(Rev. January 2020)

Department of the Treasury Internal Revenue Service

For the 2019 calendar year, or tax year beginning

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ► Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

, 2019, and ending

OMB No. 1545-0047

**Open to Public** Inspection

, 2020

Check if applicable: D Employer identification number KEPLER'S LITERARY FOUNDATION Address change 81-4833778 1047 EL CAMINO REAL #201 Telephone number Name change MENLO PARK, CA 94025 (650) 281-6021 Initial return Final return/terminated Amended return **G** Gross receipts \$ 331,609. F Name and address of principal officer: H(a) Is this a group return for subordinates Application pending Yes X JEAN FORSTNER **H(b)** Are all subordinates included? If "No," attach a list. (see instructions) SAME AS C ABOVE Yes No Tax-exempt status: X 501(c)(3) 4947(a)(1) or 527 501(c) ( (insert no.) Website: ► WWW.KEPLERS.ORG **H(c)** Group exemption number ▶ Κ L Year of formation: 2016 M State of legal domicile: CA Form of organization: X Corporation Association Other > Part I Summary Briefly describe the organization's mission or most significant activities: THE MISSION OF KEPLER'S LITERARY FOUNDATION ("KLF") IS TO ENGAGE, ENRICH AND INSPIRE OUR COMMUNITY THROUGH CULTURAL AND LITERARY PROGRAMS THAT FOSTER INTELLECTUAL DISCOURSE AND CIVIC ENGAGEMENT Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a)..... Number of independent voting members of the governing body (Part VI, line 1b)..... 5 5 6 Total number of volunteers (estimate if necessary)..... 6 5 7a Total unrelated business revenue from Part VIII, column (C), line 12..... **b** Net unrelated business taxable income from Form 990-T, line 39. 0. **Prior Year Current Year** 101,417.Contributions and grants (Part VIII, line 1h)..... 479,331 Program service revenue (Part VIII, line 2g)..... 144,442 228,110. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 104. 155. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 11 3,893 927. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 12 627,770 331,609 Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... Benefits paid to or for members (Part IX, column (A), line 4)..... 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . 226,006. 225,550 **16a** Professional fundraising fees (Part IX, column (A), line 11e)..... **b** Total fundraising expenses (Part IX, column (D), line 25) ► Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 202,119. 212,734. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)..... 428,125 438,284. Revenue less expenses. Subtract line 18 from line 12..... -106,675. 199,645. **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16)..... 669,273. 628,366. 21 75,928. 141,696. Net assets or fund balances. Subtract line 21 from line 20...... 22 593,345. 486,670. Signature Block 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. Signature of officer Date Sign Here JEAN FORSTNER EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature HUSNE SIDDIOUI-KHAN HUSNE SIDDIQUI-KHAN self-employed P01958878 **Paid** Preparer ► HEALY AND ASSOCIATES Use Only Firm's address 1200 CONCORD AVE STE 250 Firm's EIN ► 81-1489821 Phone no. 925-603-0800 CONCORD, CA 94520

May the IRS discuss this return with the preparer shown above? (see instructions).....

Nο

Yes

Par	t III	Statement of Program Service Accomplishments	37
	D : 4	Check if Schedule O contains a response or note to any line in this Part III	X
1		y describe the organization's mission:	
	SEE_	SCHEDULE O	
	D: 1 !!		
2		ne organization undertake any significant program services during the year which were not listed on the prior  SEE SCHEDULE 0  Yes 1	_
		A 163	No
_		s," describe these new services on Schedule O.	_
3			No
		s," describe these changes on Schedule O. SEE SCHEDULE O	
4	Desci	ribe the organization's program service accomplishments for each of its three largest program services, as measured by expense on 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expense	es.
	and r	evenue, if any, for each program service reported.	5,
4 a	(Code	e: ) (Expenses \$ 357,403. including grants of \$ ) (Revenue \$ 228,110	) )
	•	ERAL PUBLIC PROGRAM: KLF OFFERS A NATIONALLY RECOGNIZED PROGRAM OF LIVE AND ONLI	
		TURAL AND LITERARY EVENTS FOR THE GENERAL PUBLIC THAT COVERS A RANGE OF GLOBAL A	
		AL TOPICS. PROGRAMS ENCOURAGE PEOPLE TO RECOGNIZE DIFFERENT PERSPECTIVES, ENGAGE	
		STIMULATING CONVERSATIONS, FOSTER CREATIVE THINKING, AND EXPLORE NEW IDEAS. KLF	
		DUCED 90 LITERARY EVENTS REACHING 9,000 PEOPLE.	
	<u> FRO</u>	DUCED 30 LITERARI EVENIS REACTING 3,000 FEOFLE.	
4 t	(Code		)
		TH PROGRAM: THE GOAL OF THE YOUTH PROGRAM IS TO IGNITE A PASSION IN YOUNG PEOPLE	
		READING AND WRITING. OUTSTANDING WRITERS, ARTISTS, AND ORIGINAL THINKERS MEET	
		INE AND FACE-TO-FACE WITH YOUNG PEOPLE TO DISCUSS THE IMPORTANCE AND POWER OF	
		RYTELLING. YOUTH EVENTS TAKE PLACE ONLINE, AT KEPLER'S BOOKS AND IN LOCAL PUBLIC	
		OOLS. KLF PRODUCED 60 CULTURAL AND LITERARY EVENTS ENGAGING OVER 9,000 YOUNG	
	<u>REA</u>	DERS.	
4 0	: (Code	e: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
	UND	ER-SERVED YOUTH PROGRAM:	
		S PROGRAM SERVES LOW-INCOME STUDENTS IN THE SCHOOLS IN EAST PALO ALTO AND BELLE	
	HAV	EN WHO LACK ACCESS TO CULTURAL OPPORTUNITIES. WE PRODUCE 2 LITERARY EVENTS IN EA	СН
		THE FIVE TITLE I PUBLIC SCHOOLS FEATURING TOP CHILDREN'S AUTHORS AND GIFTED BOOK	
		THE SCHOOLS WITH EACH VISIT. WE REGULARLY INVITE HIGH SCHOOL STUDENTS FROM THIS	
		MUNITY TO ATTEND OUR PREMIER EVENTS, GIFTING THEM BOOKS AND ARRANGING FOR THEM T	
		T TOP-TIER WRITERS BACKSTAGE. KLF PRODUCED LITERARY EVENTS REACHING 1900	
		-INCOME STUDENTS.	
4 1	Other	r program services (Describe on Schedule O.)  SEE SCHEDULE O	
		enses \$ including grants of \$ ) (Revenue \$ )	
4 6		program service expenses > 357,403.	

# Form 990 (2019) KEPLER'S LITERARY FOUNDATION Part IV Checklist of Required Schedules

			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	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	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? <i>If 'Yes,' complete Schedule D, Part IV</i>	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		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
t	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.	11 b		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		Х
C	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		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Χ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X</i>	11 f		Х
	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
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	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	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		X
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? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		X
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		X
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? <i>If 'Yes,' complete Schedule H.</i>	20a		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		Х

# Form 990 (2019) KEPLER'S LITERARY FOUNDATION Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		X
24 8	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
ı	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
(	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
ı	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key 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.	27		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):			
i	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV.	28a	Х	
ı	A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.	28b		X
(	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.	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, 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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ı	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	_		
	Check if Schedule O contains a response or note to any line in this Part V		Yes	. No
1:	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	140
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
(	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1	v	
RΛΛ	(gambling) winnings to prize winners?	1 c	X gan (	2010

Form 990 (2019) KEPLER'S LITERARY FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2 a	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 2a 6			
ŀ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Х
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
ŀ	tf 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i>	3 b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
ŀ	o 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).	_		37
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Λ
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
	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?	6 a		Х
	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
á	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		X
k	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year			37
	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?	7 f		X
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
r	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
ŀ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b			
	Section 501(c)(12) organizations. Enter:			
ā	a 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.)			
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
ā	a 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.			
	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	1.1		V
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	o If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b		1
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
10		10		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If 'Yes,' complete Form 4720, Schedule O.	16		^

Form 990 (2019) KEPLER'S LITERARY FOUNDATION 81-4833778 Page 6 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 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. **b** Enter the number of voting members included on line 1a, above, who are independent.... 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? ..... Χ 2 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 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... 8 a X X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 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 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ 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? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... X 14 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? X a The organization's CEO, Executive Director, or top management official.. SEE . SCHEDULE..Q...... 15 a **b** Other officers or key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?..... 16 a **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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Other (explain on Schedule O) SEE SCH. O Own website Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records

MENLO PARK CA 94025 (650) 281-6021

JEAN FORSTNER 1047 EL CAMINO REAL #201

## Part VII 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.

Check this box if neither the organization nor any rela	ated organiz	ation	con			ed any	/ cu	rrent officer, direct	or, or trustee.	
(A) Name and title	(B) Average hours	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D)  Reportable compensation from	(E)  Reportable compensation from	<b>(F)</b> 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) JEAN FORSTNER	40									
EXECUTIVE DIR.	0			Χ				77,422.	0.	0.
(2) PATRICK CORMAN BOARD CHAIR	<u>5</u>	Х		Χ				0.	0.	0.
SECRETARY/TREAS	5	Х		Х				0.	0.	0.
	<u>5_</u> _	Х		Х				0.	0.	0.
(5) PAMELA GULLARD DIRECTOR	50	Х						0.	0.	0.
(6) PRAVEEN MADAN DIRECTOR	5 0	Х						0.	0.	0.
									•••	<u> </u>
(8)										
(9)										
(10)		-								
(11)		-								
(12)										
(13)										
(14)										

Part VII   Section A. Officers, Directors, 110	(B)	ney		1 <u>1</u> 1(0		es, a	and	a nignest com	ipensated Empi	oyees	(cont	inuea)
	, ,			•	•	than		<b>(D)</b>	<b>(F)</b>		<b>(</b> E)	
(A) Name and title	Average hours per	box	, unle	ess pe	erson	than is both or/trust	n an	<b>(D)</b> Reportable	<b>(E)</b> Reportable	Estim:	<b>(F)</b> ated am	nount
	week (list any	_	_					compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	compe	of other	from
	hours for	Individual or director	stitut	Officer	Key employee	ghes! nploy	Former	(W-2/1099-WIGG)	(W-2/1099-WII3G)	an	rganiza d relate	ed .
	related organiza - tions	ctor	onal	_	nploy	ee mooj	۲			orga	anizatio	115
	below dotted	Individual trustee or director	nstitutional trustee		ee	Highest compensated employee						
	line)		99			ated						
(15)												
(16)												
(17)												
		•										
(18)												
(19)												
(20)												
(21)	<b> </b>											
(22)												
(23)												
		•										
(24)												
(25)												
(23)												
1 b Subtotal							<b>&gt;</b>	77,422.	0.			0.
c Total from continuation sheets to Part VII, Secti							<b>&gt;</b>	0.	0.			0.
d Total (add lines 1b and 1c)							<b>▶</b>	77,422.	0.			0.
2 Total number of individuals (including but not limited from the organization ► 0	i to triose i	istea	abov	ve) \	WHO	recen	veu	more than \$100,00	o or reportable comp	ensalio	1	
											Yes	No
3 Did the organization list any former officer, direct	tor, truste	e, ke	ey ei	mplo	oyee	e, or l	high	nest compensated	employee			
on line 1a? If 'Yes,' complete Schedule J for suc	th individu	ıal		• • • •						. 3		X
4 For any individual listed on line 1a, is the sum o the organization and related organizations greate	f reportab	le co	mpe	ensa If '\	tion	and	oth	er compensation	from			
such individual										. 4		X
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes	e comper	satio	n fr	om Jule	any	unre	late	ed organization or	individual	5		Х
Section B. Independent Contractors	s, compic		21100	iuic	3 10	7 540	πρ	<u> </u>		.   •		
1 Complete this table for your five highest compen compensation from the organization. Report comper	sated ind	epen	dent	t coi	ntrac	ctors	tha	t received more the	nan \$100,000 of			
										C)		
(A) Name and business address  (B) Description of services  Col									Compe	ńsatio	on	
2 Total number of independent contractors (including l		ited to	o tho	se l	isted	abov	ve)	who received more	than			
\$100,000 of compensation from the organization	• 0											

		Check if Schedule O contains a response or note to any	line in this Part VI	II		
			<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns				
	h	Total. Add lines 1a-1f	101,417.			
nne	_	Business Code				
eve		TICKET REVENUE 611710	181,235.	181,235.		
eВ	b	PROGRAM SERVICE FEES 611710	46,875.	46,875.		
Program Service Revenue	c d					
Ē	е					
gre		All other program service revenue				
Pro	g	Total. Add lines 2a-2f	228,110.			
	3	Investment income (including dividends, interest, and other similar amounts)	155.	155.		
	5	Royalties				
		(i) Real (ii) Personal				
		Gross rents 6a				
		Less: rental expenses 6b				
		Rental income or (loss) 6c				
	d	Net rental income or (loss) ▶				
	7 a	Gross amount from (i) Securities (ii) Other				
		sales of assets other than inventory				
	b	Less: cost or other basis				
		and sales expenses 7b				
		Gain or (loss)				
	d	Net gain or (loss)				
Other Revenue	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c).				
Ŧ		See Part IV, line 18				
the		Less: direct expenses 8b				
0		Net income or (loss) from fundraising events ▶  Gross income from gaming activities. ▶				
		See Part IV, line 19         9a           Less: direct expenses         9b				
		Less: direct expenses				
		Gross sales of inventory, less returns and allowances 10a				
		Less: cost of goods sold 10b  Net income or (loss) from sales of inventory				
	С	Business Code				
SIZ	11 2		1 027	1 027		
Miscellaneous Revenue	ııa b	OTHER INCOME 900099	1,927.	1,927.		
Mer Ja						
Re	4	All other revenue				
Σ	_	Total. Add lines 11a-11d	1,927.			
		Total revenue. See instructions.	331.609	230.192.	0	0

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do i 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	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			3 1	
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	77,422.	61,228.	10,922.	5,272.
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	130,468.	103,179.	18,405.	8,884.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	130,400.	103,173.	10,400.	0,004.
9	Other employee benefits	-1,597.	-1,315.	-343.	61.
10	Payroll taxes	19,257.	15,234.	2,743.	1,280.
11	Fees for services (nonemployees):				
á	Management				
ŀ	<b>)</b> Legal				
	Accounting	4,443.		4,443.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)  Advertising and promotion	12,027.	1,862.	234.	9,931.
13		1,760.	588.	1,110.	62.
14	·	5,447.	1,767.	612.	3,068.
15	Royalties	3,117.	1,707.	012.	3,000.
16	Occupancy	95,117.	84,459.	8,708.	1,950.
17	Travel	1,640.	1,640.	0,7000	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	=, ====			
19	Conferences, conventions, and meetings	21.		21.	
20	Interest	1,001.		273.	728.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,393.	2,393.		
23	Insurance	4,759.	3,772.	683.	304.
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.)				
á	PROGRAM CONTRACTORS	28,178.	28,178.		
	MARKETING	23,510.	23,510.		
•	GRAPHIC DESIGN AND PRINTING	9,298.	9,298.		
(	COMPUTER HARDWARE	6,389.	5,388.	662.	339.
•	All other expenses	16,751.	16,222.	529.	
25	<b>Total functional expenses.</b> Add lines 1 through 24e	438,284.	357,403.	49,002.	31,879.
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)				

## Part X Balance Sheet

		Check if Schedule O contains a response or note to	any li	ne in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash — non-interest-bearing			635,645.	1	576,200.
	2	Savings and temporary cash investments			9,935.	2	9,815.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	25,449.
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	er offic contri	cer, director, butor, or 35%		5	
	6	Loans and other receivables from other disqualified posection 4958(f)(1)), and persons described in section				6	
	7	Notes and loans receivable, net		7			
G	7	Inventories for sale or use		<u> </u>		8	
ě	8			-	7 070		7 671
Assets	9	Prepaid expenses and deferred charges			7,070.	9	7,671.
7		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10 a	7,178.			
	b	Less: accumulated depreciation		2,991.	6,579.	10 c	4,187.
	11	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	10,044.	15	5,044.		
	16	Total assets. Add lines 1 through 15 (must equal line	669,273.	16	628,366.		
	17	Accounts payable and accrued expenses			49,882.	17	58,295.
	18	Grants payable	•	18	,		
	19	Deferred revenue		19	28,125.		
	20	Tax-exempt bond liabilities			20		
es	21	Escrow or custodial account liability. Complete Part I		L.		21	
Liabilities	22	Loans and other payables to any current or former off key employee, creator or founder, substantial contribu- controlled entity or family member of any of these per	itor, or	35%		22	
	23	Secured mortgages and notes payable to unrelated th		<u> </u> _		23	
	24	Unsecured notes and loans payable to unrelated third		_		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	•		26,046.	25	55,276.
	26	<b>Total liabilities.</b> Add lines 17 through 25			75,928.	26	141,696.
es		Organizations that follow FASB ASC 958, check here	<b>&gt;</b>	X	,		·
ŝ		and complete lines 27, 28, 32, and 33.					
<u>a</u>	27				593,345.	27	486,670.
8	28	Net assets with donor restrictions				28	
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck her	e ►			
ō	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or equipm	ent fu	nd		30	
88	31	Retained earnings, endowment, accumulated income,	or oth	er funds		31	
116	32	Total net assets or fund balances			593,345.	32	486,670.
ž	33	Total liabilities and net assets/fund balances			669,273.	33	628,366.

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI.								
1	Total revenue (must equal Part VIII, column (A), line 12)	1	33	31,6	509.				
2	Total expenses (must equal Part IX, column (A), line 25)	2	43	38,2	284.				
3	Revenue less expenses. Subtract line 2 from line 1	3			575.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			345.				
5	Net unrealized gains (losses) on investments	5							
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.				
10									
_	column (B))	10	48	36,6	570 <u>.</u>				
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-						
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.								
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X				
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis	ed on a							
	<b>b</b> Were the organization's financial statements audited by an independent accountant?		. 2b		Х				
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separ		- 20						
	basis, consolidated basis, or both:	110							
	Separate basis Consolidated basis Both consolidated and separate basis								
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?	, 	. 2c						
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.								
3	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?								
	<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit								
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b						
3A/	A TEEA0112L 01/21/20		Form	990	(2019)				

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number KEPLER'S LITERARY FOUNDATION 81-4833778 Part I 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 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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 10 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 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g 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. Enter the number of supported organizations ..... **g** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E) Total

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

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

Sec	Section A. Public Support										
begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	<b>(f)</b> Total				
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')		231,463.	447,295.	479,331.	101,417.	1,259,506.				
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	0.	231,463.	447,295.	479,331.	101,417.	1,259,506.				
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)						0.				
6	<b>Public support.</b> Subtract line 5 from line 4						1,259,506.				
Sec	tion B. Total Support										
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	<b>(f)</b> Total				
7	Amounts from line 4	0.	231,463.	447,295.	479,331.	101,417.	1,259,506.				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				104.	155.	259.				
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.) SEE PART VI			7,786.	3,893.	1,927.	13,606.				
11	Total support. Add lines 7 through 10						1,273,371.				
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	0.				
13	First five years. If the Form 990 is organization, check this box and						<b>&gt;</b> X				
Sec	tion C. Computation of Pul	blic Support P	ercentage								
	Public support percentage for 20	•	• •				%				
15	Public support percentage from 2	2018 Schedule A,	Part II, line 14			15	%				
16a	<b>33-1/3% support test—2019.</b> If the and <b>stop here.</b> The organization	he organization di qualifies as a put	d not check the bolicly supported or	ox on line 13, and ganization	d line 14 is 33-1/3	% or more, check	this box				
b	<b>33-1/3% support test—2018.</b> If the and <b>stop here.</b> The organization	ne organization did qualifies as a pul	I not check a box olicly supported o	on line 13 or 16arganization	i, and line 15 is 3	3-1/3% or more, o	check this box				
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	ind-circumstances	s' test, check this	box and stop her	e. Explain in Part	VI how				
	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances' t	and-circumstances test. The organiza	s' test, check this ition qualifies as a	box and <b>stop her</b> a publicly support	<b>e.</b> Explain in Part ed organization.	VI how the ►				
18	Private foundation. If the organiz	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,	, or 17b, check thi	s box and see ins	structions >				

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 tests listed below, please complete Part II.)

Sec	tion A. Public Support	osts fisted selett,	prodes semprete .	<u> </u>			
Calend	dar year (or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	•	, ,	•	.,		
2	Gross receipts from admissions, merchandise sold or services 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						
	<b>Total.</b> 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						
8	<b>Public support.</b> (Subtract line 7c from line 6.)						
	tion B. Total Support		I		T	T	
	dar year (or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	<b>(f)</b> Total
	Amounts from line 6 Gross income from interest, dividends, 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.).						
	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>				
	tion C. Computation of Pul					<del>, , , , , , , , , , , , , , , , , , , </del>	
	Public support percentage for 20	•			•		<u> </u>
	Public support percentage from 2					16	0/0
	tion D. Computation of Inv					1 1	
17	Investment income percentage for	•	• • •	-			0/0
18	Investment income percentage fi					<u> </u>	%
	<b>33-1/3% support tests—2019.</b> If t is not more than 33-1/3%, check	this box and sto	<b>p here.</b> The organ	ization qualifies	as a publicly supp	orted organization	▶ 📗
	<b>33-1/3% support tests—2018.</b> If t line 18 is not more than 33-1/3% <b>Private foundation.</b> If the organization	, check this box	and <b>stop here.</b> The	e organization qu	ialifies as a public	ly supported organ	nization ►

#### 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**

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was			
2-	described in section 509(a)(1) or (2).  Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b)	2		
	and (c) below.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
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 <b>Part VI</b> 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.	4c		
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 <b>Part VI</b> , 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).	5a		
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?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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? <i>If 'Yes,' provide detail in Part VI.</i>	6		
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).	7		
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).	8		
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 <b>Part VI</b> .	9a		
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 <b>Part VI</b> .	9b		
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 <b>Part VI</b> .	9с		
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.	10a		
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.)	1 <b>0</b> b		

Part	t IV	Supporting Organizations (continued)			
11	المماا	he agreement in a country of the green and of the following markets		Yes	No
		he organization accepted a gift or contribution from any of the following persons? son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
•	gover	rning body of a supported organization?	11a		
b	A fan	nily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Sect	tion I	B. Type I Supporting Organizations		1	1
1	Did th	disasters, trustees, or membership of any or more supported arganizations have the neguesta regularly appoint		Yes	No
	or ele Part \ If the direct	e directors, trustees, or membership of one or more supported organizations have the power to regularly appoint ct at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in <b>W</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. organization had more than one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,	1		
		ed to such powers during the tax year.			
	that o	ne organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2		
Sect	tion (	C. Type II Supporting Organizations			
				Yes	No
	of eac	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sect	tion I	D. All Type III Supporting Organizations			
				Yes	No
	organ	ne organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organ	nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were organ	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By re voice all tin	rason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at nes during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played is regard.	3		
Sect	tion I	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a		The organization satisfied the Activities Test. Complete line 2 below.			
b	=	The organization satisfied the Activities rest. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.			
	$\equiv$	the organization is the parent of each of its supported organizations. <i>Complete line's below.</i> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see in Part VI how you supported a government entity (see in Part VI how you supported a government entity (see in Part VI how you supported a government entity (see in Part VI how you supported a government entity (see in Part VI how you supported a government entity (see in Part VI how you supported a government entity (see in Part VI how you supported a government entity (see in Part VI how you supported a government entity (see in Part VI how you supported a government entity (see in Part VI how you supported a government entity (see in Part VI how you supported a government entity (see in Part VI how you supported a government entity (see in Part VI how you supported a government entity (see in Part VI how you supported a government entity (see in Part VI how you supported a government entity (see in Part VI how you supported a government entity (see in Part VI how you supported a government entity (see in Part VI how you supported a government entity (see in Part VI how you supported a government entity (see in Part VI how you supported a government entity (see in Part VI how you supported a government entity (see in Part VI how you supported a government entity (see in Part VI how you supported a government entity (see in Part VI how you supported a government entity (see in Part VI how you supported a government entity (see in Part VI how you supported a government entity (see in Part VI how you supported a government entity (see in Part VI how you supported a government entity (see in Part VI how you supported a government entity (see in Part VI how you supported a government entity (see in Part VI how you supported a government entity (see in Part VI how you supported a government entity (see in Part VI how you supported a government entity (see in Part VI how you supported a government entity (see</i>		4:	
С	ш'	The organization supported a governmental entity. Describe in <b>Part VI</b> now you supported a government entity (see in	istruc	lions).	•
2	Activi	ities Test. Answer (a) and (b) below.		Yes	No
	suppo organ	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI identify those supported nizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was possive to those supported organizations, and how the organization determined that these activities constituted			
		tantially all of its activities.	2a		
	the or	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of rganization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for rganization's position that its supported organization(s) would have engaged in these activities but for the	2b		
		nization's involvement.	20		
		nt of Supported Organizations. Answer (a) and (b) below.			
	each	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI.</i>	3a		
		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its ported organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Sche	edule A (Form 990 or 990-EZ) 2019 KEPLER'S LITERARY FOUNDATION		81-48	33778 Page (
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anizat	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organizatio	t on No	ov. 20, 1970 (explain in st complete Sections A	Part VI). <b>See</b> 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):			
á	Average monthly value of securities	1a		
ŀ	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
(	d Total (add lines 1a, 1b, and 1c)	1d		
•	Discount claimed for blockage or other factors (explain in detail in Part VI):			
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		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). Schedule A (Form 990 or 990-EZ) 2019

Page 7

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)	
Sec	tion D - Distributions	Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	<b>Total annual distributions.</b> Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
9	Distributable amount for 2019 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
<b>b</b> Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			
RAA		Schodulo A (Eo	rm 000 or 000 E7) 2010

BAA

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.)

#### PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE			2019	 2018		2017	 2016	 2015
OTHER INCOME	TOTAL	\$ \$	1,927. 1,927.	\$ 3,893. 3,893.	\$ \$	7,786. 7,786.	\$ 0.	\$ 0.

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2019

Employer identification number

KEPLE	R'S LITERARY	FOUNDATION	81-4833778
Organiz	ation type (check one	):	
Filers of	f:	Section:	
Form 99	0 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundate	tion
Form 99	0-PF	527 political organization	
		501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundation	
		501(c)(3) taxable private foundation	
	, ,	ered by the <b>General Rule</b> or a <b>Special Rule</b> .  ), (8), or (10) organization can check boxes for both the General Rule and a	Special Rule. See instructions.
General	Rule		
X		ling Form 990, 990-EZ, or 990-PF that received, during the year, contributions tota one contributor. Complete Parts I and II. See instructions for determining a contributor.	
Special	Rules		
	under sections 509(a) received from any o	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3 (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line contributor, during the year, total contributions of the greater of (1) \$5,00 line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.	ine 13, 16a, or 16b, and that
	during the year, tota	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that real contributions of more than \$1,000 exclusively for religious, charitable, scient prevention of cruelty to children or animals. Complete Parts I, II, and III.	
	during the year, con \$1,000. If this box is charitable, etc., pur	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that recentributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such cost checked, enter here the total contributions that were received during the year pose. Don't complete any of the parts unless the <b>General Rule</b> applies to this <i>isively</i> religious, charitable, etc., contributions totaling \$5,000 or more during	ntributions totaled more than ar for an exclusively religious, sorganization because
		isn't covered by the General Rule and/or the Special Rules doesn't file Sche	

Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Employer identification number

KEPLER'S LITERARY FOUNDATION

81-4833778

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SILICON VALLEY COMMUNITY FOUNDATION		Person X
	2440 WEST EL CAMINO REAL, #300	\$15 <u>,</u> 000.	Payroll Noncash
	MOUNTAIN VIEW, CA 94040-1498		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	SCHWAB CHARITABLE FUND	_	Person X
	211 MAIN STREET	\$ <u>5,050.</u>	Payroll Noncash
	SAN FRANCISCO, CA 94105	-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	PHILANTHROPIC VENTURES FOUNDATION	_	Person X
	1222 PRESERVATION PARK WAY	\$15,000.	Payroll Noncash
	OAKLAND, CA 94612	-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	MARGO SENSENBRENNER	_	Person X
	15 HAPPY HOLLOW LANE	\$ <u>5,000</u> .	Payroll Noncash
	MENLO PARK, CA 94025		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>5</u>	PAM GULLARD	_	Person X
	1420 BAY LAUREL DRIVE	\$5,000.	Payroll
	MENLO PARK, CA 94025		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_	Person
		\$	Payroll
	 	-	(Complete Part II for noncash contributions.)

Employer identification number

KEPLER'S LITERARY FOUNDATION

Name of organization

81-4833778

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	N/A		
		 <sup>\$</sup>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	·	  s	
		<sup>9</sup>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 <sub> \$</sub> \$	
(-) N -	4.5	(2)	(4)
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		  \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 <sub>\$</sub>	
(a) N =	<i>n</i> .>	(2)	(4)
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_			
		  \$\$	
BAA		Schedule B (Form 990, 990-E	7 or 990 PE) (2010

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Name of organization

Employer identification number

	'S LITERARY FOUNDATION		81-4833778					
Part III	Exclusively religious, charitable, etc.	, contributions to organiz	zations described in section 501(c)(7), (8),					
	or (10) that total more than \$1,000 for the	year from any one contribute	or. Complete columns (a) through (e) and					
	the following line entry. For organizations comcontributions of <b>\$1,000</b> or less for the year. (E	pleting Part III, enter the total on the this information once. See i	instructions.)					
	Use duplicate copies of Part III if additional sp	ace is needed.	"" V					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	N/A							
	[]							
		(e) Transfer of gift						
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee					
			·					
		<u> </u>						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
			I					
	(e) Transfer of gift							
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I	i aiipood oii giit		garage and a second garage and a					
	L							
		(-)						
		(e) Transfer of gift						
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I	, , , , , , , , , , , , , , , , , , ,		, , , , , , , , , , , , , , , , , , ,					
	<b> </b>							
	<u> </u>							
	<u> </u>							
		(a)						
		(e) Transfer of gift						
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee					

# SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes' on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

Name of the organization

Department of the Treasury Internal Revenue Service

		PLER'S LITERARY FOUNDATION			81-4833778
Part		Organizations Maintaining Donor	Advised Funds or Other:	Similar Funds or <i>I</i>	Accounts.
		Complete if the organization answe	ered 'Yes' on Form 990, P	art IV, line 6.	
			(a) Donor advised fund	ds (	<b>b)</b> Funds and other accounts
		number at end of year			
		te value of contributions to (during year)			
		te value of grants from (during year)			
4	Aggre	gate value at end of year			
<b>5</b> [	Did the	e organization inform all donors and donor organization's property, subject to the or	advisors in writing that the ass ganization's exclusive legal con	sets held in donor advi	sed funds
6 I	Did the	e organization inform all grantees, donors, aritable purposes and not for the benefit o nissible private benefit?	and donor advisors in writing t f the donor or donor advisor, or	hat grant funds can be for any other purpose	e used only conferring Yes No
		<u>'</u>			
Part		Conservation Easements. Complete if the organization answe	ared 'Ves' on Form 990 F	Part IV line 7	
1		se(s) of conservation easements held by the			
•		eservation of land for public use (for example	•	<u>···</u> ··	nistorically important land area
		otection of natural habitat	, residuation or educations		certified historic structure
		eservation of open space			
	ட்ட Comple	ete lines 2a through 2d if the organization hele by of the tax year.	d a qualified conservation contribu	ution in the form of a co	nservation easement on the
					Held at the End of the Tax Year
a	Total r	number of conservation easements		2a	
b	Total a	acreage restricted by conservation easeme	ents	2b	
c l	Numbe	er of conservation easements on a certifie	d historic structure included in (	(a) 2 c	
		er of conservation easements included in ( ire listed in the National Register			
	Numbe tax yea	er of conservation easements modified, transfear ►	erred, released, extinguished, or to	erminated by the organi	zation during the
4	Numbe	r of states where property subject to conserva	ation easement is located ►		
		he organization have a written policy rega			
		nforcement of the conservation easements			
6	Staff aı ►	nd volunteer hours devoted to monitoring, ins	pecting, handling of violations, an	d enforcing conservation	n easements during the year
	- Amoun ►\$	t of expenses incurred in monitoring, inspecti	ing, handling of violations, and en	forcing conservation eas	sements during the year
8	Does e	each conservation easement reported on liction 170(h)(4)(B)(ii)?			
9	ın Part	t XIII, describe how the organization repore, if applicable, the text of the footnote to	ts conservation easements in it	s revenue and expens	e statement and balance sheet, and
		vation easements.			
Part	<u>                                      </u>	Organizations Maintaining Collect Complete if the organization answe	i <b>ons of Art, Historical Tre</b> ered 'Yes' on Form 990, P	Part IV, line 8.	Similar Assets.
	historio	organization elected, as permitted under F cal treasures, or other similar assets held III the text of the footnote to its financial s	for public exhibition, education,	or research in further	and balance sheet works of art, ance of public service, provide in
1	nistorio followi	organization elected, as permitted under F cal treasures, or other similar assets held for p ng amounts relating to these items:	public exhibition, education, or res	search in furtherance of	public service, provide the
	• •	evenue included on Form 990, Part VIII, Iir			
	• •	sets included in Form 990, Part X			
		rganization received or held works of art, hist its required to be reported under FASB AS			
a l	Reven	ue included on Form 990, Part VIII, line 1.			
h	Assets	included in Form 990 Part X			<b>⊳</b> \$

Part III Organizations Maintaining Colle	ections of Art, Histo	orical Treasures, o	r Other Similar Ass	sets (continued)
3 Using the organization's acquisition, accession, a items (check all that apply):	nd other records, check a	ny of the following that m	nake significant use of its	collection
a Public exhibition	<b>d</b> Loan	or exchange program		
<b>b</b> Scholarly research	e Other			
c Preservation for future generations	_			
4 Provide a description of the organization's collect Part XIII.	ions and explain how they	further the organization'	's exempt purpose in	
5 During the year, did the organization solicit or to be sold to raise funds rather than to be ma	intained as part of the c	rganization's collection	1?	Yes No
Part IV   Escrow and Custodial Arrangen line 9, or reported an amount on	<b>nents.</b> Complete if t Form 990, Part X,	the organization an line 21.	iswered 'Yes' on Fo	orm 990, Part IV,
1 a Is the organization an agent, trustee, custodia on Form 990, Part X?	an or other intermediary	for contributions or oth	er assets not included	Yes No
<b>b</b> If 'Yes,' explain the arrangement in Part XIII a				
	·			Amount
c Beginning balance			1с	-
<b>d</b> Additions during the year			1 d	
e Distributions during the year			1 e	
f Ending balance			1f	
2a Did the organization include an amount on Fo	rm 990, Part X, line 21,	for escrow or custodial	account liability?	Yes No
<b>b</b> If 'Yes,' explain the arrangement in Part XIII.	Check here if the explar	nation has been provide	ed on Part XIII	
Part V Endowment Funds. Complete if	the organization ar	iswered 'Yes' on Fo	orm 990, Part IV, li	ne 10.
(a) Current	year <b>(b)</b> Prior yea	r (c) Two years back	k (d) Three years back	(e) Four years back
1 a Beginning of year balance				
<b>b</b> Contributions				
c Net investment earnings, gains, and losses				
d Grants or scholarships				
e Other expenditures for facilities and programs				
f Administrative expenses				
<b>g</b> End of year balance				
2 Provide the estimated percentage of the curre	ent year end balance (lir	ne 1g, column (a)) held	as:	
a Board designated or quasi-endowment ►	*			
<b>b</b> Permanent endowment ► %				
c Term endowment ► %				
The percentages on lines 2a, 2b, and 2c should e	equal 100%.			
3 a Are there endowment funds not in the possession	of the organization that a	are held and administered	d for the	
organization by:				Yes No
(i) Unrelated organizations				3a(i)
(ii) Related organizations				3a(ii)
<b>b</b> If 'Yes' on line 3a(ii), are the related organiza	·			. 3b
4 Describe in Part XIII the intended uses of the		ent funds.		
Part VI Land, Buildings, and Equipmen				
Complete if the organization ans	wered 'Yes' on Form	m 990, Part IV, Iine	e 11a. See Form 99	0, Part X, line 10
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1 a</b> Land	. ,	` '		
<b>b</b> Buildings				
c Leasehold improvements				
<b>d</b> Equipment	7,178.		2,991.	4,187
<b>e</b> Other	7,170.		2, 331.	4,107
Total. Add lines 1a through 1e. (Column (d) must e.	gual Form 990. Part X. o	column (B), line 10c.).	<b></b> ►	4,187
	, : :,:,	( ),		3,107

Schedule D (Form 990) 2019

	TES OH FOHH 330	0, Part IV, line 11b. See Form 99	90, Part X, line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-	
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
<u>(F)</u>			
(G)			
(H) 			
<u>(l)</u>			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.).			
Part VIII Investments — Program Related. Complete if the organization answered	'Voc' on Form 990	N/A N Part IV lina 11c Soc Form 90	00 Part V line 13
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	
( )	(b) Book Value	(c) Method of Valdation. Cost of the C	or year market value
(1) (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(9) (10)			
(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)   Part IX Other Assets.	N/A		20 5 1 7 1 15
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) >  Part IX Other Assets.  Complete if the organization answered	'Yes' on Form 990	D, Part IV, line 11d. See Form 99	
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) > Part IX Other Assets. Complete if the organization answered (a) Des	N/A 'Yes' on Form 990 scription	D, Part IV, line 11d. See Form 99	90, Part X, line 15 <b>(b)</b> Book value
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►  Part IX Other Assets.  Complete if the organization answered  (a) Des	'Yes' on Form 990	D, Part IV, line 11d. See Form 99	
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►  Part IX Other Assets.  Complete if the organization answered  (a) Des	'Yes' on Form 990	D, Part IV, line 11d. See Form 99	
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) >  Part IX Other Assets.  Complete if the organization answered  (a) Des	'Yes' on Form 990	D, Part IV, line 11d. See Form 99	
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets.  Complete if the organization answered  (a) Des  (1)  (2)  (3)	'Yes' on Form 990	D, Part IV, line 11d. See Form 99	
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6)	'Yes' on Form 990	D, Part IV, line 11d. See Form 99	
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7)	'Yes' on Form 990	D, Part IV, line 11d. See Form 99	
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8)	'Yes' on Form 990	D, Part IV, line 11d. See Form 99	
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9)	'Yes' on Form 990	D, Part IV, line 11d. See Form 99	
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets.  Complete if the organization answered  (a) Des  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)	'Yes' on Form 990 scription	O, Part IV, line 11d. See Form 99	
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets.  Complete if the organization answered  (a) Des  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10) Total. (Column (b) must equal Form 990, Part X, column (E)	'Yes' on Form 990 scription	O, Part IV, line 11d. See Form 99	
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets.  Complete if the organization answered  (a) Des  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (E)  Part X Other Liabilities.	'Yes' on Form 990 scription	D, Part IV, line 11d. See Form 99	
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Fo	'Yes' on Form 990 scription	D, Part IV, line 11d. See Form 99	
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Fo	'Yes' on Form 990 scription  B) line 15.)	D, Part IV, line 11d. See Form 99	(b) Book value
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Fo	'Yes' on Form 990 scription  B) line 15.)	D, Part IV, line 11d. See Form 99	(b) Book value
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Foliation (Column (b) Part X (column (b) Part X) (a) Description (Column (b) Payroll (column (column (b) Payroll (column (colum	'Yes' on Form 990 scription  B) line 15.)	D, Part IV, line 11d. See Form 99	(b) Book value  (b) Book value  1,473 113
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Foliation (Column (a) Description (Column (b) Payroll (Column (b) Payroll (Column (b) Payroll (Column (b) Payroll (Column (colu	'Yes' on Form 990 scription  B) line 15.)	D, Part IV, line 11d. See Form 99	(b) Book value  (b) Book value  1,473  113  8,966
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX  Other Assets.  Complete if the organization answered  (a) Des  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (E) Part X  Other Liabilities.  Complete if the organization answered 'Yes' on Following (C) (1) Federal income taxes (2) ACCRUED PAYROLL (3) ACCRUED PAYROLL (4) ACCRUED PTO (5) PPP LOAN	'Yes' on Form 990 scription  B) line 15.)	D, Part IV, line 11d. See Form 99	(b) Book value  1,473 113 8,966 44,722
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX  Other Assets. Complete if the organization answered  (a) Des  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (E)  Part X  Other Liabilities. Complete if the organization answered 'Yes' on Form (I)  (1) Federal income taxes  (2) ACCRUED PAYROLL  (3) ACCRUED PAYROLL TAXES  (4) ACCRUED PTO  (5) PPP LOAN  (6) ROUNDING	'Yes' on Form 990 scription  B) line 15.)	D, Part IV, line 11d. See Form 99	(b) Book value  1,473 113 8,966 44,722
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX  Other Assets. Complete if the organization answered  (a) Des  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (E)  Part X  Other Liabilities. Complete if the organization answered 'Yes' on Form (I) (1) Federal income taxes (2) ACCRUED PAYROLL (3) ACCRUED PAYROLL TAXES (4) ACCRUED PTO (5) PPP LOAN (6) ROUNDING (7)	'Yes' on Form 990 scription  B) line 15.)	D, Part IV, line 11d. See Form 99	(b) Book value  1,473 113 8,966 44,722
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX  Other Assets. Complete if the organization answered  (a) Des  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (E)  Part X  Other Liabilities. Complete if the organization answered 'Yes' on Form (I)  (1) Federal income taxes (2) ACCRUED PAYROLL (3) ACCRUED PAYROLL TAXES (4) ACCRUED PTO (5) PPP LOAN (6) ROUNDING (7) (8)	'Yes' on Form 990 scription  B) line 15.)	D, Part IV, line 11d. See Form 99	(b) Book value  1,473 113 8,966 44,722
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX  Other Assets. Complete if the organization answered  (a) Des  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (E)  Part X  Other Liabilities. Complete if the organization answered 'Yes' on Form (I)  (1) Federal income taxes (2) ACCRUED PAYROLL (3) ACCRUED PAYROLL TAXES (4) ACCRUED PTO (5) PPP LOAN (6) ROUNDING (7) (8) (9)	'Yes' on Form 990 scription  B) line 15.)	D, Part IV, line 11d. See Form 99	(b) Book value  1,473 113 8,966 44,722
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX  Other Assets. Complete if the organization answered  (a) Des  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (E)  Part X  Other Liabilities. Complete if the organization answered 'Yes' on Foliation (Column (Colum	'Yes' on Form 990 scription  B) line 15.)	D, Part IV, line 11d. See Form 99	(b) Book value  1,473 113 8,966 44,722
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX  Other Assets. Complete if the organization answered  (a) Des  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (E)  Part X  Other Liabilities. Complete if the organization answered 'Yes' on Form (I) Federal income taxes (2) ACCRUED PAYROLL (3) ACCRUED PAYROLL TAXES (4) ACCRUED PTO (5) PPP LOAN (6) ROUNDING (7) (8) (9)	'Yes' on Form 990 scription  B) line 15.)	D, Part IV, line 11d. See Form 99  1e or 11f. See Form 990, Part X, line 25.	(b) Book value

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d.	2 e
3 Subtract line 2e from line 1.	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	4 c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per I	Dotum NI/N
	Return. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	Return. N/A
	1
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  2 a  2 b	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  2 Donated Services and Use of facilities.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.).	1
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 2 e
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  4 a	1 2 e
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.).  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  b Other (Describe in Part XIII.).  4 Ab	1
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.).  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  b Other (Describe in Part XIII.).  c Add lines 4a and 4b.	1 2e 3
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.).  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  b Other (Describe in Part XIII.).  4 Ab	1

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

BAA Schedule D (Form 990) 2019

#### **SCHEDULE L** (Form 990 or 990-EZ)

#### **Transactions With Interested Persons**

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ.

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

2019

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

KEPLER'S LITERARY FOUNDATION

Employer identification number

81-4833778 **Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and		<b>(d)</b> Cor	rrected?
1	(a) Name of disqualmed person	organization	(c) Description of transaction	Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

								disqualified				
	secti	on 4958	 	 		 	 	 	 	 	 . •	-\$
_				 	_			 			_	

#### Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fror	an to or n the ization?	<b>(e)</b> Original principal amount	(f) Balance due	<b>(g)</b> In (	default?	(h) Ap by bo comm	proved ard or nittee?	(i) Wi agreei	ritten ment?
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total												

#### Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	•				
(10)					

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

Schedule L (Form 990 or 990-EZ) 2019

#### Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction		aring of zation's nues?
				Yes	No
(1) PRAVEEN MADAN	DIRECTOR	-22,017.	OWNER: KEPLER'S 2020		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

#### SUPPLEMENTAL INFORMATION

KEPLER'S LITERARY FOUNDATION IS AFFILIATED WITH KEPLER'S 2020, FPC, A CALIFORNIA SOCIAL PURPOSE CORPORATION (FORMERLY "FLEXIBLE PURPOSE CORPORATION") ESTABLISHED UNDER THE CORPORATE FLEXIBILITY ACT OF 2011. KEPLER'S 2020 OPERATES A BOOKSELLING BUSINESS WITH A SOCIAL MISSION ENSHRINED IN ITS ARTICLES OF INCORPORATION TO PROVIDE ACCESSIBILITY TO LITERATURE AND EDUCATION FOR ALL MEMBERS OF THE COMMUNITY. THE TWO ORGANIZATIONS - KLF AND KEPLER'S 2020, ALTHOUGH SEPARATE LEGAL ENTITIES, WORK TOGETHER TO FULFILL THEIR MUTUAL GOALS OF BRINGING PEOPLE TOGETHER AROUND IDEAS AND BOOKS AND FOSTERING INTELLECTUAL DISCOURSE AND CIVIC ENGAGEMENT IN THE COMMUNITY.

KLF HAS ENTERED INTO THE RESOURCE SHARING AGREEMENT AND THE TRADEMARK AGREEMENT WITH KEPLER'S 2020. THIS AGREEMENT WAS INCLUDED IN KLF'S TAX-EXEMPTION APPLICATION. PRAVEEN MADAN SERVES AS THE CHIEF EXECUTIVE OFFICER, BOARD MEMBER AND SOLE SHAREHOLDER OF KEPLER'S 2020 AND IS A DIRECTOR OF KLF. NEITHER MR. MADAN NOR KEPLER'S 2020 RECEIVES ANY COMPENSATION FOR SERVICES PROVIDED BY MR. MADAN FOR KLF UNDER EITHER AGREEMENT.

FURTHER, THE RIGHTS RECEIVED BY KLF UNDER THE TRADEMARK AGREEMENT ARE FREE, AND THE SERVICES PROVIDED TO KLF UNDER THE RESOURCE SHARING AGREEMENT ARE EITHER FREE OR AT COST. PURSUANT TO THE RESOURCE SHARING AGREEMENT, THE TRANSACTIONS IN SECTION IV TOOK PLACE BETWEEN KLF AND KEPLER'S 2020.

#### 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.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

KEPLER'S LITERARY FOUNDATION

Employer identification number

81-4833778

#### FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

KEPLER'S LITERARY FOUNDATION ("KLF") IS A PUBLIC FORUM FOR INFORMATION, EDUCATION, AND INTELLECTUAL DISCOURSE TO WHICH ALL MEMBERS OF OUR COMMUNITY ARE WELCOME. KLF ASPIRES TO PRODUCE PROGRAMS FOR PEOPLE OF ALL AGES AND BACKGROUNDS, INCLUDING UNDER-SERVED SEGMENTS OF THE COMMUNITY SUCH AS PEOPLE FROM DISADVANTAGED SOCIO-ECONOMIC BACKGROUNDS, SENIOR CITIZENS, PEOPLE OF COLOR, PEOPLE WITH SPECIAL NEEDS, AND LESBIAN, GAY, BISEXUAL, AND TRANSGENDER PEOPLE.

#### FORM 990, PART III, LINE 2 - NEW SERVICES

WE ESTABLISHED AN INNOVATIVE PARTNERSHIP WITH GLOBAL TECH LEADER SAP. AS PART OF SAP'S ACADEMY FOR ENGINEERING, KEPLER'S LITERARY FOUNDATION PROVIDES HUMANITIES PROGRAMMING DESIGNED TO HELP ENGINEERS MOVE BEYOND THE BOUNDARIES OF TECHNOLOGICAL EXPERTISE.

#### FORM 990, PART III, LINE 3 - CEASED CONDUCTING OR SIGNIFICANT CHANGES TO SERVICES

THE IMPACT OF COVID-19 WAS DEEPLY FELT AT KEPLER'S LITERARY FOUNDATION. WE SHIFTED FROM IN-PERSON EVENTS TO ONLINE LITERARY PROGRAMMING IN THE SPRING OF 2020, EXPANDING TO A NATIONAL AUDIENCE. WE RE-IMAGINED OUR LITERACY PROGRAM IN UNDERSERVED SCHOOLS, CREATING A REMOTE LEARNING PROGRAM FOR STUDENTS IN THE RAVENSWOOD SCHOOL DISTRICT.

#### FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

CURRENT KLF PROGRAMS INCLUDE LIVE EVENTS THAT BRING PEOPLE FACE TO FACE WITH LEADING INTELLECTUALS. EVENT FORMATS INCLUDE LECTURES, PANEL DISCUSSIONS, ON-STAGE INTERVIEWS, EDUCATIONAL WORKSHOPS, LITERARY SEMINARS, AND COMMUNITY DISCUSSION GROUPS COVERING THE ARTS, CULTURE, SCIENCE AND CURRENT AFFAIRS. OUR PROGRAMS INVOLVE NOTABLE WRITERS, ARTISTS, AND ORIGINAL THINKERS WHO ENGAGE WITH THE COMMUNITY TO DISCUSS THEIR IDEAS, INSIGHTS, PERSPECTIVES, AND STORIES.

Name of the organization

#### FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

- 1. THIS IS NOW WITH ANGIE COIRO: VETERAN JOURNALIST ANGIE COIRO ENGAGES NEWSMAKERS, WRITERS, AND ARTISTS IN IN-DEPTH AND THOUGHT L DISCUSSIONS IN FRONT OF A LIVE AUDIENCE. THE PROGRAM IS RECORDED AND BROADCAST ON SEVERAL RADIO STATIONS, INCLUDING KALW AND KZSU IN THE SAN FRANCISCO BAY AREA, WPWC IN WASHINGTON, D.C., AND KTRC IN SANTA FE. THE PROGRAM IS AVAILABLE FREE OF CHARGE ONLINE THROUGH ITUNES, PRX, AND NETROOTS RADIO.
- 2. LITERARY SEMINARS, CLASSES, AND READING SERIES: KLF ORGANIZES THESE PROGRAMS FOR PEOPLE WHO ARE INTERESTED IN A DEEPER INVOLVEMENT WITH READING AND WRITING LITERATURE. COMBINING LIVELY DISCUSSION WITH INSIGHTFUL COMMENTARY, LITERARY SEMINARS DELVE DEEPLY INTO CAREFULLY SELECTED WORKS OF LITERATURE, INSPIRING READERS TO BENEFIT MORE FROM THEIR READING. THE WRITING CLASSES, WHICH ARE TAUGHT BY EXPERIENCED WRITERS, PROVIDE THE TOOLS FOR ASPIRING AUTHORS TO HONE THEIR CRAFT.
- 3. THE QUARTERLY READING SERIES, "STORY IS THE THING," IS DESIGNED TO BRING EMERGING AND ESTABLISHED WRITERS TOGETHER TO SHOWCASE NEW VOICES AND TO CELEBRATE THE ART OF STORYTELLING.
- 4. LITERARY DISCUSSION GROUPS: KLF ORGANIZES 4 LITERARY DISCUSSION GROUPS MONTHLY.

  THESE DISCUSSION GROUPS ARE FREE AND OPEN TO THE PUBLIC. VOLUNTEERS FROM THE

  COMMUNITY HOST MOST OF THE GROUPS. A WIDE VARIETY OF TOPICS FROM "BIG IDEAS" TO

  "SPANISH LITERATURE" ARE DISCUSSED.

#### FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE TAX RETURN IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM. AFTER COMPLETION OF SAID RETURNS, THE ORGANIZATION IS SENT A DRAFT OF THE TAX RETURNS TO BE REVIEWED AND

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#### FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS (CONTINUED)

EXAMINED. THE ORGANIZATION MAKES COPIES OF THE RETURNS AND DISTRIBUTES TO THOSE INDIVIDUALS CHARGED WITH GOVERNANCE. THOSE INDIVIDUALS AT THAT TIME CAN REVIEW AND IF APPLICABLE DISCUSS ANY LINE ITEMS IN THE RETURN WITH THE ACCOUNTANT WHO HAS PREPARED THE RETURN. IF ALL ITEMS ARE FOUND TO BE ACCEPTABLE, AN AUTHORIZATION IS SIGNED AND PROVIDED TO AUTHORIZE THE OUTSIDE ACCOUNTING FIRM TO PROCESS, SIGN AND PROVIDE COPIES OF THE RETURNS TO BE FILED (PAPER OR ELECTRONICALLY) WITH THE DESIGNATED GOVERNMENTAL AGENCIES. THE TAX RETURNS ARE THEN SIGNED BY THE ORGANIZATION, STAMPED AND MAILED WITH CERTIFIED RETURN RECEIPT OR THE SIGNED FORM 8879 IS PROVIDED TO THE OUTSIDE ACCOUNTING FIRM ALLOWING ELECTRONIC FILING.

#### FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

A "COMMITTEE" OF THE BOARD MAY BE CREATED UNDER THE BYLAWS AND AUTHORIZED TO REVIEW TRANSACTIONS AND TO DETERMINE CONFLICTS OF INTEREST WHERE RELIANCE ON A COMMITTEE IS PERMITTED BY LAW. THE MEMBERS OF A COMMITTEE MUST CONSIST EXCLUSIVELY OF INDEPENDENT DIRECTORS WHO ARE NOT RELATED TO OR SUBJECT TO THE CONTROL OF THE INTERESTED PERSON. NEVERTHELESS, FINAL RESPONSIBILITY FOR IDENTIFYING AND RESOLVING CONFLICTS OF INTEREST RESTS ON THE BOARD.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT
THE SALARY AND OTHER COMPENSATION OF THE OFFICERS WILL BE FIXED FROM TIME TO TIME BY
RESOLUTION OF OR IN THE MANNER DETERMINED BY THE BOARD. THE BOARD OR AN AUTHORIZED
COMMITTEE OF THE BOARD WILL, IN COMPLIANCE WITH SECTION 12586 (G) OF THE CALIFORNIA
GOVERNANCE CODE, REVIEW AND APPROVE THE COMPENSATION, INCLUDING BENEFITS, OF THE
PRESIDENT OR EXECUTIVE DIRECTOR AND THE TREASURER TO ASSURE THAT IT IS JUST AND
REASONABLE. THIS REVIEW AND APPROVAL WILL OCCUR UPON HIRING OF THE OFFICER, WHENEVER
THE TERM OF EMPLOYMENT, IF ANY, OF THE OFFICER IS RENEWED OR EXTENDED, AND WHENEVER
THE OFFICER'S COMPENSATION IS MODIFIED.

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#### FORM 990, PART VI, LINE 18 - EXPLANATION OF OTHER MEANS FORMS AVAILABLE FOR PUBLIC INSPECTION

FEDERAL TAX RETURNS WILL BE AVAILABLE AT GUIDESTAR.ORG AND CHARITYNAVIGATOR.ORG.

#### FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

GOVERNING DOCUMENTS ARE AVAILABLE FOR PUBLIC INSPECTION AT THE PRINCIPAL PLACE OF BUSINESS.

THE CONFLICT OF INTEREST POLICY AND THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.