

**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.

Open to Public Inspection

**A** For the 2009 calendar year, or tax year beginning **2009**, and ending \_\_\_\_\_

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Termination  
 Amended return  
 Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** **ROCK FOR READING, NFP**  
**1941 NORTH MAUD AVENUE**  
**CHICAGO, IL 60614-4907**

**D** Employer identification number  
**20-1368674**

**E** Telephone number  
**773-549-7585**

**F** Group Exemption Number \_\_\_\_\_

**G** Accounting method:  Cash  Accrual  
 Other (specify) \_\_\_\_\_

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I** Website: **WWW.ROCKFORREADING.COM**

**J** Tax-exempt status (check only one) —  501(c) ( 3 ) (insert no.)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 55,548.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

REVENUE			
1	Contributions, gifts, grants, and similar amounts received	1	55,548.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	
5a	Gross amount from sale of assets other than inventory	5a	
5b	Less: cost or other basis and sales expenses	5b	
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here. <input type="checkbox"/>		
6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
6b	Less: direct expenses other than fundraising expenses	6b	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
7a	Gross sales of inventory, less returns and allowances	7a	
7b	Less: cost of goods sold	7b	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe _____)	8	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	55,548.
10	Grants and similar amounts paid (attach schedule). <b>SEE STATEMENT 1</b>	10	55,000.
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	2,500.
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	2,350.
16	Other expenses (describe <b>SEE STATEMENT 2</b> )	16	57,103.
17	<b>Total expenses.</b> Add lines 10 through 16	17	116,953.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-61,405.
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	78,121.
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	16,716.

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	76,532.	15,523.
23	Land and buildings		
24	Other assets (describe <b>SEE STATEMENT 3</b> )	1,589.	1,193.
25	<b>Total assets</b>	78,121.	16,716.
26	<b>Total liabilities</b> (describe _____)	0.	0.
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	78,121.	16,716.





**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
<b>46</b> 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.		X
<b>47</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.		X
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.		X
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?		X
<b>49b</b> If 'Yes,' was the related organization a section 527 organization?		

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$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	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_  
 Type or print name and title \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature *Harvey J. Gordon* Date 5-2-10 Check if self-employed  Preparer's Identifying Number (See instructions) N/A  
 Firm's name (or yours if self-employed), address, and ZIP + 4 H.A. GORDEN & COMPANY, P.C.  
2625 BUTTERFIELD RD SUITE 129 W EIN N/A  
OAK BROOK, IL 60523 Phone no. 630.571.2808

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						
<b>3</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
<b>4 Total.</b> Add lines 1 through 3.						
<b>5</b> 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).						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4.						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on.						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10.						
<b>12</b> Gross receipts from related activities, etc. (see instructions).						<b>12</b>
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)).	<b>14</b>	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14.	<b>15</b>	%
<b>16a 33-1/3 support test – 2009.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
<b>b 33-1/3 support test – 2008.</b> 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. ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test – 2009</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test – 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

**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.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include "unusual grants.")	96,291.	136,820.	173,320.	111,371.		517,802.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose.	390.	41.	1,193.	330.		1,954.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
<b>6 Total.</b> Add lines 1 through 5.	96,681.	136,861.	174,513.	111,701.	0.	519,756.
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons.	0.	0.	0.	0.	0.	0.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year.	0.	0.	0.	0.	0.	0.
<b>c</b> Add lines 7a and 7b.	0.	0.	0.	0.	0.	0.
<b>8 Public support</b> (Subtract line 7c from line 6.)						519,756.

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6.	96,681.	136,861.	174,513.	111,701.	0.	519,756.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						0.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0.
<b>c</b> Add lines 10a and 10b.	0.	0.	0.	0.	0.	0.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						0.
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
<b>13 Total support.</b> (add lns 9, 10c, 11, and 12.)						519,756.

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)).	15	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15.	16	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)).	17	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17.	18	%

**19a 33-1/3 support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

**b 33-1/3 support tests - 2008.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.



ROCK FOR READING, NFP

20-1368674

**STATEMENT 1  
FORM 990-EZ, PART I, LINE 10  
GRANTS AND SIMILAR AMOUNTS PAID**

CLASS OF ACTIVITY:	EDUCATIONAL		
DONEE'S NAME:	ARGO COMMUNITY HIGH SCHOOL		
DONEE'S ADDRESS:	7329 W 63RD ST SUMMIT, IL 60501		
CASH AMOUNT GIVEN:		\$	1,000.
CLASS OF ACTIVITY:	EDUCATIONAL		
DONEE'S NAME:	SIT STAY READ		
DONEE'S ADDRESS:	4900 N FRANCISCO CHICAGO, IL 60625		
CASH AMOUNT GIVEN:		\$	5,500.
CLASS OF ACTIVITY:	EDUCATIONAL		
DONEE'S NAME:	LITERACY WORKS		
DONEE'S ADDRESS:	6216 N CLARK STREET CHICAGO, IL 60660		
CASH AMOUNT GIVEN:		\$	5,500.
CLASS OF ACTIVITY:	EDUCATIONAL		
DONEE'S NAME:	SUE DUNCAN CHILDREN'S CENTER		
DONEE'S ADDRESS:	5617 S BLACKSTONE AVE CHICAGO, IL 60637		
CASH AMOUNT GIVEN:		\$	5,500.
CLASS OF ACTIVITY:	EDUCATIONAL		
DONEE'S NAME:	BOOK WORM ANGELS		
DONEE'S ADDRESS:	3100 N SHERIDAN ROAD STE 4B CHICAGO, IL 60657		
CASH AMOUNT GIVEN:		\$	5,000.
CLASS OF ACTIVITY:	EDUCATIONAL		
DONEE'S NAME:	CABRINI GREEN TUTORING		
DONEE'S ADDRESS:	2145 N HALSTED ST CHICAGO, IL 60614		
CASH AMOUNT GIVEN:		\$	5,000.
CLASS OF ACTIVITY:	EDUCATIONAL		
DONEE'S NAME:	BEST ADULT LITERACY PROGRAM		
DONEE'S ADDRESS:	17 N STATE STREET STE990 CHICAGO, IL 60602		
CASH AMOUNT GIVEN:		\$	5,000.
CLASS OF ACTIVITY:	EDUCATIONAL		
DONEE'S NAME:	GOOD NEWS AFTER SCHOOL READING		
DONEE'S ADDRESS:	160 W JONQUIL TERRACE CHICAGO, IL 60626		
CASH AMOUNT GIVEN:		\$	5,000.
CLASS OF ACTIVITY:	EDUCATIONAL		
DONEE'S NAME:	BREAD FOR THE HEAD		
DONEE'S ADDRESS:	1136 N LINDEN CHICAGO, IL 60302		
CASH AMOUNT GIVEN:		\$	5,000.

**STATEMENT 1 (CONTINUED)**  
**FORM 990-EZ, PART I, LINE 10**  
**GRANTS AND SIMILAR AMOUNTS PAID**

CLASS OF ACTIVITY:	EDUCATIONAL		
DONEE'S NAME:	HOLY FAMILIES MINISTRIES		
DONEE'S ADDRESS:	8950 GROSS POINT RD SKOKIE, IL 60077		
CASH AMOUNT GIVEN:		\$	3,000.
CLASS OF ACTIVITY:	EDUCATIONAL		
DONEE'S NAME:	GOOD NEWS PARTNERS		
DONEE'S ADDRESS:	1600 W JONQUIL TERRACE CHICAGO, IL 60626		
CASH AMOUNT GIVEN:		\$	3,000.
CLASS OF ACTIVITY:	EDUCATIONAL		
DONEE'S NAME:	CASA JUAN DIEGO		
DONEE'S ADDRESS:	2020 S BLUE ISLAND AVE CHICAGO, IL 60608		
CASH AMOUNT GIVEN:		\$	1,500.
DONEE'S NAME:	LITERATURE FOR ALL OF US		
DONEE'S ADDRESS:	2010 DEWEY AVENUE EVANSTON, IL 60201		
CASH AMOUNT GIVEN:		\$	5,000.

**STATEMENT 2**  
**FORM 990-EZ, PART I, LINE 16**  
**OTHER EXPENSES**

ADVERTISING AND PROMOTION.....	\$	650.
CONTRACT LABOR.....		28,167.
DEPRECIATION.....		396.
EVENT EXPENSES.....		8,812.
INSURANCE.....		980.
MAINTENANCE FEE.....		96.
MEETING EXPENSE.....		60.
MISCELLANEOUS.....		30.
OFFICE EXPENSES.....		297.
OTHER.....		15,590.
TELEPHONE.....		45.
WEBSITE.....		1,980.
TOTAL	\$	<u>57,103.</u>

**STATEMENT 3**  
**FORM 990-EZ, PART II, LINE 24**  
**OTHER ASSETS**

	<u>BEGINNING</u>	<u>ENDING</u>
MACHINERY AND EQUIPMENT.....	\$ 1,589.	\$ 1,193.
TOTAL	\$ <u>1,589.</u>	\$ <u>1,193.</u>

**STATEMENT 4  
FORM 990-EZ, PART III  
ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

FUNDRAISING PROGRAMS: RAISED SPONSORSHIP GRANTS AND CONTRIBUTIONS FROM CORPORATIONS AND INDIVIDUALS. MAINTAINED WEBSITE TO PUBLICIZE MISSION AND CREATE AWARENESS AMONG POTENTIAL GRANTEEES. SOLICITED GRANT APPLICATIONS FROM QUALIFYING LIBRARY AND READING PROGRAMS. MADE GRANTS TO LITERACY PROGRAMS FOR ADULT AND CHILDREN.

**STATEMENT 5  
FORM 990-EZ, PART III, LINE 28  
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

FUNDRAISING PROGRAMS: RAISED SPONSORSHIP GRANTS AND CONTRIBUTIONS FROM CORPORATIONS AND INDIVIDUALS. MAINTAINED WEBSITE TO PUBLICIZE MISSION AND CREATE AWARENESS AMONG POTENTIAL GRANTEEES. SOLICITED GRANT APPLICATIONS FROM QUALIFYING LIBRARY AND READING PROGRAMS. MADE GRANTS TO LITERACY PROGRAMS FOR ADULT AND CHILDREN.

**STATEMENT 6  
FORM 990-EZ, PART V  
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?.....	NO
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?.....	NO