•	e 11, column (f)).		14	100.00%	
	Public support percentage from 2 33-1/3% support test—2019. If the	ne organization di	d not check the b				100.00 % this box	
	and stop here. The organization						▶ 🗓	
b	33-1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						neck this box	
17a	10%-facts-and-circumstances te or more, and if the organization in the organization meets the 'facts'	meets the 'facts-a	nd-circumstances	test, check this	box and stop here	e. Explain in Part	VI how	
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a' d-circumstances' t	nd-circumstances est. The organiza	' test, check this tion qualifies as a	box and stop her publicly supporte	e. Explain in Part ed organization .	VI how the ►	
	Private foundation. If the organiz	zation did not ched	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check this	s box and see inst	ructions	
BAA					Sch	edule A (Form 99	0 or 990-EZ) 2019	

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization

	fails to qualify under the t	tests listed below,	please complete	Part II.)			\	
Sec	tion A. Public Support							
Calen 1	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 201	9 /	(f) Total
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.				,			
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							
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						_	
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)				ق ا	1		
	tion B. Total Support	T	/		1 10 5015			
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 201	9	(f) Total
-	Amounts from line 6 Gross income from interest, dividends,		<u> </u>		ļ			
	payments received on securities loans, rents, royalties, and income from similar sources							
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			\				
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include							
	gain or loss from the sale of capital assets (Explain in Part VI.)							
	capital assets (Explain/in Part VI.) Total support. (Add/lines 9, 10c, 11, and 12.)			45	541		21 (2) (2)	
14	capital assets (Explain/in Part VI.) Total support. (Add/lines 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and	stop here	<u> </u>	nd, third, fourth, o	r fifth tax year as	a section 50	D1(c)(3)	
14 Sec	capital assets (Explain/in Part VI.) Total support. (Add/lines 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu	stop here Iblic Support P	ercentage	 	_ 	a section 50		<u> </u>
14 Sec 15	capital assets (Explain/in Part VI.) Total support. (Add/lines 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage for 20	d stop here Iblic Support P 019 (line 8, columi	ercentage n (f), divided by li	 	_ 	à section 50	15	<u> </u>
14 Sec 15 16	capital assets (Explain/in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pupulic support percentage for 20 Public support percentage from	d stop here bblic Support P 019 (line 8, columi 2018 Schedule A,	ercentage n (f), divided by li Part III, line 15	ne 13, column (f)	_ 	a section 50		<u> </u>
14 Sec 15 16 Sec	capital assets (Explain/in Part VI.) Total support. (Add/lines 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pupulic support percentage for 20 Public support percentage from tion D. Computation of Invitor D. Computation D. Computation of Invitor D. Computation D.	d stop here biblic Support P 019 (line 8, columi 2018 Schedule A, vestment Incor	ercentage n (f), divided by li Part III, line 15 ne Percentage	ne 13, column (f))	à section 50	15 16	00 00 00
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14 Sec 15 16 Sec 17 18	capital assets (Explain/in Part VI.) Total support. (Add/lines 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of PuPublic support percentage for 20 Public support percentage from tion D. Computation of Investment income percentage investment income percentage investment income percentage in	d stop here ublic Support P 019 (line 8, column 2018 Schedule A, vestment Incor for 2019 (line 10c, from 2018 Schedu	ercentage n (f), divided by li Part III, line 15 ne Percentage column (f), divided le A, Part III, line	ne 13, column (f)). umn (f))		15 16 17 18	00 00 00 00
14 Sec 15 16 Sec 17 18 19a	capital assets (Explain/in Part VI.) Total support. (Add/lines 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of PuPublic support percentage for 20 Public support percentage from tion D. Computation of Investment income percentage for	d stop here blic Support P 019 (line 8, columi 2018 Schedule A, vestment Incor for 2019 (line 10c, from 2018 Schedu the organization d k this box and sto the organization d	Part III, line 15 ne Percentage column (f), divided le A, Part III, line id not check the top here. The organ id not check a bo	ne 13, column (f) ed by line 13, column 17 box on line 14, and including a column qualifies a contine 14 or line 14 or li	umn (f)) Id line 15 is more to a publicly supported to 19a, and line 16	than 33-1/3 orted organi	15 16 17 18 %, and zation.	% % % % % % % % % % % % % % % % % % %

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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P,ā	Ray Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the 'governing body of a supported organization?	11a		
1	b A family member of a person described in (a) above?	11b	ļ	_
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		_
	ction B. Type I Supporting Organizations			<u></u>
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
		و المحادث	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
ä	The organization satisfied the Activities Test Complete line 2 below.			
ŧ	The organization is the parent of each of its supported organizations. Complete line 3 below			
•	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	ınstruct	ions).	
2	Activities Test Answer (a) and (b) below.	. [Yes	No
ē	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
t	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	2.00	15	
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a	2.1	
t	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		No.
	supported organizations: If res, describe in Fait vi the role played by the organization in this regard.	30		

Pa	R V- Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anıza	itions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on N	Nov. 20, 1970 (explain in ust complete Sections A	Part VI) See through E.
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year).	, .,		
	Average monthly value of securities	1a		
ī	Average monthly cash balances	1b		
-	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
-	Discount claimed for blockage or other factors (explain in detail in Part VI):	** **s		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions).	4_		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		·————
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
_4	Enter greater of line 2 or line 3.	4	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
5	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grated	Type III supporting orga	nızatıon
BAA			Schedule A (Fo	rm 990 or 990-EZ) 2019

Part V Ty	pe III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)					
	Distributions			Current Year				
1 Amounts	paid to supported organizations to accomplish exempt p	urposes		•				
	aid to perform activity that directly furthers exempt purposes of income from activity	of supported organization	s,					
3 Administra	3 Administrative expenses paid to accomplish exempt purposes of supported organizations							
4 Amounts								
5 Qualified								
6 Other dist								
7 Total ann	7 Total annual distributions. Add lines 1 through 6.							
	ns to attentive supported organizations to which the organizations to structions	tion is responsive (provide	details					
9 Distributat	ole amount for 2019 from Section C, line 6							
10 Line 8 am	ount divided by line 9 amount							
Section E –	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019				
1 Distributat	ple amount for 2019 from Section C, line 6							
	ributions, if any, for years prior to 2019 (reasonable uired – explain in Part VI). See instructions.			,				
3 Excess dis	stributions carryover, if any, to 2019							
a From 2014				·				
b From 2015	5	-						
c From 2016	5	<u> </u>						
d From 2017	<u> </u>			·				
e From 2018	3			·····				
f Total of lir	nes 3a through e		<u> </u>					
g Applied to	underdistributions of prior years	<u> </u>						
h Applied to	2019 distributable amount							
i Carryover	from 2014 not applied (see instructions)	<u> </u>						
j Remainde	r. Subtract lines 3g, 3h, and 3i from 3f.							
4 Distribution	ns for 2019 from Section D,							
a Applied to	underdistributions of prior years	<u> </u>						
	2019 distributable amount	,						
c Remainde	Subtract lines 4a and 4b from 4.	<u> </u>	`	·				
Subtract II	underdistributions for years prior to 2019, if any nes 3g and 4a from line 2. For result greater than ain in Part VI. See instructions		1	-				
	underdistributions for 2019 Subtract lines 3h and 4b For result greater than zero, explain in Part VI See s							
7 Excess dis	stributions carryover to 2020. Add lines 3j and 4c.			• •				
8 Breakdown	n of line 7:							
a Excess fro	m 2015 .	2 24						
b Excess fro								
c Excess fro	m 2017							
d Excess tro	m 2018	1 1	r					
e Evcess fro	m 2019	1	- 1	,				

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Schedule A (Form 990 or 990-EZ) 2019

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE O (Form 990 or 990-EZ)

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.

► Attach to Form 990 or 990-E2.

► Go to www.irs.gov/Form990 for the latest information.

2019

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization LITERARY & PROLOGUE SOCIETY OF THE SOUTHWEST

Employer identification number

20-2868229

Form 990, Part VI, Line 11b - Form 990 Review Process

THE OFFICERS WILL REVIEW THE FORM 990.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

FORM 990 AND RELATED DOCUMENTS AVAILABLE UPON REQUEST.